Cambridgeshire County Council

CORPORATE RISK REGISTER

Risk No.	Details of Risk			Inherent risk			Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
	Risk Description	Trigger	Result	Probability	Impact	* Score			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
1a	Failure to produce a robust and secure Business Plan over the next 5 years	1. Failure to have clear political direction, vision, priorities, and outcomes in the Business Plan. 2. Failure to plan effectively to achieve necessary efficiency savings and service transformation. 3. Unfavourable result of negotiations with Government about settlement 4. Worsening Pension Fund deficit 5. Legislative changes add unforeseen pressures to Council savings targets	1. The Council lacks clear direction for resource use and either over-spends, requiring the need for reactive savings during the life of the plan, or spends limited resources unwisely, to the detriment of local communities.	5	5	25	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	1. Review of process for production of 2018-19 Business Plan 2. Early engagement with new Council Members 3. Deliver transformation programme to transform Council services (annually reviewed as part of business planning)	DCEX CEX DCEX	May-17 Jul-17 Mar-18				
1b	Failure to deliver the current 5 year Business Plan 2016 - 2021	1. Failure to deliver (with partners) the Business Plan and achieve required efficiency savings and service transformation. 2. Assumptions in existing Business Plan regarding the wider economic situation are inaccurate. 3. Organisation not sufficiently aligned to face challenges.	1. The Council is unable to achieve required savings and fails to meet statutory responsibilities or budget targets; need for reactive in-year savings; adverse effect on delivery of outcomes for communities	5	5	25	CE	1. Robust service planning; priorities cascaded through management teams and through appraisal process 2. Strategy in place to communicate vision and plan throughout the organisation 3. Performance Management 4. Governance framework to manage transformation agenda: a. Integrated portfolio of programmes and projects b. Routine portfolio review to identify and address dependencies, cross cutting opportunities and overlaps c. Directorates to review and recommend priorities d. Directorate Management Teams/Programme Gvnce Boards ratify decisions 5. Rigorous RM discipline embedded in all transformation programmes/projects, with escalation process to Directorate Management Teams / Programme Boards	4	4	16	~~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.~~ The monthly Integrated Resources and Performance Report (IRPR) includes the recommendation for GPC to 'analyse resources and performance information and note any remedial action currently being taken and consider if any further remedial action is required.' Information about remedial action to correct over or under-spends, or below-target performance, is contained in the IRPR itself, or in reports about the operational divisions which are accessible via hyperlinks in the IRPR.	SD OPMH	Sep-16	Apr-17	G	Service Director Children's Social Care	This action has been removed as it is addressed by the CFA Risk Register and the wider commentary about managing the budget in the Integrated Resources and Performance Report The IRPR is part of the papers for GPC available at http://tinyurl.com/lp2bquc

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								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) 13. LGSS Strategic Plan sets out approach of bringing in partners to ensure financial sustainability										
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	4	4	16	CFO	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	1. Reference to the SLA and KPI review per service line (new plan for 2017/18 being produced) 2. The appropriate signposting of the other LGSS audits and associated recommendations e.g. Payroll etc. 3. Cross referencing customer satisfaction with service delivery standards	DCEX DCEX DCEX		TBC TBC TBC	G G G		
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	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 9. Cost of housing	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	4	4	16	DoPTT	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 5. Appropriate employee support mechanisms in place through the health and well being and counselling service agenda. 6. LGSS performance management team 7. Use of statistical data to shape activity relating to recruitment and retention 8. Workforce Strategy and Development Plan which is reviewed by LGSS Management Board on a quarterly basis.	3	4	12	1. LGSS Management Board will review the workforce strategy as part of the Transformation Programme 2. Production of common training programme by OWD taken from service needs and compiled from PADP outcomes (annually) 3. Annual employee survey to feed into LGSS service improvement plans 8. Deliver the Recruitment and Retention Action Plan	LGSS MB LGSS LGSS SAC&S SD OP&MH	Jan-16 Sep-16 Nov-16 Mar-17	~~Mar 16~~ ~~Jul 16~~ ~~Dec 16~~ June 17 Sep 17 June 17 Sep 17 Jun 17 Sep 17	G G G G	LGSS Management Board LGSS Service Assurance, Customers and Strategy Majority of actions are complete. Action plan is currently being reviewed and refreshed	

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								9. Extensive range of qualifications and training available to social care staff to enhance capability and aid retention. 10. Increased use of statistical data to shape activity 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. 13. Cross directorate Social Care Strategic Recruitment and Workforce Development Board and Social Work Recruitment and Retention Task and Finish Group proactively address the issue of social care recruitment and retention.										
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	4	4	16	DoLPG	1. Contract Procedure Rules and Procurement Best Practice Guidance and templates kept updated with changes in best practice 3. Procurement Training provided on a regular basis with differing levels targeted at specific audiences 4. Central Contract register maintained and access available to relevant Officers 5. Use of checklist (Summary Procurement Proposal) on all new procurement activity undertaken via central Procurement team. This includes a review of options to achieve optimal value and where feasible captures existing costs and new costs after the procurement. 6. Nursing and residential care purchased through central brokerage unit 7. Develop long term sustainable relationships with providers wherever appropriate (e.g. Home care contract)	2	3	6	1. Audit reviews to provide assurance that individual managers have the appropriate skills and training 2. Audit reviews to provide assurance on the effectiveness of contract management in selected contracts	HIA HIA	Mar-16 Mar-16	~~Mar 17~~ Mar 18 ~~Mar 17~~ Mar 18	G G	Head of Internal Audit	Included in the 2017/18 Audit Plan Included in the 2017/18 Audit Plan
9	Failure to secure sufficient funding for infrastructure	1. Insufficient funding is obtained from a variety of sources, including growth funds, section 106 payments, community infrastructure levy and other planning contributions, to deliver required infrastructure . This is exacerbated by 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.	4	4	16	ED ETE ED CFA	1. Maximisation of developer contributions through Section 106 negotiations. 2. Prudential borrowing strategy is in place. 3. Section 106 deferrals policy is in place. 4. External funding for infrastructure and services is continually sought including grant funding. 5. Maintain dialogue with Huntingdonshire District Council and East Cambridgeshire District Council where Community Infrastructure Levy is in place to secure CIL monies for County Projects. 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.	3	4	12	15. County Planning Obligation Strategy for District's and County Council use, to go to E&E Committee.	HoG&E	Jun-17	Oct-17	G	HoTIPF - 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, Familes and Adults	

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						🟥		13. Maintain dialogue with Cambridge City Council and South Cambridgeshire District Council to input into Community Infrastructure Levy prior to adoption of the Local Plan (Adoption of CIL anticipated 2017)

14. City Deal | | | 🟧 | | | | | | | |

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15	Failure of the Council's arrangements for safeguarding vulnerable children and adults	Children's Social Care: 1. Children's social care case loads reach unsustainable levels as indicated by the unit case load tool 2. More than 25% of children whose referral to social care occurred within 12 months of a previous referral 3. Serious case review is triggered Adult Social Care (inc. OPMH): 1. Care homes, supported living or home care agency suspended due to a SOVA (safeguarding of vulnaerable adults) investigation 2. Serious case review is triggered 3. Outcomes of reported safeguarding concerns reveals negative practice	1. Harm to child or an adult receiving services from the Council 2. Reputational damage to the Council	5	5	25	ED CFA	1. Multi-agency Safeguarding Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity 2. Skilled and experienced safeguarding leads and their managers. 3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice. 4. Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews. 5. Multi Agency Safeguarding Hub (MASH) supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners. 6. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance 7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice 8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission 9. Joint protocols, practice standards and QA ensure appropriate joint management and case transfer between Children's Social Care and Enhanced and Preventative Services 10. Coordinated work between Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the LSCB 11. Audits, reviews and training provided to school staff, governors and settings. All schools must have child protection training every 3 years. Education CP Service supports schools and settings with safeguarding responsibilities	3	5	15	~~3. Investigating referral arrangements to ensure most effective arrangements are in place to the MASH - proposals to be reviewed and next steps decided by CFA management team~~	*HoS FREDt*	*May-16*	*May-17*	G	Service Director Adult Social Care	MASH re-launched in April 2017 as part of Children's Change Programme, including new referral pathways to safeguarding and early help services
20	Non compliance with legislative and regulatory requirements	1. Staff unaware of changes to legislative/regulatory requirements 2. Lack of staff training 3. Lack of management review 4. High turnover/use of agency staff	1. Adverse reports from regulators 2. Criminal or civil action against the Council 3. Reputational damage	4	4	16	CE	1. LGSS legal team robust and up to date with appropriate legislation. 2. LGSS legal team brief Corporate Leadership Team on legislative changes 3. Service managers kept abreast of changes in legislation by the Monitoring Officer, Gov departments and professional bodies 4. Monitoring Officer role 5. Code of Corporate Governance 6. Community impact assessments required for key decisions 7. Business Planning process used to identify and address changes to legislative/regulatory requirements 8. Constitutional delegation to Committees and SMT 9. H&S policy and processes 10. Testing of retained learning 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. Business Intelligence Service support services with inspection preparation'	2	4	8							

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								15. Preparation undertaken for inspections of services for children in need of help and protection'										
								16. Whistleblowing policy										
								17. Anti Fraud and Corruption Strategy incl Fraud Response Plan										
								18. Developed information and advice provision (an inspection handbook)										
								19. Developed an arrangement for disseminating legislative change to all directorates and services										
21	Business Disruption	1. Loss of staff (large quantities or key staff) 2. Loss of premises (including temporary denial of access) 3. Loss of IT, equipment or data 4. Loss of a supplier 5. Loss of utilities or fuel 6. Flu Pandemic	1. Inability to deliver consistent and continuous services to vulnerable people 2. School closures at critical times impacting students' ability to achieve 3. Inability to fully meet legislative and statutory requirements 4. Increase in service demand 5. Inability to respond to citizens' request for services or information 6. Lasting reputational damage	4	4	16	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.* 14. Review of accommodation provision in business continuity plans	*DoIT* HoEP	*Mar-13* Jul-16	*Dec-15 Dec-16 June 17* Sep 16 Dec 16 April 17 Jun 17	G G	DoIT - Director of Information Technology HoEP - Head of Emergency Planning	See paper for explanation of this action The basic work of the project has started and is ongoing.
22	*The Total Transport project fails to identify and implement affordable*	*1. The changes to services that Total Transport introduces generate a level of adverse opinion such that they prove impossible to sustain.* *2. One or more individual serious incidents undermine confidence in the overall provision of the service.* *3. It proves impossible to secure savings for the*	*1. An overall reduction in transport budgets would then result in the same amount as now being spent on meeting statutory obligations using a standalone model, meaning that non-statutory but socially necessary services (for example, community transport or local bus routes) would face withdrawal. This would contribute to social exclusion, poor*	4	3	*12*	*ED ETE*	*1. A Total Transport Member Steering Group meets bi-monthly, offering a wide range of political insight and providing a steer for the project* *2. A Total Transport Programme Board meets at least quarterly, bringing together Service Directors from CFA and ETE to provide strategic direction* *3. A Total Transport Project Group meets monthly, bringing together Heads of Services from CFA and ETE, to consider the operational impacts and opportunities.* *5. A new procurement framework has been established, and work continues to engage with (potential operators). High level work is also being undertaken to explore the costs and benefits of in-house operation*	2	3	*6*						This project has now been successfully delivered and the risk no longer applies. Other public transport related risks are included in the E&E Risk Register

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	solutions that allow service levels to be maintained	*secure savings for the transport budget without incurring additional costs elsewhere (e.g. the impact on domiciliary care provision would outweigh the savings available by changing travel times).* *4. The provider market proves unable or unwilling to meet the Council's requirements at an affordable rate.*	*social exclusion, poor take up of employment and education opportunities, and reduced quality of life*					*6. The Council is actively engaged with other local authorities pursuing a Total Transport agenda, and attends quarterly DfT meetings to share experience and ideas* *7. Active plans are being made to determine the best approach following the formal end of the pilot period in March 2017. This includes the roll-out proposal for phase one, which is being considered by GPC on 20 December, and the use of an underspend on the original grant to support the on-going implementation of phase two*										
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	4	5	20	CE	1. Financial Procedure rules 2. Anti Fraud and Corruption Strategy incl Fraud Response Plan 3. Whistle blowing policy 4. Codes of conduct 5. Internal control framework 6. Fraud detection work undertaken by Internal Audit 7. Awareness campaigns 8. Anti Money Laundering policy 9. Monitoring Officer/Democratic Services role 10. Publication of spend data in accordance with Transparency Agenda 11. New Counter Fraud Team established in LGSS	2	3	6	*3. Implement anti bribery policy*	HIARM	*Mar-14*	*Dec-15* *Mar 16* *Jun 17*	A	HIARM - Head of Internal Audit and Risk Management	
		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 2. Policies: Data Protection, Freedom of Information, Information Security Incidents, Mobile Devices, Code of conduct, Retention schedules, IT security related policies (computer use, email), Information Management Strategy 3. Procedures: FOI, Subject Access Request Handling, Records Management, service level operational procedures. 4. Tools: Encrypted laptops and USB sticks, secure email and file transfer solutions, asset registers (USB sticks, encrypted laptops) device control 5. Training and awareness: Data Protection, information security, information sharing, Freedom of Information and Environmental Information Requests 6. Advice: Information Management advice service (IM, IG, RM, security), Information Management addressed via the Gateway project 7. Information asset catalogue/register - to catalogue all information assets which are managed by CCC 8. Information sharing protocols embedded internally and with partners 9. Audit/QA of accountabilities process 10. e-safety policy 11. Assurance monitoring - The SIRO and Information Management Board will receive a report as part of the Information Risk Management work package highlight any information risks across CCC. Details of any IG Security Incidents will be included in the IG Annual Update report to Senior Management team/ members.				*6. Roll out of EDRM to manage the information lifecycle (including information standards). Task and finish group established to drive forward greater awareness raising and training* *7. Updated Information Asset Register* *8. Mapping data flows* 11. Implementation of CFA social care Business Systems on new rationalized platform *12. Delivery of Information Commissioners Audit Improvement Plan*	*IM* *IM* *IM* HoS IM *Hos BI*	*Mar-13* *Apr-17* *Apr-17* Mar-18 *May-17*	*Apr-17*	G G G G G	IM - Information Manager	This has been embedded in the approach undertaken by the Transformation Team Action complete Action complete and included as control Action plan update provided to Information Commissioner Office and feedback is expected

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				Details of Risk ← Inherent risk					**Residual Risk**			**Actions**						
24	A lack of Information Management and Data Accuracy and the risk of non compliance with the Data Protection Act			4	4	16	CD CST	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 | 3 | 3 | 9 | | | | | | | |
| 26 | Increasing manifestation of Busway defects | 1. Failures of Busway bearings or movement of foundations continue and increase | 1.Significant and ongoing costs to maintain the Busway or restricted operation of the Busway to the extent that it will no longer be attractive to operators or passengers. | 5 | 5 | 25 | ED ETE | 1. Monitoring and inspection regime in place

5. Independent Expert advice has been taken confirming that the defects are defects under the Contract and that a programme of preventative remedial action is required and will be cheaper overall and less disruptive in the long run than a reactive response.

6. Legal Advice has been taken confirming that the defects are defects under the contract and that the Council has a good case for recovering the cost of correction from the Contractor

7. Retention monies held under the contract have been withheld from the Contractor and used to meet defect correction and investigation costs.

8. Funds have been set aside from the Liquidated Damages witheld 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 | 2. Negotiations are taking place with Bam Nuttall

3. Initiate any necessary legal proceedings to recover costs of defect correction. | SD S&D ETE

SD S&D ETE | | | G

G | Service Director, Strategy & development, ETE. | Council plans are subject to litigation privilege therefore we are not in a position to publish dates as this could have a detrimental impact on the Council's position within this process |

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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	5	5	25	CFO	1. Governance arrangements including CCC Constitutional requirements and Pensions Committee including response to Hutton enquiry 2. Investment Panel work plan 3. Triennial valuation 4. Risk agreed across a number of fund managers 5. Fund managers performance reviewed on a regular basis by Pensions Committee 6. Opt in legislation 7. Review investment manager performance quarterly 8. Ongoing monitoring of skills and knowledge of officers and those charged with governance	3	5	15							
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.	4	4	16	CE	1. Council's business plan 2. Committee monitoring of indicators for outcomes in areas of deprivation (following full Council motion) 3. Joint Strategic Needs Assessment, Annual Public Health Report, and Joint Health and Wellbeing Strategy (Health inequalities) 4. Implementation of Health Committee Priority 'Health Inequalities' actions and targetting of Public Health programmes (health inequalities) 6. Child Poverty Strategy (income) 7. Targetted services e.g: Travellers Liaison, Traveller Health Team, Chronically excluded adults team etc. 9. Buy with confidence approved trader scheme. 10. Cambridgeshire Inequalties Charter 11. Wisbech 20:20 programme 12. Cambridgeshire 0-19 Education Organisation Plan 13. Cambridgeshire Older People Strategy	3	4	12	1. Implementation of health inequalities aspects of Joint Health and Wellbeing Strategy	DoPH	Dec-16	Mar 17 Mar 18	G	DoPH - Director of Public Health DoCFA - Director and Children, Families and Adults SD L - Service Director Learning	
		1. Failure to realise Waste PFI contract opportunities (eg. Reduce cost of CLO and increase income from TPI) and manage operational risk of unforeseen contractual events (eg. Wet IVC waste) leading to significant budget pressures	1.Savings not delivered and potential increased costs leading to significant budget pressures.					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				1. Resolve legacy issues in the round with discussions on savings and opportunities 2. Use contractual mechanisms to agree changes that will deliver savings identified through trials 3. Use contractual Dispute Resolution Process to seek resolution of contractual matters	HoH&C HoH&C HoH&C	Sep-17 Sep-17 Dec-17		G G G		

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	Details of Risk			**Inherent risk**					**Residual Risk**			**Actions**						
30	Failure to deliver Waste savings / opportunities and achieve a balanced budget			4	5	20	ED ETE	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 has an ongoing requirement to continue seeking outlets for Refuse Derived Fuel (RDF), Solid Recovered Fuel (SRF) and Compost Like Output (CLO) to increase diversion from landfill.	3	5	15							
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	4	5	20	ED CFA	1. Regular monitoring of numbers, placements and length of time in placement by CFA management team and services to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups 3. Looked After Children Strategy provides agreed outcomes and describes how CCC will support families to stay together and provide cost effective care when children cannot live safely with their families. 4. Community resilience strategy details CCC vision for resilient communities 5. CFA management team assess impacts and risks associated with managing down costs 6. Edge of care services work with families in crisis to enable children and young people to remain in their family unit	3	4	12	*7. Deliver the actions in the LAC action plan to manage demand and costs*	*SD CSC*	*Mar-17*		G G G G G G G	Service Director Children's Social Care	This action referred to the work in 2016/17 to manage demand and costs. That wrk is now complete, and a full report on the outturn psitin will be provided in the Council's end of year outturn report (July 2017). Actions to manage demand and costs are included as specific lines in the BUsiness Plan 2017/18.
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 disattisfaction and increased risk of harm and hospital admission 2. Increase in delayed discharges from hospital 3. Reputational damage to the Council	5	4	20	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	5	3	15	4. Retender the main home care contract *5. To support home based services, reablement and its relationship with the intermediate tier is being reviewed and refined to increase efficiency*	HoS Procurement *HoS DOP*	Jul-16 *Apr-17*	Oct-17	G	Service Director Older People HoS Service Development Older People	Reablement provision has been reviewed and teams have been structured into North and South in order to increase efficiency

Cambridgeshire County Council

CORPORATE RISK REGISTER

Appendix 1

Risk No.	Details of Risk			Inherent risk				Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
	Risk Description	Trigger	Result	Probability	Impact	* Score	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
						(red)		9. Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation Programme looking to increase the number of affordable care homes beds at scale and pace. 10. Business Case for Council owned Care Home 11. Delivered first phase of Early Help Offer for Adults and OP 12. Retendered the block purchase of care			(amber)							

SCORING MATRIX (see Risk Scoring worksheet for descriptors)

IMPACT	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY
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					

Risk Owners

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

* RAG RATING

RISK SCORES

RED rated risk   16 - 25
AMBER rated risk   5 - 15
GREEN rated risk   1 - 4

RISK SCORING MATRIX

IMPACT / LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY
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

Red scores - excess of Council's risk appetite – action needed to redress, quarterly monitoring
Amber scores – likely to cause the Council some difficulties – quarterly monitoring
Green scores – monitor as necessary

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

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

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

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

			comment in the local media	negative reporting in the national media	policies