

# CORPORATE RISK REGISTER

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result	Owner		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. Failure to identify sufficient additional savings in addition to existing plans, in light of forthcoming CSR. 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	2. Implementation of the "new operating model" business planning approach alongside the existing cash limit approach (as approved by GPC 28 July 2015). 2. Transformation Programme, and Transformation Fund, established to deliver the New Operating Model and form the beginning of this year's business planning process  3. Communication of Transformation Programme and GPC/SMT decisions on how this will be implemented. For Q1 15/16 this includes communicating the "pipeline" for how transformation activity will inform the business planning process.  4. Review how CFA can better integrate planning cycle with partners  5. Governance and monitoring arrangements of CFA savings delivery established and in place (savings tracker) 6. Developing an "in-year savings tracker" to enable SMT to strengthen performance management of the delivery of the Business Plan 7. Implementing a Business Case process as part of the development of savings proposals for the Business Plan	SMT  CD CS&T  ED CFA  ED CFA  SMT  SMT	Feb-16  Jul-16  Jun-16  Apr-16  Apr-16	Mar-16 May 16 (and work continues beyond)  			

# CORPORATE RISK REGISTER

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		
1b	Failure to deliver the current 5 year Business Plan 2016 - 2021			CE	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	<b>2. In-depth reviews of the remaining SLAs in the Council's contract with LGSS. Currently underway are:- OWD, Audit and Risk Management and Strategic Assets (including the ongoing IT review) for completion by March 2016.</b> <b>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</b>	CD CS&T	May-15	<b>Mar-16</b> <b>May 16</b>	G	Corporate Director, Customer Service and Transformation	
		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				<b>1. LGSS Management Board will review the workforce strategy as part of the Transformation Programme</b> 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	Jan-16	<b>Mar-16</b> <b>Jul 16</b>	G	LGSS Management Board	
										LGSS	Sep-16		G	LGSS Service Assurance, Customers and Strategy	
										LGSS SAC&S	Nov-16		G		
										HoP	Jul-16		G	Head of People	

# CORPORATE RISK REGISTER

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		
3	The Council does not have 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.	3	4	12	5. Improved learning and development opportunities for all social care staff through the development of a virtual academy for social workers	HoS WFD	Apr-16	Jun-16	G	Head of Service Workforce Development	ASYE site is live but social worker site delayed due to anticipated new learning info. The Learning pathways have been agreed and Workforce Development is now in process of looking to add this information to the Learn together webpage
					7. Use of statistical data to shape activity relating to recruitment and retention				6. Establish process to enable social care staff to rotate within social care roles	R&R TFG	May-16		G	Social Work Recruitment and Retention Task and Finish Group	Possibly complete as a paper to outline the process has been submitted to Service Directors approval - waiting for update on outcome of paper
					8. Workforce Strategy and Development Plan which is reviewed by LGSS Management Board on a quarterly basis.				7. Create dashbaord to monitor recruitment and retention performance indicators to enable more robust monitoring	R&R TFG	Apr-16	Jul-16	G		Combining and collating data more complicated than first thought anticipating July
					9. Extensive range of qualifications and training available to social care staff to enhance capability and aid retention.				<del>4. Activeley promoting social care roles in Cambridgeshire as part of recruitment campaign by attending job fair in Birmingham hosted by Compass Group - will review success of attending job fair and roll out wider if appropriate.</del>	R&R TFG	Mar-16		G		
					10. Increased use of statistical data to shape activity realting 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.										
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	2	3	6	1. Audit reviews to provide assurance that individual managers have the appropriate skills and training	HIA	Mar-16	Mar-17	G	Head of Internal Audit	Included in the 2016/17 Audit Plan
					3. Procurement Training provided on a regular basis with differing levels targeted at specific audiences				2. Audit reviews to provide assurance on the effectiveness of contract management in selected contracts	HIA	Mar-16	Mar-17	G		Included in the 2016/17 Audit Plan
					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)										
		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.				<del>7. Investigate the potential for use of Tax Increment Financing and other innovative forms of funding for infrastructure.</del>	Exec-Director FETE	Ongoing		G		
					2. Prudential borrowing strategy is in place.				9. Assist service areas define their infrastructure needs to be pulled together within onedocument for use - the Cambridgeshire Infrastructure Plan led by the Joint Strategic Planning Unit	HoTIPF	Spring-2015	Dec-15 Early-2016 May 16	G		
					3. Section 106 deferrals policy is in place.				10. Scope out potential for a more joined up approach to CIL and investment in infrastructure	HoTIPF	Spring-2015	Autmn-2015 Mar-16 Sep 16	G		
					4. External funding for infrastructure and services is continually sought including grant funding.				15. County Planning obligation strategy being developed for district's and CCC use.	HoGE	Dec-15	Apr-16 Jul 16	G	HoTIPF - Head of Transport	

# CORPORATE RISK REGISTER

Version Date: April 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			
9	Failure to secure funding for infrastructure			ED ETE ED CFA	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.  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 esnure 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. <b>Maintain</b> 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)	4	4	16							ED ETE - Head of Transport Infrastructure Policy and Funding  HoGE - Head of Growth and Economy  HoS - Head of Strategy  SD S&C - Service Director, Strategy and Commissioning  ED CFA - Exec Director, Children, Families and Adults	

## CORPORATE RISK REGISTER

Version Date: April 2016

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
15	Failure of the Council's arrangements for safeguarding vulnerable children and adults	<p>Children's Social Care:</p> <p>1. Children's social care case loads reach unsustainable levels as indicated by the unit case load tool</p> <p>2. More than 25% of children whose referral to social care occurred within 12 months of a previous referral</p> <p>3. Serious case review is triggered</p> <p>Adult Social Care (inc. OPMH):</p> <p>1. Care homes, supported living or home care agency suspended due to a SOVA (safeguarding of vulnerable adults) investigation</p> <p>2. Serious case review is triggered</p> <p>3. Outcomes of reported safeguarding concerns reveals negative practice</p>	<p>1. Harm to child or an adult receiving services from the Council</p> <p>2. Reputational damage to the Council</p>	ED CFA	<p>1. Multi-agency Safeguarding Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity</p> <p>2. Skilled and experienced safeguarding leads and their managers.</p> <p>3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice.</p> <p>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.</p> <p>5. Multi Agency Safeguarding Hub (MASH) supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners.</p> <p>6. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance</p> <p>7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice</p> <p>8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission</p> <p>9. Joint protocols, practice standards and QA ensure appropriate joint management and case transfer between Children's Social Care and Enhanced and Preventative Services</p> <p>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</p>	3	5	15	<p><b>1. Implement plan to integrate adult safeguarding into the Multi-agency Safeguarding Hub (MASH)</b></p> <p><b>2. Implementing new operational management arrangements across children's social care to ensure better management of resources and activity.</b></p> <p>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</p> <p>4. Implementation of changes to safeguarding as required by the Care Act 2014 overseen by the Safeguarding Adults Board and the Transforming Lives/Care Act programme Board. Implementation began April 2015 in line with legislation and current guidance has been reviewed to respond to Care Act requirements including making</p> <p><b>5. Implementing new QA process, including monthly reporting, of safeguarding of adults to ensure we are complying with legislation and delivering best practice.</b></p> <p><b>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.</b></p>	<p>SD ASC</p> <p>SD CSC</p> <p>HoS FREDt</p> <p>SD ASC</p> <p>SD OPMH</p>	<p>Mar-16</p> <p>May-16</p> <p>May-16</p> <p>Apr-16</p> <p>May-16</p> <p>Sep-16</p>		<p>A</p> <p>G</p> <p>G</p> <p>G</p> <p>G</p> <p>G</p>	<p>Service Director Adult Social Care</p> <p>Service Director Children's Social Care</p> <p>Head of Service First Response and Emergency Duty Team</p>	<p>Staff are now been recruited (difficulty in recruitment is what caused delays and is reason for amber) and all will be in place mid March</p> <p>Complete for investigating referrals arrangements with education and are now moving to the health system</p> <p>In the process of bringing information and guidance into one document which has taken longer than anticipated due to bringing in the MASH and working with Peterborough</p>
20	Non compliance with legislative and regulatory requirements	<p>1. Staff unaware of changes to legislative/regulatory requirements</p> <p>2. Lack of staff training</p> <p>3. Lack of management review</p>	<p>1. Adverse reports from regulators</p> <p>2. Criminal or civil action against the Council</p> <p>3. Reputational damage</p>	CE	<p>1. LGSS legal team robust and up to date with appropriate legislation.</p> <p>2. LGSS legal team brief Corporate Leadership Team on legislative changes</p> <p>3. Service managers kept abreast of changes in legislation by the Monitoring Officer, Gov departments and professional bodies</p> <p>4. Monitoring Officer role</p> <p>5. Code of Corporate Governance</p> <p>6. Community impact assessments required for key decisions</p> <p>7. Business Planning process used to identify and address changes to legislative/regulatory requirements</p> <p>8. Constitutional delegation to Committees and SMT</p> <p>9. H&amp;S policy and processes</p> <p>10. Testing of retained learning</p>	2	4	8	<p><b>1. Developing information and advice provision (an inspection handbook)</b></p> <p><b>2. Develop an arrangement for disseminating legislative change to all directorates and services</b></p>	<p>HoS Strategy</p> <p>SD S&amp;C</p>	<p>Apr-16</p> <p>Apr-16</p>		<p>G</p> <p>G</p>	Service Director: Strategy and Commissioning	



# CORPORATE RISK REGISTER

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		
					11. Programme Boards for legislative change (e.g. Care Act Programme Board) 12. Training for frontline staff on new legislation 13. Involvement in regional and national networks in children's and adults services to ensure consistent practice where appropriate 14. CFA Strategy team support services with inspection preparation 15. Next Steps Board oversees preparation for Ofsted inspections of services for children in need of help and protection <b>16. Whistleblowing policy</b> <b>17. Anti Fraud and Corruption Strategy incl Fraud Response Plan</b>										
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   	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  They update the plan by the end of June on an annual basis
		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  3. Strategic business case, Risks and Issues Log and programme is in place.				5. A14 Corridor, A1 Corridor/A14, Harston and Great Shelford:Tenders for services 400 and 401 are in the process of being awarded.  6. St Ives, Ramsey, Whittlesey, St Neots, Brampton, Isleham and Fordham: Tenders for services 21, 31, 46, 47 and 901-904 are in the process of being awarded.  7. Chatteris, March, Wisbech, Gorfield, Leverington, Melbourn, Bassingbourn: Tenders for services 9, 35, 46 and 390 are in the process of being awarded. Community led timetables for the remaining services continue to be developed.	HoPT  HoPT  HoPT	Oct-15  Sep-15  Oct-15	Jan-16 <del>May-16</del> July 16  Jan-16 <del>May-16</del> July 16  Jan-16 <del>May-16</del> July 16	G  G G	HoPT - Head of Passenger Transport	

# CORPORATE RISK REGISTER

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		
22	The Cambridgeshire Future Transport programme fails to meet its objectives within the available budget			DoSD	4. Communications strategy has been developed.	3	3	9	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	HoPT	Mar-17		G		
					5. Engagement strategy including stakeholder mapping has been developed.								G		
					6. Bi-weekly project team meetings.								G		
					7. Updates are provided monthly for Members via Key Issues.								G		
					8. Two year programme in place for the review of the commissioning of services.										
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	3	6	3. Implement anti bribery policy	HIARM	Mar-14	Dec-15 Mar16	A	HIARM - Head of Internal Audit and Risk Management	
					2. Anti Fraud and Corruption Strategy incl Fraud Response Plan				4. Fraud awareness campaigns	HIARM	Dec-15	Aug-16	G		
					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										
		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.		1. Governance; SIRO, CIO, Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities (see below) Data protection registration requirements				6. Roll out of EDRM to manage the information lifecycle (including information standards). Task and finish group established to drive forward greater awareness raising and training	IM	Mar-13	Apr-17	G	IM - Information Manager	
					2. Policies: Data Protection, Freedom of Information, Information Security Incidents, Mobile Devices, Code of conduct, Retention schedules, IT security related policies (computer use, email), Information Management Strategy				7. Updated Information Asset Register	IM	Apr-17		G		
					3. Procedures: FOI, Subject Access Request Handling, Records Management, service level operational procedures,				8. Mapping data flows	IM	Apr-17		G		
					4. Tools: Encrypted laptops and USB sticks, secure email and file transfer solutions, asset registers (USB sticks, encrypted laptops) device control				9. Develop implementation plan for new supplier of CFA Business Systems	HoS IM	Jun-16		G		
					5. Training and awareness: Data Protection, information security, information sharing, Freedom of Information and Environmental Information Requests				10. Agree an escalation policy should availability of CFA Business Systems go below SLA levels	HoS-IM	Apr-16		G		
					6. Advice: Information Management advice service (IM, IG, RM, security), Information Management addressed via the Gateway project				11. Implementation of CFA social care Business Systems on new rationalized platform	HoS IM	Mar-18		G		

## CORPORATE RISK REGISTER

Version Date: April 2016

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments									
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status											
24	A lack of Information Management and Data Accuracy and the risk of non compliance with the Data Protection Act			CD CST	7. Information asset catalogue/register - to catalogue all information assets which are managed by CCC	3	3	9																
					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																			
					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																			
							</																	



## CORPORATE RISK REGISTER

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		
26	increasing manifestation of Busway defects			ED ETE	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 10. Initially defects are being managed on a case by case basis until the contractual issues are resolved, minimising impact on the public.	2	5	10							
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  <b>7. Review investment manager performance quarterly</b>  <b>8. Ongoing monitoring of skills and knowledge of officers and those charged with governance</b>	3	5	15	<b>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 arrangements such as CCC</b> <b>2. A established approach to employer contributions to continue, recognising the secure nature of CCC and the long term nature of the pension liabilities</b> <b>3. Review strategic asset allocation as part of valuation process</b>	HoP  HoP  HoP	Dec-16  Mar-17  Mar-17			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.	3	4	12	1. Implementation of health inequalities aspects of Joint Health and Wellbeing Strategy  <b>2. Deliver actions in Accelerating Achievement and School Improvement Strategies</b>  <b>3. Develop and implement a combined schools improvement and accelerating achievement strategy for 2016-2018</b>	DoPH  SD L  SD IL	Dec-16  Aug-16  Sep-16		G A G	DoPH - Director of Public Health DoCFA - Director and Children, Families and Adults SD L - Service Director Learning	

# CORPORATE RISK REGISTER

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		
					10. Cambridgeshire Inequalities Charter 11. Wisbech 20:20 programme <b>12. Cambridgeshire 0-19 Education Organisation Plan</b> <b>13. Cambridgeshire Older People Strategy</b>										
30	Failure to deliver Waste savings / opportunities and achieve a balanced budget	Failure to: 1) deliver Household Recycling Service savings, 2) realise savings opportunities from waste contracts 3) manage operational risk of unforeseen contractual events	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	<del>3. Continue close working with DEFRA, WIDP, WOSP and Local Partnerships on specific issues identified through initial financial and legal reviews to resolve legacy issues with contract</del>  <del>4. Implementation of revised governance arrangements for waste, and amendments to specific job descriptions and person specs</del> <b>5. Review revised contract management arrangements after 3 months of implementation.</b> <b>6. Deliver further contract management training if July review identifies a requirement.</b>  <b>7. Identify options for savings in collaboration with Amey and carry out trials where appropriate.</b> <b>8. Resolve legacy issues in the round with discussions on savings and opportunities.</b>	A&C  HoH&C  HoH&C  HoH&C  HoH&C  HoH&C	Mar-16  May-16  Jul-16  Sep-16  Aug-16  Aug-16		G  G  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	1. Family based care - review placements and look at creative options to reunify child with family and reduce cost  2. Reduce the number of external placements/ increase in-house fostering placements  3. Lowering the cost of the most expensive placements  4. Reducing the cost of external placements  5. Develop in county provision for disabled young people 6. Develop a dedicated policy for unaccompanied asylum seeker placements	HoS CD  HoS Corp Parenting a HoS CES  HoS CES  HoS CD  HoS FREDt	Apr-16  Jun-16  Jun-16  Apr-16  Sep-16  Apr-16		G  G  G  G  G  G	Head of Service Children's Disability  Head of Service for Corporate Parenting  Head of Commissioning Enhanced Services  Head of Service First Response and Emergency Duty Team	The LAC action plan will be updated at the LAC programme board at the end of May 2016, so won't be able to get new dates/updates until then so won't be ready in time for papers for A&A but should be able to get info for a verbal update

# CORPORATE RISK REGISTER

Appendix 2

Version Date: April 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	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	ED CFA	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 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.	5	3	15	1. <del>Develop a business case for Council owned Care Home</del> 2. <del>Delivering first phase of Early Help offer for Adults and OP</del> 3. <del>Retender the block purchase of care</del> 4. Retender the main home care contract	HoS Procurement SD-OP HoS Procurement HoS Procurement	Apr-16 Apr-16 May-16 Jul-16		G G G G	Service Director Older People	

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 - Adrian Loades  
DoSD - Bob Menzies  
CFO - Chris Malyon