

# Audit Committee

**Monday, 22 January 2024 at 6.30 p.m.  
Committee Room - Tower Hamlets Town Hall,  
160 Whitechapel Road, London E1 1BJ**

## Supplemental Agenda 1

The reports in this supplemental pack were not published five clear days in advance of the meeting. Clearances for the report were received later than anticipated which resulted in the publishing deadline being missed for the reports to be presented to the Audit Committee.

- 4 .2 Risk Management – Corporate and Directorate Risk Registers (Pages 3 - 42)**
- 4 .6 Audit Committee Training and Development Plan (Pages 43 - 50)**

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Non-Executive Report of the:  <b>Audit Committee</b>  Monday, 22 <sup>nd</sup> January 2024	
<b>Report of:</b> Julie Lorraine Corporate Director, Resources	<b>Classification:</b> Open (Unrestricted)
<b>Risk Management – Corporate and Directorate Risk Registers</b>	

<b>Originating Officer(s)</b>	David Dobbs – Head of Internal Audit, Anti-Fraud & Risk
<b>Wards affected</b>	(All Wards)

### Executive Summary

The management of risk is a key function for the Council. The Head of Internal Audit, Anti-Fraud and Risk co-ordinates risk management on behalf of the Council but the identification, assessment, justification, and mitigation of individual risks remains the responsibility of management and risk owners.

This report presents the Audit Committee with the opportunity to review the Corporate Risk Register (**Appendix A**) and also the Chief Executive’s Directorate Risk Register (**Appendix B**). This is in accordance with the Audit Committee’s decision that it will review both the Council’s Corporate Risks at all its meetings and each Directorate’s Risk Register on a rolling programme basis. The Audit Committee meeting on 23<sup>rd</sup> November reviewed the Children’s Services Directorate Risk Register and a review of the Chief Executive’s Directorate Risk Register is now due.

### Recommendations:

The Audit Committee is recommended to:

1. Note the corporate risks, and where applicable request risk owner(s) with risks requiring further scrutiny to provide a detailed update on the treatment and mitigation of those risks including impact on the corporate objectives at the next Audit Committee meeting (or separately before the meeting, if urgent).
2. Note the Chief Executive’s Directorate risks and where applicable request risk owner(s) with risks requiring further scrutiny to provide a detailed update on the treatment and mitigation of their risks including impact on the directorate’s objectives at the next Audit Committee meeting (or separately before the meeting if urgent).

## **1. REASONS FOR THE DECISIONS**

- 1.1 The Audit Committee has responsibility for oversight of the arrangements for governance, risk management and control and this report assists the Audit Committee in discharging its responsibilities.

## **2. ALTERNATIVE OPTIONS**

- 2.1 None.

## **3. DETAILS OF THE REPORT**

### **Corporate Risk Register**

- 3.1 The Head of Internal Audit, Anti-Fraud and Risk continues to work with Corporate and Service Directors to maintain the Corporate Risk Register. The updated register is attached at Appendix A. This register was last presented to CMT on 23<sup>rd</sup> November for review and agreement.
- 3.2 The Audit Committee should review the Corporate Risks and be satisfied that the risks are appropriate. In doing so the Audit Committee may wish to consider the following questions:
- a. Are these the key, corporate level risks that might prevent the Council from achieving its objectives?
  - b. Are there any key, corporate levels risks missing, bearing in mind there are many more risks being managed at Directorate and Service level?
  - c. Do you want to request any of the risk owner(s) to provide a more detailed update on the treatment and mitigation of their respective risk(s) including impact on the corporate objectives?
  - d. Do you require any independent assurance from Internal Audit or elsewhere that the corporate risks are being appropriately managed?

- 3.3 Since the last presentation of the Corporate Risk Register to Audit Committee, a number of changes have been made. The total number of risks on the Corporate Risk Register has risen from 11 to 14. This is owing to the following three risks being added:

### **New Risks**

*ASDASC0018 - Regulatory censure and Safeguarding failure arising from deficient process for new and ongoing employee vetting (including*

*pre-employment checks, ongoing vetting of DBS status, verification of qualifications and other suitability checks)*

*FPA0014 – The inability reclaim VAT from HMRC owing to weaknesses in accounting for VAT and underlying non-compliance with HMRC requirements*

*HRP0009 – There is a risk that historical errors in Pension Scheme member data will lead to materially incorrect calculation of the Pension's liability figure in the Council's annual Statement of Accounts.*

- 3.4 During this period no risks have been withdrawn from the Corporate Risk Register. Other changes have occurred where risk ownership has been reassigned owing to officers exiting the Council, to better reflect officer's operational responsibilities, and to ensure that risks are managed at the appropriate level of seniority.
- 3.5 During December 2023, JCAD, the risk management software used by the Council, was upgraded to its latest version which provides enhanced user functionality, including customisable reporting. The Council's risk infrastructure capacity and capability has been further strengthened through the appointment to the post of Risk Officer, with the postholder expected to start on 1<sup>st</sup> February.

#### **Chief Executive's Directorate Risk Register**

- 3.6 The Audit Committee should review the risks identified for the Chief Executive's Directorate and be satisfied that the risks are appropriate. In doing so the Audit Committee may wish to consider similar challenge questions as those presented in paragraph 3.2.

#### **Future Directorate Risk Register Reviews**

- 3.7 Going forward the Audit Committee will be presented with the other directorates risk registers on a rolling programme, in the following order:
- Health and Social Care – April 2024
  - Communities – June/July 2024
  - Housing and Regeneration – November 2024
  - Resources – January 2025

#### **4. EQUALITIES IMPLICATIONS**

- 4.1 There are no specific statutory implications.

## **5. OTHER STATUTORY IMPLICATIONS**

5.1 The Accounts and Audit Regulations 2015 require authorities to ensure they have a sound system of internal control which:

- facilitates the effective exercise of its functions and the achievement of its aims and objectives;
- ensures that the financial and operational management of the authority is effective; and
- includes effective arrangements for the management of risk.

## **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

6.1 There are no specific financial implications arising from the content of this report. General comments with regards the importance of effective risk management and the consequences of failure to monitor and manage organisational risks are contained within the body of the report and the appendices.

## **7. COMMENTS OF LEGAL SERVICES**

7.1 The management of risk has a direct impact on the Council's ability to deliver its functions in a manner which promotes economy efficiency and effectiveness. Therefore, the consideration of this report demonstrates the Council's compliance with its Best Value Duty.

7.2 The Council is also legally required to ensure that it has a sound system of internal control facilitating the effective exercise of the Council's functions. This includes arrangements for the management of risk and an effective system of internal audit to evaluate the effectiveness of its risks management, control, and governance processes, taking into account the public sector internal auditing standards and guidance. This report also demonstrates compliance with these legal duties.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- NONE

#### **Appendices**

- Appendix A – Corporate Risk Register.
- Appendix B – Chief Executive's Directorate Risk Register

#### **Local Government Act, 1972 Section 100D (As amended)**

**List of "Background Papers" used in the preparation of this report**

- NONE

**Officer contact details for documents:**

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## Detailed Risk Report (incl Control Measure Target Date)

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
CSD0016	Death or serious harm to a child that was or should have been in receipt of services, either from the council or a partner agency. There is an on-going need to ensure that services to all vulnerable children and young people have a focus on safeguarding and prevention of harm.	Our most recent Ofsted report (June 2019) rates Children's Social Care and Early Help service's as "Good". However, there will be a need to regularly review and scrutinise the quality of services for vulnerable young people. This scrutiny and challenge will need to have a focus on; <ul style="list-style-type: none"> <li>Overall management oversight and quality of supervision.</li> <li>Compliance with core statutory and local requirements.</li> <li>Adherence to key safeguarding thresholds.</li> <li>Regular assessments of cases, and emerging /changing risks.</li> <li>Strong planning for children, with regular reviews to avoid drift and delay.</li> <li>Maintaining strong quality assurance and auditing mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>Harm to individual Children and young people being left in situations of risk and or unassisted harm.</li> <li>Poorer than expected outcomes for a child.</li> <li>Poor audit/review findings</li> <li>Reputational damage to the council.</li> <li>Poor Staff development and competence.</li> <li>Poor Quality assurance and Performance Management</li> <li>Loss of experienced professional staff.</li> <li>Potential for legal proceedings against the council leading to financial loss</li> </ul>	<p>Monthly meeting of the Continuous Improvement Board, chaired by the DCS, and involving the Lead member.</p> <p>The Tower Hamlets Children's Safeguarding Partnership, delivering the statutory multi-agency oversight of safeguarding.</p> <p>The Tower Hamlets Safeguarding Children's Partnership is jointly led by the Council, Police and CCG, and benefits from the support and challenge of an Independent Scrutineer. The Partnership provides routine oversight of multi-agency data and quality assurance findings.</p> <p>Monthly service level performance meetings held by the Divisional Director.</p> <p>Underpinned by monthly Performance Surgeries held by each Head of Service.</p> <p>Practice Week which is held twice a year (May and November) which involves all Corporate Directors and members.</p> <p>Bi-monthly and bi-annual plans in place.</p>	5	5	25	4	4	16	Lisa Fraser	People Are Aspirational, Independent And Have Equal Access To Opportunities.

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT	
					L	I	Total	L	I	Total			
								Annual Conversation with Ofsted indicated our next inspection will be the full ILACS, expected later in 2023. <b>Lisa Fraser</b> <b><u>Required Control Measure</u></b> <b>Target Date:</b> <b>31/10/2023</b> Tower Hamlets Safeguarding Children's Partnership and increased quality assurance. The THSCP is delivering for 23/24 an increased level of quality assurance, including multi-agency case audits and Safeguarding Child Practice Reviews. On track <b>Lisa Fraser</b> <b><u>Required Control Measure</u></b> <b>Target Date:</b> <b>31/03/2024</b>					
CLSC00012	Major health and safety incident	The job: including areas such as the nature of the task, workload, the working environment, the design of displays and controls, and the role of procedures. Tasks not designed in accordance with ergonomic principles to take account of both human limitations and strengths. Not matching the job to the physical and the mental strengths and limitations of people. Mental aspects would include perceptual, attentional, and decision-making requirements.	Injury/ill health/death, direct and indirect costs, disruption to service, reputational damage and possible prosecution	Existing Control Measures Arrangements and performance monitored, audited, and reviewed via Joint Health and Safety Committee  6 x corporate specialist Health and Safety Advisors, with 1 allocated to each directorate  Corporate H&S training via the Learning Hub and advertised locally  Provision of communication around changes in legislation, standards, and industry best practice to schools and services.  Updated guidance, templates, and resources available from the H&S section of The Bridge	4	5	20	Required Control Measures  Reversing vehicles in Waste have aids and electronic sensors to aid drivers. For Some crews, the disconnection of reversing sensor & automatic breaking systems on RCVs is common practice. H&S Advisors along with Fleet Manager saw evidence of this during an inspection of vehicles – on the one vehicle we checked, the plug for the above mentioned system had been removed completely. Crews have been reminded that these systems are provided with the express purpose of preventing collisions when reversing, especially with pedestrians.  Further work required to	3	5	15	Stephen Halsey	Risk Corporate Plans

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
		<p>The individual: including a person's competence, skills, personality, attitude, and risk perception. Individual characteristics influence behaviour in complex ways. Some characteristics such as personality are fixed; others such as skills and attitudes may be changed or enhanced.</p> <p>The organisation: including work patterns, the culture of the workplace, resources, communications, leadership and so on. Such factors are often overlooked during the design of jobs but have a significant influence on individual and group behaviour.</p>		Investigation of accident notifications received via the online AIR Form system, in accordance with the CHSS policies and Accident Investigation procedure, with RIDDOR Accident notifications being made on behalf of schools and services								

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					L	I	Total	L	I	Total		
RS0056	The Council may overspend its budget, fail to deliver savings and rely on reserves. Reserves remain robust but there is a risk that the Medium Term Financial Strategy may require a draw down of reserves. Reserves can only be used once and therefore should not be used to plug permanent budget requirements.	Loss of income in particular council tax, business rates and leisure events. Poor budget management Failure to deliver savings Demographic pressures in Adult Social Care, SEND related pressures in Children's and Unfunded discretionary expenditure from temporary reserves.	Significant financial losses, overspent budgets, drawn down on reserves.	Financial Measures CLT and SLT have prepared savings proposals of £10m for the next financial year, with a further circa £40m to be identified over the MTFS period Financial Actions Increased focus on budget management. Budget Managers Handbook Issued. All budget managers directed by CLT to remain in budget. High risk budgets reviewed by the Corporate Director Resources or the Director of Finance, Procurement and Audit. Redoubled efforts to deliver previously agreed savings proposals.	5	4	20	4	3	12	John Harrison	Risk Corporate Plans
HRP0089	There is a risk that historical errors in Pension Scheme member data will lead to materially incorrect calculation of the Pension's liability figure in the Council's annual Statement of Accounts.	External Audit review of IAS 19 (Employee Benefit) reports leading to discovery of unremediated errors in the underlying records.  Triennial valuation to scheme actuary  Valuation extracts to scheme actuary	Material error in calculation of the Pension's Liability figure leading to qualification of the Council's Statement of Accounts.	Pensions administration Detailed to be completed.	4	4	16	3	3	9	John Harrison	

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
ORG0027	There is an ongoing risk of a cyber attack and/or major loss of IT.	Cyber attacks could include ransomware, denial of service, social engineering, phishing, malware and/or an active attack exploiting network security vulnerabilities. Attacks could be enabled through miss-sent emails, inappropriate sharing, insecure design, inappropriate access, introduction of unauthorized software to the network, users clicking on phishing scam email links, and/or divulging sensitive information	Significant and prolonged loss of IT services. Inability to deliver critical and essential services. Failure to comply with statutory duties or other legal responsibilities. Breach of data protection legislation Financial loss Reputational damage	<p>Current activity</p> <p>Internal internal and external reviews.</p> <p>Internal vulnerability scanning is on-going, occurring every week and the critical / high vulnerabilities discovered continue to be escalated for urgent remediation.</p> <p>Annual independent penetration tests.</p> <p>Implementation of a SIEM solution</p> <p>Recruiting additional specialist resources to support the SIEM.</p> <p>Take a risk-based approach to data security.</p> <p>Embed the risk assessment culture within service delivery.</p> <p>Ensure architectural decisions taken are supported by adequate risk assessments.</p> <p>Ensure Policies are aligned with identified risks and communicated effectively.</p> <p>Ensure policy exceptions are supported with fully documented and signed off risk assessments and controls are continually monitored</p> <p>Review of BCP</p> <p>At the request of the Corporate Directors of Health, Adults and Community, Internal Audit reviewed a sample of BCP's in quarter 4 of 2021/22 to form a view on whether the BCP's adequately address a complete loss of IT infrastructure for a prolonged period. The outcome was complete and was presented to CLT members and the CCB in June 2022. Actions and recommendations shared to inform ongoing improvements.</p> <p>Proposed follow up of updates / improvements during 2022/23 IA</p>	4	4	16	<p>Zero Tolerance to unsupported software in the council live environment without a mitigation plan in place.</p> <p>Recent events with a number of local authorities have led to severe disruptions and impacted their ability to deliver key services. In an attempt safeguard LBTH from such an event a Zero Tolerance approach to "unsupported software" will be adopted. This will include:</p> <ul style="list-style-type: none"> <li>- Run weekly vulnerability scan (NESSUS)</li> <li>- Identify and publicise any systems that have unsupported software installed</li> <li>- For those systems identified:                             <ul style="list-style-type: none"> <li>- If non-production, disable immediately</li> <li>- if production, Applications Team to work with the Service and Information Security to identify the most appropriate course of action.</li> </ul> </li> </ul> <p>11 Oct - moved owner to MU, remaining list of unsupported software to be supplied and action plan agreed to address by end of FY</p> <p><b>Mary Umoh</b></p> <p><b><u>Required Control Measure</u></b></p> <p><b>Target Date:</b> <b>31/10/2023</b></p> <p>Governance</p> <p>The terms of reference for the Strategic Information Governance Board need to be reviewed and agreed by CLT. Consideration to include oversight of cyber security matters. The action is being incorporated into the IG</p>	4	3	12	Adrian Gorst			

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
				<p>Plan and beyond to maintain effectiveness of BCP plans. Information/Cyber Security Incident Response Procedures</p> <p>The Council's Information/Cyber Security Incident Response Procedures need to be reviewed and updated with key details .</p> <p>This has been updated to include the cyber security mailbox as first point of contact. Adding individual names would need the document to be updated regularly as staff leave and so this should be the roles rather than specific names and contact information. Roles to be included to be discussed at the most appropriate forum, tbd.</p> <p>12/01/23 - independent assessment due Q4 FY22/23 which will evidence be used to evidence the CM</p> <p>The Incident response policies and procedures have been reviewed by external SMEs and recommendations are being drafted for SIRO sign-off by September Security Monthly Operations Meeting (MOM). Cyber Security/Attack Exercise</p> <p>The Council has run a table top cyber security/attack scenario with both CLT and the CCB. Lessons learned have been identified and actions will be assigned to responsible officers and monitored by the CCB.</p>				<p>Review which is progressing and reporting into the Support Services Board.</p> <p>New Head of IG starts in Oct and full review of the IGG and SIGB will be carried out</p> <p>TOR's in draft will be signed of by newly formed SIGB by the end of June.</p> <p><b>Usman Zia</b></p> <p><b><u>Required Control Measure</u></b></p> <p><b>Target Date:</b> <b>30/06/2023</b></p> <p>Promote Cyber Security awareness using Training and Campaigns</p> <p>- one of the measures is to ensure that cyber security training is always part of the mandatory training required by all staff. Progress of mandatory training is monitored at DLT and CLT levels</p> <p>- in 2023 the council cyber security campaign culminating in National Cybersecurity Awareness Month in October</p> <p><b>Mary Umoh</b></p> <p><b><u>Required Control Measure</u></b></p> <p><b>Target Date:</b> <b>31/12/2023</b></p>				

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
RSB0023	There is a risk that the statement of accounts will receive a qualified opinion for 2020-21.	External audit of the statement of accounts and the subsequent findings/outcome.	Qualified opinion on statement of accounts. Reputational damage to the Council.		4	4	16	Improvement Plan An extensive improvement plan was enacted and remaining tasks part of BAU from June 2022. Good progress has been made on 18/19 and 19/20 accounts with one issue relating to the pension fund outstanding. This has meant the audit has now been able to progress to the 20/21 accounts. <b>Ahsan Khan</b> <b><u>Required Control Measure</u></b> <b><u>Target Date:</u></b> <b><u>30/11/2023</u></b>	2	2	4	John Harrison	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To		
ASD0015	Death or serious harm to a vulnerable adult who was or should have been, in receipt of services, either from the council or a partner agency.	There is a failure of one or more of the controls in place to identify the degree of risk to a vulnerable adult (multi-agency safeguarding procedures) Poor practice, insufficient information sharing and/or inadequate management oversight. Failure of quality control systems. Service user fails to work to agreed partnership / agency arrangements. Poor communication and partnership work. Poor resourcing of service areas against increased demand. Local authority contracted out service do not have sufficiently robust safeguarding	Harm to an individual. Reputational damage to the Council. Potential for legal proceedings against the council leading to financial loss. Loss of confidence in safeguarding capability.	Oversight through management reporting Social workers have 1:1 supervision monthly on their casework includes safeguarding cases. Safeguarding case work is managed via s.42 Safeguarding Procedures in line with the Care Act 2014 High risk cases are present to the High-Risk panel The Senior Management Team managers are responsible for the review and monitor Adult Safeguarding cases in their services in supervision with their Team Managers. The Principal Social Worker leads on implementing learning from Safeguarding Adult Reviews in the Council alongside the Safeguarding Adults Board Hoarding Panel. Evictions Panel - MH Cases - supported accommodation in borough. Safety Huddles / MDTs with GP's Interface documents - pending.	3	5	15	Information campaigns to raise awareness of safeguarding with oversight from Safeguarding Adult's Board  This is an ongoing priority for the Safeguarding Adults Board and includes the annual 'Safeguarding Month' campaign in November each year. The Independent Chair takes a key role in this and all SAB partners participate. Specific campaigns are run at other times including financial abuse & scams, modern slavery, domestic abuse etc. <b>Katie O'Driscoll</b> <b><u>Required Control Measure</u></b> <b><u>Target Date:</u></b> <b><u>31/03/2024</u></b> Recruit a new Independent Chair of the Safeguarding Adult Board  Following the death of the previous chair, recruit a new independent chair. <b>Denise Radley</b> <b><u>Required Control Measure</u></b> <b><u>Target Date:</u></b> <b><u>31/03/2024</u></b>	2	5	10	Denise Radley	People Are Aspirational, Independent And Have Equal Access To Opportunities.		

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					L	I	Total	L	I	Total		
		arrangements.		<p>Waiting List - RAG rated 5 year (2019 – 2024) Safeguarding Adults Board Strategy</p> <p>The actions within the SAB strategy aim to mitigate the risks associated with safeguarding. These are linked to the principles of Safeguarding with is Empowerment, Prevention, Proportionality, Partnership, Protection and Accountability. They are also linked to the principles of Making Safeguarding Personal. The SAB will be focusing on 3 key priorities relating to transitions, self neglect and homelessness.</p> <p>Safeguarding issues as part of contract management procedures Procedures overseen by Joint Director for Integrated Commissioning - contract management procedures continue to focus on safeguarding.</p> <p>Care Quality Commission embargo list used.</p> <p>This list is available from the Care Quality Commission highlighting all providers where the CQC has raised concerns.</p> <p>London ADASS branch circulate any service suspensions or restarts due to safeguarding concerns and these are passed to the Brokerage service.</p> <p>Provider Concerns and interface with Adult Safeguarding is a standard agenda item at Joint Adult Social Care and Integrated Commissioning Senior Management Team meeting.</p> <p>Failed visit policy and procedures in place.</p> <p>The Failed visits policy and procedures were originally agreed in 2018 and have been reviewed</p>								



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					L	I	Total	L	I	Total		
				<p>over the last year. They are currently in use and should be reviewed and amended if necessary annually.</p> <p>Safeguarding Adult Reviews Action Plan - implementation of recommendations of all SARs</p> <p>We have a Safeguarding Adults Review Tracker in place to monitor and oversee the implementation of actions arising out of Safeguarding Adult Reviews.</p> <p>This is monitored for the Safeguarding Adult Review sub group and Board.</p>								
PLC0013	<p>Following the Grenfell Fire tragedy residents of tower blocks in the borough are not safe or do not feel safe from fire following reassurance, advice, interim measures and completed, in progress or scheduled remedial actions to improve fire safety.</p>	<p>Accountability for fire safety is not correctly designated, communicated and understood</p> <p>Fire Risk Assessments: * are incomplete, inadequate or not carried out in accordance with the latest advice from DCLG and fire and rescue services</p> <p>* are not published in accordance with the Mayor's commitment</p> <p>* do not include the time limits on recommendations</p> <p>Fire Risk Assessment Action Plans: are not produced and/or delivered within appropriate timescales</p> <p>Limited current contractor supplier chain for scale of identified fire safety works</p> <p>Constrained and limited ability for Tower Hamlets</p>	<p>Loss of life</p> <p>Loss of housing stock</p> <p>Lobbying and/or protesting</p> <p>The council and local housing management organisations lose the trust of residents</p> <p>Individual prosecution under a number of Acts of Parliament and common law offences with potential penalties including unlimited fines and a maximum of life imprisonment</p> <p>Corporate prosecution with potential penalties of unlimited fines, remedial orders and publicity orders</p> <p>Adverse national media coverage</p> <p>Uninsured financial loss</p> <p>Council perceived as not having fulfilled statutory duty to keep local housing conditions under review</p>	<p>Work with MHCLG to ensure owners of private residential tower blocks are taking measures to ensure their residents safety</p> <p>1. Officers within the Council, representing Environmental Health, Planning, and Building Control, and Housing and Regeneration meet weekly at the Fire Safety meeting, to discuss progress with the remediation of ACM from tall buildings, this also includes progress on responses to EWS survey. Information from the EWS survey is inputted into the Department for Levelling Up's (DLUHC) DELTA system and details of the information received are sent to a Technical Officer in the Building Control Team for analysis.</p> <p>2. Council Officers are in weekly contact with the GLA on the progress of each development's individual grant application to remediate ACM from particular buildings and this is reported back to the Fire Safety Meeting.</p>	3	5	15	1	5	5	Karen Swift	A Borough That Our Residents Are Proud Of And Love To Live In.

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
		<p>Homes to complete all the Fire Risk Assessment work identified in the new round of comprehensive Fire Risk Assessments</p> <p>Unable to justify block prioritisation policy for programmes of Fire Risk Assessment works</p> <p>Leaseholders do not fit fire rated flat entry doors (ALL flat entrance doors in a block will need to be compliant to achieve good fire compartmentalisation and a 'Tolerable' fire safety standard)</p> <p>Fire safety measures are uncoordinated</p>		<p>3. This has now progressed to EWS work and applications to the Department for Levelling Up's (DLHUC) BSF fund to remediate materials of concern other than ACM.</p> <p>4. Likewise Officers are in regular dialogue with DLUHC on buildings that are of concern and also to discuss various freeholders and managing agents who are not communicating well or are slow in responding to information requests.</p> <p>5. Monthly meetings are held with DLUHC and Council officers to monitor progress on each building of concern.</p> <p>6. Tower Hamlets Housing Forum, Council Officers, and the London Fire Brigade have a close working partnership on resident consultation.</p> <p>7. New funding from the government for 2022/23 and 23/24 was received to be able to increase inspections and enforcement. This funding is a key mitigation factor for us to continue supporting our residents in tall buildings to feel safe.</p> <p>LBTH Client Management Fire risk assessments for all buildings are up to date and FRA as fire risk assessor UKAS credited. There are No building categorised as substantial or intolerable level of risk. All high-rise buildings surveyed in early 2020 and none has been identified with High Pressure</p>								

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				<p>Laminate (HPL) or Aluminium Composite Material ACM cladding. Cladding on 2 tower blocks (malting &amp; Brewster), where there were concerns, has been removed already.</p> <p>Joint working with THH in preparation of the Building Safety Bill including, a pilot of a building safety case, ICT preparation, and a paper which will spell out the roles and responsibilities including those of the Accountable Person and the Building safety Manager is earmarked for November Cabinet. A leading fire engineering consultancy has reviewed all buildings over 6 storey and identified those that may present a greater level of risk. Subject to approval of LBTH, we will shortly carryout external wall surveys on these buildings (by April 2022). Procurement is underway to appoint more permanently a fire engineering consultant to complete fire strategies, means of escape reports and external wall surveys for all other buildings that require one.</p> <p>THH regularly communicate with residents through newsletters and resident association presentation in conjunction with the London Fire Brigade. We also meet with the LFB on a regular basis.</p> <p>THH/LBTH capital investment programme has been reviewed and refocussed the works programme to accelerate front door replacements and make provision for major works arising from EWS surveys and Type 4 fire risk assessments.</p> <p>THH report progress on major</p>								

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					L	I	Total	L	I	Total		
				works projects as well as more broadly on compliance at regular liaison meetings with the LBTH client team. Fire Safety is also regularly discussed at QSM and the Mayor's Housing meeting A monthly compliance dashboard is in place that covers a wide range of compliance related KPIs including those relevant to fire.								
ASDASC0 018	Regulatory censure and Safeguarding failure arising from deficient process for new and ongoing employee vetting (including pre-employment checks, ongoing vetting of DBS status, verification of qualifications and other suitability checks).	Non-adherence to procedures in relation to recruitment and employee vetting Failure of reporting mechanisms to provide assurance on vetting Vetting not renewed/updated where required	<ul style="list-style-type: none"> <li>Harm to individual children, young person or vulnerable adult</li> <li>Poor audit/review findings</li> <li>Reputational damage to the council including poor inspection outcomes</li> <li>Poor quality assurance</li> <li>Potential for legal proceedings against the council leading to financial loss</li> </ul>		3	4	12	1	4	4	Denise Radley	Risk Corporate Plans

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk L I Total	Required Control Measures	Target Risk L I Total	Responsibility	CPT
						statutory requirements particularly for children's and adult social care working closely with the Principal Social Workers. Ensure consistency in checks across adults/children's registers. <b>Catriona Hunt</b> <u>Required Control Measure</u> <b>Target Date:</b> <b>31/01/2024</b> Review DBS process & policy  Review all aspects of the vetting process including moving to the automatic annual check platform as standard. <b>Catriona Hunt</b> <u>Required Control Measure</u> <b>Target Date:</b> <b>31/05/2024</b>			
CS001	There is a risk that the Council will fail to comply with its obligations in relation to the Protection of Freedoms Act 2012 and therefore failing to meet the Code of Practice compiled under that Act by the Home Office Surveillance Camera Commissioner (SCC) for the operation of video surveillance systems. The Council may also fail to meet the requirements of the Data Protection Act 2018 related to the use and management of video surveillance systems.	A lack of appropriate governance, policy and standard operating procedures. No asset registers for surveillance systems. Out of date or missing Data Processing Impact Assessments No SLAs with major stakeholders such as the Police and Transport for London A lack of compliance with agreed governance, policy and procedures. An inspection by the Surveillance Camera Commissioner. An inspection by the Information Commissioner. A freedom of information request.	Financial, legal and reputational.	Service Actions Ensure an updated DPIA is in place for all departmental VSS systems. Ensure DPIAs are quality assured by Information & Governance Team and signed off Ensure robust information sharing agreements are in place where appropriate for all departmental VSS Ensure Asset management registers are maintained. Ensure DLTs and Directors are appraised of progress and risks.	3 4 12	Improvement Action Plan Completion  Update the action plan to ensure progress against the requirements & regulations - this is a cross-Council action plan as services sit within multiple directorates. Draft the Council policies and procedures. All the client departments such as Parks, FM, Parking and CCTV will need to ensure that they implement the action plan, policies and procedures. The action plan will be monitored by the Information Governance Board. Each client department to nominate a lead, a Single Point of Contact (SPOC) who will be responsible for all operational matters relating to surveillance cameras and they will act as the main contact point for anything related to surveillance camera systems.	2 2 4	Usman Zia	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
								<p>They SPOCs will support the SRO regarding compliance with Protection of Freedoms Act.  <b>Joseph Lacey-Holland</b>  <u>Required Control Measure</u>  <b>Target Date:</b>  <b>31/03/2023</b>                      Service Actions</p> <p>Ensure an updated DPIA is in place for all departmental VSS systems.                      Ensure DPIAs are quality assured by Information &amp; Governance Team and signed off                      Ensure robust information sharing agreements are in place where appropriate for all departmental VSS                      Ensure Asset management registers are maintained.                      Ensure DLTs and Directors are appraised of progress and risks.  <b>Peter Allnutt</b>  <u>Required Control Measure</u>  <b>Target Date:</b>  <b>31/03/2022</b>                      Service Actions</p> <p>Ensure an updated DPIA is in place for all departmental VSS systems.                      Ensure DPIAs are quality assured by Information &amp; Governance Team and signed off                      Ensure robust information sharing agreements are in place where appropriate for all departmental VSS                      Ensure Asset management registers are maintained.                      Ensure DLTs and Directors are appraised of progress and risks.  <b>Michael Darby</b>  <u>Required Control Measure</u>  <b>Target Date:</b>  <b>31/03/2022</b></p>							

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
									<p>Service Actions</p> <p>Ensure an updated DPIA is in place for all departmental VSS systems.</p> <p>Ensure DPIAs are quality assured by Information &amp; Governance Team and signed off</p> <p>Ensure robust information sharing agreements are in place where appropriate for all departmental VSS</p> <p>Ensure Asset management registers are maintained.</p> <p>Ensure DLTs and Directors are appraised of progress and risks.</p> <p><b>Chris Smith</b></p> <p><u>Required Control Measure</u></p> <p><b>Target Date:</b> <b>31/12/2021</b></p> <p>Service Actions</p> <p>Ensure an updated DPIA is in place for all departmental VSS systems.</p> <p>Ensure DPIAs are quality assured by Information &amp; Governance Team and signed off</p> <p>Ensure robust information sharing agreements are in place where appropriate for all departmental VSS</p> <p>Ensure Asset management registers are maintained.</p> <p>Ensure DLTs and Directors are appraised of progress and risks.</p> <p><b>Sam Brown</b></p> <p><u>Required Control Measure</u></p> <p><b>Target Date:</b> <b>31/03/2023</b></p> <p>Service Actions</p> <p>Ensure an updated DPIA is in place for all departmental VSS systems.</p> <p>Ensure DPIAs are quality assured by Information &amp; Governance</p>						

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
								<p>Team and signed off</p> <p>Ensure robust information sharing agreements are in place where appropriate for all departmental VSS</p> <p>Ensure Asset management registers are maintained.</p> <p>Ensure DLTs and Directors are appraised of progress and risks.</p> <p>A new DPO has been appointed and a new Head of IG is starting on 17th Oct. This action will be fully reviewed then.</p> <p><b>Usman Zia</b></p> <p><b><u>Required Control Measure</u></b></p> <p><b><u>Target Date:</u></b> <b>30/12/2022</b></p>							
FPA0014	The risk of being unable to reclaim VAT from HMRC owing to weaknesses in accounting for VAT and underlying non-compliance with HMRC requirements	Not being able to provide evidence to substantiate VAT claims	Loss of funds to the Council		3	4	12	<p>Liaise with HMRC to provide evidence required to support claims of VAT</p> <p>in progress</p> <p><b>Danny Warren</b></p> <p><b><u>Required Control Measure</u></b></p> <p><b><u>Target Date:</u></b></p> <p>Engage external tax advisors to independently review VAT claims for a period of one year</p> <p>Meeting arranged for Thursday 30th November to start progress on project</p> <p><b>Danny Warren</b></p> <p><b><u>Required Control Measure</u></b></p> <p><b><u>Target Date:</u></b> <b>29/11/2024</b></p>	2	3	6	John Harrison			



Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
ORG0026	There is a risk the Council will be unable to deliver critical and essential services.	Denial of access to, or loss of one or more of the following (4 P's): People – Example -Staffing loss due to industrial action or pandemic Places – Example - Premises/ Location unable to carry out services due to fire/flood/utility failure etc. Processes – Example - Essential Software loss due to Cyber Attack, Office Equipment, Mobile Devices or Vehicles Providers – Example – Failure of Commissioned Providers & Suppliers	Loss of one or more of the 4 P's may impact on these area's - Inability to deliver, or disruption to Critical Services - Finance - Reputation - Delivery of KPI's - Safeguarding/ Health & Safety	A fully functioning and embedded Business Continuity Framework The Corporate Leadership Team has adopted a business continuity policy and civil contingencies arrangements. The development & maintenance of these arrangements is managed through the Civil Contingencies Board which is chaired by Raj Mistry. The CCB meeting quarterly and more frequently when required.	3	4	12	Ownership of Business Continuity (BC) at senior level (CLT/DLT) and embedded into culture of the organisation.  Corporate Directors to ensure BC is a standing agenda item at DLT Meetings and Directors are held to account for: - Approving reviews and updates to BC plans within their areas - Providing assurance that their plans are active and exercised to test effectiveness, and - Attending relevant BC and ClearView training. Where failures in BC processes are found, record the action that is taken to rectify. N.B. Directors - Approve all BC plans and reviews in their areas on time - Ensure Service Managers take ownership of their plans, that they are updated and submitted for review every 6 months - Confirm plans have manual workarounds in the event of failure/denial of one or more of the 4 P's - Ensure BC Plans of commissioned providers within their areas are audited in line with the services RTO's (Recovery Time Objectives) - Require Service Managers to attend relevant BC and ClearView training, and <b>Simon Smith</b>  <b><u>Required Control Measure</u></b> <b>Target Date:</b> <b>31/03/2024</b>	3	4	12	Stephen Halsey	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To		

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
								Provision of monthly management information to DLT's, and Directors.  The CPU will provide a monthly report from the Business Continuity Management System providing relevant management information to DLTs and directors, and the provision of support to directors to achieve good levels of compliance. <b>Simon Smith</b>  <u><b>Required Control Measure</b></u> <b>Target Date:</b> <b>31/03/2024</b>  Annual Audit of Business Continuity Plans  Due to changes in Audit processes the next audit will take place in 2024. There is sufficient governance and scrutiny across the agenda to ensure that risks are managed. The DMT and CMT have recently been provided with the annual CC and BR report and recommendations made. Those recommendations are being followed up. <b>Simon Smith</b>  <u><b>Required Control Measure</b></u> <b>Target Date:</b> <b>31/03/2024</b>							
PLC0023	Failure to prepare and take action in relation to the Building Safety Act	Lack of leadership  Insufficient resources  Poor understanding of the requirements and consequences  Passage of the bill is faster than anticipated	Potential Injury or death of residents, firefighters and others in the vicinity of the property.  Criminal and/or civil litigation for the Council and/or individual senior leadership  Delays in construction	Research, Legal Advice and Monitoring Key officers are involved in researching the implications of the Bill [Act]  Legal advice has been sought  LBTH/THH Building Safety Bill [Act] Group monthly meetings to monitor impact and progress and sub-groups to consider impacts and	3	4	12	Key actions  a. Develop appropriate Resident Engagement Strategies and inform tenants and leaseholders about the Building Safety Act 2022. In Progress: THH have communicated with residents in the September 2022 leaseholder newsletter. A Letter to landlords and building owners in the borough has been	2	3	6	Karen Swift	A Borough That Our Residents Are Proud Of And Love To Live In.		

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
			<p>Regulatory breaches</p> <p>Financial penalties</p> <p>Poor building safety</p> <p>Reputational damage</p>	<p>develop new processes.</p> <p>Liaise with London wide forums and Federation of ALMOS on implementation</p> <p>Obtain Human Resources advice when required.</p>								
								<p>prepared and sent to all building owners with buildings above 18m to try and ensure that they are aware of their responsibilities. The resident engagement strategy needs to be produced before April 2024, the strategy will require consultation with residents.</p> <p>b. Communicate the likely impact of the Building Safety Bill [Act] to Members, CLT and DLT. Complete: Presentations have been made to CLT, DLT and discussion with members have taken place regarding the Act. Conversations have continued as the Act passed through Parliament and has become legislation, with updates being shared with the relevant people/groups. New members and the Mayor have been briefed on the Building Safety Act.</p> <p>c. Working with LBTH, Legal Services, CLT and Members to examine the responsibilities linked to the Bill. Complete: Presentations/discussion are taking place, taking into consideration the changes from the draft Bill to the Bill that was published on 5 July 2 and factsheets published in Oct 21. The Building Safety Bill received Royal Assent 28 April 22 - the Building Safety Act Working Group discusses the impacts and preparedness considering any changes from the Bill. LBTH will assist with any clarifications the Building Safety</p>				

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
								<p>Act group require in relation to changes made to the Act when it was enacted and subsequent legislation.</p> <p>d. Calculate the additional resources required to comply with the Bill [Act] when enacted                      Complete: THH and LBTH building safety Bill [Act] related growth proposals for 2022/23 onwards have been approved as part of the budget setting process. Both growth proposals are for funding the new additional roles required to deliver the building safety regime. LBTH's growth proposal is for £108K for 2021/22 and £356k thereafter. THH approved growth proposal is £476k p.a from 2022/23 onwards. In additional THH had £350k previously approved for 2021/22. Additional growth may be required in response to the Government releasing secondary legislation.</p> <p>e. Consider appointing a building safety lead in the council to undertake the assurance work needed for the council to carry out its Accountable Person role.                      Complete: David Leslie, commenced with the Council as our Building Safety Lead. The Building Safety Lead will be responsible for the preparations for the building safety regime. Once the Building Safety Act is fully implemented the Safety Lead will oversee relevant department's/THH's delivery of aspects of the Council's building safety regime, ensuring the</p>							

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
								<p>Council is compliant with the Act. David will be the named person (on behalf of the Council, as Accountable Person) for the Building Safety Regulator and will review all statutory returns before submission to the Regulator.</p> <p>f. Consider appointing a specialist advisor for support with the Safety Case reviews. Complete: THH has procured Adelard to assist with developing the Safety Case template, provide licences and training to use their IT system and support for a period. THH will commence training with Adelard towards the end of April 22.</p> <p>g. The Council's Building Safety Bill [Act] guidance will be updated regularly by Counsel. Complete: Bevan Brittan are updating their advice and providing clarifications to some queries since the Bill received royal assent on 28 April 22. Bevan Brittan has provided updated advice since the release of the Building Safety Bill on 5 July 21. A comparison to the draft bill and questions related to the Oct 21 factsheets have been provided.</p> <p>h. Potentially review existing contracts to ensure they comply with the Bill's [Acts] requirements. In progress: LBTH Legal has been asked to carry out the review. - Complete - R Ward</p>							

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
									<p>i. Investigating digital storage methods to maintain the "Golden Thread of information" (GTI).                      In progress: Goy Roper and his colleagues from Socitm Advisory have provided an interim IT scoping report which considers the options for the GTI and other ICT requirements related to delivering LBTH's building safety regime. Theo Langlais, IT Project Manager will take the IT scoping/delivery project forward alongside the Building Safety Lead. Further scoping of the technology requirements will be progressed.                      David Drury 'Business Analyst' has been assisting with scoping for the ICT project to ensure relevant stakeholders are involved.                      An ICT solution 'www.activeplan.co.uk' has been secured by THH on a year's contract to allow more time us to investigate a more bespoke system .</p> <p>j. Seek Cabinet approval.                      In Progress: A Shadow Building Safety Framework report was approved by Cabinet on 27/11/21. Approval included progressing appointing to the Building Safety Lead role, appointing THH as interim Building Safety Manager (amendments made to the Bill in April 2022 removed the Building Safety Manager role with all duties now sitting under the Accountable Person) and make necessary changes to the constitution where necessary.                      As the Bill received royal assent</p>						

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
								<p>on 28 April 2022 there will be consideration into whether the Council's (including THH's) building safety framework for residential buildings needs revising. This is pending the publication of secondary legislation and an understanding of the full requirements of the Act.</p> <p>Cabinet approval will be sought for any changes to the framework around the time of full implementation of the Act (prior to October 2023).</p> <p>k. Review THH's Preparedness for their building safety responsibilities (previously classed as the Building Safety Manager)</p> <p>- LBTH Internal Audit has examine THH's arrangements and plans for readiness for implementing the Building Safety legislative requirements and meeting regulatory requirements for Council's owned-buildings managed by THH. The Audit report provided "reasonable assurance" in June 2022.</p> <p>THH have delayed the initial pilot safety case a number of months now, staffing seems to be the biggest issue.</p> <p>The Building safety roles that were agreed by cabinet have not be filled yet and are unlikely to be filled before April 2023.</p> <p><b>Karen Swift</b></p> <p><b><u>Required Control Measure</u></b></p> <p><b>Target Date:</b> <b>11/04/2023</b></p>							

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
ICT0081	Exploitation of supply chain security vulnerability impacting vendors/partners/service s	Cyber attack exploits vulnerability of key supplier Key supplier has inadequate DR and BC to recover from attack in a timely fashion	Inability to deliver services as a result of service outage or disruption – e.g. exploitation of log4j vulnerability in line of business applications Attack is terminal for the supplier i.e. triple threat - ransom of data, deletion of data, publicly expose data	Threat intelligence We receive threat intelligence through Information Security for London and other sources which provides visibility of incidents affecting other organisations so we can prepare our defences Technical Controls We have a wide range of technical controls monitoring our environment for unusual activity which depending on the risk are automatically blocked or flagged for investigation Contractual measures Contracts which require third parties to advise us in a timely way if they are subject to a cyber security incident	2	3	6	2	2	4	Steven Tinkler	





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## Detailed Risk Report (incl Control Measure Target Date)

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
LPG0034	Significant backlogs of legal work	Hold ups in courts , recruitment and retention difficulties including among client depts.	Increased stress, time barred cases, reduced income generation leading to budget pressures evidence becoming stale resulting in more lenient outcomes, delays and further expense and lower costs being awarded, and reputational damage/	Workload management Management investigating ways to mitigate known future workload. Teams being informed of upcoming work pressures in order to prepare/ share load. management to review and prioritise backlogged cases	4	3	12	3	3	9	Janet Fasan	
LPGS0009	Grants do not meet the expected outcomes as agreed in contracts	Failure to manage contractors	Residents do not receive service agreed as part of grant. Loss of council resources by provider failing to deliver.		3	4	12	2	4	8	Afazul Hoque	

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Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
LPGSE001 4	Inability to meet the council's business intelligence and performance management needs	Delay in expanding the use of data lake beyond original use case Staff lack skills to develop to maintain use case or further develop data lake	Loss of grip and control over performance Decision-making not based on data and evidence Impact on staff wellbeing due to demand pressures	Appoint virtual team Develop skills of team to deliver project Deploy PowerBI interim solution to enable staff to become familiar in advance of main project roll out Explore using report version of power BI	3	4	12	2	4	8	Doug Plumer	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To
LPGEL000 1	Failure to prepare detailed plans and employ sufficient experienced resources for the conduct of elections/referenda.	Comprehensive written project plan not fit for purpose Poor planning assumptions Lessons learnt from previous election reviews are not incorporated into planning Necessary actions not completed within statutory timetable Insufficient budget allocated	Missed deadlines Breach of legislation Failure to meet statutory duties Reputational damage Legal challenges or petition Financial costs	Project plan updated and maintained throughout the statutory timetable (copy attached in Diary/Letters). Ensuring all necessary activities are planned for and sufficient resources are available as and when required.  This varies and is twofold with scheduled and unscheduled polls taking place. All polls are subject to project plans being in place reviewed by the project board prior to and during all polls held Regular meetings with stakeholders to identify risks. Regular meetings with various partners in the electoral process. Following 4 unscheduled elections in 2019 this process has been proven to work very well and was the case once again in May 2022 for the local polls. This will be ongoing for scheduled and unscheduled polls.	2	5	10	2	5	10	Robert Curtis	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk L I Total	Required Control Measures	Target Risk L I Total	Responsibility	CPT
LPG0033	Loss and/or lack of IT knowledge and training , and inadequate systems .	Multiple changes to applications, both version and type, inadequate implementation., delays in getting IT support	Increased time to complete simple tasks, errors creep into work, increased stresses and potential of data breach, inability to access cases and limited functionality.	Learning and Support Corporate Learning Hub, staff being encouraged to learn at own pace.  Appropriate training on new case management system pre implementation	3 3 9	Upgrade and Version Management  Regular updates on any planned changes, staff involvement where possible and assistance where application is controlled corporately. <b>Janet Fasan</b> <b><u>Required Control Measure</u></b> <b>Target Date:</b> <b>31/03/2024</b>	2 2 4	Janet Fasan	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To
LPGCOM005	Failure to ensure that the Communications Division are appraised and involved at the earliest opportunity on any matters which may negatively impact on the reputation of the Council.				3 3 9	<b><u>Required Control Measure</u></b> <b>Target Date:</b>		Andreas Christophorou	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To
LPGLS0004	Recruitment and retention challenges across most of legal but particularly at senior lawyer level and more acute in some teams than others leading to inability to service work in house, staff flight due to heavy workloads. Overliance on agency workers due to inability to attract permanent staff leading to budgetary pressures .	Recruitment and Retention challenges, staff carrying heavy workloads and late/urgent instructions	bedgetary pressures due to outsourcing legal work for council and use of Agency to cover work Council's interest not being adequately protected. Negative impact on staff well being. service delivery impacted. Reputational damage increased use of agency /outsourcing due to inability to recruit		3 3 9	continue with grow your own initiatives , review ads , continue to explore alternatives ways to meet demand  recruit at Junior levels where appropriate with a view to ;'grow your own' explore alternative means of providing support e.g shared service providers or other local authority legal teams to provide support - <b>Janet Fasan</b> <b><u>Required Control Measure</u></b> <b>Target Date:</b> <b>31/03/2024</b>	3 3 9	Janet Fasan	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures	Target Risk			Responsibility	CPT
					L	I	Total		L	I	Total		
LPGLS0007	Risk of not keeping abreast of changes in legislation /legal developments.	lack of access or failing to use legal resources , not attending training. staff not having time due to work overloads, failure to allocate work at right levels	Council exposed to claims/ challenges and costs. Council's interests not adequately protected. Reputational damage.		3	3	9	maintain on line research tools/ access to online updates and briefings, staff to attend training  maintain on line research tools/ access to online updates and briefings, staff to attend training make use of LBLA courses and encourage participation in their Special interest groups <b>Janet Fasan</b>  <b><u>Required Control Measure</u></b> <b>Target Date:</b> <b>31/03/2024</b>	3	2	6	Janet Fasan	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To
LPGSE010	Corporate performance management is based on inaccurate data or poor data	Poor data entry into line of business applications by frontline services Incorrect calculations/formulae/data sets used by I&P staff Systems failures or limitations that require manual intervention and raise the chance of human error	Decision making based on incorrect or flawed assumptions Resource not focused in right areas of business Failure to identify poor performance or underperformance as data suggests otherwise	Update data quality policy in line with best practice Review data for reporting and identify areas of improvement.	3	3	9	Commence implementing the data quality policy follow on action plan to drive up data quality across the business  to be reviewed by Stephen Bramah <b>Doug Plumer</b>  <b><u>Required Control Measure</u></b> <b>Target Date:</b> <b>30/06/2022</b>	3	3	9	Doug Plumer	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To
LPGSE016	Scrutiny Committees are not effective part of the Council's governance process.	- Scrutiny meetings not effective - Scrutiny not reviewing the right areas	- Lack of engagement by members, officers and partners - role of scrutiny challenged in external reviews/inspections - scrutiny not meeting its statutory duties		3	3	9	Regular meetings with chairs, officers and partners  - Regular meetings with chairs and relevant stakeholders to identify risks and issues - Annual review with members and stakeholders - Annual improvement plan <b>Afazul Hoque</b>  <b><u>Required Control Measure</u></b> <b>Target Date:</b> <b>01/06/2024</b>	2	2	4	Afazul Hoque	

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk L I Total	Required Control Measures	Target Risk L I Total	Responsibility	CPT
LPGSE0007	Inability to deploy resources in a changing environment	Sudden changes in demand Failure to communicate core functions to the rest of the organisation Reductions in team capacity	Inability to meet demand and deliver on emerging issues	Centralised service with greater level of business resilience	4 2 8	Board and Strategy rationalisation  Reduce the number of boards and strategies to support corporate outcomes and priorities Reduce need to service substantial number of meetings which draws resource from more value added work <b>Afazul Hoque</b> <b><u>Required Control Measure</u></b> <b>Target Date:</b> <b>31/03/2024</b>	3 2 6	Afazul Hoque	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To
LPGSE0008	Budget constraints	Unexpected reductions in budget ICT transformation delayed leading to inability to move to automation whilst being required to meet existing savings targets in future years	Failure to deliver statutory functions (including supporting statutory services and delivery of council priorities)		2 4 8	Monthly Budget Monitoring meetings  Review spend and identify risks and challenges <b>Afazul Hoque</b> <b><u>Required Control Measure</u></b> <b>Target Date:</b>		Afazul Hoque	
LPGDS0005	Supreme Court Case against LBTH could determine that Councils are no longer able to prevent Members from sitting and voting on Committee decisions (like the current procedure which prevents Members sitting on part of a planning application if they weren't there for the whole item).  This could have a significant consequence for us and every Council as it would remove an important control	A Case to be heard by the Supreme Court.	The Council would no longer be able to prevent Members from voting on decisions where they were not involved in the whole of the process. This could have widespread implications. For example, the current rules whereby Members must sit on every stage of an Appointment Sub-Committee could well be challengeable as could the rules at Planning and other Committees.  This wouldn't impact every decision but would	The case is being defended by the Council and the Council has won in lower courts Legal Services are defending the Court Case and have successfully won at two lower courts. The Council is confident it has a good case.	3 2 6	<b><u>Required Control Measure</u></b> <b>Target Date:</b>	3 2 6	Matthew Mannion	Risk Corporate Plans

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
	mechanism to prevent unsound decision making.		impact those occasions where a Member decided they wanted to only take part in part of the meeting and could mean that more decisions made by the Council would be challenged.									
LPGSE001 1	Relationships with relevant stakeholders are ineffective	Failure to maintain ongoing relationships Change in personnel Failure to agree common purpose and aims	Failure to deliver on a place based agenda Failure to harness the partnership dividend to improving outcomes		2	3	6				Andy Simpson	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To
MO001	Failure to support cabinet members in the delivery of their role and functions.	Non-delivery of the executive's priorities. Ineffective communication of the executive's priorities. Non-engagement with internal and external stakeholders. Failure to deliver on individual portfolio priorities.	Damage to the Council's reputation. Non delivery of the executive's strategic priorities resulting in poor quality of life outcomes for local people.	Regular reviews of support to Mayor and Cabinet Regular 1:1 meetings held with Mayor and Cabinet to review their support and ensure they are receiving a service which allows them to fulfil their duties.  Weekly team meetings with Mayor's office staff and monthly 1:1s with staff and their managers to review workloads, priorities and other demands. Mitigations put in place where challenges are identified.	2	3	6	1	3	3	Amy Jackson	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To



Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Required Control Measures			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total	L	I	Total		
MO0004	Failure to comply with data protection regulations - casework and diaries. Including failure to comply with new General Data Protection Regulations due to be introduced in May 2018.	Poor information management including leak of sensitive information. Complaint to the information commissioner. Data security incident.	Breach of data protection regulation. Failure in the governance process. Reputational damage to the Council.	<p>Ensure all Mayor's Office staff are trained on new GDPR rules before they are introduced</p> <p>A training session for all Mayor's office staff has been arranged for April in order to explain the new data protection rules and the changes they will require to our working practices</p> <p>Training session for MO staff held with Ruth Dowden on 12/04/2018</p> <p>Refresher training to be run in 04/2019</p> <p>Regular reminders to staff about the need to comply with GDPR legislation</p> <p>Regular reminders and training will continue to be offered to staff about the need to comply with GDPR legislation as well as a continued review of our working practices to ensure compliance.</p> <p>Review new telephone infrastructure</p> <p>Informal review of new telephone line and automated message setting out GDPR privacy notice completed Q2 2019</p>	2	2	4	<b><u>Required Control Measure</u></b> <b><u>Target Date:</u></b>			1	2	2	Amy Jackson	A Dynamic Outcomes-Based Council Using Digital Innovation And Partnership Working To
LPGDS0006	A Council/Cabinet/Committee takes a decision which is procedurally unsound and is successfully challenged.	All Committees record their decisions. The public could judicially review any decision if they considered it was unsound. The Council would then have to lose the case and could have a number of costs and other implications in undoing/redone the decision that had been taken.	The consequences are varied, from simply having to reconvene to take the same decision again (potentially minimal impact) to losing a large decision such as a planning application which could have a permanent impact on the borough (although may not necessarily cost the council a large amount of	<p>Member and Officer training</p> <p>Members take part in a Member Induction Programme to teach them about sound decision making.</p> <p>Democratic Services Officer have a wide range of training available including/up to the ADSO Certificate and Diploma.</p> <p>Democratic Services provide a number of training guides and information for officers from other</p>	1	3	3	<b><u>Required Control Measure</u></b> <b><u>Target Date:</u></b>			1	3	3	Matthew Mannion	Risk Corporate Plans

Risk Ref	Risks	Triggers	Consequences	Existing Control Measures	Current Risk			Target Risk			Responsibility	CPT
					L	I	Total	L	I	Total		
			money).	parts of the Council								

Non-Executive Report of the:  <b>Audit Committee</b>  Monday, 22 <sup>nd</sup> January 2024	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Julie Lorraine - Corporate Director, Resources	<b>Classification:</b> Open (Unrestricted)
Audit Committee Training and Development Plan	

<b>Originating Officer(s)</b>	David Dobbs – Head of Internal Audit, Anti-Fraud & Risk
<b>Wards affected</b>	(All Wards)

## Executive Summary

This report provides an outline Training and Development Plan for members of the Audit Committee

## Recommendations:

The Audit Committee is recommended to:

1. Consider and agree the contents of the Audit Committee Training and Development plan.
2. Nominate the priority area(s) of training to be arranged for members during the next quarter.

## 1. REASONS FOR THE DECISIONS

- 1.1. The Audit Committee has a long-established training programme that has been mostly delivered by officers on a quarterly cycle of face-to-face seminars. More recently and following the pandemic, training has been made available through hybrid sessions delivered by officers.
- 1.2. The guidance issued by CIPFA during 2022 on Audit Committees (*Audit Committees: Practical Guidance for Local Authorities and Police*) describes the importance of members of the Audit Committee understanding of the role of Audit Committees and the issues that are presented to it. Further, CIPFA’s guidance refers to the need for regular and specific audit committee training.
- 1.3. Owing to various factors, there is now an opportunity to look afresh at the provision of training to Audit Committee members. These include:

- Recommendations made in the recent LGA Corporate Peer Challenge report concerning member development; specifically, that external training for key committees such as Full Council, Overview and Scrutiny and Audit Committee should be arranged.
- Changes in the Committee membership (e.g., owing to the electoral cycle) which necessitate training and development to help newer or inexperienced members integrate into the committee and familiarise them with the Council's structure and processes
- Ensuring that members have knowledge of and are confident in discussing recent and ongoing changes in the external regulatory, audit and governance landscape
- The increasingly complex and often contentious nature of Local Authority Financial Reporting and the underlying concepts in the Statement of Accounts, including Pension Accounting, Group Accounts and Asset Valuations. This view was reinforced in the Redmond Review<sup>1</sup> of Local Audit, published in September 2020.

1.4. By having a Training and Development programme in place, the committee demonstrates a commitment to improving its effectiveness and understanding its role in the Council's governance framework. This can be reflected in the committee's self-assessment and included in the Annual Report of the Audit Committee which reflects best practice and was last produced for 2020-21.

## **2. ALTERNATIVE OPTIONS**

2.1 None.

## **3. DETAILS OF THE REPORT**

3.1 This report sets out a broad competency-based framework of training and development for all members of the Audit Committee. It is based on the following principles:

- Provision of training to the Audit Committee, delivered by officers and also externally sourced professional experts
- Ensuring that support is available from subject matter experts in the Council (e.g., internal audit, risk management, capital accounting treasury management, financial administration) to provide local context as to how the Council operates and complies with key governance requirements

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<sup>1</sup> The Independent Review into the Oversight of Local Audit and the Transparency of Local Authority Financial Reporting (September 2020)

- Making available and circulating publications and reference material to the committee that is specifically geared towards Audit Committees
- To encourage attendance and for the purposes of convenience, delivery of training will usually be via on-line webinar (e.g., MS Teams, Zoom or Webex) or by hybrid meeting to allow for in-person attendance
- Dates for the delivery of training will be arranged in advance through the Council's Democratic Services team to ensure that clashes with other meetings can be avoided
- Training sessions will be made available to members of the Audit Committee and the Overview & Scrutiny Committee. This is good practice as highlighted by the Centre for Governance and Scrutiny and reflects the synergy between the two committees.

3.2 Appendix A details the proposed Training and Development plan, based on eight key competencies for a local authority Audit Committee. For each competency area, suggested training providers are shown, coupled with the relevant officer lead for that area.

3.3 The cost of any training will depend on the preferred provider that is chosen to deliver the training. Some of the suggested external providers have an existing relationship with the Council and have already agreed to provide training at no additional cost. Where costs are incurred, there is a budget for member training that can be utilised.

#### **4. EQUALITIES IMPLICATIONS**

4.1 There are no equalities implications.

#### **5. OTHER STATUTORY IMPLICATIONS**

5.1 There are no other statutory implications.

#### **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

6.1 These are included in the main body of the report. As noted, any training costs will be met from the existing training budget.

#### **7. COMMENTS OF LEGAL SERVICES**

7.1 There are no legal implications.

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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- None.

### **Appendices**

- Appendix A: Audit Committee: Training and Development Plan

### **Local Government Act, 1972 Section 100D (As amended)**

#### **List of “Background Papers” used in the preparation of this report**

- Audit Committees and Scrutiny Committees: Working Together: published by the Centre for Governance and Scrutiny (June 2021)
- Audit Committees: Practical Guidance For Local Authorities And Police – published by CIPFA (October 2022)

#### **Officer contact details for documents:**

David Dobbs, Head of Internal Audit, Anti-Fraud and Risk

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**APPENDIX A**

	<b>COMPETENCY AREA</b>	<b>PROVIDER(S)</b>	<b>OFFICER LEAD(S)</b>	<b>PROPOSED DATE</b>
1.	Induction and Role of the Audit Committee: <ul style="list-style-type: none"> <li>• Define the role and core functions of the Audit Committee</li> <li>• Possible wider functions</li> <li>• Good practice and effectiveness</li> </ul>	Internal Provision	Head of Internal Audit, Anti-Fraud and Risk	Completed: 11 <sup>th</sup> July 2023
2.	Financial Administration and Regulations: <ul style="list-style-type: none"> <li>• Purpose of the Financial Regulations</li> <li>• Procurement and Payments</li> <li>• Scheme of Delegation</li> <li>• Annual budgets and budget management</li> </ul>	Internal Provision	Director of Finance, Procurement and Audit	To be confirmed.
3.	Risk Management: <ul style="list-style-type: none"> <li>• Principles of good risk management</li> <li>• Tracking, measuring, and reviewing risks</li> <li>• Impact on Insurance</li> <li>• Linking risk management to performance.</li> </ul>	Zurich Municipal Insurance CIPFA Institute of Risk Management	Head of Internal Audit, Anti-Fraud and Risk	To be confirmed.
4.	Treasury Management: <ul style="list-style-type: none"> <li>• Purpose of the function</li> <li>• Types of investment and borrowing</li> <li>• What is the Prudential Code?</li> <li>• Undertaking review and monitoring</li> </ul>	Arling Close Treasury Advisor CIPFA	Director of Finance, Procurement and Audit	To be confirmed.



5.	<p>Statement of Accounts:</p> <ul style="list-style-type: none"> <li>• Importance of Financial Reporting</li> <li>• Key balances/judgements to consider</li> <li>• Group Accounts / Pension Fund / Asset Valuations</li> <li>• Annual Governance Statement</li> </ul>	<p>External Auditor</p> <p>CIPFA</p>	<p>Director of Finance, Procurement and Audit</p>	<p>To be confirmed.</p>
6.	<p>Internal Audit:</p> <ul style="list-style-type: none"> <li>• Define the role of Internal Audit</li> <li>• Risk-based auditing</li> <li>• Working with other assurance providers</li> <li>• Professional standards and best practice</li> </ul>	<p>CIPFA</p> <p>Institute of Internal Auditors</p>	<p>Head of Internal Audit, Anti-Fraud and Risk</p>	<p>To be confirmed.</p>
7.	<p>Fraud and Investigations:</p> <ul style="list-style-type: none"> <li>• Defining Fraud</li> <li>• Acknowledge, Prevent and Pursue</li> <li>• Whistleblowing</li> <li>• Learning from Case Studies</li> </ul>	<p>CIPFA</p> <p>Protect (formerly Public Concern at Work)</p> <p>Internal Provision</p>	<p>Head of Internal Audit, Anti-Fraud and Risk</p>	<p>To be confirmed.</p>
8.	<p>Capital Accounting:</p> <ul style="list-style-type: none"> <li>• Basis of capital accounting</li> <li>• Accounting for assets</li> <li>• Financing capital expenditure</li> <li>• Minimum Revenue provision</li> </ul>	<p>CIPFA</p> <p>Internal Provision</p>	<p>Director of Finance, Procurement and Audit</p>	<p>To be confirmed.</p>

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