

**CORPORATE RISK REGISTER**

Version Date: January 2015

| Details of Risk |   |   |   |         | Key Controls/Mitigation  | Residual Risk |        |         | Actions   |              |             |                     |               | Action Owner Acronyms explained                         |
|-----------------|---|---|---|---------|--|---------------|--------|---------|---|--------------|-------------|---------------------|---------------|---|
| Risk No.        | Risk Description  | Trigger   | Result  | Owner   |  | Probability   | Impact | * Score | Description   | Action Owner | Target Date | Revised Target Date | Action Status |   |
| 1a              | Failure to effectively plan how the Council will deliver services over the 5 year Business Plan           | 1. Failure to have clear political direction, vision, priorities, and outcomes in the Business Plan.<br>2. Failure to plan effectively to achieve necessary efficiency savings and service transformation.<br>3. Failure to identify sufficient additional savings in addition to existing plans, in light of forthcoming CSR.<br>4. Worsening Pension Fund deficit<br>5. Legislative changes add unforeseen pressures to Council savings targets | 1. The Council lacks clear direction for resource use and either over-spends, requiring the need for reactive savings during the life of the plan, or spends limited resources unwisely, to the detriment of local communities. | CD CS&T | 1. Robust political leadership, strong vision, clear priorities and policies, developed through councillor engagement<br><br>2. Robust engagement with members of CLT and Councillors through the Business Planning process timetable, to ensure greater cross-organisational challenge and development of options.<br><br>3. Full consultation with public, partners and businesses during planning process, including thorough use of data research and business intelligence to inform the planning process<br><br>4. Stronger links with service planning across the Council seeking to transform large areas of spend.<br><br>5. Business Planning process requires early identification of possible impacts of legislative changes, as details emerge  | 4             | 4      | 16      | 1. Senior Officer exploration of transformative solutions to future budget challenges, in line with Council motion on 14 October. | SMT          | Apr-15      |                     | G             |   |
| 1b              | Failure to deliver the current Business Plan  | 1. Failure to deliver (with partners) the Business Plan and achieve required efficiency savings and service transformation.<br>2. Assumptions in existing Business Plan regarding the wider economic situation are inaccurate.<br>3. Organisation not sufficiently aligned to face challenges.  | 1. The Council is unable to achieve required savings and fails to meet statutory responsibilities or budget targets; need for reactive in-year savings; adverse effect on delivery of outcomes for communities                  | CE      | 1. Robust service planning; priorities cascaded through management teams and through appraisal process<br>2. Strategy in place to communicate vision and plan throughout the organisation<br>3. Performance Management<br>4. Governance framework to manage transformation agenda:<br>a. Integrated portfolio of programmes and projects<br>b. Routine portfolio review to identify and address dependencies, cross cutting opportunities and overlaps<br>c. Directorates to review and recommend priorities<br>d. Directorate Management Teams/Programme Gvnce Boards ratify decisions<br>5. Rigorous RM discipline embedded in all transformation programmes/projects, with escalation process to Directorate Management Teams / Programme Boards<br>6. Integrated performance and resource reporting<br>a. Monthly progress against savings targets<br>b. Corporate Scorecard monitors performance against priorities<br>c. Budget holders monthly meetings with LGSS Finance Partner/External Grants Team, producing BCR<br>d. Regular meetings with Director of Finance/s151 Officer, Committee Chairs and relevant Directors to track exceptions and identify remedial actions<br>7. Rigorous treasury management system in place plus ongoing tracking of national and international economic factors and Government policy<br>8. Limited reserves for minor deviations<br>9. Routine monitoring of savings delivery to identify any required interventions<br>10. Bi-annual Leaders and Chairs meeting and Cambridgeshire Public Service Board<br>11. Board Thematic Partnerships including the LEP and the Health and Well Being Board, commissioning task and finish groups<br>12. LGSS governance arrgts incl representation on SMT | 3             | 4      | 12      |   |              |             |                     |               |   |
| 2               | The quality, responsiveness and standard of LGSS Services fail to meet CCC requirements                   | 1. LGSS resources available to support CCC are reduced as LGSS expands its customer base<br>2. Failure to manage LGSS service delivery to CCC   | 1. Support services to CCC are not provided in a timely, accurate and professional manner   | CD CS&T | 1. Joint Committee Structure incl CCC Cllr representation, LGSS Overview and Scrutiny Cttee, Chief Executive sits on LGSS Management Board<br><br>2. LGSS director representation on SMT to ensure LGSS meets current and future Council needs<br>3. LGSS Strategic Plan, Strategy Map and Improvement Activities identified<br>4. Programme Management arrangements in place to move forward workstreams<br><br>5. CCC performance management arrangements<br>6. LGSS performance management team<br>7. LGSS SLA's in place and regularly reviewed in detail<br>8. Corporate Director CS&T responsible for managing LGSS / CCC relationship   | 3             | 3      | 9       | 1. In-depth reviews of SLAs for priority areas: IT, Property, HR Transactions and HR Advisory                                     | CD CS&T      | Nov-14      |                     | G             | Corporate Director, Customer Service and Transformation |
| 3               | The Council does not have appropriate staff resources with the right skills and experience to deliver the | 1. Ineffective recruitment outcomes<br>2. Ineffective planning processes<br>3. Unattractive terms and conditions of employment.<br>4. High staff turnover<br>5. Lack of succession planning to  | 1. Failure to deliver effective services<br>2. Regulatory criticism/sanctions<br>3. Civil or criminal action<br>4. Reputational damage to the Council   | DoPPT   | 1. Annual business planning process identifies staffing resource requirements<br><br>2. Children and Adults Workforce Strategy and Development plans<br>3. Robust performance management and development practices in place.<br>4. Flexible terms and conditions of employment   | 3             | 4      | 12      | 1. Workforce Strategy and Development Plan.   | HoWD         | Mar 14      | Mar-15              | G             | Head of Workforce Development                           |

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| Risk No.        | Risk Description  | Trigger   | Result  | Owner            |  | Probability   | Impact | Score | Description  | Action Owner  | Target Date  | Revised Target Date  | Action Status                                       |  |
|                 | experience to deliver the Council's priorities at a time of significant demand pressures                                    | 5. Lack of succession planning to capture experience and knowledge<br>6. Increasing demand for services   | Council<br>5. Low morale, increased sickness levels   |                  | 5. Appropriate employee support mechanisms in place through the health and well being and counselling service agenda.<br>6. Organisational Workforce Development Programme<br>7. Use of statistical data to shape activity relating to recruitment and retention   |               |        |       |  |   |  |  |   |  |
| 4               | The Council does not achieve best value from its procurement and contracts  | 1. ineffective procurement processes<br>2. Lack of awareness of procurement processes across the Council<br>3. Ineffective contract management  | 1. Poor value for money<br>2. Legal challenge<br>3. Wasted time and effort in contractual disputes  | DoL&G            | 1. Contract regulations and Procurement Best Practice Guidance.<br>2. Contract Review Group (CRG) reviews proposed new contracts over £500k that are not subject to specific Project Board structure<br>3. Procurement Training<br>4. Central Contract register  | 2             | 3      | 6     |  |   |  |  |   |  |
| 9               | Failure to secure funding for infrastructure  | 1. Insufficient funding is obtained from a variety of sources, including growth funds, section 106 payments, community infrastructure levy and other planning contributions, to deliver required infrastructure. This is exacerbated by the recession and reduced government funding for local authorities<br><br>2. Significant reduction in school infrastructure funding in 2016/17 from £34m per annum to £4m | 1. Key infrastructure, services and developments cannot be delivered, with consequent impacts on transport, economic, environmental, and social outcomes. This could also result in greater borrowing requirement to deliver essential infrastructure and services which is unsustainable.  | ED ETE<br>ED CFA | 1. Maximisation of developer contributions through Section 106 negotiations.<br><br>2. Prudential borrowing strategy is in place.<br><br>3. Section 106 deferrals policy is in place.<br><br>4. External funding for infrastructure and services is continually sought.<br><br>5. Implementation of Community Infrastructure Levy<br><br>6. Strategic development sites dealt with through S106 rather than CIL and S106<br><br>7 Planning Obligation document in place for district's and CCC use<br><br>8. Lobby with LGA over infrastructure deficit<br><br>9. On-going review, scrutiny and challenge of design and build costs to ensure maximum value for money<br><br>10. Coordination of requirements across Partner organisations to secure more viable shared infrastructure<br><br>11. Local plan policies with District Councils | 4             | 4      | 16    | 1. Assist Cambridgeshire City Council and South Cambridgeshire District Council in implementing the Community Infrastructure Levy regime and setting charges<br><br>2. Assist Hunts DC in implementing the Community Infrastructure Levy regime.<br><br>3. Assist East Cambs District Council in implementing the Community Infrastructure Levy regime.<br><b>4. Assist Fenland District Council in implementing the Community Infrastructure Levy regime and setting charges</b><br><br>7. Investigate the potential for use of Tax Increment Financing and other innovative forms of funding.<br><br>8. Respond to District Council Local Plans to address infrastructure policy deficit at all stages of the Local Plan process.<br><br>9. Assist service areas define their infrastructure requirements to be pulled together within one policy document for use<br><br>10. Scope out potential for a more joined up approach to CIL and investment in infrastructure<br><br>12. Seek to maximise potential Basic Need capital allocations through submission of a robust evidence-based School Capacity Annual Return to the Department for Education.<br><br>13. Develop working groups with district councils to source external funding opportunities in growth sites (e.g. Big Lottery)<br><br>14. Develop a New Communities Strategy to provide clearer arrangements for planning for new communities across CFA | HoTIPF<br>HoTIPF<br>HoTIPF<br>HoTIPF<br>Exec Director, ETE<br>HoGE<br>HoTIPF<br>HoTIPF<br>Exec Director, CFA<br>HoS&P<br>SD S&C | Feb-15<br>Feb-15<br>Ongoing<br>Summer 2014<br>Ongoing<br>Ongoing<br>End 2014<br>End 2014<br>Aug-15<br>Dec-14<br>Sep-14 | 2014<br>2014<br><br><br><br><br><br><br><br><br><br><br>Dec-14 | G<br>G<br>G<br>A<br>G<br>G<br>G<br>G<br>G<br>G<br>G | HoTIPF - Head of Transport Infrastructure Policy and Funding<br>HoGE - Head of Growth and Economy<br>HoS&P - Head of Strategy and Planning<br>SD S&C - Service Director, Strategy and Commissioning<br>ED CFA - Exec Director, Children, Families and Adults |
| 14              | Increased demand for services arising from increased financial and social pressure on individuals, families and communities | 1. Changes to the welfare benefits system<br>2. Increase in economic migration<br>3. Failure to understand different needs of community groups  | 1. Increased pressure on vulnerable families increases the demand for services<br>2. Housing harder to access leading to increased homelessness and relocation to areas of lower cost housing<br>3. Increased community tensions and public dissatisfaction<br>4. Sections of community feel excluded/marginalised potentially resulting in increased community tensions and public dissatisfaction | ED CFA           | 1. Community Cohesion Strategy and Action Plan in place. Child Poverty strategy agreed with multi agency commitment<br>2. Monitoring of impact of benefit changes allows increases in need to be better anticipated<br><br>3. Cambs Sub-regional Housing Board planning for future housing needs in the long term.<br><br>4. County Homeless Executive working to reduce the impact of homelessness.<br><br>5. Sub-regional Homeless Group working the reduce the incidence of homelessness.   | 3             | 3      | 9     | 8. Work with LEP to access ESF funds to support projects which support Social Inclusion and combat poverty<br><br>9. Develop and action Children's Trust priority to mitigate the impact of poverty on health and learning outcomes<br><br>10. New Child Poverty Strategy to be developed<br><br>14. Delivery of demand management savings proposals within the 2015-16 Business Plan  | SD S&C<br>ED CFA<br>HoS&P<br>ED CFA   | Jun-14<br>Dec-14<br>Sep-14<br>Mar-15   | Dec-14   | A<br>G<br>G<br>G                                    | SD S&C - Service Director, Strategy and Commissioning<br>ED CFA - Executive Director Children, Families and Adults<br>HoS&P - Head of Strategy and Partnerships  |

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| Risk No.        | Risk Description | Trigger | Result |       |  | Probability   | Impact | * Score | Description | Action Owner | Target Date | Revised Target Date | Action Status |                                 |
|                 |                  |         |        |       | 6. CYP Area partnerships supporting the uptake of Free School Meals<br><br>7. Welfare reform communications to families coordinated by the Families Information Service<br>8. Demand management work<br><br>9. Community resilience/capacity |               |        |         |             |              |             |                     |               | Partnerships                    |

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| Risk No.        | Risk Description  | Trigger   | Result  | Owner  |  | Probability   | Impact | * Score | Description  | Action Owner | Target Date | Revised Target Date | Action Status |   |
| 15              | Failure of the Council's arrangements for safeguarding vulnerable children and adults | 1. Severe family crisis despite the robust arrangements in place designed to prevent harm to adults and children<br>2. Insufficient skilled and experienced Children's Social Care staff.<br>3. Instability of social care workforce.<br>4. Quality Assurance processes fail to identify poor practice.<br>5. Volume of work exceeds staff capacity.<br>6. Information not shared effectively between different parts of the safeguarding system.<br>7. Poor case recording and record sharing. | 1. Harm to a child (including in Domestic Violence situations) or an adult receiving services from the Council<br>2. Reputational damage to Council | ED CFA | 1. Multi-agency Safeguarding Boards  | 3             | 5      | 15      | 2. Develop plans to incorporate adult safeguarding as part of the Multi-agency Safeguarding Hub (MASH) | SD ASC       | Apr-15      |                     | G             | ED CFA - Executive Director Children, Families and Adults<br><br>SD ASC - Service Director, Adult Social Care |
|                 |   |   |   |        | 2. Safeguarding Procedures, monitored during on-going supervision, and via service quality monitoring arrangements including case audits.  |               |        |         | 3. Develop and implement an action plan that addresses recommendations from Ofsted Inspection          | SD CSC       | Nov-14      |                     | G             |   |
|                 |   |   |   |        | 3. Adults Safeguarding Practice Guidance and Procedures in place for Partners and reviewed regularly   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 4. Regular sharing of information with regulating bodies, including regulator reviews across Social Care Services.   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 5. Skilled and experienced safeguarding leads & their managers.  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 6. Comprehensive and robust recruitment and training and development policies for staff, including safer employment practices and arrangements for induction and ongoing development including case recording. |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 7. Common Assessment Framework to identify children at risk.   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 8. Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews.                              |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 10. Health and Wellbeing Strategy includes commitment from partners to safeguarding and a focus on the prevention of domestic violence, raising awareness and providing appropriate support for victims        |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 11. Multi Agency Referral Unit supports effective referral of vulnerable people across agencies  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 12. Robust process of internal QA and audit  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 13. Revised Social Work Unit model   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 14. Next steps Board supports and monitors Children's safeguarding improvement   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 15. Mental Capacity Act/Deprivation of Liberty (DoL) Governance group oversees DoL legislation requirements, including implications of the supreme court judgements  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 16. Safeguarding Adults Board includes business plan 2014-17   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 17. Adult Safeguarding training strategy including training for GPs  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 18. Whistleblowing policy  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 19. Complaints process informs practice  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 20. Children's Social Care Performance Board monitors performance and thresholds   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 21. Robust challenge and partnership engagement through the LSCB   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 22. Children's Social Care Recruitment and Retention Strategy  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 23. Systematic review of referrals within the IAT to ensure effective triaging of new referrals  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 24. Early Help QA Framework and Practice Standards   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 25. Early Help Performance Framework   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 26. Joint protocols for case transfer E&P to Children's Social Care  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 27. Effective step down protocols  |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 28. Change required by the Care Act 2014 overseen by the Safeguarding Adults Board   |               |        |         |  |              |             |                     |               |   |
|                 |   |   |   |        | 29. Coordinated work between Police, County Council and other agencies to identify child sexual exploitation, with the oversight of the LSCB   |               |        |         |  |              |             |                     |               |   |

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| Risk No.        | Risk Description  | Trigger   | Result  | Owner  |   | Probability   | Impact | * Score | Description   | Action Owner | Target Date | Revised Target Date                          | Action Status |  |
| 16              | Lack of capacity to resource future demand for services in respect of children and adults | 1. Significant increase in the numbers of children and adults requiring services<br>2. Increase in the acuity of needs<br>3. Resourcing pressures within the Council<br><b>4. Sudden increase in population in one area due to large building development</b> | 1. Client dissatisfaction and increased risk of harm<br>2. Reputational damage to the Council<br>3. Regulatory criticism<br>4. Civil or criminal action against the Council   | ED CFA | 1. Regular audits of assessment processes and the use of trend data to identify children's needs at the earliest stage.   | 3             | 4      | 12      | 7. Phase 2 of transfer of Older People's Services from CCS to CCC to review workforce needs                             | ED CFA       | Dec-13      | May-14<br>Dec 14                             | G             | ED CFA - Executive Director Children, Families and Adults<br><br>SD OP - Service Director, Older People and Mental Health<br><br>SD E&P - Service Director, Enhanced and Preventative<br>SD S&C - Strategy and Commissioning<br>SD ASC - Service Director, Adult Social Care |
|                 |   |   |   |        | 2. Multi-agency panels enable commissioners of services to consider and plan to meet needs jointly and agree funding  |               |        |         | 8. Work to deliver savings proposals which manage rising demand within a reduced budget                                 | ED CFA       | Mar-14      | Mar-15                                       | A             |  |
|                 |   |   |   |        | 3. Joint Strategic Needs Assessment (JSNA) provides population information, which is used to target services in Adult Social Care and CYPS                          |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 4. Other safeguarding measures in place to identify service users and close liaison between multi agency partners to help manage any unanticipated increase in need |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 5. Linkage with Business Planning process   |               |        |         | 11. Deliver Looked After Children Placement Strategy  | ED CFA       | Sep-14      | Mar-16                                       | G             |  |
|                 |   |   |   |        | 7. Special Educational Needs (SEN) Strategy   |               |        |         | 12. Deliver Older People's Strategy   | SD OP        | Mar-15      | Mar-16                                       | G             |  |
|                 |   |   |   |        | 8. Placements Strategy  |               |        |         | 13. Deliver Early Help offer  | SD E&P       | Apr-15      | Mar-16                                       | G             |  |
|                 |   |   |   |        | 12. Strategic commissioning framework priorities  |               |        |         | 14. Deliver SEN Commissioning Framework   | SD S&C       | Jul-14      | Mar-16                                       | G             |  |
|                 |   |   |   |        | 13. New Communities Service ensures awareness of what will be required to resource service provision in new communities   |               |        |         | 15. Deliver joint LD/PD resourcing plan   | SD ASC       | Sep-14      |  | G             |  |
|                 |   |   |   |        |   |               |        |         | 16. Apply our knowledge of demographic change to predict impact on services   | SD S&C       | Dec-14      |  | G             |  |
|                 |   |   |   |        |   |               |        |         | 17. Delivery of demand management savings proposals within the 2015-16 Business Plan                                    | ED CFA       | Mar-15      |  | G             |  |
|                 |   |   |   |        |   |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        |   |               |        |         |   |              |             |  |               |  |
| 20              | Non compliance with legislative and regulatory requirements                               | 1. Staff unaware of changes to legislative/regulatory requirements<br>2. Lack of staff training<br>3. Lack of management review   | 1. Adverse reports from regulators<br>2. Criminal or civil action against the Council<br>3. Reputational damage   | CE     | 1. LGSS legal team robust and up to date with appropriate legislation.  | 2             | 4      | 8       |   |              |             |  |               |  |
|                 |   |   |   |        | 2. LGSS legal team brief Corporate Leadership Team on legislative changes   |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 3. Service managers kept abreast of changes in legislation by the Monitoring Officer, Gov departments and professional bodies                                       |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 4. Monitoring Officer role  |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 5. Code of Corporate Governance   |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 6. Community impact assessments required for key decisions  |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 7. Business Planning process used to identify and address changes to legislative/regulatory requirements  |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 8. Constitutional delegation to Committees and SMT  |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 9. H&S policy and processes   |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 10. Council's Policy Network discusses responses to emerging legislative changes  |               |        |         |   |              |             |  |               |  |
| 21              | Business Disruption   | 1. Loss of staff (large quantities or key staff)<br>2. Loss of premises (including temporary denial of access)<br>3. Loss of IT, equipment or data<br>4. Loss of a supplier<br>5. Loss of utilities or fuel   | 1. Inability to deliver consistent and continuous services to vulnerable people<br>2. School closures at critical times impacting students' ability to achieve<br>3. Inability to fully meet legislative and statutory requirements<br>4. Increase in service demand (e.g. in pandemic)<br>5. Inability to respond to citizens' request for services or information<br>6. Lasting reputational damage | CD CST | 1. Corporate and service business continuity plans  | 3             | 4      | 12      | 3. Project to establish 2nd LGSS data centre for resilience/backup of all systems, in addition to Scott House facility. | DoIT         | Mar-13      | Dec-15                                       | G             | DoIT - Director of Information Technology<br><br>HoEP - Head of Emergency Planning<br>HIA&RM - Head of Internal Audit and Risk Management  |
|                 |   |   |   |        | 2. Relationships with the Unions including agreed exemptions  |               |        |         | 4. Plan and Implement Phase 3 of IT Resilience programme – duplication of key systems - in progress                     | DoIT         | Mar-13      | Oct-13<br>Nov-13-<br>Mar-14<br>TBC<br>Jan 15 | G             |  |
|                 |   |   |   |        | 3. Corporate communication channels   |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 4. Multi-agency collaboration through the Cambridgeshire & Peterborough Local Resilience Forum (CPLRF)  |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 5. First phase of IT resilience project including the increased alternative power/environment conditions in major machine rooms                                     |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 6. Operational controls   |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        | 7. Resilient Internet feed  |               |        |         | 11. Recommendations for additional work   | HoEP         | Aug-14      |  | G             |  |
|                 |   |   |   |        | 8. Business continuity testing  |               |        |         | 12. Assessment of current BC Planning   | HIA&RM       | Oct-14      |  | G             |  |
|                 |   |   |   |        | 9. CCC corporate BCP Group incl LGSS BC leads   |               |        |         |   |              |             |  |               |  |
|                 |   |   |   |        |   |               |        |         |   |              |             |  |               |  |



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| 22              | The Cambridgeshire Future Transport programme fails to meet its objectives within the available budget         | 1. Cambridgeshire Future Transport fails to deliver effective, efficient and responsive passenger transport services around Cambridgeshire  | 1. The accessibility needs of Cambridgeshire residents are not met, contributing to social exclusion, poor take up of employment and education opportunities, and reduced quality of life.<br><br>2. A revised programme has been developed which means that the project should be completed by the end of March 2015 increased to reflect Failure to complete on time will mean business plan savings are not achieved. | DoSD   | 1. A Governance group, including member representation from each of the districts, County, NHS, Cambridgeshire ACRE is in place to oversee the programme   | 3             | 3      | 9       | 1. Engagement in areas H,I,J<br>H - St Ives, Ramsey, Whittlesey<br>I - St Neots, Barmpton<br>J - Isleham, Fordham  | HoPT         | Jan-15      |                            | G             | HoPT - Head of Passenger Transport                       |
|                 |  |   |  |        | 2. The Cambridgeshire Future Transport programme board consisting of representatives from ETE, CFA and Comms   |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 3. Strategic business case, Risks and Issues Log and programme is in place.  |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 4. Communications strategy   |               |        |         | 2. Identify suitable delivery models for areas E, F, G<br>E - A14 Corridor<br>F - A1 Corridor and A14<br>G - Harston, Great Shelford   | HoPT         | Jul-15      |                            | G             |  |
|                 |  |   |  |        | 5. Engagement strategy including stakeholder mapping   |               |        |         | 3. Engagement in areas K, L, M<br>K - Chatteris, March, Wisbech<br>L - Gorfield, Leverington<br>M - Melbourn, Bassingbourn   | HoPT         | Apr-15      |                            | G             |  |
|                 |  |   |  |        | 6. Bi-weekly project team meetings.  |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 7. Updates are provided for Members via Key Issues.  |               |        |         |  |              |             |                            |               |  |
| 23              | Major Fraud or Corruption  | 1. Non compliance with the internal control framework and lack of awareness of anti-fraud and corruption processes.<br>2. Increased personal financial pressures on individuals as a result of the current economic climate   | 1. Reputational damage<br>2. Financial loss  | CE     | 1. Financial Procedure rules   | 2             | 3      | 6       |  |              |             |                            |               | HIARM - Head of Internal Audit and Risk Management       |
|                 |  |   |  |        | 2. Anti Fraud and Corruption Strategy incl Fraud Response Plan   |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 3. Whistle blowing policy  |               |        |         | 3. Implement anti bribery policy   | HIARM        | Mar-14      | Jul-14<br>Sep-14<br>Dec 14 | A             |  |
|                 |  |   |  |        | 4. Codes of conduct  |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 5. Internal control framework  |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 6. Fraud detection work undertaken by Internal Audit   |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 7. Awareness campaigns   |               |        |         |  |              |             |                            |               |  |
| 24              | A lack of Information Management and Data Accuracy and the risk of non compliance with the Data Protection Act | 1. Failure to equip staff and managers with the training, skills, systems and tools to enable them to meet the statutory standards for information management.<br>2. Failure to ensure that information and data held in systems (electronic and paper) is accurate, up to date, comprehensive and fit for purpose to enable managers to make confident and informed decisions. | 1. Adverse impact on Council's reputation.<br>2. Adverse impact on service delivery, as unable to make informed decisions.<br>3. Financial penalties.<br>4. Increase in complaints and enquiries by the ICO.<br>5. Decisions made by managers are not appropriate or timely.   | CD CST | 1. Governance; SIRO, CIO, Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities (see below)<br>Data protection registration requirements | 3             | 3      | 9       |  |              |             |                            |               | IM - Information Manager                                 |
|                 |  |   |  |        | 2. Policies: Data Protection, Freedom of Information, Information Security Incidents, Mobile Devices, Code of conduct, Retention schedules, IT security related policies (computer use, email), Information Management Strategy                |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 3. Procedures: FOI, Subject Access Request Handling, Records Management, service level operational procedures,   |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 4. Tools: Encrypted laptops and USB sticks, secure email and file transfer solutions, asset registers (USB sticks, encrypted laptops)  |               |        |         | 6. Roll out of EDRM to manage the information lifecycle (including information standards). Task and finish group established to drive forward greater awareness raising and training | IM           | Mar-13      | Nov-13<br>Dec 14           | G             |  |
|                 |  |   |  |        | 5. Training and awareness: Data Protection, information security, information sharing, Freedom of Information and Environmental Information Requests   |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        | 6. Advice: Information Management advice service (IM, IG, RM, security), Information Management addressed via the Gateway project  |               |        |         |  |              |             |                            |               |  |
|                 |  |   |  |        |  |               |        |         | 8. Review e-safety policy  | CDCST        | Nov-13      | Dec-14                     | A             | Corporate Director, Customer Services and Transformation |

| Details of Risk |  |  |  |        | Key Controls/Mitigation   | Residual Risk |        |         | Actions   |   |  |                     |                            | Action Owner Acronyms explained   |
|-----------------|--|--|--|--------|---|---------------|--------|---------|---|---|--|---------------------|----------------------------|---|
| Risk No.        | Risk Description   | Trigger  | Result   | Owner  |   | Probability   | Impact | * Score | Description   | Action Owner  | Target Date                                    | Revised Target Date | Action Status              |   |
|                 |  |  |  |        | 7. Information asset catalogue<br>8. Information sharing protocols embedded internally and with partners<br>9. Audit/QA of accountabilities process   |               |        |         |   |   |  |                     |                            |   |
| 25              | Failure to effectively implement the Council's new governance arrangements | 1. Lack of change management process<br>2. Failure to inform/train members and key officers in the new governance arrgts | 1. The Council is unable to undertake its business in an effective manner<br>2. Reputational damage to the Council<br>3. Legislative and Regulatory non compliance           | CE     | 1. Formal project to manage the creation of and transition to Committee system<br>2. New model tested with directorates and s151 Officer<br>3. Executive directors consulted<br>4. Presentation to councillors and key officers<br>5. External scrutiny of proposals<br>6. Peer review by a Council which recently changed to committee governance<br>7. Training for committee groups<br>8. Group leaders meet monthly with Chief Executive<br>9. Six monthly review of Committee system   | 2             | 4      | 8       | 3. Internal communications to raise awareness of committee system workings<br>4. 6 month review of committee system   | P&PM<br>DoLPG   | Jul-14<br>Jan-15                               | Jan-15              | G<br>G                     | Policy and Projects Manager<br>Director of Law, Property & Govn                     |
| 26              | Increasing manifestation of Busway defects                                 | 1. Failures of Busway bearings or movement of foundations continue and increase  | 1. Significant and ongoing costs to maintain the Busway or restricted operation of the Busway to the extent that it will no longer be attractive to operators or passengers. | ED ETE | 1. Monitoring and inspection regime in place<br>2. Defects have been notified to Contractor in accordance with Contract . The Contractor has failed to investigate the defects or correct the defects within the defect correction period.<br>3. Causes of defects have been investigated and identified by the Project Manager<br>4. The Project Manager has assessed the cost of correcting the defects. Under the terms of the Contract this is payable by the Contractor.<br>5. Independent Expert advice has been taken confirming that the defects are defects under the Contract and that a programme of preventative remedial action is required and will be cheaper overall and less disruptive in the long run than a reactive response.<br>6. Legal Advice has been taken confirming that the defects are defects under the contract and that the Council has a good case for recovering the cost of correction from the Contractor<br>7. Retention monies held under the contract have been withheld from the Contractor and used to meet defect correction and investigation costs.<br>8. Funds have been set aside from the Liquidated Damages withheld from the Contractor during construction, which are available to meet legal costs<br>9. General Purposes Committee have resolved to correct the defects and to commence legal action to recover the costs from the Contractor<br>10. Initially defects are being managed on a case by case basis until the contractual issues are resolved, minimising impact on the public. | 2             | 5      | 10      | 1. Initiate negotiations with the Contractor to seek a settlement<br>2. Initiate legal proceedings against Contractor for the recovery of the assessed cost of correction in accordance with the pre-action protocol<br>3. Prepare a strategy for the procurement of a contract to rectify the busway defects<br>4. Engage with bus operators, Busway users and prospective contractors to identify working methods that minimise disruption during the defect correction works.<br>5. Continue to manage defects on a case by case basis until the contractual issues are resolved, minimising impact on the public. | ED ETE<br>LGSS D of L&G<br>SD S&D ETE<br>SD S&D ETE<br>SD S&D ETE | Nov-14<br>Nov-14<br>Feb-15<br>Oct-15<br>Oct-15 |                     | G<br>G<br>G<br>G<br>G<br>G | LGSS Director of Law & Governance<br>Service Director, Strategy & development, ETE. |

**SCORING MATRIX (see Risk Scoring worksheet for descriptors)**

|               |   |    |    |    |    |
|---------------|---|----|----|----|----|
| VERY HIGH (V) | 5 | 10 | 15 | 20 | 25 |
| HIGH (H)      | 4 | 8  | 12 | 16 | 20 |
| MEDIUM (M)    | 3 | 6  | 9  | 12 | 15 |
| LOW (L)       | 2 | 4  | 6  | 8  | 10 |

**\* RAG RATING**

RED rated risk  
AMBER rated risk  
GREEN rated risk

**RISK SCORES**

16 - 25  
5 - 15  
1 - 4

**CORPORATE RISK REGISTER**

Version Date: January 2015

| Details of Risk |                  |           |          |          |        |             |       | Key Controls/Mitigation |  |  | Residual Risk |        |         | Actions     |              |             |                     |               | Action Owner Acronyms explained |
|-----------------|------------------|-----------|----------|----------|--------|-------------|-------|-------------------------|--|--|---------------|--------|---------|-------------|--------------|-------------|---------------------|---------------|---------------------------------|
| Risk No.        | Risk Description | Trigger   |          |          | Result |             | Owner |                         |  |  | Probability   | Impact | * Score | Description | Action Owner | Target Date | Revised Target Date | Action Status |                                 |
|                 |                  |           |          |          |        |             |       |                         |  |  |               |        |         |             |              |             |                     |               |                                 |
|                 | NEGLIGIBLE       | 1         | 2        | 3        | 4      | 5           |       |                         |  |  |               |        |         |             |              |             |                     |               |                                 |
|                 | IMPACT           | VERY RARE | UNLIKELY | POSSIBLE | LIKELY | VERY LIKELY |       |                         |  |  |               |        |         |             |              |             |                     |               |                                 |
|                 | LIKELIHOOD       |           |          |          |        |             |       |                         |  |  |               |        |         |             |              |             |                     |               |                                 |



## RISK F

[illegible]

## REGISTER VERSION HISTORY

[illegible]

## RISK SCORING MATRIX

|                      |           |          |          |        |             |
|----------------------|-----------|----------|----------|--------|-------------|
| VERY HIGH (V)        | 5         | 10       | 15       | 20     | 25          |
| HIGH (H)             | 4         | 8        | 12       | 16     | 20          |
| MEDIUM (M)           | 3         | 6        | 9        | 12     | 15          |
| LOW (L)              | 2         | 4        | 6        | 8      | 10          |
| NEGLECTIBLE          | 1         | 2        | 3        | 4      | 5           |
| IMPACT<br>LIKELIHOOD | VERY RARE | UNLIKELY | POSSIBLE | LIKELY | VERY LIKELY |

Red scores - excess of Council's risk appetite – action needed to redress, quarterly monitoring

Amber scores – likely to cause the Council some difficulties – quarterly monitoring

Green scores – monitor as necessary

Descriptors to assist in the scoring of risk impact are detailed below

Likelihood scoring is left to the discretion of managers as it is very subjective

### IMPACT DESCRIPTORS

The following descriptors are designed to assist the scoring of the impact of a risk:

|                         | Negligible (1)                                   | Low (2)                                  | Medium (3)   | High (4)   | Very High (5)   |
|-------------------------|--|--|--|--|---|
| Legal and Regulatory    | Minor civil litigation or regulatory criticism   | Minor regulatory enforcement             | Major civil litigation and/or local public enquiry   | Major civil litigation setting precedent and/or national public enquiry  | Section 151 or government intervention or criminal charges  |
| Financial               | <£0.5m   | <£1.0m                                   | <£5m   | <£10m  | >£10m   |
| Service provision       | (a) Insignificant disruption to service delivery | (a) Minor disruption to service delivery | (a) Moderate direct effect on service delivery   | (a) Major disruption to service delivery   | (a) Critical long term disruption to service delivery   |
| People and Safeguarding | No injuries                                      | Low level of minor injuries              | Significant level of minor injuries and/or instances of mistreatment or abuse of an individual for whom the Council has a responsibility | Serious injury and/or serious mistreatment or abuse of an individual for whom the Council has a responsibility | Death of an employee or individual for whom the Council has a responsibility or serious mistreatment or abuse resulting in criminal charges |
| Reputation              | No reputational impact                           | Minimal negative local media reporting   | Significant negative front page reports/editorial comment in the   | Sustained negative coverage in local media or negative   | Significant and sustained local opposition to the Council's policies  |

|  |  |  |                               |  |          |
|--|--|--|-------------------------------|--|----------|
|  |  |  | comment in the<br>local media | negative<br>reporting in the<br>national media | policies |
|--|--|--|-------------------------------|--|----------|