Brighton & Hove City Council
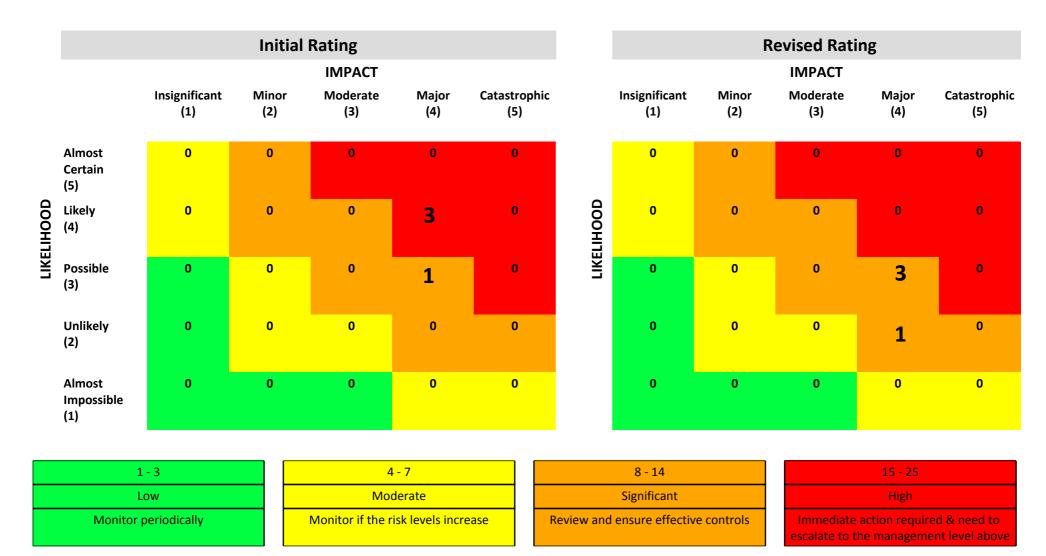
Strategic Risk Focus Report

SR13

SR20

SR10

SR18

Initial Rating

IMPACT

LIKELIHOOD	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	0	0	0	0	0
Likely (4)	0	0	0	3	0
Possible (3)	0	0	0	1	0
Unlikely (2)	0	0	0	0	0
Almost Impossible (1)	0	0	0	0	0

Revised Rating

IMPACT

LIKELIHOOD	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost Certain (5)	0	0	0	0	0
Likely (4)	0	0	0	0	0
Possible (3)	0	0	0	3	0
Unlikely (2)	0	0	0	1	0
Almost Impossible (1)	0	0	0	0	0

1 - 3	4 - 7	8 - 14	15 - 25
Low	Moderate	Significant	High
Monitor periodically	Monitor if the risk levels increase	Review and ensure effective controls	Immediate action required & need to escalate to the management level above

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Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR13	**Not keeping vulnerable adults safe from harm and abuse**	Executive Director Health and Adult Social Care Assistant Director Adult Social Care Head of Adult Safeguarding	BHCC Strategic Risk, Legislative	26/07/2017	Threat	Treat	Red L4 x I4	Amber L3 x I4		Revised: Adequate

Causes

Link to Corporate Plan: Priority Health & Wellbeing: Safeguard the most vulnerable from neglect and harm

Keeping vulnerable adults safe from harm and abuse is a responsibility of the council. Brighton & Hove City Council has a statutory duty to co-ordinate safeguarding work across the city and the Safeguarding Adults Board. This work links partnerships across the Police and Health and Social Care providers. Under the Care Act, since 2015, the Local Authority has a statutory duty to enquire if it believes a person with care and support needs is experiencing or is at risk of harm and abuse and cannot protect themselves. In 2015/16 868 safeguarding enquiries were completed by the adult assessment service.

Due to a national legal judgement in early 2014 on Deprivation of Liberty Safeguards (DoLS) the council has seen a significant increase in requests for Best Interest Assessments (BIAs); numbers have increased significantly testing the council's capacity to deliver.

Potential Consequence(s)

* Generally, cases are more complex and demands can vary
* Failure to meet statutory duties could result in legal challenge
* Failure to respond to a more personalised approach could result in challenge
* Inadequate budget provision to meet statutory requirements

Existing Controls

First Line of Defence: Management Controls
1.Local Safeguarding Adults Board (LSAB) work plan established, with independent leadership, with aligned LSAB sub group work plans
2.Multi agency safeguarding adult procedures in place, for preventing, identifying, reporting and investigating allegations of harm and abuse, in line with Care Act requirements and endorsed by 3 Sussex Safeguarding Adults Boards Continuous professional development plan in place for social work qualified staff, including a training programme and Practice Development Groups, for Care Act and Mental Capacity Act requirements. Impact of assessment staff training monitored through Audit Moderation panel.

3.'What to do if you or someone you know are being abused or neglected' leaflet produced by LSAB, available on LSAB members websites and hard copies distributed. Adults Safeguarding information on all LSAB member websites, including how to raise a concern and relevant contact details. The BHCC website has a Safeguarding Adult section, with information for the public regarding recognising abuse, how to report.

4.E-learning on Safeguarding Adults basic awareness is available for all BHCC staff, and Independent and Voluntary sector organisations.

5.Core training in safeguarding and mental capacity available via BHCC Workforce Development Team for all provider services (Independent and Voluntary Sector) who provide an adult social care function.

6.For ASC staff who have contact with vulnerable people, Safeguarding Awareness is noted as Mandatory.

7.BHCC Quality Monitoring Team and process in place to monitor quality of adult social care providers, in partnership with CCG, and CQC.

8.Violence Against Women and Girls training programme available for LSAB member organisations, and ASC Assessment Service staff enabled to attend.

9.Dedicated Principal Social Work post for adult services, ensuring well trained, motivated social work service, meeting continuous professional development requirements in line with Social Work Professional Capabilities Framework, including expectations for professional supervision.

10.Senior Social Work/Operational Management authorisation of all Mental Capacity assessments undertaken in ASC Assessment Service.

11.Named Enquiry Supervisor for all Safeguarding Enquiries undertaken in ASC Assessment Service

12.Deprivation of Liberty Safeguards (DoLS) Team to lead and co-ordinate all DoLS referrals in line with statutory requirements

13.Approved Mental Health Practitioner (AMHP) Operations Manager overseeing the AMHP Team, to meet all relevant statutory requirements.

Second Line of Defence: Corporate Oversight

1 Quality Assurance across key agencies, monitored by the Independently Chaired LSAB, with annual progress report on the LSAB work plan published.

2 Multi agency, and single agency safeguarding audits undertaken. Quarterly audit framework for adult social work service monitoring safeguarding enquiry practice.

3. Quarterly audits monitored by Audit Moderation Panel, and Corporate Performance indicator.

4. KPI to monitor number of Safeguarding Enquiries not meeting Practice Standards

5. Care Governance Board overseeing Quality Monitoring.

6. Learning from Safeguarding Adult Reviews (SARs), monitored through SAR sub group of the LSAB.

7. Yearly Social Work Health Check

8. LSAB Independent Chair meets quarterly with Chief Executive

9. LSAB annual report to Health and Wellbeing Board, includes statutory progress report on LSAB work plan.

10. Pan Sussex Safeguarding adults procedures group, meets quarterly, to review and update Sussex Safeguarding Adults procedures regularly, ensuring they are legally compliant and responsive to local and national practice development and learning.

11. Dols Governance Group, meets quarterly, attended by Assistant Director and Head of Adult Safeguarding, to ensure activity is quality assured, meets legal requirements, and activity is delivered with an efficient use of resources.

12. Departmental Management Team and HASC Modernisation Board oversee developments and monitor risks to Department.

13. Working with ADASS (association of directors of adult social services) on monitoring the impact of DoLs work to Local Authorities following the Supreme Court ruling in 2014 (P v Cheshire West Council and P&Q v Surrey County Council).

Third Line of Defence: Independent Assurance

CQC Inspection of in-house registered care services, ongoing, last inspection undertaken for Knoll House, 16/11/16, which received an overall CQC rating of Good.

Information on council website re. inspection results: https://www.brighton-hove.gov.uk/content/social-care/getting-touch-and-how-were-doing/adult-social-care-inspection-reports-council

LGA/ADASS Peer review programme – Sector Led Improvement Peer Review undertaken 2013, 'Safeguarding and Self Directed Support'. Action Plan completed June 2014. Indications from ADASS that a further Peer Review for BHCC HASC will be considered 2017/18.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Continue to learn from serious case reviews, coroners inquests and case reviews	Head of Adult Safeguarding	75	31/03/18	01/04/15	31/03/18

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date

Comments:

Safeguarding Adults Review undertaken (called SAR X), written by Independent Author commissioned by the Local Safeguarding Adults Board (LSAB).
28/11/16 an Extraordinary LSAB meeting was held with all Board members, and the Independent Author presented the report, findings and recommendations.
The SAR Sub Group of the LSAB (Chaired by HealthWatch) has finalised the SAR X Action plan, signed off at the SAR Sub Group 24/01/2017.
The SAR X Action Plan is reviewed and monitored via the SAR Sub Group, which reports to the LSAB.
SAR X summary is published on the LSAB website.
The SAR Sub Group will monitor the completion of the Action Plan.
A briefing regarding SAR X is being completed, and will be circulated to all LSAB member organisations for staff awareness.

A multi agency audit has been agreed by the LSAB to be undertaken for a number of people identified as homeless/rough sleeping.
The scope of this audit is to be agreed at the Quality Assurance sub group of the LSAB, held 27/01/2017, with an aim for the outcome of this audit to be reported to the Quality Assurance sub group in April 2017.

Revised Pan Sussex Safeguarding Adults Review protocol in place April 2015, to replace Serious Case Review process following implementation of Care Act. Revised protocol reflects new duties regarding Safeguarding Adults Reviews.
Safeguarding Procedures updated April 2016.
A Safeguarding Adults Review agreed to be undertaken following referral to the Safeguarding Adults Board. In process of being completed, for final report November 2016.
Review of recent deaths of homeless people being undertaken, reported to the Safeguarding Adults Board June 16, then to Members Steering Group.
Update Sep 16. This has led to further investigation with a view to further report due to be presented to Safeguarding Adults Board in Dec 16. Further quality assurance work will be undertaken in January 17 by a selection of active cases that will be identified for discussion at the safeguarding Q&A subgroup in January 17.

| Continue to raise awareness through messages and training | Head of Adult Safeguarding | 100 | 31/03/17 | 01/04/15 | 31/03/17 |

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Comments: This is an on-going control. As such it is now reflected in the Second Line of Defence 'Learning from SAR's, monitored by SAR sub group of the safeguarding board'. Requirement for a joint Participation and Engagement Group was agreed by both the Local Safeguarding Adults Board (LSAB) and Local Safeguarding Children's Board (LSCB) in April 2016. With relatively new arrangements for an independently chaired LSAB, a priority area of focus was to recruit a Board Manager to support the LSAB, and to set up the Quality Assurance sub group, and the Quality Assurance Framework. Progress on this was also hindered by the Chair of the already established LSCB Participation and Engagement (P&E) Group leaving their post at East Sussex Fire and Rescue Service. Sussex Police have now agreed to take on the Chairing arrangements for this joint group. The new Chair of the P&E sub group has confimred that the first joint P&E group wil be held by April 2017. Joint Participation and Engagement Group has been set up (April 16), linking the Safeguarding Adults and Children's Boards to engage with the community and promote awareness Regular and ongoing programme of Practice Development Groups within adults assessment service to ensure practice standards are met for safeguarding and mental capacity work. These are well attended and received and remain ongoing.					
Performance Indicator for assessment service staff attendance on core training sessions, to be set for 2017-18.	Head of Adult Safeguarding	30	31/03/18	20/01/17	31/03/18
Comments: Lead Enquiry Officer (LEO) training for safeguarding adults has been developed by the Professional Standards and Safeguarding Team, to build on training rolled out in 2015 when the Care Act started, and on on-going Practice Development Groups. This training is ready to be rolled out in July, and dates have been booked for this 2 day training every 2 months for the year ahead. Based on numbers of qualified social workers in adult services a target has been set for end 27/18 that 50% of all social workers would have attended this new training during the period. Including previous year's training this will equal 75% of staff trained.					

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Programme of Prevent training to be rolled out to all Assessment Service staff in contact with citizens, Senior Social Workers and Operations Managers, and Registered Managers of provider services. All relevant staff to have attended training by April 2019. **Comments:** Each trainer has committed to 4 sessions, one of which will be doubled up, around 50% coverage by April 2018, full completion by April 2019. 8 courses of Workshop to Raise Awareness of Prevent (WRAP) booked from July 2017 to December 2017 for all relevant staff. Further courses to be booked in for 2018.	Head of Adult Safeguarding	30	29/03/19	20/01/17	29/03/19
The Statutory requirements of specific elements of the Mental Health Act (Approved Mental Health Professional's and Guardianship) to be included for scrutiny in an extended DoLS Governance quarterly meeting, by April 2017. Terms of Reference to be reviewed and agreed by March 2017. **Comments:** Term of Reference have been reviewed and agreed at Dols Governance meeting 04/04/2017. Next meeting is booked 21/06/2017, where the meeting will also cover AMHP and Guardianship issues, with the relevant staff invited.	Head of Adult Safeguarding	100	30/04/17	24/01/17	30/04/17

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR20	**Inability to integrate health and social care services at a local level and deliver timely and appropriate interventions**	Executive Director Health and Adult Social Care Interim Head of Adult Social Care Commissioning Assistant Director Adult Social Care General Manager - SPFT	BHCC Strategic Risk, Economic / Financial	26/07/17	Threat	Treat	Red L4 x I4	Amber L3 x I4		Revised: Adequate

Causes

Link to Corporate Plan Priority 3: Health and wellbeing
The ability of the health and social care system to progress with integrated teams and to commission appropriate services to support early intervention and ongoing care, supported by the Better Care Fund.

Potential Consequence(s)

If parties do not work together as agreed, or organisation's priorities change, it will affect delivery of performance targets in relation to the Better Care Fund. Any failure of delivery will impact on the Acute Trusts' costs and our ability to release efficiency savings to create new services.

Existing Controls

First Line of Defence: Management Controls
1. The CCG operates across 6 Clusters. From April 2017 three Social Care District teams support these Clusters so that social care operational work is aligned
2. Better Care Board established (high level and cross sector representation) and chaired by Executive Director Health & Adult Social Care, with oversight by Health & Wellbeing Board;
3. Finance and Performance Board monitors spend and performance.

Second Line of Defence: Corporate Oversight
1. Health & Wellbeing Board reviewed and governance arrangements in place to help deliver an integrated approach, including oversight of the Better Care Fund;
2. Better Care Plans in place. Section 75 signed off.
3. Partnership work agreed and submitted a Better Care Plan by the deadline in March 2014. Revised Better Care plan for 2016/17 submitted.

Third Line of Defence - Independent Assurance
NHS England sign off Better Care Plan, submitted in May 2016.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Robust Section 75 agreements to be reviewed.	Executive Director Health and Adult Social Care	25	31/03/18	23/03/16	31/03/18
Comments: The intention is to enter into a shadow year from April 2018 for the integration of health and social care. Robust s75 agreements will be in place to support this shadow year.There are two Section 75 (s75) agreements: 1) Better Care which is led by the CCG and likely to require minor update; and 2) with the Sussex Partnership Foundation Trust (SPFT) now agreed in May 2016 with a slight change to risk share and budget. Update November 2016: SPFT in receipt of updated S75 agreement, response pending. Better Care Fund - currently being reviewed.					
SR 20 Risk Action (Now completed): Deliver Phase 1 Better Care implementation plan from September 2014. Cluster working under development. Cluster one, went live in September 2015. This model is based around GP's and multi -disciplinary teams	Executive Director Health and Adult Social Care	100	31/03/17	01/09/15	31/03/17

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Comments: Update Sep 17 - Restructure into 3 operational teams went live from April 2017 and has thus this risk action has been completed. 3 clusters currently operating with multi-disciplinary team working. From June 2016 development programme to change working practices and monitor performance and outcomes. Update Nov 16: This work remains ongoing and full roll out of cluster teams in April 17.					

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR10	Information governance failures leading to financial losses and reputational damage	Strategic Risk Owners ICT Business Engagement Manager ICT Records Manager / Information Governance	BHCC Strategic Risk, Legislative	26/07/17	Threat	Treat	Red L4 x I4	Amber L3 x I4		Revised: Adequate

Causes

Link to Corporate Plan: Outcome ' A modern council: Providing open civic leadership and effective public services'
The council must operate to a high standard of information governance (IG) within the overall context of openness and transparency. The council must ensure that it not only protects the organisation's information and technical assets but that it does so within a complex economy of overlapping legislative requirements and compliance regimes; including the introduction of new & more stringent IG requirements under the General Data Protection Regulations (GDPR). As examples, the Public Services Network (PSN) and the Health & Social Care Information Centre (HSCIC) both place significant emphasis on Information Governance Controls as does the Information Commissioner's Office (ICO).

Potential Consequence(s)

• Individuals could suffer reputational, financial or physical harm,
• The council could suffer reputational and/or financial loss along with an inability to function effectively
• The financial sanctions available to the ICO will be significant under GDPR
• The PSN & HSCIC could impose operational sanctions which would be catastrophic for many services,
• Inadequate IG management lends itself to poor DP practices incl. non-compliant circulation of data & leaks
• It could result in a loss of trust in the council by citizens and partners.

Existing Controls

First Line of Defence: Management Action

1) A suite of Information Governance Policies have been approved;

2) An Information Governance training package has been rolled out across the entire organisation;

3) An Information Audit has been completed, including business impact assessments for the loss or compromise of Confidentiality, Integrity and Availability;

4) Physical access controls have been improved a result of the move to a new datacentre;

5) Cyber security controls introduced to minimize security risks and adoption of ITHC principles for internal security scanning

6) An information risk register has been developed and is regularly reviewed by ICT Mgt Team (ICTMT), Information Governance Board (IGB) and the Senior Information Risk Owner (SIRO)

7) Protective monitoring technology has been introduced to provide threat, vulnerability and incident alerts

Second Line of Defence: Corporate Oversight

1) The SIRO oversees the organisation's approach to Information Risk Management, setting the culture along with risk appetite and tolerances;

2) The Information Governance Board ("IGB") oversees and provides leadership on Information Risk Management and obligations arising from legislation such as the DPA 1998 & FOI 1998;

3) The Caldicott Guardians (Executive Directors FCL; and HASC) have corporate responsibility for protecting the confidentiality of Health and Social Care service-user information and enabling appropriate information sharing;

4) The Information Governance Team operates as an independent function to provide advice, guidance and oversight in key areas.

5) Oversight of Audit and Standards Committee.

Third Line of Defence: Independent Assurance

1) Internal and external ICT audits provide an objective evaluation of the design and effectiveness of ICTs internal controls;

2) IT Health Check (ITHC) performed by a 'CHECK'/'CREST' approved external service provider – covering both applications and infrastructure assurance. The ITHC approach has been updated to include one standard annual check and one targeted solution specific check (e.g. the mobile service).

3) Continued assurance from compliance regimes, including PSN CoCo, HSCIC IG Toolkit and PCI DSS Annual;

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
SR 10 Risk Action: Implement an organisation wide information risk management process and maintain a prioritised information risk register.	ICT Business Engagement Manager	100	30/06/17	01/09/15	30/06/17

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Comments: Information risk is now reviewed via an IGB sub-group and priority risks are escalated to IGB and SIRO. Building on the progress in this area will be a key part of a new IG strategy (currently in development)					
SR10 Risk Action: Develop and launch a series of IG training modules	ICT Business Engagement Manager	5	30/03/18	28/04/17	30/03/18
Comments: September '17 update: Initial scoping/discovery work is underway					
SR10 Risk Action: General Data Protection Regulation (GDPR) compliance project	ICT Business Engagement Manager	20	30/10/19	01/04/17	30/10/19
Comments: Initiate a project to co-ordinate activity across BHCC to ensure that the authority is compliant with the GDPR by May 2018. The project will introduce new IG practices, such as information flow mapping and business led risk management and provide clarity on information accountability. End Q2 '17 update: Project has been initiated and a risk workshop and some initial awareness raising has taken place. Links have also been formed across the Orbis partnership to ensure work is consistent and avoids duplication September '17 update: A GDPR business case outlining resource investment will be presented to modernisation board Sept 2017. Although GDPR launches in May 2018 this is now seen as a key milestone as work will continue for some time after this date. For this reason the deadline for this work has been revised.					
SR10 Risk Action: iCasework implementation	ICT Business Engagement Manager	30	30/09/17	01/06/17	30/09/17

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Comments: Implementation of iCasework for FOI case management (includes FOI process improvement). End Q2 '17 update: Procurement activity has begun and resource for implementation has been identified. September '17 update: Contract has been awarded, but supplier availability for implementation has delayed the project. Implementation has be scheduled for October through to November 2017					
SR10 Risk Action: Review of ICT incident management process – to fully integrate data breach and cyber security incidents	ICT Business Engagement Manager	60	30/06/17	01/06/16	29/12/17
Comments: The 'as is' has been reviewed and a 'to be' has been defined and documented. Implementation of the new process is scheduled for completion by end of June 17. End Q2 '17 update: Work has been slightly delayed in order to harmonise IM process with the Orbis partnership. The initial Orbis workshops have taken place and work will be completed by end of Q3 September '17 update: Implementation of a new Orbis process will commence at the end of Q3					
SR10 Risk Action: Review protective monitoring arrangements with Orbis partners	ICT Business Engagement Manager	0	29/12/17	28/04/17	29/12/17
Comments: Seek opportunities to develop and expand the protective monitoring approach. End Q2 '17 update: work has been incorporated into a data centre review task. September '17 update: The current protective monitoring contract with Eduserve will continue. The IT&D data centre strategy (in development) will provide longer term plans on how the service will be developed.					

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR18	**Service outcomes are sub-optimal due to the lack of appropriate tools for officers to perform their roles**	Executive Director of Finance & Resources Head of Digital Transformation ICT Business Engagement Manager	BHCC Strategic Risk, Technological	26/07/17	Threat	Treat	Amber L3 x I4	Amber L2 x I4		Revised: Adequate

Causes

Link to Corporate Plan: Priority Economy, Jobs and Homes: Improve the City's digital infrastructure

Service redesign and development of user centric, secure, resilient, flexible digital capabilities which meet safeguarding and other legislative duties relies on:

1) a sufficient number of ICT staff with appropriate skills and effective, efficient suppliers

2) an investment strategy for sustainable targeted improvements of ICT platforms and systems

3) organisational capacity for joint work to transform services

4) staff skill levels and confidence to use and innovate with information and technology

5) sufficient understanding and leadership at all levels of the organisation to exploit the opportunities of modern, digital IT to improve service delivery

6) appropriate access for those with safeguarding responsibilities, including in partnership, to ICT systems which enable the protection of the most vulnerable

7) improved information systems and services to enable delivery of council objectives as set out in the corporate plan

Potential Consequence(s)

- Less confidence in digital technology to assist achievement of Corporate Plan objectives
- Unable to transform services to achieve efficiencies and better outcomes for residents, communities, businesses and visitors
- Unable to meet organisational budget reductions if automated services are not introduced
- Communications offer, including with citizens and communities is less effective and engaging
- Safeguarding issues if staff do not have appropriate access to the information and support needed to carry out their roles
- Increased pressure on staff in delivering services and unable to focus on transformation
- Leaders unable to innovate services at necessary pace to meet demand and cope with financial pressures
- Impact on council and city reputation as a digital city
- Staff morale affected

Existing Controls

First Line of Defence: Management Action

• ICT Infrastructure Programme is delivering core ICT infrastructure platforms to improve service flexibility, availability, business continuity and cybersecurity - this includes clear service levels, hybrid cloud platform, flexible connectivity options and robust cybersecurity.

• Feedback and engagement from customers and partners is driving the development of services, including focus inside and outside of Digital First on mobile, digital and information sharing.

• Alignment and prioritisation of project resources to modernisation requirements.

• Established working relationships and governance (Informatics Oversight Committee & Local Digital Roadmap) for cross social care and health system developments and resourcing, linked to Better Care and Digital Roadmap development.

• Digital First programme has been established with programme team in place and growing. A clear timeline of work and savings in place. New development platforms now delivering new products.

• Increased profile and presence in the city's digital community to enable the work with City and City region partners including Wired Sussex, Digital Catapult, Brighton University and Sussex University. Establishing cross sector relationships which support the ambitions of the City and channel opportunities to further establish Brighton & Hove as the Connected City. Includes joint development of research and investment bids in support of shared agendas and supporting devolution agenda.

• Early work with Orbis partners to carry out joint procurement and align supply chain where possible. For example joint procurement of Microsoft Licensing Solutions Partner.

• The close linking in of the partnership Digital Resilience project into the Digital First programme, Libraries, Services to Schools and Customer Service Centres work is ensuring that solutions to the risks of digital exclusion are well managed and sustainably implemented.

Second Line of Defence: Corporate Oversight

• Digital First programme approved at Policy, Resources & Growth (PRG) Committee

* New Tech & IT Board being set up to oversee ICT and Digital First - to be chaired by Chief Executive

• Corporate Modernisation Delivery Board overseeing alignment of programmes and projects to Corporate Plan aims and reviewing any gaps. Includes oversight of ICT Infrastructure, Workstyles and Digital First programmes.

• Digital First Members Oversight Group - quarterly

• Digital First programme board

Third Line of Defence: Independent Assurance

• Internal and External Audit assurance of programme management and Capital Investment strategies.

Effectiveness of Controls – The controls in place are adequate with effective modernisation programmes delivering products and services to meet clear needs

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Development and PRG approval of Information Strategy to ensure a clear strategic vision and governance of how BHCC will balance exploiting the opportunities and value of data and information while protecting the privacy and ensuring value flows to communities.	ICT Business Engagement Manager	10	01/04/18	20/04/17	01/04/18
Ensure development of cross-sector digital partnerships across city and city region. **Comments:** Agreed areas of joint focus with Brighton University with new Digital Transformation lead including potential joint bidding opportunities; Leading Places challenge work developing this further. Engagement with Brighton Digital Festival 2017 about two jointly commissioned pieces of work around Open Spaces strategy and digital inclusion Initial work within Digital First on the approach to supplier engagement has been started. The Greater Brighton Digital working group has developed an initial draft of a Greater Brighton digital strategy, which was noted by the Greater Brighton Economic Board, alongside indicative plans for Digital Infrastructure and support for public service reform plans.	Chief Technology Officer	100	31/03/17	01/04/16	31/03/17
Increase organisational capacity for service transformation by using Digital First team across services and silos to identify efficiencies online Product Managers now working across organisation in areas that savings can be made.	Head of Digital Transformation	80	31/03/18	01/04/16	31/03/18

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Information Management - developing and delivering core information practices including customer index, enterprise content management and robust data and record management practices.	ICT Business Engagement Manager	60	31/03/18	01/04/16	31/03/18
Comments: July 17 update - Progress on Customer Index is ongoing. ECM (new SharePoint) will initiate discovery phase in Autumn 2017. Data and Records Management practices to be embedded in SharePoint projects and organisational maturity increased as a result of GDPR project work. Initial matched customer index completed, core ECM platform selected, records management support for teams moving under Workstyles completed. Work started with Health & Adult Social Care (HASC) and Health on data management for integrated services including risk stratification and predictive modelling.					
Introduce an overarching technology and digital governance board to align priorities, coordinate co-delivery, remove blockers and track benefits	ICT Business Engagement Manager	80	31/08/17	18/07/17	31/03/18
Comments: September '17 update: a Tech and Digital Board has been agreed - the first meeting (chaired by Geoff Raw) will be on Sept 25th.					
Modernisation project to review use of information and systems in Social Care and Housing service areas	ICT Business Engagement Manager	10	01/04/18	20/04/17	01/04/18
Comments: September '17 update: IT&D engagement will be led by a Business Partner from October/November 2017					
The ICT Service Redesign is realigning available capacity within budget constraints to most effectively support the organisation's needs.	ICT Business Engagement Manager	100	31/07/16	01/04/16	31/07/16

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Comments: Consultation completed, implementation underway, Tier 4 complete, Tier 5 partially implemented but paused , Tier 6 partially implemented new target date March 2017.					
Use new Tech & Digital Oversight Board to review progress, identify interventions where strategic changes on ICT are required, and produce a re-focused IT & D Strategy that aligns the needs of operations, Digital First, and the City.	Executive Director of Finance & Resources	10	31/03/18	06/09/17	31/03/18
Use Orbis to ensure outcomes of ICT Infrastructure Programme are sustainable, embedded and enabling of change within the organisation.	ICT Business Engagement Manager	80	31/03/18	01/04/16	31/03/18
Comments: July 17 Update - migration of email is complete (although gcsx is unlikely to be removed entirely as some recipients still require gcsx mail). Mobile and Skype for business are in trial/testing stage and Onedrive is scheduled for implementation in late 2017. September '17 update: The final phase of the current infrastructure programme relates to the rollout of Skype for Business and Mobile telephony. Skype for Business pilot user group is continuing to test the enhanced Skype policies for video conferencing and Skype voice calls. Rollout is scheduled for Q3. Mobile telephony: 42 Independence at Home users are live with the new managed smartphones. Full rollout will start in October. New security & platform infrastructure now implemented for BHCC and Schools, critical cloud services being migrated, continued migration of priority services to stagfing environments, new citrix farm built and tested, network interconnect with NHS established, corporate wifi now deployed to HTH and Barts House, shared services wifi now deployed, new laptop services rolled out to HTH users. Microsoft Office 36 service migration planning happening with migration of email. removal of .gcsx and delivery of Mobile, Skype and Onedrive by summer 2017. Last Updated: 06/09/2017					