Cambridgeshire County Council CRR

Ris						· 3	ements for safe	-	/arren-Higgs		Irrent Score	15		Last Review	02/10/2023	
	5						RISK Owners	atrick	varieri-niggs	-		15			31/12/2023	
	4										sk Appetite			Next Review	31/12/2023	
	4						–				evious Score	15				
poc	3					X//RA	Triggers				kelihood Factors (Potential Conse	-	
liho									n and retain experienced staff in governance arrangements e not delivering statutory npliance with policies & practice		 Decrease in government funding Failure/handback from commissioned provid 		viders		It is seriously harmed ust in Council services and/o	or
Likelihood	2						3. Poor quality of	practice				tions on local governme		commissioned se		
	1							on- com			Increase in deman				ged to have failed in statutor	
	•						guidance 4. Ineffective mar	nademe	nt oversight	ວ.	Inflation and cost of	or living crisis		4. Requires impr	ovement or inadequate CQ0	JOULCO
		1	2	3	4	5	5. High caseloads	s/demar	nd on service							
							6. Internal organis		•							
							 External syster Maior incident 		n spike in demand for servi	ces						
			Consec	nuence					Council systems, records o							
			5011360	laence			buildings.									
Con	trols							1	Adequacy	Critical	Success		Assurance			
-			22920	ofunds	tina n	ractice an	id procedures, linking		Good			priate tools and support		egion Sector Leo		
							m local and national	g (0	0000		tioners to guide be				e governance board. LGA	
revie	ews su	ch as S	Safegua	arding A	dult F	Reviews.								Peer Review and associated Improvement Plan in readiness for CQC inspection in the next 12 months.		
													readiness	for CQC inspect	ion in the next 12 months.	
							ining, ongoing		Good	High quality supervision and support. ProfessionalSAB multi agency policies and procedures in place.staff are able to continue registration with their professional bodies. Dedicated resource for safeguarding training within Learning andThemed audits re safeguarding and associated learning and development. Robust training programme in place Adults practice governance						
							f, and regular superv and practice	visions								
liiat	monite		11501 50	leguald	ing pi	ocedures									5	
										Develop	ment, specific train	ning strategy document		l practice guidan		
										which is	refreshed annually	/ .				
		People	in Posi	tion of	Trust'	policy and	d guidance in relatio	n to	Good	•		uidance in ASC and	Appropria	te training provid	ed.	
Adults										corporate	e HR guidance as	required.				
	vide tra	ining, S														
Prov	4. Multi-agency Safeguarding Boards and Executive Boards provides nulti agency focus on safeguarding priorities and provides systematic								Good	Regular	reporting and shar	ed working outcomes		al report highligh as shared with A	nting progress against	
Prov 04. I			e on co		лпа р	nonues al	nu provides systema						Committe			
Prov 04. I mult	i agen	cy focu				dinated w	ork between multi-a	aencv						Ε.	•	
Prov 04. I mult revie	i agen ew of s	cy focu afegua	rding a	ctivity.	Coor		vork between multi-a Health and other age						Committee	с.		
Prov 04. I mult revie parti	i agen ew of s ners. I	cy focu afegua n partic	rding a cular Po	ctivity. olice, C	Coor ounty		Health and other age						Commute	σ.		

05. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance	Good	good practice and areas for improvement, robust	Monthly Management Audits. Annual programme of Themed Audits. Adults practice governance board. Agreed Improvement Plan with Senior Responsible Leads.
06. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission. Implementation of provider of concern process as required.	Good		Contracts monitoring team, care home support team & provider of concern process
07. Coordinated work between multi-agency partners for both Adults and Childrens. In particular Police, County Council and other agencies including supporting young people transitions to adulthood, with the oversight of the Safeguarding Boards	Good	Effective and safe implementation	SAB and key statutory partners
08. Continue to work with the CQC to share information.	Good	Regular reporting	Contracts monitoring team
09. Managing increasing demand and acuity to ensure adults receive right support at the right time. Regular DMT's to discuss and escalate issues.	Good	Reduced waiting times. Providing proportionate and time critical responses to those at risk.	Escalation to CLT as required.

Action Plans	Assurance	Responsibility	Target Date
 Performance Improvement Plan Improvement plan has been developed and agreed with key actions to take forward based on the peer improvement recommendations and national indicators. This is being reviewed fortnightly internally across key meeting groups and updated accordingly. The improvement plan considers DOLs in CCC, threshold assessments for people in care homes in CCC, adults and autism historical back log, OT waiting list. LD Health waiting lists linked to section 75 agreements, care and support plan delays, including brokerage of increases or changes to care packages, financial assessment and financial data entry delays. 			31/12/2023
2. Adults Workforce Strategy This has been drafted and has been circulated for further comments and feedback (nationally and internally), with a view for a finalised version to be agreed. Forecasting future need, setting out recommendations and actions to retain, succession plan and ensure pipelines of future workers.	Drafted and due for approval and agreement to CLT.		30/11/2023

Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Ris	ĸ	U2. C	36 -	rallu	reor	the Col	-	ements to safeguard vulnerabl	-				
	5						Risk Owners	Martin Purbrick	Current Score	15	Last Review	28/09/2023	
-									Risk Appetite	15	Next Review	27/12/2023	
	4								Previous Score	20			
ğ	3			X/RA	Triggers	Triggers		(Vulnerability)	Potential Conse	quences			
Likelihood	3							ads in Children's Social Care.		are case loads are too high in		or young person awaiting or receiving	
teli	2						2. Lack of finar			ssues with recruitment and	services from the		
Li	proc						••••••••••••••••••••••••••••••••••••••		retention.		2. Reputational damage to the Council.		
							procedures.			sessments (undertaken in a timely			
	1							ecruit and retain experienced Social	• /	n to children & the family	4. Appointment of a Children's Commissioner and		
-		Workers.						circumstances.		notice of statutory intervention issued by the Department for Education.			
	1 2 3 4 5 5. Lack of placement sufficiency to meet the needs					5							g sufficient capacity for children's
								en and young people.		ne to School Transport.			
								cure a requires improvement outcome		ards and Ofsted inspection regime			
							from Ofsted ins	•		oorted accommodation for 16- and			
								nt results in inability to access Council		fter children and care leavers.			
							systems, record			rship working to deliver better			
								egulatory requirements for children's	outcomes for childre	n and young people.			
		(Conse	quence	Э		social care (Sta	able Homes Built On Love).	Need for the Court	ncil to implement the demands of			
				•			9. Lack of senio	or management capacity.	the Safety Valve prir	nciples.			
							10. Lack of cap	acity to deliver effective services within					
							SEND.						

Controls	Adequacy	Critical Success	Assurance
 Multi-agency Safeguarding Boards and Executive Boards. Provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity specific safeguarding situation between partners. 	Reasonable	The LA improvement board starting on 13th October 2023 Appointment of an independent Chair (in post since January). Partnership agreement on priority actions following Ofsted focused visit.	Council has acted as a single agent to ensure the right focus on safeguarding, with a lead from the Executive Director of Children's. The CEX's supported by the Executive Director for Childrens have agreed an Executive Board for all the partnerships to meet on a quarterly basis, TOR are being dfrafted
2. Information-sharing and coordinated work between multi-agency partners, providers, and regulators. In particular 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 Safeguarding Boards. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission.	Reasonable	Essex sector led improvement partner to identify key areas of strengths and development.	Independent Safeguarding Board Chair is working collaboratively with the Executive Director for Children's on mobilising the requirements from the Ofsted focused visit at Peterborough. Better working relations with partners on preventative measures has been better developed.

 Comprehensive and up-to-date Safeguarding Policies, Procedures and Practice Standards. 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. 		· · ·	Partnership developing tools and pathways that support best practice around exploitation and safeguarding of vulnerable children and young people.
4. Safeguarding Training & Development Comprehensive and robust safeguarding training, ongoing development opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice.	Good	Effective training and development ensures all staff understand and can implement key safeguarding processes. Social care academy due to launch on 20th November with new ASYE and International workers in January 2024.	The outcomes of quality assurance should provide assurance over the effectiveness of staff training and development, and inform areas where further training is needed. The new Principal Social Worker has been recruited and in place.
 Quality Assurance Framework. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance. 	Poor		Outputs from the QA framework should provide assurance that social workers understand what they need to do to improve children's situations.
6. Clear processes for reporting concerns. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice.	Good	Effective processes for reporting concerns ensure that the response to concerns is timely and effective, with the involvement of appropriate partners.	Completed a review of the notification process. Quarterly reports from customer services (including complaints) has been established and is being shared.
7. Family Safeguarding Approach Family Safeguarding involves multi-disciplinary teams in children's social care, to keep families together and ensure children and adults services work jointly for the best outcome for the family.	Reasonable	Effective and fully embedded family safeguarding approach linking services and partners.	DFE Peer Review requested to establish a baseline for the practice model to improve its implementation.
8. Role of Schools Intervention Service & Schools Causing Concern. The Council's Schools Intervention Service supports good governance in maintained schools and conducts regular reviews of safeguarding and safe recruitment practice in schools. The Schools Causing Concern process enables concerns about school safeguarding practice to be escalated, monitored and managed by the County.	Good		
Full leadership team recruitment A permanent and stable leadership team is in place and established to provide crucial leadership across Children, Education and Families.	Good	Permananent team in place and established	Interim arrangements in place and working. All leadership roles have been successful in recruitment and will be in post in November & December 2023

Action Plans	Assurance	Responsibility	Target Date
 Corporate response to Ofsted focused visit. Previous outline of establishing a strengthening services board, however there was little appetite for this from partners. Therefore, the children's improvement board will be focused on the key areas for development. 	Essex SLI is being undertaken with frontline teams to establish key areas of development and strengths. In addition, the mapping of the child's journey from the front door has been ongoing and key improvements are being made	Martin Purbrick	30/09/2023
 Delivery of the Safety Valve programme. On an ongoing basis, the Council will deliver its commitments made via the Safety Valve programme. 	A working group led by the S151 officer and Director of Education has been established to ensure robust and a purposeful implementation of the safety valve	Jonathan Lewis	30/09/2023
4. SEND Review A peer review and an internal review of SEND undertaken jointly by the Education and Policy, Programme & Delivery teams.	This is an ongoing piece of work which will be presented in CLT during September 2023.	Jonathan Lewis	20/10/2023
5. Children's Placement Sufficiency. Work to manage the local market with support from Commissioning services is underway to support placement sufficiency for Cambridgeshire. This action is likely to remain ongoing.	Strategy has been updated; now into scoping the increased capacity required.	Martin Purbrick	31/12/2023
 Recruitment of a permanent workforce As part of the children's improvement work, there is a focus on ensuring the recruitment and support of children's workforce. 	Academy will be established to better support Apprenticeships, International workers and ASYE's. Work is ongoing to reduce agency staffing and encourage more permanent workforce in CEF.		29/12/2023
Review of key areas of Children's, Education and Families services Essex is supporting Cambridgeshire with a sector led improvement review of key frontline services to help understand their strengths and key areas for development.	Essex is supporting Cambridgeshire with a sector led improvement review of key frontline services to help understand their strengths and key areas for development. In addition, CCC is mapping the child's journey to improve the effectiveness and efficiency of responding to the needs of children and young people.		31/12/2023

Risk Category:

Ę	5						Risk Owners	Michael Hudson	Current Score	12	Last Review	03/10/2023	
									Target Score	9	Next Review	02/01/2024	
4	1								Previous Score	12			
3 3	<u>,</u>			т	х	RA	Triggers	Triggers		(Vulnerability)	Potential Consec	quences	
	`				^			spends more resources than it has by the	1. Increased demand			a s114 report or requires	
	2						end of the year cover cumulativ	and does not have sufficient reserves to ve variances.	2. Economic/market of services.	conditions - shortage of supply of	capitalisation dire	ction. ential code or capital strategy	
1								cedures or governance framework for and monitoring fail or are circumvented.	 Economic conditions - reduced income from ees/charges or taxation. 		benchmark/indicators due to levels of borrowing. 3. The Council does not deliver its statutory		
_										nment funding; short term	responsibilities.		
		1							national planning.		4. People do not r	receive the services to which they ar	
Consequence				9		shortages lead 6. Staff without Greater staff tur 7. The Council corruption. 8. Failure to me Council has to t jeopardises DfE	to rising costs. appropriate skills, knowledge, experience. mover. is a victim of major fraud, cyber crime or eet Safety Valve agreed trajectory - fund DSG High Needs deficit or	funding in collaboration require additional sho 7. Waste manageme Directive.	ons. Change programmes ort term risk. nt reforms; Industrial Emissions Transport and children's social rkets.	5. Reputational da	amage.		

Controls	Adequacy	Critical Success	Assurance
01. Robust Business Planning process; demand/demography and inflation challenge.	Good	Continued support from CLT to act collectively to develop budget proposals which meet the financial challenge	Proposals and assumptions will be subject to scrutiny by Committees in January 2024 as well as other consultations such as the Trade Unions, Schools Forum, public, etc
02.Robust service planning, priorities cascaded through management teams and through Our Conversations process.	Good	Staff have clarity of what is expected of them and deliver services within the available budget	Insights and Policy co-ordinating quality assurance alongside Finance staff.
03. Integrated resources and performance reporting (accountable quarterly to SR&P Committee), tracking budget, savings, activity and performance.	Good	Saving proposals delivered	Continued reporting through Committee.
04.Operational division Finance Monitoring Reports (accountable monthly to Service Committees), tracking budget, savings, activity and performance	Good	Saving proposals delivered	All reports being reviewed at DMTs
05. Scheme of Financial Management, including Budget Control Report for the Council as a whole and operational divisions	Good	Clear budget process, effective engagement with it and compliance	Training continuing.
06.Procurement processes and controls ensure that best value is achieved through procurement	Good	Realisation of procurement savings through competition. Basis for effective contract management and productivity.	Increased training and guidance being roled out.

07.Budget challenge and independent advisory: Finance and budget managers at all levels of the organisation to track exceptions and identify remedial actions	Good		Meeting of financial targets and deadlines. Political engagement and approval	All reports being reviewed	l at DMTs	
08.Rigorous treasury management system plus tracking of national and nternational economic factors and Government policy	Good		Prudential indicators met	Reporting ongoing to Committee		
9.Rigorous risk management discipline embedded in services and rojects	Reason	able	Risk scoring	Reporting ongoing to Con	nmittee	
0.Adequate reserves	Good		Reserves held at recommended level as per section 25 statement (4%)	s25 Report to Full Counci	l in February 2024.	
1. Integrated Financial Monitoring Report	Good		Received quarterly at S&R	Reporting ongoing to Con	nmittee	
2. Anti-fraud and corruption policy	Good		Organisational awareness campaigns	On going training		
3. whistleblowing policy	Good		Organisational awareness campaigns			
4. Internal control framework	Good		Organisational awareness campaigns	nternal audit reviews		
5. Fraud detection work undertaken by IA, Counter Fraud	Good		Organisational awareness campaigns	NFI reporting		
6. Awareness Campaigns	Good	Good Organisational awareness campaigns				
7. Anti money laundering policy	Good		Organisational awareness campaigns			
8. Publication of transparency data	Good		Organisational awareness campaigns	Publication		
Action Plans		Assurance		Responsibility	Target Date	
 Engagement, development and ubmission of credible revenue and capital plans into safety valve process 	S	part of the Budget reviewed but from	red and regular reporting will now be presented as Moinitoring reports. This position will continue to be the persepctive of Financial Planning the next key ment of risk to inform the S151 s25 assurance of	Michael Hudson Jonathan Lewis	13/06/2024	
 CLT work with councillors to present a balanced budget for 2023/24 a 024/25, including regular monitoring and scr 	nd	Programme of pla	nned delivery of process.	Michael Hudson Stephen Moir	31/03/2024	
Capital Programme Board and CLT full scrutiny and supervision of pro nd savings plan development.	oposal	These meeting co assessment of res	ntinue and will inform the s151 Officer s25 risk erves.	Michael Hudson Tom Kelly	12/02/2024	
 Programme management of financial reporting, as well as continued trengthening of the budget monitoring and setting 		Provide assurance	es over the robustness of estimates and forecasts.	Michael Hudson	31/01/2024	

 05. Programme and project delivery governance: Waste Management; Energy income mobilisation
 On going Board meetings
 Michael Hudson

01/04/2024

Risk Category:

	5						Risk Owners	Sue Grace	Current Score	12 15	Last Review	04/10/2023	
	Ű								Risk Appetite		Next Review	03/01/2024	
	4								Previous Score	12			
ihood	3				х	RA	Triggers 1. Loss of large quantity of staff or key staff		Likelihood Factors	(Vulnerability)	Potential Consequences		
	Ŭ				^				1. Ongoing risk of environment hazards such as		1. Inability to deliver services to vulnerable pe		
Likeliho	2						access)	premises (including temporary denial of	flooding and severe weather 2. Pandemic 3. Cyber Attack / Cyber Crime (see Risk 09) 4. Possible power outages caused by gas shortages 5. Resource issues due to shared service 'decoupling'		resulting in harm to them 2. Inability to meet legislative and statutory requirements 3. Increase in service demand 4. Reputational damage		
	1						 Loss of IT, e Loss of a ke Loss of utilit 	,					
		1	2	3	4	5	6. Decreasing r	esilience in CCC services due to ongoing aints and cost reduction				amage	
	 7. Serious major external incident 8. Officer non-compliance with Business Continuity planning or processes 9. Co-operation and engagement of partners 							compliance with Business Continuity cesses					

Controls	Adequacy	Critical Success	Assurance
1. Corporate and service Business Continuity Plans	Reasonable	Plans which provide a clear and comprehensive plan for how services will respond in the event of a	The Emergency Planning Team maintains a tracker of BC plan completion across the Council. Currently the team are working on reviewing BCPs and getting this up to date (see Action Plan).
Up to date business continuity plans available across the Council.			
2. Corporate communication channels in case of emergency. The Emergency Planning team work with Communications Teams in Cambridgeshire and Peterborough to respond to any emergency incidents. The Council's Emergency Messaging System allows contact with staff via SMS in the event of IT system disruption.	Good	The Council is able to communicate effectively externally and internally in the event of a major/critical incident.	The Emergency Planning team maintain a close relationship with the Communications team.
3. Cambridgeshire & Peterborough Local Resilience Forum The LRF allows multi-agency collaboration regarding local resilience issues. The LRF follows a clear process to allow agencies across the region to share information, plan and prepare for major incidents, and maintains a tactical response process.	Good	agencies across Cambridgeshire & Peterborough	Executive Director of Strategy & Partnerships sits on the LRF Board to represent Cambridgeshire County Council.

 IT disaster recovery arrangements Up to date IT disaster recovery plans in place. 	Reasonable	is minimised in the event of an IT critical incident	Disaster Recovery tested thoroughly ahead of data centre move and then put into action 'live' during the data centre move in November 2021.
5. Resilient Internet feed	Good		"Considerable work undertaken to strengthen and improve resilience of network, high proportion of WFH for staff and Members can be sustained. Regular monitoring process and escalation"
6. Corporate Emergency Plan	Reasonable		Corporate Emergency Plans put into operation through recent incidents (2020/21 and 2021/22) including Flooding and Severe Weather. The CCC Emergency Management Plan is currently being updated (June 2023) to reflect organisational changes.

Action Plans	Assurance	Responsibility	Target Date
Business Continuity Plan Testing Once the corporate review of BCPs is complete, the Emergency Planning team will re-implement a programme of service-level testing of BC plans and a corporate BC testing exercise.		Stewart Thomas	01/04/2024
Corporate review of Business Continuity Plans. Emergency Planning Team supporting service Business Continuity leads to review Business Continuity Plans.	The Emergency Planning Team maintain a tracker of corporate and service BCPs and are now reviewing and updating this to understand current completion and quality levels of service BCPs. BC Awareness sessions for Team Managers were launched in February 2023 to re - establish contact with BC leads and sessions are currently booked in with Directorates to December 2023. The Emergency Planning Team took part in Worldwide 'Business Continuity Awareness Week' in May 2023 run by the Business Continuity Institute with internal communication & promotional material sent to staff.	Stewart Thomas	31/01/2024
Internal Audit of Business Continuity Planning		Mairead Claydon	31/01/2024
IT Disaster Recovery Exercise		Michael Hudson	31/12/2023

Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

	5						Risk Owners Emma Duncan	Current Score	10	Last Review	03/10/2023	
								Risk Appetite	15	Next Review	01/01/2024	
4	4							Previous Score	10			
	3					RA	Triggers	Likelihood Factors	(Vulnerability)	Potential Conse	quences	
	3						1. Major business disruption.	1. Current local fina	•	1. Harm to people as a result of them not getting		
1	2 X				х	 Lack of management oversight. Negative inspection judgement . 	3. Changes to statu	• • •		services they need or are entitled to. 2. Criminal or civil action against the Council. 3. Negative impact on Council's reputation.		
1						 Poor financial management. Insufficient finance. Personal Data is inappropriately accessed or share 	change.	rporate restructures and service ces of Councils not able to meet	4. Lack of contro	l over financial or operational deliv		
		5	7. Lack of awareness of or preparedness for legislativ	•	tments due to pressures in the	 S114 Report or Public Interest Report. S5 Report. 						
Consequence							 8. Lack of clear corporate policy framework. 9. Officer non-compliance with policy framework. 					
oonsequence												

Controls	Adequacy	Critical Success	Assurance
01. Monitoring Officer role.	Good	Lack of or reduced risk of successful legal challenge to decision making.	Monitoring Officer attends all CLT meetings. MO sign- off on all legislative changes and legal implications on Committee papers.
02. Annual Governance Statement (AGS).	Good	AGS process ensure that the Council reviews the effectiveness of its corporate governance arrangements and its compliance with the corporate governance framework.	Annual Governance Statement published as part of Statement of Accounts.
03. Code of Corporate Governance (CoCG).	Good	Annual review of the Code of Corporate Governance provides assurance that the Council has a robust governance framework in place.	Code of Corporate Governance updated annually on the external website.
04. Business Planning process used to identify and address changes to legislative/regulatory requirements	Good		
05. The Council's Constitution, including Scheme of Financial Management, Contract Procedure Rules, Scheme of Delegation etc.	Good	Officers and Members comply with statutory obligations	
06. Corporate Complaints procedure and response to Local Government & Social Care Ombudsman reviews.	Good	The Council can identify and respond to any breaches of legislative or statutory obligations.	

07. Service managers kept up to date with changes by Monitoring Officer / Pathfinder, Government departments, professional bodies, involvement in regional and national networks	Good	Lack of or reduced risk of successful legal challenge to decision making	
08. New Committee report template and process developed following the Governance Review. Key statutory and legislative considerations in Committee reports are highlighted in sufficient detail and signed off by key officers prior to submission to Committee.	Good	Committee papers and key decisions are scrutinised to identify any statutory/legislative impact.	Sign-off by key officers is evidenced in Committee paper appendices.
09. Roles of Statutory Officers. inc. Head of Paid Service, Section 151 Officer, Director of Adult Social Services, Caldicott Guardian, etc.	Good	Active postholders for all statutory roles for the Council.	
 Statutory Officers Group Statutory Officers Group meetings to discuss corporate governance arrangements and issues, and to reflect on recurring themes relating to Council improvement. 	Good	Regular scrutiny of corporate governance by senior officers.	
11. Performance Management Framework Performance management is a tool that allows us to measure whether we are on track to achieve our corporate priorities. If we are off-track, we change our activities to improve service delivery, value for money and the outcomes people experience.	Reasonable	Clear information on organisational performance against objectives provided in a timely way to decision-makers.	Performance reporting to Committees and CLT.
12. Corporate Clearance Group The Corporate Clearance Group has been established to ensure draft reports receive sufficient corporate review prior to being submitted to Committee.	Good	All Committee reports are subject to corporate scrutiny and challenge to ensure that Committee decisions are taken on the basis of sufficient, robust information.	A report tracker is in place to verify that reports on Committee forward plans are received and reviewed by the Corporate Clearance Group.

Action Plans	Assurance	Responsibility	Target Date
01. Corporate Response to the Covid Public Inquiry.			31/03/2023
02. Implement Action Plan from Annual Governance Statement.	Implementation to be reviewed on an ongoing basis by Statutory Officer Group.	Emma Duncan	31/03/2024

Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Ris	sk	06. T	he Co	ounci	l's wo	orkfor	ce is not able t	o meet business need					
	5						Risk Owners	Janet Atkin	Current Score	15	Last Review	05/10/2023	
	•								Risk Appetite	15	Next Review	03/01/2024	
	4								Previous Score	15			
p	3					X/RA	Triggers		Likelihood Factors	(Vulnerability)	Potential Conse	quences	
Likelihood	3					A/NA		ge in key areas including partners.	•	creasing at a rate that is causing		unable to recruit & retain staff with	
keli	2							etention beneath optimal leading to	major concern for ma		the right skills and	•	
							unhealthy leve	of employee engagement.	2. Acute skills shortag	ge in key areas including	objectives.	er effective services or Council	
	1								1	ges across all areas of the	3. Reputational damage to the Council.		
							environment.		council's functions in recruiting.		4. Low morale and negative impact on staff wellbeing.		
		1	2	3	4	5		r inadequate workforce planning. essures mean the Council is not able to	 Changing expectations regarding how and where staff want to work. 		 5. Expenditure on costly interims or agency staff. 6. Workforce lacks relevant skills, knowledge and 		
		¢	Consec	quence)		offer pay in line 7. Decline in C 8. High absend 9. Inability to re 10. Organisatio	e with the market. ouncil's reputation as an employer. ce levels. ecruit and develop staff	5. The extent and sca undertaken across th separation of service heighten the likelihoo with motivation and e 6. Significant demand	ale of change programmes being the Council including the s across CCC and PCC can be of disruption and challenge engagement.		t continually developed.	

Controls	Adequacy	Critical Success	Assurance
A. Fair Recruitment Policy. A Children's Workforce Board has been re- established under the leadership of the new DCS to focus on workforce challenges including recruitment.	Good	Staffing levels support service delivery.	Outcomes of actions from Recruitment and Retention Board.
This meeting continues to focus on key areas of challenge and concern, engaging with our providers of agency workers as well around hard to fill posts to identify opportunities to improve candidate attraction.			

 B. Regular Employee Engagement Surveys established to identify and respond quickly to emerging issues and concerns. Full independent employee engagement survey carried out in September 2023 and will be re-run every three years moving forward. A number of key topics have been covered and going forward will be revisited annually including Wellbeing; Equality, Diversity and Inclusion, and How We Work. The results of these engagement surveys are discussed with CLT for an action plan to be signed off and published on Camweb clearly setting out the organisational commitment to matters raised. 	Good	Employee Engagement is demonstrated through employees seeing the value of and therefore contributing to these opportunities to shape the organisation as an employer.	CLT see results of engagement surveys and agree action plans to respond to the survey.
 C. 5 year People Strategy, endorsed by Members with accompanying action plan to ensure the right focus on recruitment, retention and talent management. New People Strategy has been launched and has a clear focus on the shifting employment market and employment challenges that the Council faces, to establish clear plans for the workforce. 	Good	Clear workforce plan in place for the Council.	Success of the People Strategy is measured through employee engagement surveys and feedback from key services/exit interviews. Additionally, an annual report is presented to Staffing and Appeals Committee.
 D. Dedicated Recruitment Team supporting the whole Council. Targeted recruitment campaigns and new e-recruitment system. The team engage with services to understand the specific and differing challenges that they face and target recruitment campaigns accordingly, as well as maximising usage of social media channels. A new e-recruitment system has been implemented (in last 12 months). 	Good	The Council is able to recruit staff with the right skills and experience.	Impact of recruitment campaigns is reviewed by the Recruitment Board. Decisions on spending on major recruitment campaigns are approved by the Board. Ongoing recruitment project has an emphasis on recruiting managers acting as Council ambassadors and not just focusing on their own area/vacancy, to improve attractiveness of Council as an employer to all applicants.
E. Appraisal system linked to performance management	Good	Staff retention is enhanced.	Directorate-level review of outcomes followed by CLT review of appraisal and performance outcomes.
F. Role of HR Business Partners. HR Business Partners work with services to anticipate and meet demands within service areas. BPs attend management meetings and meet Service Directors regularly.	Good	Services are supported in successful recruitment, engagement, development and retention of staff.	Feedback from HR Business Partners regarding organisational engagement.
G. Annual report to Staffing and Appeals Committee Reports are delivered to Staffing and Appeals Committee in February each year setting out a clear review of the workforce profile and activity during the year as well as key policy changes, employee engagement activity and an update around employee wellbeing.	Good	Impact of workforce policies and engagement is measured and evaluated to inform future policy development.	Report is taken to Committee in February.

H. Report on quarterly basis to CLT and to management teams on workforce and performance. CLT received monthly reports on Health, Safety and Wellbeing. Quarterly dashboard reports on workforce matters including absence and turnover are provided to Directorate Management Teams for them to keep a focus on their workforce profile and any emerging or potential concerns.	Good	CLT and Directorate Management teams are able to identify and address any emerging or potential concerns.	Reports are provided to DMTs quarterly.
I. Use of Consultants Policy and Interim & Agency Workers Policy.	Reasonable	Hiring managers use appropriate and compliant routes to market to obtain interim, agency staff and consultants.	Regular reporting on use of consultants, interims and agency staff to CLT and Audit & Accounts Committee. Internal Audit review of Use of Consultants & Interims planned for 2023/24. Consultancy policy ownership has transferred to Procurement. Head of Procurement and Head of HR have ben attending Management Team meets within services to raise awareness of these policies and to discourage any procurement of staff/workers without seeking advice.
J. Agency Staff framework with Opus.	Good		HR team manage Opus contract. Opus reporting has improved significantly with implementation of weekly returns for Social Care, Adults and Children's and monthly returns for other services. HR Advisory have introduced a reconciliation of returns to services to confirm accuracy of reports.
K. Well established consultative framework with trade unions. Chief Executive joins the meetings on a regular basis.	Good	Well established and positive relationships enable constructive discussions with trade union colleagues around any challenging workforce related matters, as well as an opportunity to gain valuable insights and contributions to help shape policy development.	
L. New Learning & Development platform and work of the Learning & Development team.	Good	Staff are able to access targeted learning and development opportunities and the Council can monitor training undertaken.	Rates of training completion.
M. Equality Diversity & Inclusion Working Group. EDI Working Group meets monthly to discuss EDI issues and engage staff across the organisation.	Good	The Council has a strong culture of equality, diversity and inclusion which supports staff engagement and retention.	Staff feedback in EDI engagement surveys and exit interviews.
N. Employee Wellbeing offer and new Employee Engagement & Wellbeing Advisor post.	Good	Staff are supported to maintain wellbeing, reducing absence and supporting employee engagement and retention.	Staff feedback in Engagement Surveys and exit interviews.

Action Plans	Assurance	Responsibility	Target Date
Children's Workforce Improvement Programme.		Janet Atkin	30/03/2024
Programme to address challenges in children's workforce retention and recruitment, launched in September 2022 and led by Chief Executive. This piece of work has broadened in scope. Target date revised to reflect this - March 24.			
The values and behaviours framework will be reviewed in line with the next iteration of the People Strategy.		Janet Atkin	31/12/2023
The People Strategy was approved in May and work is underway to develop an action plan and review of Values			
Work with the service directors to create a comprehensive L&D framework to support the wider People Strategy.		Janet Atkin	31/12/2023
Can only be completed once People strategy in place and agreed therefore target date to be aligned – December 23.			

Risk Category:

Ris	sk	07. Fa	ailure	to D	elive	r Key	Co	uncil Service	es				
	5							Risk Owners	Stephen Moir	Current Score	10	Last Review	03/10/2023
	Ŭ									Risk Appetite	15	Next Review	01/01/2024
	4									Previous Score	10		
p	3					RA		Triggers		Likelihood Factors	(Vulnerability)	Potential Conse	quences
Likelihood	2					X		the other risks of	ay be triggered by the realisation of any of on the Corporate Risk Register:	regime.		02. Statutory pen	
Ξ	-					Â		- Failure of : 2)	safeguarding arrangements (Risks 1 and		wth in Cambridgeshire ns and creating increased		damage to the Council. or regulatory intervention.
	1							,	financial management (Risk 3)	demand for key servi	-	05. Financial con	
									a major/critical incident (Risk 4), cyber	03. Pandemic			
		1	2	3	4	5			or climate change (Risk 12) corporate governance (Risk 5), key	04. Current high rate consultations.	of organisational change and		
		c	Consec	quence	2			contracts (Risk working (Risk 1 - Insufficien - Failure to 6 legislation (Risk 02. Changing c growth create p increase the ris this may also be management p 03. Failure to id inability to respe 04. Failure to de implement clea including the Bu 05. Insufficient 06. Non-compli- procedures. 07. Failure of al	10) or partnership and collaborative 1) t workforce (Risk 6) comply with Information Governance (9) ounty demography and high levels of pressure on Council resources and k that funding does not match demand; e exacerbated by weak demand rocess within the Council. lentify changing policy or legislation, or an ond to changes in policy or legislation. evelop, effectively communicate and r Council strategies and service plans,	05. Economic uncerta international events 06. Local Elections	ainty due to national and unable to continue service (if not 10)		

Controls	Adequacy	Critical Success	Assurance
 Role of the Corporate Leadership Team (CLT) CLT have a leading role in ensuring that the Council delivers key services and legislative requirements. Individual directors have performance plans setting out required service delivery in their areas. 		discuss emerging or urgent matters, as well as monitoring KPIs, budget and the Corporate Risk Register.	Council Directors complete Directors Assurance Statements for the Annual Governance Statement providing assurance over the control of risk and compliance with corporate governance requirements in their area.

 Strategic Framework & Business Plan A clear corporate strategy and strategic framework feeding down into service plans, medium term financial strategy etc. 	Reasonable	The Council's Strategic Framework should clarify the Council's aims with regards to service delivery to officers and Members.	
 Role of Council Committees Cross-party decision-making in Council Committees provide oversight and challenge to decision-making, policy-making and performance of Council services. 	Good		
4. Systems providing oversight of Council performance and service delivery. The Council's Performance Framework and Key Performance Indicators, along with associated systems for identifying performance issues such as the Complaints Procedure and Feedback Policy, provide corporate oversight of performance and delivery of key services.	Reasonable	Senior management and Members have accurate and timely overview of Council performance.	
 Demand forecasting. The Council operates forecasting mechanisms to inform budget setting and long-term planning. This includes placement sufficiency processes to inform provision of school and early years places. 	Good	The Council has an accurate view of likely demand for services in the short and long term.	

Action Plans	Assurance	Responsibility	Target Date
1. Redevelopment of the Council's Performance Framework.		Sue Grace	31/12/2023
2. Review of corporate approach to Business Planning and budget planning,		Sue Grace	31/12/2023
Strategic Framework and service planning.			

Risk Path:	Cambridgeshire County Council CRR/Cambridgeshire County Counc	il

Risk Category:

	5			Х		Risk Owners	Michael Hudson	Current Score	15	Last Review	04/10/2023			
	5			^				Risk Appetite	15	Next Review	03/01/2024			
	4							Previous Score	15					
ро	3				RA	Triggers		Likelihood Factors		Potential Conse	-			
Likelihood	2					01. Data loss 02. Denial of IT 03. Malware at 04. Phishing at	tack tack	sources 02. Malicious Emails 03. Non-compliance	ious attempts from various s to staff increasing by staff or partners with IT	reputational harr private informati 02. Inability or d	 01. Regulatory breach subject to ICO action, reputational harm to the Council and disclosure of private information. 02. Inability or degradation in the ability of Council staff 			
	1							Security policies			•			
	1 1 2 3 4 5				5	07. Major vulne 08. DR for IT S 09. Data misha 10. Training an 11. Password a 12. SQL injectio 13. Monitoring 14. In-house ex				 02. Inability or degradation in the ability of Council staff to access any computer based service hosted outside of the Council network. It will most likely also impact any services that the council hosts for access by the public. Finally it would also impact any VOIP services operated by the council. 03. Infection of Council systems by malware, causing a degradation of Council systems. 04. Credentials and/or data being made available to unauthorised third parties. This could result in ICO action, reputational damage to the Council and the unautorised release of confidential information. 05. Loss of access to Council data, a financial ransom to recover access, reinstallation and restore operations to recover access, release of confidential data, reputational harm and ICO action. The exact impact will depend on how well mitigation reduce the impact of the attack. 06. Financial loss for the Council. The Council may also suffer reputational damage or information loss risks if the breacher of the system attempts to impersonate the Council. 07. Systems are exploited by using known\unknown vulnerabilities. 08. There is a risk that the functionality of the new DR solution has not taken place since implementation in 				
										required to provi changes. The co there is an incide	vember 2021 and a retest will be de assurances following platform onsequence of not retesting is that if ent which requires DR to be invoked e solution during a live event.			

Controls	Adequacy	Critical Success	Assurance
01. Phishing detection and prevention controls	Good	Phishing attempts are prevented or detected and dealt with.	The service confirmed that multiple layers of Phishing detection are in place and these will delete or mark messages as appropriate. External messages are also marked as such as they contain a higher risk of Phishing. Multifactor authentication is used to reduce the likelihood of successfully exploiting Phished credentials. A simulation phishing exercise was completed in May 2022 which resulted in 178 users entering their password/credentials, which equates to 2.47% of the total delivered emails. Targeted training was offered to these individuals.
02. Vulnerability detection and mitigation controls	Good	Vulnerabilities are identified internally and externally and patched in a timely manner – 14 days for vulnerabilities rated high or critical on the CVSS scoring system.	Firewall, Email, Website access and end-device technical controls are used to eliminate or reduce the risk on known\unknown vulnerabilities from being exploited. NCSC Early Warning, WARP and other third-part intelligence source are used to identify vulnerabilities as soon as possible. There has been no action required or vulnerabilities detected from last 6 Months of WARP Threat Roundups. No NCSC Early Warning threat has been received since 16/12/2021. Other information and web sources are also monitored by the service on a regular basis to identify potential vulnerabilities. Additional assurances can be provided via progression of PSN Remediation Action Plan and outcomes of DLUHC (Department of Levelling Up) testing.
03. Disaster Recovery Testing	Reasonable	Schedule of DR testing and reporting of outcomes.	The last DR test occurred as part of the data centre move in November 2021. A failover was successfully completed in March 2022 at Sand Martin House Data Centre. If DR is invoked systems will be available however platform system changes will require DR to be retested to ensure performance and functionality is available in the new environment.

04. Robust policies and procedures including the new IT Strategy and the existing Information Management & Governance policy framework.	Good	Accessibility and awareness of comprehensive, up- to-date IT and Cyber security policies and guidance.	Upcoming implementation of the new IT Strategy, toolkit materials and review of current policy suite. New IT strategy is being based on the National Strategy and will show how the service will support the 5 objectives: Manage, Protect, Detect, Minimise and Develop. A new toolkit has also recently been procured - ISO27001, PCI DSS and Cyber Essentials and these materials further strengthen this control.
05. Staff training on the correct handling of private data, and to use technical controls available to the Council to enable this.	Good	Conversations	Cyber Security E-learning has sufficient coverage, but completion levels require improvement. A council wide one-hour Cyber Griffin session is planned to be delivered by the City of London Police on the 22nd March 2023. Up to 1,000 staff can join the training session.
06. Use multiple layer of anti-malware protection on Firewalls, email and end-points to prevent malware with frequent signature updates.	Good	Anti-malware protection	Malware protection is provided by Trend Micro Apex One (contract ends 23/3/24), Microsoft 365 (rolling Monthly Contract) and PaloAlto (MLL Eastnet Contract).
07. Use technical controls to limit access to the Council VOIP system to the UK only.	Good	VOIP system access control and usage reports	Normal usage is monitored by the provider and Council staff so that any deviation from normal use patterns can be identified and alerted.
08. Use the automated denial of service mitigation service provided by our wide area network provider MLL. This will inform us of any denial of service attempts and mitigation activities.	Good	MLL monitoring notifications	The service has never received a DOS or DDOS warning from MLL since established there was a process in place.
09. Cyber Security Board and Technical Group	Good	Regular meeting and reporting on cyber security	The purpose of the Cyber Security group is to ensure that IT best practice security is monitored and managed uniformly across CCC and PCC, defining the secure use and management of our IT systems.
10. Information Governance Management Board	Good	Regular meeting and reporting on cyber security arrangements and actions.	The IMB provides advice and guidance on all elements of IM/IG. This includes leading on cyber security arrangements.
11. ITDS Recruitment Campaigns	Good	The service retains and develops workers with IT specialisms.	Team currently has 3 qualified CISP officers and apprenticeship routes are established.

12. IT Business Continuity Planning processes	Reasonable	are considered in other service's BCP	An LGSS IT BCP from 2018 was provided to audit by Emergency Planning. No current version is in place but work is ongoing with Emergency Planning to get in place.
13. ICT Security Procurements	Reasonable	Due diligence processes are adhered to when making IT procurements to ensure the Council's IT security systems are not compromised	RFQ sets out standard procurement requirements however this process is under review.
14. Information Risk Owner role; Data Protection Officer role; Caldicott Guardians	Good	Defined responsible officers are in place	Defined within the Information Governance Framework.
15. Performance monitoring – corporate IT KPIs on IT Security	Good	Performance Monitoring is regularly undertaken to ensure IT security arrangements are sufficient	No assurances at present. TBC.
16. Communication strategy	Good	Ad-hoc communications and publicity work to raise awareness of IT security	Internal engagement team publishes ad-hoc and reactive comms regarding IT security. Further comms work include Cambridgeshire Conversations sessions.
17. Limitations to FOI requests	Good	Limitations on details the Council can release in FOI answers in relation to council system infrastructure	New process established to restricting level of detail given in FOI requests in regards to Council IT infrastructure as not to expose Council to cyber risk.

Action Plans	Assurance	Responsibility	Target Date
01.Business Continuity Plan for IT services to be developed with Emergency Planning	Currently in progress	Katherine Hlalat	30/03/2024
02.Corporate IT Security KPIs and reporting to be developed – such as Cyber Security and IG e-learning training complet	Currently in progress, however initial perspective is that there will be a single KPI on training. With additional reporting and dashboards being produced to report on the estate as this is a continually moving feat.	Julian Patmore	30/03/2024
03.PSN Remedial Plan, completion of all outstanding actions	Last few items remain, on target to complete	Julian Patmore	31/10/2023
04. DR retesting to be scheduled	Will be scheduled in once SAN replacement procurent has been finalised and will be included in one of the tasks within the implementation	Michael Hudson	30/12/2023
05. Ensure DPIAs are completed for all systems (where they have not already been completed)	Review to be undertaken of quality	Ben Stevenson	31/03/2024

06. Review partnership arrangements where data is either being processed or controlled on our behalf, or where we are hosted	PSN being sought	Julian Patmore	31/03/2024
07. Partnership Directory. Create a partnership directory to understand our relationships with partners and the responsibilities of either party		Katherine Hlalat	31/03/2024
08. Apply lessons learnt from recent cyber attack.		Julian Patmore	31/03/2024

Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Ris	ole. The Council fails to comply with Information Governance legislation and industry standards													
	5							Risk Owners	Emma Duncan	Current Score	12	Last Review	15/09/2023	
										Risk Appetite	15	Next Review	30/12/2023	
	4									Previous Score	12			
ъ	3				х	RA		Triggers		Likelihood Factors	(Vulnerability)	Potential Consec	quences	
o yo	Ŭ				^			U U	nover and use of agency and interim staff.				at a lack of oversight and control of	
Likelihood	2							3. Cybercrime a	1 5	increase the likelihoo	d of a breach of Information	mis-handled, whic	ch would expose the organisation to:	
	1							5. Insufficient pl	hysical security of buildings.	Governance legislati	on.	 Legal action/Information Commission Officer involvement. 		
		1	2	3	А	5		Staff removin	ng physical records from the office.			* Damage to the r publicity.	reputation of the council and adverse	
		•	2	3	-	J						* Complaints.		
	Consequence						result of poor mar This will include re	uffer loss, detriment and distress as nagement of data. ecords management, contractual management, training and						

Controls	Adequacy	Critical Success	Assurance		
01. Mandatory data protection and security training for all staff	Good	95% of staff have undergone online training or face to face training dependent on risks faced.	Quarterly reports on training completion rates.		
02. Use of Data Protection Impact Assessments (DPIAs) in all projects and procurements	Good	Register of DPIAs identifies which have seen a DPIA completed, signed off and managed. Ongoing review of DPIAs so it is not a one off assessment.	Ongoing review and creation of register.		
03. Regular communications to all staff and at key locations (e.g. printers)	Good	CamWeb used to promote key messages in a structured and engaging way each quarter. IG attend DMTs on a quarterly basis to hear of issues and resolve problems.	Annual report to Joint Information Management Board.		

04. Information Management Board, chaired by senior info risk owner (CLT member), with representative of all directorates along with DPO and both Caldicott Guardians. Board oversees IG and cyber security activity	Good		Board meetings to be held every quarter and led by CLT members.	Quarterly meetings and IN	/ Board reporting.
05. A comprehensive set of information and security policies.	Good		Policies reviewed and refreshed annually with redundant documents removed.	Annual report to Joint IM I	Board.
06. Established procedure for notifying, handling and managing data breaches	Good		Compliance with policy and clear reporting on breaches.	Report to CLT on a six-mo and impact. Report to Joint IM board o Chief Exec and director no breaches.	on a quarterly basis.
07. Subject Access Requests responded to within the statutory timeframe.	Good		Targeting compliance rate of 90% SARs completed within statutory timeframe.	Quarterly report of progre- statutory timeframe to bot Committee and Joint IM E Six monthly report to CLT	h Strategy & Resources Board.
8. FOI responses issued within the statutory timeframe.	Good		Targeting compliance rate of 90% FOIs completed within statutory timeframe.	Quarterly report of progre statutory timeframe to bot Committee and Joint IM E Six monthly report to CLT	h Strategy & Resources Board.
Action Plans		Assurance		Responsibility	Target Date
Awareness and communications regular updates via Cambweb, DMTs and conversations to keep awarene levels up	ess	Visibility on Cambv	web	Ben Stevenson	31/03/2024
Completion of NHS DSP Toolkit Ensures areas of compliance considered and how met for Public Health a	and Adult	Publication of toolk	tit and any audits	Ben Stevenson	31/12/2023
Implement learning from incidents Ensure that processes are reviewed and trends analysed		Lack of repeat incie and changed	dents in service areas where processes are reviewe	ed Ben Stevenson	31/03/2024
Mandatory training Training to be delivered annually to all staff, relevant to services anf coun	cils	BI reports to identit Raised with directo Annual training	fy non completers ors and CLT to ensure completion	Ben Stevenson	31/12/2023
Review of IG policies Annual review of policies and updating to ensure best practice shared		Published policies	approved by IM board	Ben Stevenson	30/10/2023

Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Ris	k	10. F	ailure	e of k	ey co	ontracts						
	5						Risk Owners	Michael Hudson	Current Score	12	Last Review	29/09/2023
	-								Target Score	9	Next Review	28/12/2023
	4								Previous Score	12		
g	3			т	х	RA	Triggers		Likelihood Factors	(Vulnerability)	Potential Conse	•
Likelihood				· ·				artnership arrangements and/or contracts		major change programmes		act of credit loss or default on monies
ikel	2							g aims or priorities. e handback / collapse of major suppliers	underway within the 02 Significant econo	council. omic and inflationary volatility.	owed. 02 Revenue imp	act of increased costs or reduced
1-1							U U	rofitability reasons	-	ons Directive and the Best	income returns.	
	1							in failure and/or significant cost increases		s conclusions (BATc).		o outcomes and service delivery.
1							in supply chain					quality and health & safety matters.
		1	2	3	4	5	04. The Counc contracts.	il fails to identify key/business-critical	and supplier relation: contracts.	ship management for key	 Reputational Failure to fulfil 	
			Conse	quenc	e		set deliverable: arrangements 1 06. Failure to c legal challenge 07. Contracts la owners have a and external in 08. Contracts fi through approp 09. Lack of in-f 10. Third party and/or internal suppliers. 11. Relationshi potentially lead 12. Heavy relia diversified supp	ack clear corporate owners; or contract conflict of interest between their CCC role terests. ail to drive desired deliverables/outcomes briate penalties/rewards. house contract management expertise. fraud committed by or against suppliers fraud or corruption in collusion with p breakdown with key contractors, ing to a legal dispute. nce on single suppliers leading to lack of a	markets in which the			

Controls	Adequacy	Critical Success	Assurance
01. Contract Procedure Rules and associated guidance and training.	Good		
02. Contracts Register.	Good		
03. Procurement Governance Board.	Reasonable		

04. Business Continuity Planning processes.	Poor	
05. Head of Diligence & Best Value role.	Reasonable	
06. Corporate due diligence processes.	Good	
07. Declarations of Interest processes within the Codes of Conduct for officers and members	Reasonable	
08. Corporate process for identifying key partnerships and contracts.	Reasonable	
09. Budget monitoring and forecasting processes.	Good	
10. Contract Management Toolkit in place.	Good	
Contract management training is delivered to key contract managers via the Government Commercial Function.		

Action Plans	Assurance	Responsibility	Target Date
01. Business Continuity strengthened	This should be carried out by all service managers with support and constructive challenge from Procurement & commercial and Emergency Planning.		31/12/2023
02. Develop clear definition of the term 'key contract' with reference to the contract risk assessments already under wa		Clare Ellis	31/12/2023
D3. Implement additional support for key contracts including from a business continuity perspective.		Clare Ellis	31/03/2024
04. Implement the new Sustainable Procurement Strategy		Clare Ellis	31/12/2024
05. Undertake regular Contract Register reviews to ensure that new 'key contracts' are captured by the process above.		Clare Ellis	31/03/2025

Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

1 of 1

	5						Risk Owners	Sue Grace	Current Score	12	Last Review	28/09/2023
	5								Target Score	12	Next Review	28/12/2023
	4			т					Previous Score	12		
π Σ	3				х	RA	Triggers		Likelihood Factors	(Vulnerability)	Potential Conse	quences
	3				^			rtnership arrangements have conflicti		ajor change programmes		act of partnership failure particularly
	2						aims or prioritie	s. I fails to identify and manage key/busi		C and partner organisations.	where budgets an 02 Revenue imp	e pooled. act of increased costs or reduced
╵┣╴							critical partners	, , ,	0	and inflationary volatility.	income returns.	
	1							ust, formally agreed partnership	0	ns regarding LD pooled budgets.		outcomes and service delivery.
				equivalent to set scope, deliverables a angements for all key partnerships.	ind		04. Reputational 05. Failure to fulf	0				
			2	3	4	5	0	s lack clear corporate owners; or				
			Conse	quenc	e		their CCC role a 05. Partnership deliverables/ou 06. Relationshij leading to a leg 07. Policy or lea local partnershi	b breakdown with key partners, potent	ially nt or			
Contr	ols							Adequacy	Critical Success	Assura	nce	
01. Pa	artner	rships	Advice	& Gui	dance l	Document		Poor	Clear guidance is available	e to Council officers and The Cou	incil's Partnerships	Governance Advice &

Controls	Adequacy	Critical Success	Assurance
01. Partnerships Advice & Guidance Document.	Poor	•	The Council's Partnerships Governance Advice & Guidance document is currently under full review (see Action Plan).
02. Grants to Voluntary Organisations Policy.	Good	Officers have clear guidance on how to manage award of grant monies effectively, to ensure that grants achieve best value and are awarded to partners who are able to deliver the agreed objectives.	Grants Policy is due for Internal Audit compliance review in 2023/24 (see Action Plan).
03. Appointments to Outside Bodies Process	Good	Officers and Members have guidance on the law around serving on external bodies, and Democratic Services maintain a record of Member appointments to outside bodies.	Democratic Services produce an Annual Report on Member Representation on Outside Bodies.
04. Council's Strategic Framework	Good	Clear statement of our Vision and Ambitions as a basis for our collaborative working.	Strategic Framework as approved at full Council in February 2023 as part of the budget setting process
05. Regular liaison with key partners ICS, CPCA, District & City Council, CAPALC (Cambs & Peterbr' Association of Local Councils), CPSB (Cambs & Peterbr' Strategic Board).	Good	Partners are clear about where they can work together for the benefits of the communities of Cambridgeshire	CLT regular review of strategic partnership activity and how this contributes to the Council's ambitions.

Action Plans	Assurance	Responsibility	Target Date
01. Review and update Partnerships Advice & Guidance document linking in to the Appointments to Outside Bodies Process.	Document review has started and is in progress, will include Democratic Services and other key stakeholders. Review and update of document to be completed before end of 2023, with final sign off in January 2024.	Sue Grace	31/01/2024
02. Conduct a fact-finding exercise to review our key partnerships, engagements and collaborative work.	Plan agreed for fact-finding, strategic partnerships are starting to be identified and initial work started. Fact-finding to be carried out over October-December 2023, will be informed by direct engagement with services as well as by risk and dependencies information in service plans coming out of Business Planning.	Sue Grace	31/01/2024
03. Identify opportunities for collaborative working around shared ambitions with our key partners	This is ongoing with several key partners already well engaged. Recruitment to the project manager post for Decentralisation/Closer to Communities pilots is complete. This will aid in identifying more opportunities.	Sue Grace	31/01/2024

Risk Path: Risk Category: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risl	K	12. U	limat	e Cha	ange							
	5						Risk Owners	Frank Jordan	Current Score	16	Last Review	05/10/2023
-									Target Score	12	Next Review	27/12/2023
	4				Х				Previous Score	16		
p I	3				т	RA	Triggers		Likelihood Factors	(Vulnerability)	Potential Conse	quences
Likelihood	3	4				RA		tions are not realised across the Council		d on services reduces capacity to	1. Failure to delive	er statutory duties and legislative
eli	2						and Cambridge		deliver the strategy.		requirements.	
ŝ.	2							s, knowledge and resources not availble to				tical and reputational damage to the
							address the iss		3. Revised legislation			ting on the climate emergency that
	1							, ,		knesses – increases costs and	has been declare	
						_		climate and environmental regulation and			· · · ·	per-term risks and costs to health,
		1	2	3	4	5	strategy amend 5. Availablity of			n for resources drives significant anges to markets e.g. Ukraine		c and financial position of the Count mitigation and adaptation measure
			Conse	quenco	9		 6. Projects to dibiodiversity enh 7. Carbon reduce appropriately end delivery mecha 8. Supply chain carbon solution pace, scale and Cambridgeshire 9. Behavioural workforce is no 	eliver carbon reductions and/or nancement not delivered ction and biodiversity enhancement is not mbedded into the organisation's service nisms. I insufficiently developed to deliver low is and/or biodiversity enhancements at d price to deliver the CCES in e. change required in communities and/or t realised. awareness from staff and Members of key	war, Covid. 6. New technologies implement in current 7. Inflationary pressu 8. Changes to gover approaches.	and innovations are complex to teconomic environment.	are not effective. 4. Resilience of so impeding Officers accessing service	ervices at risk due to climate impact and/or service users delivering or es. e on the Council's failure to deliver

Controls	Adequacy	Critical Success	Assurance
01. Council policy on the CCES and action plan in place to guide decarbonisation and nature recovery priorities	Good	CCES approved and first mobilisation plan in place.	Annual review of action plan and CCES targets.
02. Implementation of the Phase 1 Net Zero Enabling Programme to improve knowledge, skills, governance and resource capacity.	Good	Governance established feeding directly into Corporate Leadership Team (CLT). Recruitment underway to increase capacity. Phase 2 and Phase 3 mobilisation programmes developed	Decarbonisation plans in place for high carbon emitting areas. Improved data integration for dynamic reporting on annual carbon budgets.
03. Performance management - Annual Carbon Footprint Report and monitoring of progress against CCES targets.	Reasonable	Baseline assessments in place for carbon and biodiversity. Forecast annual carbon budget.	Annual carbon footprint published. Trajectory to NJet Zero by 2030 reviewed.
04. Quarterly reporting to CLT on progress with the CCES by the Executive Director Place & Sustainability.	Reasonable	Reporting template agreed and started from October 2022.	Quarterly reports on CLT forward agenda.
05. Delivery and Programme Management of the CPCA Climate Change Action Plan.	Reasonable	CCC puts in place a delivery programme to support the CPCA. CPCA puts resources in place to deliver the action plan.	Reporting to the CPCA Climate Working group and the Independent Commission for Climate.

06. Continued involvement in various strategic partnerships/collaborative spaces to feedback information and establish collaborative working approaches e.g. Local Climate Change Officers Group, UK100, ADEPT, UKPN Innovation Teams, Biodiversity Officers group, Fenland SOIL.			Reporting via the Climate Change and Environment Board.
07. Climate and Environment Training Programme to all staff, consisting of e-learning module(s) and Carbon Literacy Training for all senior staff and Members.		majority of CLT.	Achieving equivalent of Gold CLT standard. All Senior Managers to P4 to attend training. Aspire towards 80% of Members trained.
08. Maintaining a watching brief on governmental policy, legislative and funding positions to enable pro-active responses to emerging changes	Good	Increase external funding success for decarbonisation projects	£1.2m of external funding to deliver CCES
09. Corporate Performance Outcome agreed to cover Climate Change and Sustainability.		All staff will have a corporate outcome regarding Climate Change and Sustainability included in their outcomes and impacts targets as part of the corporate Our Conversations process.	Services, teams and individual staff consistently work towards achieving the Council's Climate Change strategy and aims.

Action Plans	Assurance	Responsibility	Target Date
1. Annual review of action plan and CCES targets.	CCES Action Plan - Risk Approach	Sheryl French	31/10/2023
2. Delivery of the Enabling Net Zero Phase 1 programme of work.	Programme monitoring via the Programme Board.	Sheryl French	31/12/2023
3. Delivery of CPCA Action Plan areas led by CCC.	Quarterly progress reports to the CPCA Officer Board and Member Board.	Maggie Pratt	31/12/2023
14. Integration of climate and environment into procurement strategy and rameworks e.g. Climate Change Charter, implementation of the Social Value toolkit, training and support for commissioning officers.	The Climate Charter is live and being used for all procurements valued over £100,000. The Council's Sustainable Procurement Strategy was agreed in February 23 and is starting to be delivered. Social value is considered in all procurements valued over £100,000. Further work is being done on considering how to reduce carbon in existing contracts.	Clare Ellis	31/12/2023
5. Corporate Asset Management Strategy ncorporation (and delivery) of carbon reduction and biodiversity improvements nto CCC management approaches and to use CCC assets to drive net zero system change. This is carried out as the norm in all project work irrespective of he formal Corporate Property Strategy being in place.	The updated Asset Management Strategy and Corporate Landlord approach (when this is completed and delivered).	Chris Ramsbottom	30/06/2024
6. Climate / environment integrated into CCC operations and systems ncluding Carbon Valuation; Net Zero by Design; Triple bottom Line.	Monitoring of Capital Programme Board papers to ensure papers include carbon valuation. Signing off significant implications on all committee papers that are Key Desisions	Emily Bolton Sarah Wilkinson	31/12/2023

07. KPIs including the Council's Net Zero targets of 2030 & 2045 and carbon budget reporting when agreed and in place.	Quarterly reporting to Committee on Net Zero targets as part of the Council's performance framework.	Rachel Hallam	31/12/2023
08. Engagement and awareness campaign To deliver behavioural change and empower individuals, communities and businesses to act independently of the Council: a) internal and b) external.	Annual comms service and campaigns plan (and reports back to the Net Zero Board) signed off by CLT and Chairs & Vice Chairs and monitored quarterly.	Christine Birchall	31/12/2023
09. On-going market development/ skills/Cleantech.	Via the CPCA Climate Action plan and its wider skills work via the Greater South East Net Zero Hub.	Sheryl French	31/12/2023
10. Annual Carbon footprinting – New data to fill known data provision gaps	· · · · · · · · · · · · · · · · · · ·	Rachel Hallam Sarah Wilkinson	31/12/2023
11. Funding & financing for Net Zero 2030	8 8	Sheryl French Stephen Howarth	31/12/2023
12. Funding and Financing Framework for 2045.	Via Workstream 3 of the Climate Change and Environment Programme. Subject to CANFFUND bid, results in November 2023	Sheryl French Stephen Howarth	31/12/2024
 On-going closer collaboration with Govt departments to share Net Zero successes, projects and programmes to inform government policy. 	Working with the government on task and finish groups. Collaborating through membership organisations e.g. ADEPT to inform policy.	Sheryl French	31/12/2024

Risk Category: