

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
1a	Failure to produce a robust and secure Business Plan over the next 5 years	1. Failure to have clear political direction, vision, priorities, and outcomes in the Business Plan. 2. Failure to plan effectively to achieve necessary efficiency savings and service transformation. 3. Unfavourable result of negotiations with Government about settlement 4. Worsening Pension Fund deficit 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 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. 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 4. Stronger links with service planning across the Council seeking to transform large areas of spend. 5. Business Planning process requires early identification of possible impacts of legislative changes, as details emerge 6. A working party is exploring alternatives to the existing business planning process 7. Capital Programme Board - robust management of the delivery of capital elements of the Business Plan 8. CFA savings tracker in place and reviewed by the CFA Performance Board monthly and weekly at the working group 9. An 'in-year savings tracker' in place to enable SMT to strengthen performance management of the delivery of the Business Plan 10. Business Case process in place as part of the development of savings proposals for the Business Plan	4	4	16	4. Review how CFA can better integrate planning cycle with partners	ED-CFA	Jun-16		G	Executive Director, Children, Families and Adults	This has been discussed at the Public Services Board multiple times over the summer and autumn 2016. Furthermore, as part of the corporate business planning process this year we are finalising a document that sets out all of the draft proposals across CCC which can be shared with members (to discuss with Parish Councils) and partners.
		1. Failure to deliver (with partners) the Business Plan and achieve required efficiency savings and service transformation. 2. Assumptions in existing Business Plan regarding the wider economic situation are inaccurate. 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		1. Robust service planning; priorities cascaded through management teams and through appraisal process 2. Strategy in place to communicate vision and plan throughout the organisation 3. Performance Management				4. Review how CFA can better integrate planning cycle with partners 6. Work is ongoing on resolving issues with CCG over jointly funded packages of support (CHC, section 41 and section 117). Further action will be taken if back payments cannot be secured.	ED-CFA SD OPMH	Jun-16 Sep-16		G G	Service Director Children's Social Care	This is being taken forward with Health through the System Transformation Programme which is establishing principles and proposals This action is still underway, and is being closely overseen by Adults Committee. On CHC assessments, we have agreed an action plan with CCG for all assessments to have been completed by 1 April. We will review in Feb / Mar 2017 whether this deadline will be met. On other outstanding areas, we have now exhausted attempts at negotiation between officers and LGSS Law and PCC Law are seeking legal opinion.

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1b	Failure to deliver the current 5 year Business Plan 2016 - 2021			CE	4. Governance framework to manage transformation agenda: a. Integrated portfolio of programmes and projects b. Routine portfolio review to identify and address dependencies, cross cutting opportunities and overlaps c. Directorates to review and recommend priorities d. Directorate Management Teams/Programme Gvnce Boards ratify decisions 5. Rigorous RM discipline embedded in all transformation programmes/projects, with escalation process to Directorate Management Teams / Programme Boards 6. Integrated performance and resource reporting (monthly to GPC) a. Monthly progress against savings targets b. Corporate Scorecard monitors performance against priorities c. Budget holders monthly meetings with LGSS Finance Partner/External Grants Team, producing BCR d. Regular meetings with Director of Finance/s151 Officer, Committee Chairs and relevant Directors to track exceptions and identify remedial actions 7. Rigorous treasury management system in place plus ongoing tracking of national and international economic factors and Government policy 8. Limited reserves for minor deviations 9. Routine monitoring of savings delivery to identify any required interventions 10. Bi-annual Leaders and Chairs meeting and Cambridgeshire Public Service Board 11. Board Thematic Partnerships including the LEP and the Health and Well Being Board, commissioning task and finish groups 12. LGSS governance arrgts incl representation on SMT (Section 151 Officer)	4	4	16								
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 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 2. LGSS director representation on SMT to ensure LGSS meets current and future Council needs 3. LGSS Strategic Plan, Strategy Map and Improvement Activities identified 4. Programme Management arrangements in place to move forward workstreams 5. CCC performance management arrangements 6. LGSS performance management team 7. LGSS SLA's in place and regularly reviewed in detail 8. Corporate Director CS&T responsible for managing LGSS / CCC relationship	3	3	9	2. In depth reviews of the SLAs in the Council's contract with LGSS. Further information required by SMT prior to sign off for Audit and Risk Management, Learning and Development and Strategic Assets 3. In line with Action 2. Reviews of Finance Transactions and Health and Safety SLAs will be carried out from March 2016 for completion by August 2016	CD CS&T CD CS&T	May-15 Aug-16	Mar-16 May-16 Jul-16 Dec-16 Feb 17 Aug-16	G G	Corporate Director, Customer Service and Transformation	Reviews of SLAs are underway, and will be aligned with improvement planning work timetabled for the end of January'	
	The Council does not have appropriate staff	1. Ineffective recruitment outcomes 2. Ineffective planning processes 3. Unattractive terms and conditions of employment. 4. High staff turnover 5. Lack of succession planning to capture experience and knowledge 6. Increasing demand for services 7. Lack of trained staff 8. National pressures on the recruitment of key staff	1. Failure to deliver effective services 2. Regulatory criticism/sanctions 3. Civil or criminal action 4. Reputational damage to the Council 5. Low morale, increased sickness levels		1. Annual business planning process identifies staffing resource requirements 2. Children and Adults Workforce Strategy and Development plans with focus on recruitment and retention 3. Robust performance management and development practices in place. 4. Flexible terms and conditions of employment				1. LGSS Management Board will review the workforce strategy as part of the Transformation Programme 2. Production of common training programme by OWD taken from service needs and compiled from PADP outcomes (annually) 3. Annual employee survey to feed into LGSS service improvement plans 4. Production of the County wide Organisational Workforce Development Programme	LGSS MB LGSS LGSS SAC&S HoP	Jan-16 Sep-16 Nov-16 Jul-16	Mar-16 Jul-16 Dec-16	G G G G	LGSS Management Board LGSS Service Assurance, Customers and Strategy Head of People		

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3	Appropriate staff resources with the right skills and experience to deliver the Council's priorities at a time of significant demand pressures			DoPTT	5. Appropriate employee support mechanisms in place through the health and well being and counselling service agenda. 7. Use of statistical data to shape activity relating to recruitment and retention 8. Workforce Strategy and Development Plan which is reviewed by LGSS Management Board on a quarterly basis. 9. Extensive range of qualifications and training available to social care staff to enhance capability and aid retention. 10. Increased use of statistical data to shape activity relating to social care recruitment and retention. 11. ASYE programme ensures new social workers continue to develop their skills, knowledge and confidence. 12. Social care frontline managers support their own professional development through planning regular visits with frontline services. 13. Cross directorate Social Care Strategic Recruitment and Workforce Development Board and Social Work Recruitment and Retention Task and Finish Group proactively address the issue of social care recruitment and retention.	3	4	12	8. Deliver the Recruitment and Retention Action Plan	SD OP&MH	Mar-17		G		
4	The Council does not achieve best value from its procurement and contracts	1. ineffective procurement processes 2. Lack of awareness of procurement processes across the Council 3. Ineffective contract management processes 4. Untrained contract managers	1. Poor value for money 2. Legal challenge 3. Wasted time and effort in contractual disputes	DoLPG	1. Contract Procedure Rules and Procurement Best Practice Guidance and templates kept updated with changes in best practice 3. Procurement Training provided on a regular basis with differing levels targeted at specific audiences 4. Central Contract register maintained and access available to relevant Officers 5. Use of checklist (Summary Procurement Proposal) on all new procurement activity undertaken via central Procurement team. This includes a review of options to achieve optimal value and where feasible captures existing costs and new costs after the procurement. 6. Nursing and residential care purchased through central brokerage unit 7. Develop long term sustainable relationships with providers wherever appropriate (e.g. Home care contract)	2	3	6	1. Audit reviews to provide assurance that individual managers have the appropriate skills and training 2. Audit reviews to provide assurance on the effectiveness of contract management in selected contracts	HIA HIA	Mar-16 Mar-16	Mar-17 Mar-17	G G	Head of Internal Audit	Included in the 2016/17 Audit Plan Included in the 2016/17 Audit Plan
		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 austerity measures and reduced government funding for local authorities 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.		1. Maximisation of developer contributions through Section 106 negotiations. 2. Prudential borrowing strategy is in place. 3. Section 106 deferrals policy is in place. 4. External funding for infrastructure and services is continually sought including grant funding. 5. Maintain dialogue with Huntingdonshire District Council and East Cambridgeshire District Council where Community Infrastructure Levy is in place to secure CIL monies for County Projects.				10. Scope out potential for a more joined up approach to CIL and investment in infrastructure with ECDC and HDC 15. County Planning obligation strategy being developed for district's and CCC use. 16. Seek Members approval of the new Transport Investment Plan which pulls together all transport infrastructure required for growth in Cambridgeshire and to monitor funding for schemes including S106. Members sign-off will take place annually thereafter	HoTIPF HoG&E HoTIPF	Spring-2015 Dec-15 Oct-16	Autumn-2015 Mar-16 Sep-16 Apr-16 Jul-16 Oct-16	G G G	HoTIPF - Head of Transport Infrastructure Policy and Funding HoGE - Head of Growth and Economy	

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9	Failure to secure sufficient funding for infrastructure			ED ETE ED CFA	6. Strategic development sites dealt with through S106 rather than CIL and S106. In dealing with sites through S106 alone, the County Council has direct involvement in negotiation and securing of developer contributions to mitigate the impact of a specific development. 7. County planning obligation strategy being developed for district's and CCC use in identifying community infrastructure needs. 8. Lobby with LGA over infrastructure deficit 9. On-going review, scrutiny and challenge of design and build costs to ensure maximum value for money. 10. Coordination of requirements across Partner organisations to secure more viable shared infrastructure. 11. Respond to District Council Local Plans and input to infrastructure policy at all stages of the Local Plan process. 12. Annual school capacity return to the Department of Education seeks to secure maximum levels of funding for basic need. 13. Maintain dialogue with Cambridge City Council and South Cambridgeshire District Council to input into Community Infrastructure Levy prior to adoption of the Local Plan (Adoption of CIL anticipated 2016) 14. City Deal	3	4	12						HoS - Head of Strategy SD S&C - Service Director, Strategy and Commissioning ED CFA - Exec Director, Children, Families and Adults	

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15	Failure of the Council's arrangements for safeguarding vulnerable children and adults	Children's Social Care: 1. Children's social care case loads reach unsustainable levels as indicated by the unit case load tool 2. More than 25% of children whose referral to social care occurred within 12 months of a previous referral 3. Serious case review is triggered Adult Social Care (inc. OPMH): 1. Care homes, supported living or home care agency suspended due to a SOVA (safeguarding of vulnerable adults) investigation 2. Serious case review is triggered 3. Outcomes of reported safeguarding concerns reveals negative practice	1. Harm to child or an adult receiving services from the Council 2. Reputational damage to the Council	ED CFA	1. Multi-agency Safeguarding Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity 2. Skilled and experienced safeguarding leads and their managers. 3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice. 4. 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. 5. Multi Agency Safeguarding Hub (MASH) supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners. 6. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance 7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice 8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission 9. Joint protocols, practice standards and QA ensure appropriate joint management and case transfer between Children's Social Care and Enhanced and Preventative Services 10. Coordinated work between Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the LSCB 11. Audits, reviews and training provided to school staff, governors and settings. All schools must have child protection training every 3 years. Education CP Service supports schools and settings with safeguarding responsibilities	3	5	15	3. Investigating referral arrangements to ensure most effective arrangements are in place to the MASH - proposals to be reviewed and next steps decided by CFA management team	HoS FREDt	May-16	May-17	G	Service Director Adult Social Care <	

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					14. Business Intelligence Service support services with inspection preparation' 15. Preparation undertaken for inspections of services for children in need of help and protection' 16. Whistleblowing policy 17. Anti Fraud and Corruption Strategy incl Fraud Response Plan 18. Developed information and advice provision (an inspection handbook) 19. Developed an arrangement for disseminating legislative change to all directorates and services										
21	Business Disruption	1. Loss of staff (large quantities or key staff) 2. Loss of premises (including temporary denial of access) 3. Loss of IT, equipment or data 4. Loss of a supplier 5. Loss of utilities or fuel 6. Flu Pandemic	1. Inability to deliver consistent and continuous services to vulnerable people 2. School closures at critical times impacting students' ability to achieve 3. Inability to fully meet legislative and statutory requirements 4. Increase in service demand 5. Inability to respond to citizens' request for services or information 6. Lasting reputational damage	CD CST	1. Corporate and service business continuity plans 2. Relationships with the Unions including agreed exemptions 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 8. Business continuity testing 9. CCC corporate BCP Group incl LGSS BC leads	3	4	12	3. Project to establish 2nd LGSS data centre for resilience/backup of all systems, in addition to Scott House facility. 13 Review of Corporate Business Continuity Plan. 14. Review of accommodation provision in business continuity plans with LGSS	DoIT HoEP HoEP	Mar-13 Jun-16 Jul-16	Dec-15 Dec-16 Sep-16 Dec 16	 G G G	DoIT - Director of Information Technology HoEP - Head of Emergency Planning	The second LGSS data centre is in Northampton and this is finished and it is connected but much more work is needed before this becomes the live failover site for CCC. Much of the new hardware and systems is on order and/or being installed now but they will keep using Scott House for some time to come The draft of the updated Corporate Business Continuity Plan is complete and ready for sign off following final discussions with LGSS IT. The new plan will be complete and in place by the end of October. Consideration of accommodation provision within the Business Continuity arrangements is still being worked upon
		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. 2. Failure to complete on time will mean business plan savings are not achieved.		1. A Governance group, including member representation from each of the districts, County, NHS, Cambridgeshire ACRE is in place to oversee the programme 2. The Cambridgeshire Future Transport programme board consisting of representatives from ETE, CFA and Comms				8. Review of Commissioning. The CFT Member Steering Group has been renamed the Total Transport Member Steering Group. The Group is holding monthly meetings to take forward work on improving commissioning and integration of all forms of passenger transport. The next meeting will consider papers on Terms of Reference, Total Transport Pilot Proposal, Scheduling Software and Business Planning.	HoPT	Mar-17		G	HoPT - Head of Passenger Transport	

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22	The Cambridgeshire Total Transport programme fails to meet its objectives within the available budget			ED ETE	3. Strategic business case, Risks and Issues Log and programme is in place.	3	3	9							
					4. Communications strategy has been developed.										
					5. Engagement strategy including stakeholder mapping has been developed.										
					6. Bi-weekly project team meetings.										
					7. Updates are provided monthly for Members via Key Issues.										
					8. Two year programme in place for the review of the commissioning of services.										
22	The Total Transport project fails to identify and implement affordable solutions that allow service levels to be maintained	1. The changes to services that Total Transport introduces generate a level of adverse opinion such that they prove impossible to sustain. 2. One or more individual serious incidents undermine confidence in the overall provision of the service. 3. It proves impossible to secure savings for the transport budget without incurring additional costs elsewhere (e.g. the impact on domiciliary care provision would outweigh the savings available by changing travel times). 4. The provider market proves unable or unwilling to meet the Council's requirements at an affordable rate.	1. An overall reduction in transport budgets would then result in the same amount as now being spent on meeting statutory obligations using a standalone model, meaning that non-statutory but socially necessary services (for example, community transport or local bus routes) would face withdrawal. This would contribute to social exclusion, poor take up of employment and education opportunities, and reduced quality of life	ED ETE	1. A Total Transport Member Steering Group meets bi-monthly, offering a wide range of political insight and providing a steer for the project 2. A Total Transport Programme Board meets at least quarterly, bringing together Service Directors from CFA and ETE to provide strategic direction 3. A Total Transport Project Group meets monthly, bringing together Heads of Services from CFA and ETE, to consider the operational impacts and opportunities. 5. A new procurement framework has been established, and work continues to engage with (potential operators). High level work is also being undertaken to explore the costs and benefits of in-house operation 6. The Council is actively engaged with other local authorities pursuing a Total Transport agenda, and attends quarterly DfT meetings to share experience and ideas 7. Active plans are being made to determine the best approach following the formal end of the pilot period in March 2017. This includes the roll-out proposal for phase one, which is being considered by GPC on 20 December, and the use of an underspend on the original grant to support the on-going implementation of phase two	2	3	6	1. Smartcard technology to be introduced in September 2016, with review of initial date in October/November. This will provide a good indication of potential savings from this workstream 2. New school bus networks will be introduced from September 2016, testing out different approaches that may offer savings. The operational results and the public response will provide an indication of whether these can be applied more widely 3. A further report is scheduled for General Purposes Committee in November 2016, considering in particular the options for integrating social care and school journeys 4. A new Flexible Minibus Service is scheduled for introduction in January 2017. This will test a possible model that could mitigate future reductions to the budget for local bus services	TTPO TP&OP M TP&OP M TTAO	Sep-16 Sep-16 Nov-16 Jan-17	Nov-16 Nov-16	G G G G	TTPO - Total Transport Project Officer TP&OPM - Transport Policy & Operational Projects Manager TTAO - Total Transport Area Officer	

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23	Major Fraud or Corruption	1. Non compliance with the internal control framework and lack of awareness of anti-fraud and corruption processes. 2. Increased personal financial pressures on individuals as a result of economic circumstances	1. Reputational damage 2. Financial loss	CE	1. Financial Procedure rules 2. Anti Fraud and Corruption Strategy incl Fraud Response Plan 3. Whistle blowing policy 4. Codes of conduct 5. Internal control framework 6. Fraud detection work undertaken by Internal Audit 7. Awareness campaigns 8. Anti Money Laundering policy 9. Monitoring Officer/Democratic Services role 10. Publication of spend data in accordance with Transparency Agenda 11. New Counter Fraud Team established in LGSS	2	3	6	3. Implement anti bribery policy 4. Fraud awareness campaigns	HIARM HIARM	Mar-14 Dec-15	Dec-15 Mar 16 Aug-16	A G	HIARM - Head of Internal Audit and Risk Management HIARM - Head of Internal Audit and Risk Management	
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. 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. 2. Adverse impact on service delivery, as unable to make informed decisions. 3. Financial penalties. 4. Increase in complaints and enquiries by the ICO. 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) Data protection registration requirements 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) device control 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 7. Information asset catalogue/register - to catalogue all information assets which are managed by CCC 8. Information sharing protocols embedded internally and with partners 9. Audit/QA of accountabilities process 10. e-safety policy 11. Assurance monitoring - The SIRO and Information Management Board will receive a report as part of the Information Risk Management work package highlight any information risks across CCC. Details of any IG Security Incidents will be included in the IG Annual Update report to Senior Management team/ members. 12. Mapping Flows of Personal Confidential Data - To adequately protect personal information, organisations need to know how the information is transferred into and out of the organisation, risk assess the transfer methods and consider the sensitivity of the information being transferred. 13. Incident reporting - Damage resulting from potential and actual information security events should be minimised and lessons learnt from them. All information security incidents, suspected or observed, should be reported through the CCC Incident Reporting system and managed in line with the Incident Reporting Procedures and Integrated Risk Management Policy.	3	3	9	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 7. Updated Information Asset Register 8. Mapping data flows 11. Implementation of CFA social care Business Systems on new rationalized platform	IM IM HoS IM	Mar-13 Apr-17 Apr-17 Mar-18	Apr-17	G G G G	IM - Information Manager	

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					14. Intrusion or Perimeter Security including use of next generation hardware firewalls in several tiers, network traffic minotoring by Virgin Media Business, hardware appliances to check in bound mail traffic, spam filters and web content filtering on internet traffic and anti-virus software on the servers 15. Local device protection including anti-virus on individual devices (sourced from a different supplier to the anti-virus software on the servers), Microsoft tools to restrict users ability to modify or install software and all mobile devices are encrypted 16. Record all attempted attacks and have an established relationship with the local and regional cyber crime teams in the Police and have established links and information sharing with the national crime and intelligence agencies 17. Individual Services Business Continuity Plans. 18. LGSS IT Disaster Recovery Plan 19. LGSS IT service resilience measures (backup data centre, network re-routing). 20. Version upgrades to incorporate latest product functionality 21. Training for CFA Business systems prior to use 22. Information sharing agreement 23. Backup systems for mobile working 24. Back up systems for CFA Business Systems										
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 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. 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 7. Retention monies held under the contract have been withheld from the Contractor and used to meet defect correction and investigation costs. 8. Funds have been set aside from the Liquidated Damages withheld from the Contractor during construction, which are available to meet legal costs 9. General Purposes Committee have resolved to correct the defects and to commence legal action to recover the costs from the Contractor	2	5	10	1. Survey and investigation work - Programme of investigation and surveys agreed with BAM Nuttall to better understand nature, cause and possible solutions to defects are complete. <i>Our independent experts have produced a Report to the General Purpose Committee 29/11/16</i>	SD S&D ETE	Feb-16	JUN-16 Sep-16 Nov 16	G	Service Director, Strategy & development, ETE.	

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					10. Initially defects are being managed on a case by case basis until the contractual issues are resolved, minimising impact on the public.										
27	The pension fund has the potential to become materially under-funded	2. Contribution levels do not maintain the level of the fund 3. The longevity of scheme members increases 4. Government changes to pensions regulations 5. Volatility of financial markets 6. Change to tax threshold causing exceedingly high contribution 7. Shrinking workforce	1. Significant increases in revenue contributions to the Fund are necessary placing additional savings requirements on services	CFO	1. Governance arrangements including CCC Constitutional requirements and Pensions Committee including response to Hutton enquiry 2. Investment Panel work plan 3. Triennial valuation 4. Risk agreed across a number of fund managers 5. Fund managers performance reviewed on a regular basis by Pensions Committee 6. Opt in legislation 7. Review investment manager performance quarterly 8. Ongoing monitoring of skills and knowledge of officers and those charged with governance	3	5	15	1. Updated Funding Strategy Statement to be agreed as part of the 2016 triennial valuation process setting out the funding approach for secure, tax rising scheme employers such as CCC 2. An established approach to employer contributions to continue, recognising the secure nature of CCC and the long term nature of the pension liabilities. 3. Review strategic asset allocation as part of valuation process	HoP HoP HoP	Dec-16 Mar-17 Mar-17		G G G	HoP - Head of Pensions	
29	Failure to address inequalities in the county continues	1. Impact of wider economic and social determinants, which may require mitigation through Council services. 2. Failure to target/promote services to disadvantaged or vulnerable populations, or in areas of deprivation, appropriately for local need.	1. Worsening inequalities between geographical areas and/or disadvantaged or vulnerable populations, including health, educational achievement, income.	CE	1. Council's business plan 2. Committee monitoring of indicators for outcomes in areas of deprivation (following full Council motion) 3. Joint Strategic Needs Assessment, Annual Public Health Report, and Joint Health and Wellbeing Strategy (Health inequalities) 4. Implementation of Health Committee Priority 'Health Inequalities' actions and targetting of Public Health programmes (health inequalities) 6. Child Poverty Strategy (income) 7. Targetted services e.g: Travellers Liaison, Traveller Health Team, Chronically excluded adults team etc. 9. Buy with confidence approved trader scheme. 10. Cambridgeshire Inequalities Charter 11. Wisbech 20:20 programme 12. Cambridgeshire 0-19 Education Organisation Plan 13. Cambridgeshire Older People Strategy	3	4	12	1. Implementation of health inequalities aspects of Joint Health and Wellbeing Strategy 3- Develop and agree a combined schools improvement and accelerating achievement strategy for 2016-2018	DoPH SD-L	Dec-16 Sep-16		G G	DoPH - Director of Public Health DoCFA - Director and Children, Families and Adults SD L - Service Director Learning	

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30	Failure to deliver Waste savings / opportunities and achieve a balanced budget	1. Failure to realise Waste PFI contract opportunities (eg. Reduce cost of CLO and increase income from TPI) and manage operational risk of unforeseen contractual events (eg. Wet IVC waste) leading to significant budget pressures	1.Savings not delivered and potential increased costs leading to significant budget pressures.	ED ETE	1. Strong contract management and close working with legal and procurement to reduce unforeseen costs where possible e.g. management of amount of waste going to landfill. Regular communication, exchange of information and decision-making at the Waste PFI Delivery Board. The Board provides focused management of issues, ensuring contract delivers as required. 2. The Waste PFI is in service delivery phase - the protection that is provided by the contract terms and conditions is in place. 3. Officers working closely with DEFRA, WIDP, Local Partnerships, WOSP and other local authorities 4. The contract documentation apportions some risks to the contractor, some to the authority and others are shared. 5. Clear control of the risk of services not being delivered to cost and quality by levying contractual deductions and controls if the contract fails or issues arise. 6. During the procurement process, the authority appointed a lead to negotiate risk apportionment. The results of the negotiation relating to financial risk are captured in the Payment Mechanism (schedule 26) and Project Agreement that form part of the legally binding contract documentation. 7. Waste PFI contractor investigating contract for Refuse Derived Fuel (RDF) option for Compost Like Output (CLO).	3	5	15	5. Review revised contract management arrangements after 6 months of implementation. 6. Deliver further contract management training if November review identifies a requirement. 7. Identify options for savings in collaboration with Amey and carry out trials where appropriate. 8. Resolve legacy issues in the round with discussions on savings and opportunities.	HoH&C HoH&C HoH&C	Jul-16 Sep-16 Aug-16 Aug-16	Nov-16 Jan-17 Oct 16 Nov-16 Dec 16 Nov-16 Dec 16	G G G G	A&C - Assets and Commissioning	
31	Insufficient availability of affordable Looked After Children (LAC) placements	1. The number of children who are looked after is above the number identified in the LAC strategy action plan 2015-17 2. % LAC placed out of county and more than 20 miles from home as identified in CFA performance dashboard 3. The unit cost of placements for children in care is above targets identified in the LAC strategy action plan 2015 to 2017	1. Client dissatisfaction and increased risk of harm. 2. Reputational damage to the council. 3. Failure to meet statutory requirements. 4. Regulatory criticism. 5. Civil or criminal action against the Council	ED CFA	1. Regular monitoring of numbers, placements and length of time in placement by CFA management team and services to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups 3. Looked After Children Strategy provides agreed outcomes and describes how CCC will support families to stay together and provide cost effective care when children cannot live safely with their families. 4. Community resilience strategy details CCC vision for resilient communities 5. CFA management team assess impacts and risks associated with managing down costs 6. Edge of care services work with families in crisis to enable children and young people to remain in their family unit	3	4	12	7. Deliver the actions in the LAC action plan to manage demand and costs	SD CSC	Mar-17		G G G G G G G	Service Director Children's Social Care	
	Insufficient	1. Average number of ASC attributable bed-day delays per month is above national average (aged 18+) as identified by CFA performance dashboard 2. Delayed transfers of care from hospital attributable to adult social care as identified by CFA performance dashboard 3. Home care pending list	1. Client dissatisfaction and increased risk of harm and hospital admission 2. Increase in delayed discharges from hospital 3. Reputational damage to the Council		1. Data regularly updated and monitored to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups 3. Community resilience strategy details CCC vision for resilient communities 4. Directorate and CFA Performance Board monitors performance of service provision 5. Coordinate procurement with the CCG to better control costs and ensure sufficient capacity in market				4. Retender the main home care contract 5. To support home based services, reablement and its relationship with the intermediate tier is being reviewed and refined to increase efficiency	HoS Procurement HoS DOP	Jul-16 Apr-17	Oct-17	G	Service Director Older People HoS Service Development Older People	

CORPORATE RISK REGISTER

Version Date: December 2016

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
32	insufficient availability of care services at affordable rates			ED CFA	6. Use of the benchmark rate to control costs of care homes 7. Market shaping activity, including building and maintaining good relationships with providers, so we can support them if necessary 8. Capacity Overview Dashboard in place to capture market position 9. Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation Programme looking to increase the number of affordable care homes beds at scale and pace. 10. Business Case for Council owned Care Home 11. Delivered first phase of Early Help Offer for Adults and OP 12. Retendered the block purchase of care	5	3	15							

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
NEGLIGIBLE	1	2	3	4	5
IMPACT LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

Risk Owners

CD CS&T - Sue Grace
CE - Gillian Beasley
DoPTT - Christine Reed
DoLPG - Quentin Baker
ED ETE - Graham Hughes
ED CFA - Wendi Ogle-Welbourn
DoSD - Bob Menzies
CFO - Chris Malyon