

# CORPORATE RISK REGISTER

Version Date: January 2017

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
1a	Failure to produce a robust and secure Business Plan over the next 5 years	1. Failure to have clear political direction, vision, priorities, and outcomes in the Business Plan. 2. Failure to plan effectively to achieve necessary efficiency savings and service transformation. 3. Unfavourable result of negotiations with Government about settlement 4. Worsening Pension Fund deficit 5. Legislative changes add unforeseen pressures to Council savings targets	1. The Council lacks clear direction for resource use and either over-spends, requiring the need for reactive savings during the life of the plan, or spends limited resources unwisely, to the detriment of local communities.	CD CS&T	1. Robust political leadership, strong vision, clear priorities and policies, developed through councillor engagement 2. Robust engagement with members of CLT and Councillors through the Business Planning process timetable, to ensure greater cross-organisational challenge and development of options. 3. Full consultation with public, partners and businesses during planning process, including thorough use of data research and business intelligence to inform the planning process 4. Stronger links with service planning across the Council seeking to transform large areas of spend. 5. Business Planning process requires early identification of possible impacts of legislative changes, as details emerge 6. A working party is exploring alternatives to the existing business planning process 7. Capital Programme Board - robust management of the delivery of capital elements of the Business Plan 8. CFA savings tracker in place and reviewed by the CFA Performance Board monthly and weekly at the working group 9. An 'in-year savings tracker' in place to enable SMT to strengthen performance management of the delivery of the Business Plan 10. Business Case process in place as part of the development of savings proposals for the Business Plan	4	4	16							
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	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 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	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.	SD OPMH	Sep-16	Apr-17	G	Service Director Children's Social Care	This action is still underway, and is being closely overseen by Adults Committee. On CHC assessments, we have agreed an action plan with CCG for all assessments to have been completed by 1 April. We will review in Feb / Mar 2017 whether this deadline will be met. On other outstanding areas, we have now exhausted attempts at negotiation between officers and LGSS Law and PCC Law are seeking legal opinion.

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					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)										
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	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	2. In depth reviews of the SLAs in the Council's contract with LGSS. Further information required by SMT prior to sign off for Audit and Risk Management, Learning and Development and Strategic Assets	CD CS&T	May-15	Mar-16 May-16 Jul-16 Dec-16 Feb 17	G	Corporate Director, Customer Service and Transformation	Reviews of SLAs are underway, and will be aligned with improvement planning work timetabled for the end of January'
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	1. Failure to deliver effective services 2. Regulatory criticism/sanctions 3. Civil or criminal action to the Council 4. Reputational damage 5. Low morale, increased sickness levels	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. 7. Use of statistical data to shape activity relating to recruitment and retention  8. Workforce Strategy and Development Plan which is reviewed by LGSS Management Board on a quarterly basis. 9. Extensive range of qualifications and training available to social care staff to enhance capability and aid retention. 10. Increased use of statistical data to shape activity 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.	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  <del>4. Production of the County wide Organisational Workforce Development Programme</del>  8. Deliver the Recruitment and Retention Action Plan	LGSS MB  LGSS  LGSS SAC&S  HoP  SD OP&MH	Jan-16  <del>Sep-16</del>  Nov-16  Jul-16  Mar-17	Mar-16 Jul-16 <del>Dec-16</del> June 17  Jun-17  Jun-17  Dec-16	G  G  G  G  G	LGSS Management Board  LGSS Service Assurance, Customers and Strategy   Head of People	

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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)										
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.	ED ETE ED CFA	1. Maximisation of developer contributions through Section 106 negotiations.	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		G	HoTIPF - Head of Transport Infrastructure Policy and Funding	
					2. Prudential borrowing strategy is in place.									HoGE - Head of Growth and Economy	
					3. Section 106 deferrals policy is in place.									HoS - Head of Strategy	
					4. External funding for infrastructure and services is continually sought including grant funding.									SD S&C - Service Director, Strategy and Commissioning	
					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.									ED CFA - Exec Director, Children, Families and Adults	
					6. Strategic development sites dealt with through S106 rather than CIL and S106. In dealing with sites through S106 alone, the County Council has direct involvement in negotiation and securing of developer contributions to mitigate the impact of a specific development.										
					7. County planning obligation strategy being developed for district's and CCC use in identifying community infrastructure needs.										
					8. Lobby with LGA over infrastructure deficit										
					9. On-going review, scrutiny and challenge of design and build costs to ensure maximum value for money.										
					10. Coordination of requirements across Partner organisations to secure more viable shared infrastructure.										
					11. Respond to District Council Local Plans and input to infrastructure policy at all stages of the Local Plan process.										
					12. Annual school capacity return to the Department of Education seeks to secure maximum levels of funding for basic need.										
					13. Maintain dialogue with Cambridge City Council and South Cambridgeshire District Council to input into Community Infrastructure Levy prior to adoption of the Local Plan (Adoption of CIL anticipated 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 vulnerable adults) investigation 2. Serious case review is triggered 3. Outcomes of reported safeguarding concerns reveals negative practice	1. Harm to child or an adult receiving services from the Council 2. Reputational damage to the Council	ED CFA	1. Multi-agency Safeguarding Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity  2. Skilled and experienced safeguarding leads and their managers.  3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice. 4. Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews. 5. Multi Agency Safeguarding Hub (MASH) supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners. 6. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance  7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice 8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission 9. Joint protocols, practice standards and QA ensure appropriate joint management and case transfer between Children's Social Care and Enhanced and Preventative Services 10. Coordinated work between Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the LSCB  11. Audits, reviews and training provided to school staff, governors and settings. All schools must have child protection training every 3 years. Education CP Service supports schools and settings with safeguarding responsibilities	3	5	15	3. Investigating referral arrangements to ensure most effective arrangements are in place to the MASH - proposals to be reviewed and next steps decided by CFA management team  <del>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.</del>	HoS FREDt  SD-OPM	May-16  Sep-16	May-17  Apr-17	G  G	Service Director Adult Social Care  Service Director Children's Social Care	Complete for investigating referrals arrangements with education and are now moving to the health system  This action is still underway, and is being closely overseen by Adults Committee. On CHC assessments, we have agreed an action plan with CCG for all assessments to have been completed by 1 April. We will review
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	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' 15. Preparation undertaken for inspections of services for children in need of help and protection'	2	4	8							

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					16. Whistleblowing policy 17. Anti Fraud and Corruption Strategy incl Fraud Response Plan 18. Developed information and advice provision (an inspection handbook) 19. Developed an arrangement for disseminating legislative change to all directorates and services										
21	Business Disruption	1. Loss of staff (large quantities or key staff) 2. Loss of premises (including temporary denial of access) 3. Loss of IT, equipment or data 4. Loss of a supplier 5. Loss of utilities or fuel 6. Flu Pandemic	1. Inability to deliver consistent and continuous services to vulnerable people 2. School closures at critical times impacting students' ability to achieve 3. Inability to fully meet legislative and statutory requirements 4. Increase in service demand 5. Inability to respond to citizens' request for services or information 6. Lasting reputational damage	CD CST	1. Corporate and service business continuity plans 2. Relationships with the Unions including agreed exemptions 3. Corporate communication channels 4. Multi-agency collaboration through the Cambridgeshire & Peterborough Local Resilience Forum (CPLRF) 5. First phase of IT resilience project including the increased alternative power/environment conditions in major machine rooms 6. Operational controls 7. Resilient Internet feed 8. Business continuity testing 9. CCC corporate BCP Group incl LGSS BC leads	3	4	12	3. Project to establish 2nd LGSS data centre for resilience/backup of all systems, in addition to Scott House facility. 14. Review of accommodation provision in business continuity plans with LGSS	DoIT HoEP	Mar-13 Jul-16	Dec-15 <del>Dec-16</del> June 17 Sep-16 <del>Dec-16</del> April 17	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 Consideration of accommodation provision within the Business Continuity arrangements is still being worked upon
22	The Total Transport project fails to identify and implement affordable solutions that allow service levels to be maintained	1. The changes to services that Total Transport introduces generate a level of adverse opinion such that they prove impossible to sustain. 2. One or more individual serious incidents undermine confidence in the overall provision of the service. 3. It proves impossible to secure savings for the transport budget without incurring additional costs elsewhere (e.g. the impact on domiciliary care	1. An overall reduction in transport budgets would then result in the same amount as now being spent on meeting statutory obligations using a standalone model, meaning that non-statutory but socially necessary services (for example, community transport or local bus routes) would face withdrawal. This would contribute to social exclusion, poor take up of employment and education opportunities, and reduced quality of life	ED ETE	1. A Total Transport Member Steering Group meets bi-monthly, offering a wide range of political insight and providing a steer for the project 2. A Total Transport Programme Board meets at least quarterly, bringing together Service Directors from CFA and ETE to provide strategic direction 3. A Total Transport Project Group meets monthly, bringing together Heads of Services from CFA and ETE, to consider the operational impacts and opportunities. 5. A new procurement framework has been established, and work continues to engage with (potential operators). High level work is also being undertaken to explore the costs and benefits of in-house operation 6. The Council is actively engaged with other local authorities pursuing a Total Transport agenda, and attends quarterly DFT meetings to share experience and ideas	2	3	6	4. A new Flexible Minibus Service is scheduled for introduction in <b>April</b> 2017. This will test a possible model that could mitigate future reductions to the budget for local bus services	TTAO	Jan-17	Apr-17	G	TTAO - Total Transport Area Officer	



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		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.			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	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-16 <del>Mar-16</del> Jun 17	A	HIARM - Head of Internal Audit and Risk Management	
24	A lack of Information Management and Data Accuracy and the risk of non compliance with the	1. Failure to equip staff and managers with the training, skills, systems and tools to enable them to meet the statutory standards for information management. 2. Failure to ensure that information and data held in systems (electronic and paper) is accurate, up to date, comprehensive and fit for purpose to enable managers to make confident and informed decisions.	1. Adverse impact on Council's reputation. 2. Adverse impact on service delivery, as unable to make informed decisions. 3. Financial penalties. 4. Increase in complaints and enquiries by the ICO. 5. Decisions made by managers are not appropriate or timely.	CD CST	1. Governance; SIRO, CIO, Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities (see below) Data protection registration requirements  2. Policies: Data Protection, Freedom of Information, Information Security Incidents, Mobile Devices, Code of conduct, Retention schedules, IT security related policies (computer use, email), Information Management Strategy  3. Procedures: FOI, Subject Access Request Handling, Records Management, service level operational procedures, 4. Tools: Encrypted laptops and USB sticks, secure email and file transfer solutions, asset registers (USB sticks, encrypted laptops) device control 5. Training and awareness: Data Protection, information security, information sharing, Freedom of Information and Environmental Information Requests 6. Advice: Information Management advice service (IM, IG, RM, security), Information Management addressed via the Gateway project  7. Information asset catalogue/register - to catalogue all information assets which are managed by CCC 8. Information sharing protocols embedded internally and with partners 9. Audit/QA of accountabilities process 10. e-safety policy 11. Assurance monitoring - The SIRO and Information Management Board will receive a report as part of the Information Risk Management work package highlight any information risks across CCC. Details of any IG Security Incidents will be included in the IG Annual Update report to Senior Management team/ members. 12. Mapping Flows of Personal Confidential Data - To adequately protect personal information, organisations need to know how the information is transferred into and out of the organisation, risk assess the transfer methods and consider the sensitivity of the information being transferred.	3	3	9	6. Roll out of EDRM to manage the information lifecycle (including information standards). Task and finish group established to drive forward greater awareness raising and training 7. Updated Information Asset Register  8. Mapping data flows  11. Implementation of CFA social care Business Systems on new rationalized platform	IM  IM  HoS IM	Mar-13  Apr-17  Mar-18	Apr-17	G  G G G	IM - Information Manager	

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	Compliance with the Data Protection Act				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										
26	Increasing manifestation of Busway defects	1. Failures of Busway bearings or movement of foundations continue and increase	1.Significant and ongoing costs to maintain the Busway or restricted operation of the Busway to the extent that it will no longer be attractive to operators or passengers.	ED ETE	1. Monitoring and inspection regime in place  5. Independent Expert advice has been taken confirming that the defects are defects under the Contract and that a programme of preventative remedial action is required and will be cheaper overall and less disruptive in the long run than a reactive response. 6. Legal Advice has been taken confirming that the defects are defects under the contract and that the Council has a good case for recovering the cost of correction from the Contractor 7. Retention monies held under the contract have been withheld from the Contractor and used to meet defect correction and investigation costs.  8. Funds have been set aside from the Liquidated Damages withheld from the Contractor during construction, which are available to meet legal costs  9. General Purposes Committee have resolved to correct the defects and to commence legal action to recover the costs from the Contractor  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	<del>1. Survey and investigation work - Programme of investigation and surveys agreed with BAM Nuttall to better understand nature, cause and possible solutions to defects are complete. Our independent experts have produced a Report to the General Purpose Committee 29/11/16</del>  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  SD S&D ETE	Feb-16  				

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30	Failure to deliver Waste savings / opportunities and achieve a balanced budget			ED ETE	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	8. Resolve legacy issues in the round with discussions on savings and opportunities.	HoH&C	Aug-16	Nov-16 <del>Dec-16</del> Mar 17	G G		
31	Insufficient availability of affordable Looked After Children (LAC) placements	1. The number of children who are looked after is above the number identified in the LAC strategy action plan 2015-17 2. % LAC placed out of county and more than 20 miles from home as identified in CFA performance dashboard 3. The unit cost of placements for children in care is above targets identified in the LAC strategy action plan 2015 to 2017	1. Client dissatisfaction and increased risk of harm. 2. Reputational damage to the council. 3. Failure to meet statutory requirements. 4. Regulatory criticism. 5. Civil or criminal action against the Council	ED CFA	1. Regular monitoring of numbers, placements and length of time in placement by CFA management team and services to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups 3. Looked After Children Strategy provides agreed outcomes and describes how CCC will support families to stay together and provide cost effective care when children cannot live safely with their families. 4. Community resilience strategy details CCC vision for resilient communities 5. CFA management team assess impacts and risks associated with managing down costs 6. Edge of care services work with families in crisis to enable children and young people to remain in their family unit	3	4	12	7. Deliver the actions in the LAC action plan to manage demand and costs	SD CSC	Mar-17		G G G G G G	Service Director Children's Social Care	
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	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	

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					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										

SCORING MATRIX (see Risk Scoring worksheet for descriptors)

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

Risk Owners

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