

<b>Risk</b>		<b>01. ASC - There are reputational and legal impacts when the Council's arrangements for Safeguarding Adults with Care and Support needs fail.</b>				
<b>Likelihood</b>	5					
	4					
	3					
	2					
	1					
		1	2	3	4	5
		<b>Consequence</b>				
<b>Risk Owners</b>		Patrick Warren-Higgs (Executive Director for Adults, Health and Commissioning)			<b>Current Score</b>	15
					<b>Risk Appetite</b>	15
					<b>Previous Score</b>	15
		<b>Triggers</b>			<b>Likelihood Factors (Vulnerability)</b>	
		<p>1. Inability to recruit, train and retain the level of skills required across the workforce to support safeguarding activity.</p> <p>2. Governance arrangements for safeguarding are not robust or fail.</p> <p>3. There is non-compliance within safeguarding practice guidance or processes.</p> <p>4. Assurance measures fail or are not robust.</p> <p>5. Internal organisational change impacts system safety.</p> <p>6. External system/regulatory changes impact system safety.</p> <p>7. Major incident results in spike in demand for services and/or inability to access Council systems, records, or buildings.</p> <p>8. Commissioned Services fail placing increased demand on the system and safety is compromised.</p>			<p>1. Vacancy rates - Vacancy rates in Safeguarding and Operational teams impacting on capacity to undertake safeguarding activity.</p> <p>2. Volume of safeguarding referrals - Increasing volume of safeguarding referrals, some of which are inappropriate, requiring triage and management</p> <p>3. Wider system changes that impact Adult Social Care - Provider changes, with Registered Manager and Leadership changes, without oversight on implications from Adult Social Care (ASC). Police response to those living risky lives.</p> <p style="text-align: center;">4. Provider changes - Partnership agencies may change systems or process which impacts adversely on Adult Social Care such as Right Care Right Person, impacting on increased activity within Adult Social Care and lack of availability.</p>	
					<b>Potential Consequences</b>	
					<p>1. Negative consequences are experienced by those with care and support needs and unpaid carers.</p> <p>2. People lose trust in Council services and/or commissioned services.</p> <p>3. Council is deemed to have failed in statutory duties.</p> <p>4. CQC rating is impacted.</p> <p>5. Decrease in government funding.</p> <p>6. Legal challenges against the Council.</p> <p>7. Increase in complaints against the council, including Local Government and Social Care Ombudsman.</p>	

<b>Controls</b>	<b>Adequacy</b>	<b>Critical Success</b>
<p>1) Adult Social Care Assurance.</p> <p>The organisation engages in the ongoing process of revising its practices and procedures to align with emerging local and national trends.</p> <p>This includes learning from local Safeguarding Adults Reviews, learning from audit and assurance processes and planning and national guidance and changes.</p>	Good	<p>Essential to our success is the regular reporting and the provision of tools and support for practitioners to follow best practices. Key elements of our reporting structure include:</p> <ul style="list-style-type: none"> <li>- Data dashboard scrutinised by Heads of Service on a monthly basis and reviewed at Finance and Performance Board.</li> <li>- Multi Agency Safeguarding Hub (MASH) governance reports submitted to the MASH Governance Board.</li> <li>- Annual self-assessments submitted to the Safeguarding Adults Board, covering all safeguarding aspects.</li> <li>- Thematic audit cycles conducted by the Quality Standards and Practice Team, reported to the Practice Governance Board and Adults Leadership Team.</li> <li>- Service-level improvement plans for each team.</li> <li>- Monthly managerial audits with a quarterly report and action plan, overseen by the Quality Standards and Practice Team, with team managers held accountable. These audits are also reported to the Practice Governance Board.</li> </ul> <p>In addition, the Adult Social Care Practice Update newsletter is circulated fortnightly to all staff within the Adults, Health, and Commissioning Directorate, ensuring they are up to date with relevant information to support them and those they work with.</p>
2) Skilled Adult Social Care Workforce	Good	- A dedicated safeguarding training resource, with a robust safeguarding training strategy which is annually reviewed. Engagement in the

<p>To ensure high quality safeguarding, staff receive comprehensive training, ongoing professional development opportunities, and regular supervisions that reinforce safeguarding procedures and best practices, enabling them to maintain professional registration.</p>		<p>training strategy which is annually reviewed. Engagement in the Safeguarding Adults Board Learning and Development group. Sharing of best practice and policy regionally and across partners within Cambridgeshire, an annual thematic audit is undertaken and reflective sessions, led by the Principal Social Worker, that are shared and disseminated to the workforce as part of the serious incident framework.</p> <ul style="list-style-type: none"> <li>- The CCC Safeguarding training strategy outlines the training offered along with safeguarding training that is essential to each role across adult social care. Leaders within the operational social care service delivery monitor training compliance rates which are above the England average for 23-24</li> <li>- There are clear and robust escalation pathways and high-risk guidance in place for the workforce, which was reviewed and updated in May 2025.</li> </ul>
<p>3) Multi Agency Safeguarding</p> <p>Multi-agency Safeguarding Boards and Executive Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity. Coordinated work between multi-agency partners. Police, County Council, Health and other agencies who are key members of the Board and subgroups.</p>	Good	<p>Regular reports are submitted to the Safeguarding Adults Board including Multi Agency Safeguarding Hub (MASH) Governance reports, and annual self-assessments and shared working outcomes.</p>
<p>4) Internal Quality Assurance</p> <p>Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.</p>	Good	<p>Regular auditing and reporting. Ability to highlight good practice and areas for improvement, robust service level improvement plans developed as needed. Annual safeguarding thematic audit, monthly managerial audits and quarterly reports to Practice Governance Board. Scrutiny and oversight by operational service directors on a quarterly basis. Ability to tailor the learning and development offer to meet identified needs or service development areas.</p>
<p>5) Commissioned Services</p> <p>Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission (CQC) and ICB are in place.</p> <p>Adult Social Care have a structure in place to raise, discuss and address provider quality concerns across the health and social care system. If improvements are not made, escalation routes are in place and progress and risks are continually shared with the CQC regulator</p>	Good	<p>Regular auditing and reporting. Ability to support providers at risk.</p>
<p>6) Coordinated work with system partners and agencies</p> <p>Coordinated work between multi-agency partners for both Adults and Children's. There is ongoing work to coordinate system partners through the Safeguarding Adults Board and sub-groups. Current work is ongoing across all partner agencies to develop clear guidance and processes for transitional safeguarding. Work streams have the oversight of the Safeguarding Adults Board.</p>	Good	<p>Effective and safe implementation. We have a number of task and finish groups - for example transitional safeguarding, multi-agency risk management and Mental Capacity Act. There are also a number of regular system wide groups – such as the Quality Effectiveness Group.</p>
<p>7) Information Sharing with regulatory bodies.</p> <p>Continue to work with the CQC to share information.</p>	Good	<p>Regular reporting.</p>
<p>8) Manage demand</p> <p>Safeguarding pathways and responsibilities are clearly separated:</p> <ul style="list-style-type: none"> <li>- Between Adults and Children's Services</li> <li>- Between operational delivery (Adults Operations) and strategic oversight (Cambridgeshire and Peterborough Safeguarding Adults Board and commissioning functions)</li> </ul> <p>Managing increasing demand and acuity to ensure adults receive right support at the right time. Regular Directorate Management Teams to discuss and escalate issues</p>	Good	<p>Daily monitoring of referrals and waiting time is in place to reduce waiting times and review priority levels to provide proportionate and time critical responses to those at risk. High risk process and escalation pathways in place for the workforce. Remodelling of Multi Agency Safeguarding Hub (MASH) to include a worker to support with triage of referrals at the early stages.</p>

Action Plans	Assurance	Responsibility	Target Date
<p>Implement revised Community Deprivation of Liberties Safeguarding workflow and ensure alignment with safeguarding process</p>		<p>Fran Marshall (Service Director: Quality Assurance and Safeguarding)</p>	<p>28/02/2026</p>
<p>Recent Actions</p> <ul style="list-style-type: none"> <li>- Refreshed safeguarding training offer, including trauma-informed practice and self-neglect</li> </ul>		<p>Fran Marshall (Service Director: Quality Assurance and Safeguarding)</p>	<p>03/03/2026</p>

Review of volume and demand into locality-based teams to ensure that the right resources are available and appropriate		Fran Marshall (Service Director: Quality Assurance and Safeguarding)	31/03/2026
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Risk		02. CSC - Risk of significant harm to vulnerable children and young people increases				
Likelihood	5	Orange	Orange	Red	Red	
	4	Green	Orange	Orange	Red	
	3	Green	Orange	Orange	Orange	X/A
	2	Green	Green	Orange	Orange	
	1	Green	Green	Green	Green	
			1	2	3	4
		Consequence				
Risk Owners		Martin Purbrick (Executive Director for Children, Education and Families)			Current Score	15
					Risk Appetite	15
					Previous Score	15
		Triggers			Likelihood Factors (Vulnerability)	
		<p>1. High workload in Children's Social Care are in excess of the Council's operating model</p> <p>2. Demand is greater than our capacity</p> <p>3. National initiatives changing the current workforce requirements and model of working</p> <p>4. Reduced universal support through the safeguarding partnership partners</p> <p>5. Lack of financial resilience.</p> <p>6. Non-compliance with safeguarding processes and procedures.</p> <p>7. Inability to recruit and retain experienced Social Care staff leading to challenges in meeting demand</p> <p>8. Lack of placement sufficiency to meet the needs of complex children and young people.</p> <p>9. Major incident results in inability to access Council systems, records or buildings.</p>			<p>Each one below is linked to each of the triggers:</p> <p>1. Children's social care workloads are too high in some areas due to issues with recruitment and retention.</p> <p>2. Difficulty procuring affordable capacity for children's placements. There continues to be a national shortage of foster Carers and affordable Children's Placements (Medium)</p> <p>3. National shortage of recruitment of qualified and experienced social care staff and the competitive marketplace with neighbouring Local Authorities (LA's) (Medium) and retention has improved for those in some teams and more difficult in safeguarding currently. More work is underway for recruitment of permanent social workers (Medium)</p> <p>4. National Reforms influencing future requirements and uncertainty of requirements (Medium)</p> <p>5. Growing demand leading to continued pressure on budgets and exceeding any efficiencies and business planning already made</p>	
					Potential Consequences	
					<p>1. Serious harm to child or young person that could have been prevented</p> <p>2. Reputational damage to the Council.</p> <p>3. Financial impact.</p> <p>4. Appointment of a Children's Commissioner and notice of statutory intervention issued by the Department for Education (DfE)</p> <p>5. Additional external inspection scrutiny</p>	

Controls	Adequacy	Critical Success
<p>1. Multi-agency Safeguarding Boards and Executive Boards.</p> <p>Provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity specific safeguarding situation between partners. In February 2025, the joint partnership became a Cambridgeshire specific partnership Board (instead of one board across both Peterborough &amp; Cambridgeshire).</p>	Good	Establishing a Cambridgeshire-specific board will enable greater focus on the needs of Cambridgeshire children and young people, while effectively managing this risk in a more controlled manner. The ILACS inspection of 2024 noted that separation from shared services had led to improvements in outcomes for children. *ILACS - Inspection of Local Authority Children Services
<p>2. Information-sharing and coordinated work between multi-agency partners, providers, and regulators.</p> <p>In particular Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the Safeguarding Boards. Regular monitoring of social care providers and information sharing meetings with other local organisations.</p>	Reasonable	Relationships across partners are well established and maintain good working relationships.
<p>3. Comprehensive and up-to-date Safeguarding Policies, Procedures and Practice Standards.</p> <p>Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Child Safeguarding Practice Reviews (SPR's).</p>	Good	All policies, procedures and processes are routinely updated and followed within Children's. Implementation of new documentation is clearly communicated to the workforce and ample implementation given to embed.
<p>4. Workforce Training &amp; Development</p> <p>Comprehensive and robust safeguarding training, ongoing development opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice.</p>	Good	<p>1. Effective training and development ensures all staff understand and can implement key safeguarding processes.</p> <p>2. Good working relationship with Learning &amp; Development</p> <p>3. Social care academy in place and established to support new and existing workforce in social care.</p> <p>4. Ensuring a comprehensive training offer response to service needs and is able to flex to the requirements of the service</p>
<p>5. Quality Assurance Framework.</p>	Good	Recently revised and implemented new practice governance ensuring performance information is more accessible and training has been

Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.		performance information is more accessible and training has been provided to ensure performance is monitored more closely. In addition, an audit schedule has been reviewed, updated and is underway. QA framework that is understood by all that are using it; reflects the lived experience of children; and helps with practice improvement, whilst supporting practice standards
6. A clear oversight on practice, quality & performance in Children, Education and Families (CEF)  A number of key controls are in place which include, but not limited to: Workforce Strategic Plan, Cambridgeshire Academy for Reaching Excellence (CARE), Recruitment and Retention Strategy, Relational Practice Model (THRIVE approaches), Children's Quality Assurance Framework and greater data availability to ensure performance is measured.  In addition, Whistleblowing Policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice.	Good	1. Timeliness & quality of service delivery improvements 2. Experiences from Children and Young People provide feedback to influence changes 3. The threshold document is adhered too 4. The Quality Assurance Framework is being followed 5. Improvements made on the OFSTED action plans 6. Effective processes for reporting concerns ensure that the response to concerns is timely and effective, with the involvement of appropriate partners. 7. There is an effective Dispute Resolution Process in place and utilised
7. Strength based approaches review  After a review of the family safeguarding approaches, Cambridgeshire has developed a systemic practice model using strength based approaches. Relational Practice Model has been rolled out through the THRIVE approaches. Implementation has been completed, although time to embed is required.	Reasonable	The revised practice model is understood, followed and embedded in the workforce.

Action Plans	Assurance	Responsibility	Target Date
1. Corporate response to Ofsted Inspections  Internal audit has completed an audit on the Ofsted Action plan one year after the ILACs inspection and assurances are being provided.  Updated self-assessment completed and action plan submitted around the 7 recommendations made by Ofsted, ILACs. the plan is reviewed and actions tracked through the CEF LT meeting. Each recommendation is outlined in the action plan below. An action plan has been submitted in June 2025 following the Area SEND Inspection. The Improvement Plan has also been presented to CYP Committee and update reports will be provided at regular intervals. ASEND Action plan update was provided to CYP Committee in October 2025. CYP Spokes received an update in January 2026 and a Committee update will be provided in April 2026.	ASEND Action plan has been submitted and regular updates will be provided to CYP Committee	Sarah Callaghan (Service Director: Education) Martin Purbrick (Executive Director for Children, Education and Families)	30/06/2026
1a. Workforce - building the right capacity within the workforce  The revised Children's Strategic Workforce Plan has been developed and has been approved through the governance process at CYP Committee November 2024. The action plan outlines activities within Workforce and building the right capacity within the workforce to ensure consistency, quality and timeliness.	Ofsted will likely revisit Cambridgeshire and access progress within 12 months	Martin Purbrick (Executive Director for Children, Education and Families)	30/06/2026
1b. Placement Sufficiency (the residential strategy)  Placement Sufficiency - One stream of the residential strategy is continuing. This is the London Road project. Additional work around emergency placements, increase of foster-carer and kinship carers is also underway. the placement sufficiency statement is currently developed has now been approved.	One stream of the residential strategy is continuing. This is the London Road project. Additional work around emergency placements, increase of foster-carer and kinship carers is also underway. the placement sufficiency statement is currently developed has	Ranjit Chambers (Service Director: Fostering, Adoption and Corporate Parenting) Nigel Denning (Service Director: Children's Social Care and	31/08/2026
1c. Assessments - additional capacity to improve the quality, consistency and timeliness of assessments  Additional capacity to improve the quality, consistency and timeliness of assessments is in place and being recruited to permanently. In addition, Lancashire Council have conducted a sector led improvement review of MASH & Front door and a support plan is being developed and put in place to ensure improvements are being made.	Ofsted will likely revisit Cambridgeshire and access progress within 12 months. In addition, Lancashire Council have conducted a sector led improvement review of MASH & Front door and a support plan is being developed and put in place to ensure improvements are	Nigel Denning (Service Director, Children's Social Care and Targeted Support)	30/06/2026
1f. Out of hours support - a review of the out of hours services will be completed	Recruitment of a further 10 x relief workers will ensure sufficient cover for	Nigel Denning (Service Director: Children's	30/04/2026

<p>An options appraisal and review of the out of hours service has taken place (2024/25). PCC agreed (July 25) to remain in a shared arrangements with CCC and a SLA has been put in place. This has been endorsed by the CCC Change Board in July 25. This has meant that recruitment for a further 10 relief workers to work within the Emergency Duty Team on a rota-basis has been agreed and is ongoing.</p>	<p>workers will ensure sufficient cover for the emergency duty team (out of hours support)</p>	<p>Director: Children's Social Care and Targeted Support)</p>	
<p>1g. Homelessness 16/17 year olds - review of this area is planned to ensure a more joined up approach</p> <p>Updated Joint Protocol for Homeless 16 and 17 year olds has been agreed between CCC and the 5 districts and awaits ratification at the Children's Partnership Board on 16/09/2025. The protocol is accompanied by improved paperwork for the triage and joint assessment of homeless teens, to assist with improved practice and recording. Staff from CCC and the 5 districts will be invited to joint briefing sessions in preparation for implementation on 1 October.</p> <p>There remain two key issues to be addressed:  Advocacy for children in this situation should be available but has not historically been part of the CCC contract with NYAS.  Suitable accommodation for any children requiring emergency accommodation pending a joint housing assessment (and beyond) is a concern due to a lack of sufficiency.  Quality Assurance have commenced planned audit in relation to this specific issue</p>	<p>Updated Joint Protocol for Homeless 16 and 17 year olds has been agreed between CCC and the 5 districts and awaits ratification at the Children's Partnership Board on 16/09/2025. The protocol is accompanied by improved paperwork for the triage and joint assessment of homeless teens, to assist with improved practice and recording. Staff from CCC and the 5 districts will be invited to joint briefing sessions in preparation for implementation on 1 October.</p> <p>There remain two key issues to be addressed:  Advocacy for children in this situation should be available but has not historically been part of the CCC contract with NYAS.  Suitable accommodation for any children requiring emergency accommodation pending a joint housing assessment (and beyond) is a concern due to a lack of sufficiency.</p>	<p>Liz Clarke (Service Director: Quality Assurance and Practice Improvement)</p>	<p>30/06/2026</p>
<p>2. Recruitment of a permanent workforce</p> <p>As part of the children's improvement work, there is a focus on ensuring the recruitment and support of children's workforce. Successful recruitment within management areas with over 90% of permanent Directors, Heads of Services, Service Managers and Team Managers. Over 80% of Social Workers are now permanent</p>	<p>Building a permanent workforce by growing our own Apprenticeships, ASYEs, International Social Workers. Only utilising agency workers where and when they are needed the most and attracting workers to become permanent. A recruitment campaign continues and working with recruitment agencies to send through potential workers is</p>	<p>Martin Purbrick (Executive Director for Children, Education and Families)</p>	<p>30/06/2026</p>
<p>3. Children's Placement Sufficiency.</p> <p>Sufficiency Statement has been published. There has been improved Market engagement and increasing number of Children being placed in Cambridgeshire although 53% are still place in other Local Authority areas. Social Care &amp; Commissioning working more closely together as a strong focus on recruiting in-house foster, showing early signs of success, however, there are still a number of children in unregistered placements</p> <p>Work to manage the local market with support from Commissioning services is underway to support placement sufficiency for Cambridgeshire. This action is likely to remain ongoing."</p>	<p>Statements have now been finalised and agreed with CLT.</p>	<p>Chris Bush (Service Director: Strategy and Commissioning)</p>	<p>30/06/2026</p>
<p>4. Review of key areas of Children's, Education and Families services</p> <p>The Families First Partnership (FFP) reforms is a government programme to realign better working arrangements for children services, this requires Cambridgeshire to review some of its key areas to better work with eachother. In addition, a review of decision making in the MASH and closer integration of Targeted Support and Children in Need work.</p> <p>Essex diagnostics throughout 2023 and 2024 has now been completed. CCC was successful in receiving additional Sector Led Improvement partner work and additional support throughout 2025 is being planned. In December 2025, the DfE outlined the timeline for FFP would be brought forward for a year and further work is underway to consider the impact and implications of this.</p>	<p>FFP programme will ensure a consistent approach across all LA's in how children services are delivered.</p>	<p>Nigel Denning (Service Director: Children's Social Care and Targeted Support)  Martin Purbrick (Executive Director for Children, Education and</p>	<p>30/06/2026</p>
<p>ASEND Action Plan - following the ASEND inspection, the following have been identified as areas for improvement:</p>	<p>Reporting progress of the ASEND Action plan improvements made after 12 months</p>	<p>Sarah Callaghan (Service Director</p>	<p>30/06/2026</p>

There are 3 possible judgements and Cambridgeshire received the 2nd judgement which has made the following recommendations for Cambridgeshire which includes:

- 1.The local area partnership should work together to improve the timeliness and quality of the statutory Education Health and Care (EHC) plan processes so that children and young people with SEND get the right support at the right time. This should include a particular focus on:
  - a.improving the timeliness of EHC plan needs assessments and annual reviews;
  - b.improving the quality of EHC plans;
  - c.amending EHC plans appropriately after annual review.
- 2.The local area partnership should improve access to, and reduce waiting times for, specialist mental health pathways and neurodevelopmental assessments. Leaders should ensure that children and young people and their families consistently receive effective communication and support while waiting for neurodevelopmental assessments.
- 3.The local area partnership should develop better opportunities for co-production with children and young people with SEND, so their voices and views are more fully included in the design of support and services.
- 4.The local area partnership should improve the support for children and young people with SEND as they prepare for adulthood, especially in mainstream schools.
- 5.The local area partnership should improve how it communicates its offer, so that schools, services and families know about and understand what the area seeks to provide. This will mean those who work most closely with children and young people with SEND will be better able to help them access the support available.

plan improvements made after 12 months

(Service Director,  
Education)

Risk		03. The Council does not have enough budget to deliver agreed short and medium term corporate objectives						
Likelihood	5	Orange	Orange	Red	Red	Red		
	4	Green	Orange	Orange	Red	Red		
	3	Green	Orange	Orange	X	A		
	2	Green	Green	Orange	Orange	Orange		
	1	Green	Green	Green	Green	Orange		
			1	2	3	4	5	
		Consequence						
Risk Owners		Michael Hudson (Executive Director of Finance and Resources)			Current Score	12	Last Review	26/02/2026
					Risk Appetite	15	Next Review	27/05/2026
					Previous Score	20		
Triggers				Likelihood Factors (Vulnerability)		Potential Consequences		
<p>1. The Council spends more resources than it has by the end of the year and does not have sufficient reserves to cover cumulative variances.</p> <p>2. Policies, procedures or governance framework for budget setting and monitoring fail or are circumvented.</p> <p>3. Demand management, prevention or service reform activity is insufficient.</p> <p>4. Inflationary pressures and market failures / supply shortages lead to rising costs.</p> <p>5. Staff without appropriate skills, knowledge, experience. Greater staff turnover.</p> <p>6. The Council is a victim of major fraud, cyber crime or corruption.</p> <p>7. Failure to fund the cumulative DSG High Needs deficit if a statutory override is not in place.</p> <p>8. Significant reduction in central government grant allocations arising from Funding Review 2026-27.</p> <p>9. Significant commercial failure.</p> <p>10. Objectives set require funding far in excess of available sources.</p> <p>11. Government statutory changes introduce greater cost than funding.</p>				<p>1. Increased demand for services remains a key risk in care, SEND and related transport services. The DSG override has now been confirmed as continuing to 31/3/2028 and the Government have released information suggestion c90% of the deficit will be funded. Further information will be forthcoming but this significantly reduces the risk.</p> <p>2. Economic/market conditions - continued impact on supply of services by providers and higher on commercial factors remain due to higher than forecast interest rates.</p> <p>3. Changes to government funding; we now have the 3 year settlement and greater certainty over future years funds.</p> <p>4. Legislative and regulatory changes could impact but at this stage these, such as Devolution, is still in mid parliamentary stages.</p> <p>5. Partnership risks - additional costs or reduced funding in collaborations. Change programmes require additional short term risk.</p> <p>6. Waste management reforms and changes such as Industrial Emissions Directive as noted alongside new burden but no confirmations.</p> <p>7. Home to School Transport and children's social care placements markets continue to be challenged with a larger than forecast overspend reported at P10 2025/26 that must be addressed.</p> <p>8. Debt Management needs continual improvement as we have seen an increase in</p>		<p>1. c£3m savings are needed to balance the in-year position per Period 10 thus a reduced risk from previous reporting</p> <p>2. Council issues a s114 report or requires capitalisation direction.</p> <p>3. Breach of prudential code or capital strategy benchmark/indicators due to levels of borrowing, potentially also requiring a s114 notice.</p> <p>4. The Council does not deliver its statutory responsibilities.</p> <p>5. People do not receive the services to which they are entitled or require, and may be harmed as a result.</p> <p>6. Reputational damage.</p>		

Controls	Adequacy	Critical Success
01. Robust Business Planning process; demand/demography and inflation challenge.	Reasonable	Continued support from CLT to act collectively to develop budget proposals which meet the financial challenge. The Council has introduced new spending controls through a Financial Transparency Panel chaired by the s151 to assess non-pay non-business critical spend, as well as the control environment. This includes assessing the need for spend against the core objectives and ambitions. This Panel is meeting monthly from November 2024 with a view to manage the in-year overspend position and drive continual financial standard improvements. This will sit alongside the current Workforce Expenditure Panel that takes decisions around pay spending. As noted per the Period 10 report the overspend projected for 2025/26 has been significantly reduced to £3m which still needs to be addressed but reflects
02. Robust service planning, priorities cascaded through management teams and through Our Conversations process.	Good	Staff have clarity of what is expected of them and deliver services within the available budget. The business and financial plan 2026/27 has been agreed by Council

03. Integrated resources and performance reporting (accountable quarterly to SR&P Committee), tracking budget, savings, activity and performance.	Reasonable	A high percentage of saving proposals delivered in previous years, however further improvements can be made and this will be monitored by the Financial Transparency Panel and reported to CLT for actions. The focus on this tracking remains key to delivery as savings required become <del>harder with the funding uncertainty</del> .
04. Operational division Finance Monitoring Reports (accountable monthly to Service Committees), tracking budget, savings, activity and performance	Good	Finance reports produced on time, high accuracy, ownership by budget manager to forecast accurately and take actions as a result. Training continues to be provided to the budget managers.
05. Scheme of Financial Management, including Budget Control Report for the Council as a whole and operational divisions	Good	Clear budget process, effective engagement with it and compliance. This is being reviewed by the Financial Transparency Panel with changes being implemented where appropriate to improve and strengthen responsibilities and controls.
06. Procurement processes and controls ensure that best value is achieved through procurement	Good	Realisation of procurement savings through competition. Basis for effective contract management and productivity. External Auditors have recognised the improvements in both procurement controls and operation. The Financial Transparency Panel has identified a need to strengthen contract register records to enable enhanced monitoring of spend and compliance. <del>This will be monitored throughout 2025</del> .
07. Budget challenge and independent advisory: Finance and budget managers at all levels of the organisation to track exceptions and identify remedial actions	Reasonable	The Financial Transparency Panel is currently reviewing the reporting and action planning with each directorate and lessons learnt from assessment and delivery of planned savings / remedial actions.
08. Rigorous treasury management system plus tracking of national and international economic factors and Government policy	Good	Prudential Indicators met and regular advice sought from external treasury managers.
09. Rigorous risk management discipline embedded in services and projects	Reasonable	Risk management is in place and linked to service planning, but the Financial Transparency Panel will be assessing IFMR risk management links further.
10. Adequate reserves	Reasonable	Reserves held at recommended level as per section 25 statement, these are being drawn down over coming years and the position of High Needs and the potential lifting of the Statutory Override create a greater risk but may be addressed by Government's announcement (9th February 2026) on legacy position.
11. Integrated Financial Monitoring Report	Good	Received quarterly at SR&P and monthly at DMTs and CLT with action sought for overspends via these meetings.
12. Anti-fraud and corruption, whistle blowing, money laundering policies alongside fraud detection work by IA	Good	Organisational awareness campaigns
13. Internal control framework	Good	Organisational awareness campaigns
14. Contract Management	Reasonable	More work is required to increase the skills of contract managers and align responsibility and reporting with budget monitoring.
15. Publication of transparency data	Good	Organisational awareness campaigns
16. Statutory Officer meetings	Good	The Statutory officers regularly review the financial standing as part of their set agenda and consider any actions for discussions with CLT, this included for example need for Vacancy Panel.
17. Safety Valve	Reasonable	Government has ended the Safety Valve programme but provided assurances that it will fund c90% of the Council's debt, this significantly reduces the risk to the council's financial standing, given the current £7.5m held in reserves.
18. Workforce Expenditure Panel	Good	Has introduced further level of control.

19. Shareholder sub-committee	Reasonable	Greater reporting of shareholder and commercial interests to be set up, although action around key risks being managed.
20. Savings delivery	Reasonable	A number of saving proposals are reported as undelivered at P10, these need to be addressed or alternative in year savings found. To date that is being done.
21. Forecasting at point of setting and in year	Reasonable	Whilst there has been a greater forecast in demand in childrens this could not have been foreseen at budget setting time. The outcome of the dissolution of the Learning Disability Partnership likewise was after the budget setting and brought new information on the likely cost split which is still being agreed with the ICB. Additional learning has been taken into setting the 2026/27 budget and will be monitored for implementation of proposals.

Action Plans	Assurance	Responsibility	Target Date
01. Ongoing review of Inclusion for All Programme to manage future High Need and SEND costs with a target to manage in year  This will include: - Improved EHP reporting to monitor backlogs, reviews, etc for modelling and monitoring purposes. - Revised demand management projections.  Ongoing review over next 24 months and reporting of progress via IFMR to SR&P and also details to CYP on regular reporting basis.	Government announcements to funding, however the Inclusion for All work continues and will be key in the Action Plan required for the release of Government Funding in the Autumn of 2026.	Martin Purbrick (Executive Director for Children, Education and Families)	31/10/2026
05. Programme and project delivery governance: Waste Management PFI and Solar. Waste PFI continues to be reported to SR	Ongoing board meetings.	Michael Hudson (Executive Director Finance and Resources) Frank Jordan (Executive Director of Place and Sustainability)	28/02/2026
06. Programme and project delivery MTFS 2025-29	Presentation of budget report for scrutiny before council	Tom Kelly (Director, Finance and Procurement) Joe Lacey-Holland (Assistant Chief Executive)	30/04/2026
07. Review of Financial Regulations	Constitution and Ethics Committee Review	Tom Kelly (Director, Finance and Procurement)	30/06/2026
09. Ongoing review of Commercial activities and risk	Investment return KPIs and Minimum Revenue Provision monitoring in the IFMR	Michael Hudson (Executive Director Finance and Resources)	30/06/2026
10. Financial Transparency Panel to review non-business critical spend and controls, including delegations and authorisa	IFMR	Michael Hudson (Executive Director Finance and Resources)	28/02/2026
11. Change Strategy development and feed into the MTFP.	Budget setting papers	Joe Lacey-Holland (Assistant Chief Executive)	30/04/2026
12. LGR funding and implementation cost management	LGR updates to Committee	Stephen Moir (Chief Executive)	30/07/2026

Risk		04. A serious incident occurs, preventing services from operating and /or requiring a major/critical incident response.						
Likelihood	5	Orange	Orange	Red	Red	Red		
	4	Green	Orange	Orange	Red	Red		
	3	Green	Orange	Orange	X	A		
	2	Green	Green	Orange	Orange	Orange		
	1	Green	Green	Green	Green	Orange		
			1	2	3	4	5	
		Consequence						
Risk Owners		Lee Harris (Executive Director of Place and Sustainability)			Current Score	12	Last Review	16/01/2026
					Risk Appetite	15	Next Review	16/04/2026
					Previous Score	12		
Triggers				Likelihood Factors (Vulnerability)		Potential Consequences		
1. Loss of large quantity of staff or key staff 2. Loss of key premises (including temporary denial of access) 3. Loss of IT, equipment or data 4. Loss of a key supplier 5. Loss of utilities or fuel 6. Decreasing resilience in CCC services due to ongoing financial constraints and cost reduction 7. Serious major external incident (including counter-terrorism) 8. Officer non-compliance with Business Continuity planning or processes 9. Co-operation and engagement of partners 10. An outbreak of infectious disease resulting in non BAU activity 11. A pandemic or localised outbreak resulting in non BAU activity				1. Ongoing risk of environment hazards such as flooding and severe weather (the frequency and severity of these hazards are expected to increase as a result of climate change) 2. Pandemic/ outbreak of infectious disease. 3. Cyber Attack / Cyber Crime 4. Protests/Community Tensions		1. Inability to deliver services to vulnerable people, resulting in harm to them 2. Inability to meet legislative and statutory requirements 3. Increase in service demand 4. Reputational damage		

Controls	Adequacy	Critical Success
1. Corporate and service Business Continuity Plans  Up to date business continuity plans available across the Council.	Reasonable	All services have up-to-date Business Continuity Plans which provide a clear and comprehensive plan for how services will respond in the event of a major/critical incident to minimise business disruption.
10. New Architecture for Cloud Hosted Services  New architecture has been procured, namely Amazon Availability Zones	Reasonable	Service is maintained during an outage of the AWS cloud service.
2. Corporate communication channels in case of emergency.  The Emergency Planning team work with Communications Teams in Cambridgeshire and Peterborough to respond to any emergency incidents. The Council's Emergency Messaging System allows contact with staff via SMS in the event of IT system disruption.	Good	The Council is able to communicate effectively externally and internally in the event of a major/critical incident.
3. Cambridgeshire & Peterborough Local Resilience Forum  The LRF allows multi-agency collaboration regarding local resilience issues. The LRF follows a clear process to allow agencies across the region to share information, plan and prepare for major incidents, and maintains a tactical response process.	Good	The Council is able to work effectively with other agencies across Cambridgeshire & Peterborough in responding to a major/critical incident.
4. IT disaster recovery arrangements  Up to date IT disaster recovery plans in place.	Reasonable	ICT downtime and disruption to front-line business is minimised in the event of an IT critical incident or loss of data.
5. Resilient Internet feed	Good	

Internet feed into NSH/Eastnet Connect infrastructure (across multiple partners).		
6. Corporate Emergency Plan	Reasonable	
7. Internal Audit of Business Continuity In April 2024 an internal audit was completed of Business Continuity.	Good	
8. Improved resilience through a strengthened EP & BC team As of June 2024 the EP has been restructured and additional positions have been recruited for resulting in a strengthened team. This has subsequently improved resilience.	Good	
9. Emergency On-Call Updates On 1st April 2025 an updated emergency on-call function will begin to be implemented beginning with increased numbers on the Gold commander rota. By the end of Summer 2025 a Silver commander rota will be implemented, thus transforming the role of the EP on-call duty officer to an emergency advisor to both the gold and silver commander. Increasing the number and range of people involved in the rotas will strengthen our resilience.	Good	The councils resilience is strengthened through the increasing numbers of commanders as well as the range of people involved. The council is able to assist in delivering an effective and efficient multi-agency response to emergencies and major incidents in order to save lives, reduce harm, protect property and the environment.

Action Plans	Assurance	Responsibility	Target Date
IT Disaster Recovery Exercise		Michael Hudson (Executive Director Finance and Resources)	31/03/2025
The 25/26 Business Continuity Cycle Emergency Planning Team supporting service Business Continuity leads to review Business Continuity Plans.	The 25/26 BC cycle began on 1st September 2025. This cycle will run through until mid-February 2026 by which point all services and teams will have received written and verbal feedback from the EP team, and as such sign off their finalised BC plan. All teams will then be offered an opportunity to exercise their BC plan, these validations sessions will take place throughout 2026.		30/04/2026
The ongoing training of Silver/Gold Cadre The continued training of Silver/Gold cadre	All new Gold/Silver on-call officers to attend 1:1 training with the EP team as well as external training provided by GSB in May 2026. On top of this internal exercises and briefing sessions will take place on a tri-monthly basis to refresh all gold/silvers on their role.		20/05/2026
Training Plans Improved induction and training for Gold reps and introduction of new cadre of Silver reps	Reporting of effectiveness of changes back to CLT at the end of the financial year		31/03/2026

Risk		05. Serious failure of corporate governance						
Likelihood	5							
	4							
	3					A		
	2					X		
	1							
		1	2	3	4	5		
		Consequence						
Risk Owners		Emma Duncan (Service Director: Legal and Governance)			Current Score	10	Last Review	26/02/2026
					Risk Appetite	15	Next Review	27/05/2026
					Previous Score	10		
Triggers				Likelihood Factors (Vulnerability)		Potential Consequences		
1. Major business disruption. 2. Lack of management oversight. 3. Negative inspection judgement . 4. Poor financial management. 5. Insufficient finance. 6. Personal Data is inappropriately accessed or shared. 7. Lack of awareness of or preparedness for legislative changes. 8. Lack of clear corporate policy framework. 9. Officer non-compliance with policy framework				1. Current local financial pressures. 2. Ongoing national reduction in public sector funding. 3. Changes to statutory/Legislative duties. 4. Current major corporate restructures and service change. 5. Increasing instances of Councils not able to meet expenditure commitments due to pressures in the local government sector.		1. Harm to people as a result of them not getting services they need or are entitled to. 2. Criminal or civil action against the Council. 3. Negative impact on Council's reputation. 4. Lack of control over financial or operational delivery. 5. S114 Report or Public Interest Report. 6. S5 Report.		

Controls	Adequacy	Critical Success
01. Monitoring Officer role.	Good	Lack of or reduced risk of successful legal challenge to decision making.
02. Annual Governance Statement (AGS).	Good	AGS process ensure that the Council reviews the effectiveness of its corporate governance arrangements and its compliance with the corporate governance framework.
03. Code of Corporate Governance (CoCG).	Good	Annual review of the Code of Corporate Governance provides assurance that the Council has a robust governance framework in place.
04. Business Planning process used to identify and address changes to legislative/regulatory requirements	Good	
05. The Council's Constitution, including Scheme of Financial Management, Contract Procedure Rules, Scheme of Delegation etc.	Good	Officers and Members comply with statutory obligations
06. Corporate Complaints procedure and response to Local Government & Social Care Ombudsman reviews.	Good	The Council can identify and respond to any breaches of legislative or statutory obligations.
07. Service managers kept up to date with changes by Monitoring Officer / Pathfinder, Government departments, professional bodies, involvement in regional and national networks	Good	Lack of or reduced risk of successful legal challenge to decision making
08. New Committee report template and process developed following the Governance Review. Key statutory and legislative considerations in Committee reports are highlighted in sufficient detail and signed off by key officers prior to submission to Committee.	Good	Committee papers and key decisions are scrutinised to identify any statutory/legislative impact.
09. Roles of Statutory Officers. inc. Head of Paid Service, Section 151 Officer, Director of Adult Social Services, Caldicott Guardian, etc.	Good	Active postholders for all statutory roles for the Council.
10. Statutory Officers Group Statutory Officers Group meetings to discuss corporate governance arrangements and issues, and to reflect on recurring themes relating to Council improvement.	Good	Regular scrutiny of corporate governance by senior officers.
11. Performance Management Framework Performance management is a tool that allows us to measure whether we are on track to achieve our corporate priorities. If we are off-track, we change our activities to improve service delivery, value for money and the outcomes people experience.	Reasonable	Clear information on organisational performance against objectives provided in a timely way to decision-makers.

<p>12. Corporate Clearance Group</p> <p>The Corporate Clearance Group has been established to ensure draft reports receive sufficient corporate review prior to being submitted to Committee.</p>	<p>Good</p>	<p>All Committee reports are subject to corporate scrutiny and challenge to ensure that Committee decisions are taken on the basis of sufficient, robust information.</p>
<p>Member Training and Induction</p> <p>Comprehensive Member training and Induction programme following elections</p>	<p>Good</p>	<p>Members are fully informed about decision making process and comply with the rules</p>

<b>Action Plans</b>	<b>Assurance</b>	<b>Responsibility</b>	<b>Target Date</b>
<p>02. Implement Action Plan from Annual Governance Statement.</p>	<p>Implementation to be reviewed on an ongoing basis by Statutory Officer Group.</p>	<p>Emma Duncan (Director of Legal and Governance)</p>	<p>31/03/2026</p>

Risk		06. The Council's workforce is not able to meet business need						
Likelihood	5							
	4							
	3							
	2					X/A		
	1							
			1	2	3	4	5	
		Consequence						
Risk Owners		Lynsey Fulcher (Service Director: People and Culture)			Current Score	10	Last Review	23/01/2026
					Risk Appetite	10	Next Review	23/04/2026
					Previous Score	10		
Triggers				Likelihood Factors (Vulnerability)		Potential Consequences		
1. Skills shortage in key areas including partners. 2. Employee retention beneath optimal leading to unhealthy level of turnover. 3. Low levels of employee engagement. 4. Failure to achieve a healthy organisational culture and working environment. 5. Ineffective or inadequate workforce planning. 6. Financial pressures mean the Council is not able to offer pay in line with the market. 7. Decline in Council's reputation as an employer. 8. High absence levels affecting performance and service delivery. 9. Inability to recruit and develop staff 10. High volume of organisational change leading to loss of experience and knowledge 11. Working days lost to strike action/ industrial action 12. Competitive local labour market impacting recruitment				1. Cost of living continues to be high, causing major concern for many of our workforce. 2. Acute skills shortage in some key areas. 3. Increased recruitment challenges in some areas of the council. 4. Changing expectations regarding how and where people want to work. 5. The extent and scale of change programmes being undertaken across the Council can heighten the likelihood of disruption and challenge with motivation and engagement. 6. Increasing demand in services. 7. Increased workplace expectations of employees.		1. The Council is unable to recruit & retain staff with the right skills and experience. 2. Failure to deliver effective services or meet commitments. 3. Reputational damage to the Council. 4. Low morale and negative impact on staff wellbeing. 5. Expenditure on costly interims or agency staff. 6. Workforce lacks relevant skills, knowledge and training and is not continually developed.		

Controls	Adequacy	Critical Success
Employee engagement survey activity. Full independent employee engagement survey carried out in September 2023 and will be re-run every two to three years moving forward to be able to track employee engagement levels and respond to changes in a timely manner. Next date has been set for the end of 2025.	Good	Employee Engagement is demonstrated through employees seeing the value of and therefore contributing to these opportunities to shape the organisation as an employer. Continued engagement will be critical to keeping people well briefed and informed around the LGR proposals and the challenges and opportunities it will present
Equality Diversity & Inclusion Working Group. EDI Working Group meets monthly to discuss EDI issues and engage staff across the organisation.	Good	The Council has a strong culture of equality, diversity and inclusion which supports staff engagement and retention.
Report on quarterly basis to CLT and to management teams on workforce and performance. CLT received monthly reports on Health, Safety and Wellbeing. Quarterly dashboard reports on workforce matters including absence and turnover are provided to Directorate Management Teams for them to keep a focus on their workforce profile and any emerging or potential concerns.	Good	CLT and Directorate Management teams are able to identify and address any emerging or potential concerns.
Staff appraisal system linked to performance management Comprehensive framework is in place to provide a clear and structured means of ensuring that everyone has meaningful performance reviews and clear outcomes to work to, as well as a focus on wellbeing and career development.	Good	Staff performance is quantifiable across the Council services.
A Children's Workforce Board meets quarterly under the leadership of the DCS to focus on workforce challenges and to oversee delivery against the Ofsted action plan. This meeting continues to focus on key areas of challenge and concern, engaging with our providers of agency workers as well around hard to fill posts to identify opportunities to improve candidate attraction and employee retention. It is responsible for maintaining clear oversight of the key challenges facing the service and ensuring that meaningful actions are set out and delivered against.	Good	Staffing levels become more stable to support service delivery.
Adult Social Care Strategic Workforce Plan A strategic workforce plan has been produced to capture the workforce challenges facing the service now and in the foreseeable future. This has a comprehensive action plan for services to work together to deliver the changes and innovations needed to address the areas of concern.	Good	Staffing levels become more stable to support service delivery and staff have the right skills as those requirements shift over time.
Agency Staff framework with Opus.	Good	Hiring managers use Opus as an accessible and cost-effective route to market for agency staff and as a provider of the skills and expertise we

The agency worker policy clearly stipulates that Opus Cambridgeshire should be the source of all agency workers unless they are unable to provide them in which case there is an option to source alternatively.		market for agency staff and as a provider of the skills and expertise we need to reach through our joint venture.
C. 5 year People Strategy, endorsed by Members with accompanying action plan to ensure the right focus on recruitment, retention and talent management. Our People Strategy has a clear focus on the shifting employment market and employment challenges that the Council faces, to establish clear plans for the workforce.	Good	Clear workforce plan in place for the Council.
Dedicated Recruitment Team supporting the whole Council. Targeted recruitment campaigns and effective e-recruitment system.  The team engage with services to understand the specific and differing challenges that they face and target recruitment campaigns accordingly, as well as maximising usage of social media channels, and widely promoting initiatives such as the WeAreCambs campaign to promote the Council as an employer of choice.	Good	The Council is able to recruit staff with the right skills and experience.
Effective Learning & Development platform and work of the Learning & Development team.  Comprehensive learning offer that covers a wide range of topics and is delivered in a variety of ways to maximise accessibility for people as well as a well defined and well used apprenticeship programme that is being delivered across the Council in a diverse range of roles.	Good	Staff are able to access targeted learning and development opportunities and the Council can monitor training undertaken.
Employee Wellbeing offer  Wellbeing is key to a healthy workforce as well as healthy levels of employee engagement. An Employee Engagement & Wellbeing Advisor post is now in place to maintain the ongoing development of resources to support the workforce.	Good	Staff are supported to maintain wellbeing, reducing absence and supporting employee engagement and retention.
Grow our own strategy  Organisation wide commitment to using the grow our own approach to recruitment and retention challenges using apprenticeship, graduate development schemes and work experience opportunities to attract candidates.	Good	Gold status in the 5% Club was achieved in 2024, demonstrating that 5% of our workforce or more are in earn as you learn roles. Full use of our apprenticeship levy without returning funds.
Organisational Design Principles  Clear set of design principles established to set out to ensure that we have the right number of roles, in the right levels of the hierarchy with the right level of responsibility whilst avoiding duplication of accountabilities within our roles, to enable us to deliver our services.	Reasonable	Organisational design principles outline the spans of control, number of layers (or tiers) in the hierarchy and principles for job and structure design and are embedded in all areas of the Council.
Reports to Staffing and Appeals Committee  With effect from November 2024 reports are now considered bi-annually along with examples of how the workforce challenges are being addressed leading to greater engagement and direction from Members on the key employment matters facing the Council.	Good	Impact of workforce policies and engagement is measured and evaluated to inform future policy development.
Role of HR Business Partners.  HR Business Partners work with services to anticipate and meet demands within service areas. BPs attend management meetings and meet Service Directors regularly.	Good	Services are supported in successful recruitment, engagement, development and retention of staff.
Use of Consultants Policy and Interim & Agency Workers Policy.  Clear policy is in place to guide managers through the process to ensure that Procurement Rules are adhered to and value for money is at the heart of decision making.	Reasonable	Hiring managers use appropriate and compliant routes to market to obtain interim, agency staff and consultants.
Well established consultative framework with trade unions.  Meetings take place monthly, chaired by Service Director, HR. Chief Executive joins the meetings on a quarterly basis.	Good	Well established and positive relationships enable constructive discussions with trade union colleagues around any challenging workforce related matters, as well as an opportunity to gain valuable insights and contributions to help shape policy development.

Action Plans	Assurance	Responsibility	Target Date
Creation a comprehensive L&D framework to support the wider People Strategy.  Head of Learning and Development to meet with Executive Directors to consider the development needs of their leadership teams and create a leadership development plan.	This work has been slowed due to turn over at this level leading to a need to wait until new starters are in post but will be progressed this quarter	Lynsey Fulcher (Service Director: People and Culture)	08/03/2026
Employee Engagement Survey  Follow up listening sessions have been carried out to gain deeper understanding of the employee engagement survey results so that a comprehensive set of actions can be captured under the People Strategy Action Plan. A further engagement survey will be launched in September 2025.	Good	Lynsey Fulcher (Service Director: People and Culture)	28/02/2026

Preparation for LGR Ensure the workforce is well informed about the changes ahead through LGR to support retention and reduce concerns about job security.		Lynsey Fulcher (Service Director: People and Culture)	30/04/2026
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Risk		07. Failure to Deliver Key Council Services						
Likelihood	5							
	4							
	3					A		
	2				X			
	1							
		1	2	3	4	5		
		Consequence						
Risk Owners		Stephen Moir (Chief Executive)			Current Score	8		
					Risk Appetite	15		
					Previous Score	10		
		Triggers			Likelihood Factors (Vulnerability)			
		<p>01. This risk may be triggered by the realisation of any of the other risks on the Corporate Risk Register:</p> <ul style="list-style-type: none"> <li>- Failure of safeguarding arrangements (Risks 1 and 2)</li> <li>- Failure of financial management (Risk 3)</li> <li>- Impact of a major/critical incident (Risk 4), cyber attack (Risk 8) or climate change (Risk 12)</li> <li>- Failure of corporate governance (Risk 5), key contracts (Risk 10) or partnership and collaborative working (Risk 11)</li> <li>- Insufficient workforce (Risk 6)</li> <li>- Failure to comply with Information Governance legislation (Risk 9)</li> </ul> <p>02. Changing county demography and high levels of growth create pressure on Council resources and increase the risk that funding does not match demand; this may also be exacerbated by weak demand management process within the Council.</p> <p>03. Failure to identify changing policy or legislation, or an inability to respond to changes in policy or legislation.</p> <p>04. Failure to develop, effectively communicate and implement clear Council strategies and service plans, including the Business Plan.</p> <p>05. Insufficient corporate oversight of performance.</p> <p>06. Non-compliance with corporate policies and procedures.</p> <p>07. Failure of arrangements for health and safety.</p> <p>08. Major organisational change.</p> <p>09. Changes in Officer Leadership including Chief and Deputy Chief Officers. This can trigger a loss of knowledge</p>			<p>01. Changes to legislation or Government policy having an adverse impact upon Council services and funding.</p> <p>02. Local Government Financial reforms and funding reductions leading to direct and negative impacts upon Council budgets.</p> <p>03. High levels of growth in Cambridgeshire outstripping forecasts and creating increased demand for key services.</p> <p>04. Major Critical Incidents, a Pandemic, Industrial Disputes or other form of long running incident which diverts Council resource, capacity and funding.</p> <p>05. Major organisational changes impacting service delivery.</p> <p>06. Economic uncertainty due to national and international events</p> <p>07. Political changes arising from General or Local Elections, changes in political leadership or proportionality, impacting upon service priorities.</p> <p>08. Commissioned service providers unable to continue service (if not managed under Risk 10)</p> <p>09: A breakdown in community cohesion, resulting in increased community tensions causing service disruption.</p>		<p>01. Harm or risk to vulnerable people.</p> <p>02. Financial penalties</p> <p>03. Reputational damage to the Council.</p> <p>04. Government or regulatory intervention/sanctions.</p> <p>05. Statutory penalties or prosecution.</p>	

Controls	Adequacy	Critical Success
1. Role of the Corporate Leadership Team for the operational delivery of services  CLT have a leading role in ensuring that the Council delivers key services and legislative requirements. Individual Executive Directors have Service Plans setting out the required delivery from their teams for the year ahead.	Good	The Corporate Leadership Team has clear terms of reference and regular reviews service performance dashboards, financial reporting, workforce information, contract/commissioning, audit and risk matters, <b>Health and Safety matters and all proposed Key Decisions.</b>
2. Role of Statutory Officers  , i.e. the Head of Paid Service, Monitoring Officer and Section 151 Officer. The statutory officers oversee all future key decisions and significant matter to ensure proper governance of the Council and meet regular as the formally constituted 'Golden Triangle' or Statutory Officer Group. All 3 Statutory Officers are full members of the Corporate Leadership Team. Additionally, the Statutory Officer Group is supported by a meets regularly with other key officers, including the Head of Audit and Risk Management.	Good	The Council's Statutory officers undertake their individual and collective governance roles effectively and are wholly aligned with the Government's Best Value Guidance, requirements set out in Law and Guidance from professional bodies, such as SOLACE, LLG, CIPFA, etc.
3. Policy and Budget Framework  A clear, approved Policy and Budget Framework for the Council (including the Strategic Framework, Medium Term Financial Strategy, Capital Programme and Treasury Management Strategy).	Good	The Council's Strategic Framework sets the high level Vision and Ambitions for the authority, from which individual service plans should be developed and delivered. The Council's Performance Management Framework provides reporting to Committees on delivery against the <b>objectives outlined in the Strategic Framework</b>
4. The role and responsibilities of Council and Committees for decision making and scrutiny	Good	Council and Committees have cleared, defined constitutional roles and terms of reference with clear schemes of delegation. Each Service/Policy

<p>Full Council and through Council Committees there is robust overview, scrutiny and challenge in respect of the delivery of key services, performance reporting and the development and approval of policy and strategy for the Council.</p>		<p>terms of reference, with clear schemes of delegation. Each service/ policy Committee has a clear agenda and training plan. Committee governance and effectiveness is the subject of review during each Council term. The Council's Planning Committee ensure decisions are taken appropriately and independently from the policy and service committees and the Audit and Accounts Committee ensures overall scrutiny and assurance arrangements relating to financial sustainability, risk, controls and corporate governance is well supported.</p>
<p>5. Systems providing oversight of Council performance and service delivery. The Council's Performance Framework and Key Performance Indicators, along with associated systems for identifying performance issues such as the Complaints Procedure and Feedback Policy, provide corporate oversight of performance and delivery of key services.</p>	Good	<p>Committees and the Corporate Leadership Team have a robust overview of service performance, delivery and risks to enable scrutiny, accountability and performance improvement activities.</p>
<p>6. Demand forecasting. The Council operates forecasting mechanisms to inform budget setting and long-term planning. This includes placement sufficiency processes to inform provision of school and early years places.</p>	Good	<p>The Council has an accurate view of likely demand for services, from both a demographic, inflationary and needs basis, in the short and long term to inform business planning. Demand forecasting continues to be dynamically reviewed in-year and via Business Planning Processes annually to inform inflation assumptions for services, for example</p>
<p>7. Policy Horizon Scanning The Council operates an approach to policy and horizon scanning, to understand and assess the potential implications arising from policy, legislation and regulation that may impact the authority as a consequence of any change to Government due to the General Election.</p>	Good	<p>The Council is aware of and able to inform, influence and respond to likely changes in policy from Government. This response happens through multiple layers of professional and political engagement via bodies such as the LGA, CCN, ACCE, SCT, LLG, ADEPT, ADASS, ADCS and ADPH.</p>

Action Plans	Assurance	Responsibility	Target Date
<p>Executive Director Assurance Reports provided to Audit and Account Committee to provide assurance and actions on signifi</p>	<p>Executive Director Assurance Reports continued to be scrutinised by the Audit and Accounts Committee. The last such report was considered on 28/11/2025 from the Executive Director for Adults, Health and Commissioning</p>	<p>Mairead Claydon (Head of Internal Audit and Risk Management)</p>	<p>31/03/2026</p>

Risk		09. The Council fails to comply with Information Governance legislation and industry standards						
Likelihood	5	Orange	Orange	Red	Red	Red		
	4	Green	Orange	Orange	Red	Red		
	3	Green	Orange	Orange	X	A		
	2	Green	Green	Orange	Orange	Orange		
	1	Green	Green	Green	Green	Orange		
		1	2	3	4	5		
		Consequence						
Risk Owners		Emma Duncan (Service Director: Legal and Governance)			Current Score	12	Last Review	13/01/2026
					Risk Appetite	15	Next Review	22/04/2026
					Previous Score	12		
Triggers				Likelihood Factors (Vulnerability)		Potential Consequences		
1. High staff turnover and use of agency and interim staff. 2. Out of date IT systems or staff failure to install patches. 3. Cybercrime and phishing attacks. 4. Lack of training/awareness among staff. 5. Insufficient physical security of buildings. 6. Staff removing physical records from the office.				This risk is closely linked to Risk 08, 'the Council is a victim of cybercrime', and IT security vulnerabilities will increase the likelihood of a breach of Information Governance legislation.		There is a risk that a lack of oversight and control of information management leads to information being mis-handled, which would expose the organisation to: * Legal action/Information Commission Officer involvement. * Damage to the reputation of the council and adverse publicity. * Complaints. * Data subjects suffer loss, detriment and distress as result of poor management of data. This will include records management contractual obligations		

Controls	Adequacy	Critical Success
01. Mandatory data protection and security training for all staff	Good	95% of staff have undergone online training or face to face training dependent on risks faced.
02. Use of Data Protection Impact Assessments (DPIAs) in all projects and procurements	Good	Register of DPIAs identifies which have seen a DPIA completed, signed off and managed. Ongoing review of DPIAs so it is not a one off assessment.
03. Regular communications to all staff and at key locations (e.g. printers)	Good	CamWeb used to promote key messages in a structured and engaging way each quarter. IG attend DMTs on a quarterly basis to hear of issues and resolve problems.
04. Information Management Board, chaired by senior info risk owner (CLT member), with representative of all directorates along with DPO and both Caldicott Guardians. Board oversees IG and cyber security activity	Good	Board meetings to be held every quarter and led by CLT members.
05. A comprehensive set of information and security policies.	Good	Policies reviewed and refreshed annually with redundant documents removed.
06. Established procedure for notifying, handling and managing data breaches	Good	Compliance with policy and clear reporting on breaches.
07. Subject Access Requests responded to within the statutory timeframe.	Good	Targeting compliance rate of 90% SARs completed within statutory timeframe.
8. FOI responses issued within the statutory timeframe.	Good	Targeting compliance rate of 90% FOIs completed within statutory timeframe.

Action Plans	Assurance	Responsibility	Target Date
Annual review of advice sought and provided to develop staff guides such as when to share and how to share to ensure con review of what the service is asked about to look for common themes and produce guides/notes to support	Published guides	Ben Stevenson (Head of Information Governance)	27/02/2026
Completion of NHS DSP Toolkit 25-2026 Ensures areas of compliance considered and how met for Public Health and Adult	Publication of toolkit and any audits	Ben Stevenson (Head of Information Governance)	30/06/2026
Continued Awareness and communications	Visibility on Cambweb	Ben Stevenson (Head of Information Governance)	31/03/2026

CambWeb pages have been updated and regular reviews , attendance to be made at DMTs and conversations to keep awareness levels up		Information Governance)	
Implement learning from incidents Ensure that processes are reviewed and trends analysed Breaches discussed at IM Board Report includes quarterly recommendations presented to IM Board, effectiveness to be reviewed	Lack of repeat incidents in service areas where processes are reviewed and changed Learning for services implemented in processes to ensure process are compliant	Ben Stevenson (Head of Information Governance)	31/03/2026
Mandatory training Training to be delivered annually to all staff, relevant to services and councils Refresher training being developed for coming year	Completions reported to CLT by L&D Receive monthly completion numbers	Ben Stevenson (Head of Information Governance)	30/06/2026
Review of IG policies Annual review of policies and updating to ensure best practice shared	Published policies to be approved by IM board	Ben Stevenson (Head of Information Governance)	01/04/2026

Risk		10. Failure of key contracts.						
Likelihood	5							
	4							
	3				X	A		
	2							
	1							
		1	2	3	4	5		
		<b>Consequence</b>						
<b>Risk Owners</b>		Michael Hudson (Executive Director Finance and Resources)			<b>Current Score</b>	12	<b>Last Review</b>	19/01/2026
					<b>Risk Appetite</b>	15	<b>Next Review</b>	27/04/2026
					<b>Previous Score</b>	12		
<b>Triggers</b>				<b>Likelihood Factors (Vulnerability)</b>		<b>Potential Consequences</b>		
01. Large scale handback / collapse of major suppliers for economic/profitability reasons 02. Supply chain failure and/or significant cost increases in supply chain or CPI. 03. Lack of robust, formally agreed contract documents to set deliverables, performance and governance arrangements for all key contracts. 04. Failure to compliantly procure key contracts leads to legal challenge. 05. Third party fraud committed by or against suppliers and/or internal fraud or corruption in collusion with suppliers. 06. Relationship breakdown with key contractors, potentially leading to a legal dispute. 07. Heavy reliance on single suppliers leading to lack of a diversified supply chain.				01. Uncertainty and major change programmes underway within the Council. 02. Significant economic and inflationary volatility. 03. Industrial Emissions Directive and the Best Available Techniques conclusions (BATc).  04. Capacity and experience to deliver robust contract and supplier relationship management for key contracts. 05. Understanding of market conditions for the specific markets in which the key contracts sit. 06. Local Government Reorganisation could impact on pipelines and supplier uncertainty.		01. Financial impact of credit loss or default on monies owed. 02. Revenue impact of increased costs, reduced income returns and/or legal dispute costs. 03. Interruption to outcomes and service delivery. 04. Construction quality and health & safety matters. 05. Reputational damage. 06. Failure to fulfil statutory duties. Impacts on local supplies sub contracted or employed 07. Failure to fulfil statutory duties.		

Controls	Adequacy	Critical Success
01. Contract Procedure Rules and associated guidance and training.	Reasonable	Clear set of regulations around contracting which are accessible and communicated to officers. However the application is still being breached in some areas and further work is required to improve the skills of all managers
02. Contracts Register.	Reasonable	The Council has a list of all contracts valued over £5,000, updated monthly and published quarterly in line with the Transparency Code regulations. However, more work is needed from contract managers as shown by the Financial Transparency Panel work on the accuracy and keeping the register upto date
03. Commissioning and Commercial Delivery Group	Good	Corporate oversight over the delivery of compliance with CPRs.
04. Business Continuity Planning processes.	Poor	This needs to be improved for 25/26 submissions so contract managers have thought about the risk and mitigations.
05. Head of Diligence & Best Value role.	Reasonable	Additional resource for deep dive scrutiny and challenge of contract management. Being directed under Financial Transparency Panel work to lead deep dives into major spend and contract areas.
06. Corporate due diligence processes.	Good	Capability and capacity of suppliers is verified prior to entering into contracts valued over £100k, including checking e.g. insurance, accreditation, finance, health and safety etc.
07. Declarations of Interest processes within the Codes of Conduct for officers and members and within the Procurement Planning process.	Good	Responsible Officer and anyone involved in procurement evaluations has to sign a Declaration of Interest to ensure that any conflicts of interest are identified and managed/avoided.
08. Corporate process for identifying key contracts and the use of the procurement pipeline.	Reasonable	Major procurements are planned well in advance and the risk of contracts is understood.
09. Budget monitoring and forecasting processes.	Reasonable	The risk of contract overspends is identified early and can be addressed effectively.

10. Contract Management Toolkit in place along with other supporting guidance. Contract management training is delivered to key contract managers via the Government Commercial Function.	Reasonable	Officers know how to manage contracts effectively and use the Toolkit as part of their management processes.
Decision Making Framework for Joint Procurements A decision making framework has been agreed by CLT and will be used in all procurements valued over £100,000 where a joint procurement is being planned. This enables the risks of such a joint procurement to be identified and scored.	Good	The use of the decision making framework.

Action Plans	Assurance	Responsibility	Target Date
Commissioners undertake regular market reviews to assess volatility and risk of supplier failure.		Service Directors / Heads of Service	30/09/2025
Contract managers and commissioners ensure all contracts are signed before works, and undertake check to ensure that sig		Service Directors / Heads of Service	30/09/2025
Contract managers to ensure all contract details update on ERP, and issues flagged through Financial Transparency Panel		Service Directors / Heads of Service	30/09/2025
Contract managers to explain to DMTs and if needed Financial Transparency Panel why spend > contract value, and correcti		Service Directors / Heads of Service	30/09/2025
Ongoing review of the use of waivers, including targeted training for contract managers and reporting to Committee		Clare Ellis (Head of Procurement and Commercial)	31/03/2026
Review Business Continuity Plans for coverage of supplier failure to ensure adequate plans in place to maintain service		Clare Ellis (Head of Procurement and Commercial)	31/03/2026
Review learning from Financial Transparency Panel reporting on contract management to inform contract manager and budget		Clare Ellis (Head of Procurement and Commercial)	31/03/2026
Undertake training and guidance for contract managers for Business Continuity Plans to aid HoS and Eds sign off with gre		Clare Ellis (Head of Procurement and Commercial)	31/03/2026

Risk		11. Failure of collaborative working.						
Likelihood	5							
	4				X			
	3					A		
	2							
	1							
		1	2	3	4	5		
		<b>Consequence</b>						
<b>Risk Owners</b>		Joe Lacey-Holland (Assistant Chief Executive)			<b>Current Score</b>	16	<b>Last Review</b>	21/01/2026
					<b>Risk Appetite</b>	15	<b>Next Review</b>	21/04/2026
					<b>Previous Score</b>	16		
<b>Triggers</b>				<b>Likelihood Factors (Vulnerability)</b>		<b>Potential Consequences</b>		
<p>01. Different partnership arrangements have conflicting aims or priorities, including conflicting political priorities.</p> <p>02. The Council fails to identify and manage key/business-critical partnerships.</p> <p>03. Lack of robust, formally agreed partnership agreements or equivalent to set scope, deliverables and governance arrangements for all key partnerships.</p> <p>04. Partnerships lack clear corporate owners; or partnership owners have a conflict of interest between their CCC role and external interests.</p> <p>05. Partnership agreements fail to drive desired deliverables/outcomes.</p> <p>06. Relationship challenges and/or breakdown with key partners, potentially leading to a legal dispute and potential longer term impact on collaborative working.</p> <p>07. Policy or leadership changes in central government or local partnership organisations.</p> <p>08. Lack of transparency regarding the operation of key partnerships.</p> <p>09. Partners take decisions that create financial, strategic and operational risks for the county council.</p> <p>10. Local Government Reorganisation impacts on effectiveness of current partnerships.</p> <p>11. NHSE reform and re-organisation of Integrated Care Boards (ICBs) impacts on effectiveness of current partnerships.</p>				<p>1. Uncertainty and major change programmes underway within CCC and partner organisations.</p> <p>2. Restricted budgets across sector, coupled with significant economic and inflationary volatility.</p> <p>3. Aftermath of negotiations e.g. regarding Learning Disability pooled budgets and disputed cases.</p> <p>4. Restricted budgets across the sector lead to partners not taking responsibility for their liabilities.</p> <p>5. Negotiations with local government partners and ability/inability to work together effectively in the context of Local Government Reorganisation.</p> <p>6. Change in senior personnel and structural changes, for ourselves and partners, lead to loss of continuity and impacts shared outcomes and delivery.</p> <p>7. Conflicting political priorities between partners impact on joint working.</p>		<p>01. Financial impact of partnership failure particularly where budgets are pooled.</p> <p>02. Revenue impact of increased costs or reduced income returns.</p> <p>03. Interruption to outcomes and service delivery.</p> <p>04. Reputational damage.</p> <p>05. Failure to fulfil statutory duties.</p> <p>06. Partnerships that are vital to service delivery are impaired and there is a break down in collaborative working.</p> <p>07. The county council has to bear the financial liability as a result of the action of a partner(s).</p> <p>08. The role and the responsibilities of the county council is questioned with potential to contribute to reputational damage.</p> <p>09. The county council may need to re-evaluate some of its partnerships and its role within them.</p> <p>10. Additional demands requires the re-prioritisation of work.</p>		

Controls	Adequacy	Critical Success
0.1 Alignment of Partnership Guidance with the Constitution Ensure continued alignment between Partnership Guidance for Officers and the Council's Constitution with its conditions for Members' and partnerships/outside bodies	Good	Partnership Guidance for Officers is reviewed whenever the Constitution is reviewed
02. Grants to Voluntary Organisations Policy.	Good	Officers have clear guidance on how to manage award of grant monies effectively, to ensure that grants achieve best value and are awarded to partners who are able to deliver the agreed objectives.
03. Appointments to Outside Bodies Process	Good	Officers and Members have guidance on the law around serving on external bodies, and Democratic Services maintain a record of Member appointments to outside bodies.
04. Council's Strategic Framework	Good	Clear statement of our Vision and Ambitions as a basis for our collaborative working.
05. Partnerships Advice & Guidance Document.	Good	Clear guidance is available to Council officers and members on operating effectively in partnerships.
06. Identification of disputes and associated risks Identification of areas of dispute and associated risk through Corporate Leadership Team and Directorate Management Teams	Good	Ensure regular identification of issues at Corporate Leadership Team, with escalation from Directorate Management Teams through Executive Directors

07. Regular liaison with key partners ICS, CPCA, District & City Council, LRF, CAPALC (Cambridgeshire and Peterborough Association of Local Councils), CPPSB (C&P Public Service Board/Chief Executives' Group).	Reasonable	Partners are clear about where they can work together for the benefits of the communities of Cambridgeshire and clear about where their priorities differ or are in conflict
08. Local Government Re-organisation Regular meetings between Chief Officers, working groups between officers	Good	Continued effective working following submission of proposals in November 2025

Action Plans	Assurance	Responsibility	Target Date
01. Dispute Resolution - Participation in groups to resolve disputes with partners Participation in groups to resolve disputes with partners with clear lines of escalation through Corporate Leadership/Political leadership if decisions need to be made to take forward actions to protect the county council's risk/liabilities.	Internal and external working groups established to take forward the development of Local Government Reorganisation.	Joe Lacey-Holland (Assistant Chief Executive)	31/03/2026
02. Participation in major, system wide change programmes Local Government Reorganisation, changes to NHSE, ICB, Police and other partners	Involvement of Chief Executive, Council leaders, senior officers in relevant meetings to ensure there is a clear plan that addresses the council's priorities and protects the delivery of its services and its reputation.	Joe Lacey-Holland (Assistant Chief Executive)	31/03/2026
LGR CCC Governance Transition of LGR Working Group to CCC LGR Board with named SRO	Transition arrangements being developed in readiness for LGR Joint Implementation Director commencing in	Joe Lacey-Holland (Assistant Chief Executive)	27/02/2026
LGR System wide Governance arrangements Creation of system wide Governance to coordinate action required for safe and legal transition, overseen by LGR Implementation Director	Reporting to System Chief Executives' LGR Board	Stephen Moir (Chief Executive)	30/04/2026

Risk		12. Cambridgeshire County Council is not adequately prepared for the impacts of the changing climate				
Likelihood	5					
	4			X		
	3					
	2				A	
	1					
		1	2	3	4	5
		<b>Consequence</b>				
<b>Risk Owners</b>		Lee Harris (Executive Director of Place and Sustainability)			<b>Current Score</b>	12
					<b>Risk Appetite</b>	8
					<b>Previous Score</b>	12
		<b>Triggers</b>			<b>Likelihood Factors (Vulnerability)</b>	
		1.The Council is not adequately prepared for the impacts of climate change due to lack of required budgets 2.Internal skills, knowledge, resource and capacity are insufficient to realise the opportunities available to act 3. Strategic co-ordination of partners is lacking and undermines the effectiveness of actions undertaken 4.Supply chains are not sufficient engaged to meet the challenges			1. Increase in frequency and intensity of disruptive climate events (such as flooding, high temperatures) is very likely 2. Increase in cost of responding to climate events due to complications from events happening more regularly in quick succession is very likely	
					<b>Potential Consequences</b>	
					1.Business continuity is impacted more severely by climate change events, that could have been mitigated with lower cost, preventative action are missed 2.The costs of delivering action are higher, due to acting later rather than sooner 3.Potential increase in legal challenges to Council 4. Potential for increase in negative reputational impacts due to lack of preparedness	

Controls	Adequacy	Critical Success
01. Strategic partnerships and collaborations Continued involvement in various strategic partnerships/collaborative spaces to feedback information and establish collaborative working approaches e.g. Place Directors , Greater South East Net Zero Hub; Local Climate Change Officers Group, UK100, ADEPT, UKPN Innovation Teams, Biodiversity Officers group, Fenland SOL.	Reasonable	Sharing best practice for policy and delivery improvements and securing government and other project finance.
02. CCC Climate Change & Environment Strategy Council's Climate Change and Environment Strategy and Action Plan are in place and are due to be reviewed in 2025/26. Discussions with members are being organised by Democratic Services.	Good	CCES approved, Phase 1 Enabling Net Zero Programme approved and mobilised, with some workstreams now closed and outcomes realised. Flood management and biodiversity JTF funded project is funded and mobilised. Phase 2/3 delivery of actions is funded and mobilised.
03. Climate Change & Environment Programme The programme is in place to manage and ensure delivery of the CCES and action plan ( relates to 01 above)	Good	Governance established feeding directly into Change Programme Board and Corporate Leadership Team (CLT). Recruitment underway to increase capacity. Phase 2 and Phase 3 mobilisation programmes underway.
04. Annual review and update of the CCES Action Plan Annual review and update of actions within the CCES Action Plan to monitor progress towards targets. Annual monitoring of target delivery established. Remedial actions to service plans to update relevance of new and emerging technology, knowledge and political (local/national) ambition	Good	Delivery of key sub-strategies e.g. Tree and Woodland and Biodiversity, management of rural estate emissions Baseline assessments in place for carbon and biodiversity. Reduction in carbon emissions
05. Embedding climate adaptation considerations into council decision making processes Integration of climate adaptation into Council decision making frameworks and processes	Reasonable	Committee reports include climate/ nature impacts. Net Zero design guide to support project management framework. Capital Programme Board carbon reporting. Communities of Practice checklist for integrating climate/nature ambitions into all policies.
06. Emergency planning measures for adverse weather e.g. Flood Response CPLRF framework has a multi agency flood plan (MAFP) which outlines the multi-agency response to a flooding incident. The LRF has a severe weather plan which focuses on response and recovery encompasses heat and severe weather in general.	Good	Appropriate response to minimise risk of harm to people and damage to property. •Met Office Weather Warnings & UK Health Security Agency Heat Health/ Cold Health alerts are cascaded internally to CCC services by the CCC Emergency Planning Team when received.
07. Economy and Climate Change Service The service supports, facilitates and delivers action across the Council including a watching brief on governmental policy, legislation and funding opportunities to enable pro-active responses to emerging changes.	Good	Increase external funding success for climate adaptation. Delivery of robust Economic Framework.
08. Performance Management Annual monitoring of action plan and target delivery established	Good	Baseline assessments in place for carbon and biodiversity.
09. Performance Management Reporting to monthly Change Board by the Executive Director of Place and Sustainability	Good	Flags red risks to Corporate Leadership Team.

Climate change risk assessment for Council services	Good	
Increase understanding of climate risk and its impacts on Council services including increased demand on services		

Action Plans	Assurance	Responsibility	Target Date
Control effectiveness Undertake an assessment of the controls to understand the confidence in these controls to manage the corporate risk	An assessment methodology is developed and 6 monthly reviews of the controls are monitored.	Eithne George (Head of Economy and Climate Change )	31/03/2026
Embedding climate risk into council processes Further integration of climate risk considerations into existing Council structures, frameworks and governance	Annual CCES reporting to EGI Committee on the specific target to "Integrate climate risk into every service-level risk register and align to the UK national adaptation programme guidance to prepare for a 2°C and plan for a 4°C rise in temperature."	Eithne George (Head of Economy and Climate Change )	31/03/2028
Funding & Resource Long-term funding and resource plan is developed and approved (via business planning and other mechanisms, e.g. grant, changes to business case methodology etc) to support on-going delivery of climate risk actions.	Funding and Resource Planning embedded in services to deliver the Council's climate ambitions and strategy	Frank Jordan (Executive Director of Place and Sustainability)	31/03/2026
Public Health Public Health messaging to communities on climate related health impacts and how to manage these e.g overheating	Public Health messaging on how to manage climate related health impacts	Val Thomas (Consultant in Public Health)	31/03/2026
Training and engagement Development and commence delivery of an Engagement and awareness campaign: To deliver behavioural change and empower individuals, communities and businesses to act independently of the Council: a) internal and b) external	a) Completion of a review of existing training provision and updates to incorporate climate risk. b) Completion of a review of Internal Climate & Nature Hub in relation to climate risk information and delivery of an accompanying awareness raising	Matthew Hall (Acting Head of Communications)	31/03/2026

Risk		13. The Council's governance on Health and Safety is inadequate						
Likelihood	5	Orange	Orange	Red	Red	Red		
	4	Green	Orange	Orange	Red	Red		
	3	Green	Orange	Orange	Orange	X/A		
	2	Green	Green	Orange	Orange	Orange		
	1	Green	Green	Green	Green	Orange		
			1	2	3	4	5	
		Consequence						
Risk Owners		Lynsey Fulcher (Service Director: People and Culture)			Current Score	15	Last Review	23/01/2026
					Risk Appetite	15	Next Review	23/04/2026
					Previous Score	15		
Triggers				Likelihood Factors (Vulnerability)		Potential Consequences		
<p>1. Health and Safety legislation is not adhered to.</p> <p>2. Accidents and injuries occur that could have been prevented with appropriate measures in place.</p> <p>3. Clear policies and procedures not in place for the management of risk and safety.</p> <p>4. Risk assessments are not systematically produced and reviewed appropriately for all activity.</p> <p>5. Risk assessment action plans are not followed up or implemented.</p> <p>6. HSE reporting occurs regularly.</p> <p>7. HSE reporting is not appropriately carried out.</p>				<p>1. Size and scale of the organisation makes it challenging to cascade important messages effectively to everyone.</p> <p>2. High workload across the organisation leads to less emphasis and time being placed on health and safety than required.</p>		<p>1. Employees/ Public suffer injury through work activity.</p> <p>2. The Council suffers reputational damage from incidents occurring.</p> <p>3. Council is prosecuted by the HSE for breaches of the legislation.</p> <p>4. Increase in incident related absence and potential associated insurance claims.</p> <p>5. Impact on employee engagement if people feel that the Council does not value their health, safety and wellbeing.</p> <p>6. Financial impact through prosecution and defence.</p>		

Controls	Adequacy	Critical Success
<p>1. Quarterly Health, Safety and Wellbeing Group chaired by the Chief Executive with senior representatives from every Directorate.</p> <p>Corporate Group has CEX oversight and each Directorate has a quarterly meeting focussed on their own area. All meetings have representation from Trade Union colleagues.</p>	Good	Meetings are effective at escalating and tackling matters of concern or potential risk that arise.
<p>10. Corporate stress risk assessment has been completed. Individual Directorate stress risk assessments will be completed by end Q2 2025.</p> <p>A corporate stress risk assessment is a requirement of the Health and Safety Executive (HSE). This is complete but will be further enhanced by specific directorate focussed reviews and action plans to identify and address any areas of concern.</p>	Reasonable	Full suite of risk assessments published on Camweb.
<p>11. Mandatory Health and Safety E Learning.</p> <p>Health and Safety E Learning is mandatory for all colleagues and is refreshed regularly to incorporate any legislative or good practice changes. Completion of this learning is reviewed annually by managers during the Our Ratings process and then by CLT.</p>	Reasonable	High level of completion of E Learning.
<p>12. Health and Safety Policy is reviewed annually.</p> <p>Policy is reviewed to consider whether it is adequate or any updates are required. This is reviewed by the Health, Safety and Wellbeing Group chaired by the Chief Executive before being signed off by CLT.</p>	Good	Clear audit trail of annual reviews being carried out.
<p>13. Health and Safety is standing item on DMTs</p> <p>Dedicated Health and Safety Business Partners attend DMT's to discuss local issues.</p>	Reasonable	Rigour is applied in ensuring these discussions take place and issues arising are communicated throughout the service to highlight key issues.
<p>14. Assurance reporting to CLT Risk and Assurance Meeting.</p> <p>Quarterly review of the risks and controls in place will be taking place from June 2025.</p>	Good	Risks are appropriately identified and mitigated and scores are regularly reviewed.
<p>15. Assurance reporting to Strategy, Resources and Performance Committee.</p> <p>Annual Health and Safety reports to be presented to Elected Members from 2025 onwards.</p>	Good	
<p>16. Provision of personal Safety &amp; Conflict Management training.</p> <p>Personal Safety &amp; Conflict Management training and Breakaway Training is available to all colleagues to support risks of violence and aggression for those in customer facing services.</p>	Reasonable	Take up of this training leads to greater confidence amongst colleagues in these services.
<p>17. Comprehensive Health &amp; Safety training in various formats is readily available.</p> <p>Health &amp; Safety training in various formats is readily available (Risk Assessment, Work at Height &amp; Manual Handling etc.) some of which is essential and required to be regularly re-done.</p>	Reasonable	Training is undertaken at the frequency required and set out in the Essential Learning framework.

2. Quarterly Directorate H&S meetings. Quarterly Directorate meetings report through into the Group above but provide the opportunity to focus on local matters and develop local actions as required.	Good	Meetings provide an effective mechanism to raise concerns and also awareness.
3. Directorate health and safety assurance reviews and controls. Executive Directors are responsible for ensuring that appropriate attention is paid to health and safety matters and that directorate health and safety meetings are taking place quarterly and providing an effective forum.	Reasonable	
4. Busway Health and Safety Assurance Strategy in place. Busway Health and Safety Assurance Strategy in place and all incidents and near misses are appropriately recorded and reported.	Reasonable	Strategy is in place, being actively deployed and has independent health and safety expertise providing quality assurance advice. Reporting of incidents continues to improve as a result of the dedicated busway safety operations team and deployment of safety measures.
5. Trade Union representatives are part of both all health and safety meetings that take place. The three recognised trade unions are invited to take part in all health and safety meetings and are given a specific slot on the agendas to raise any matters on behalf of their members.	Good	
6. Health and Safety Team business partner model. Health and Safety Team adopt business partner approach with advisor aligned to each Directorate to enable a strong understanding of their particular safety challenges.	Good	H&S Business Partners have a good understanding of the services provided, the health and safety related implications, and are able to provide specialist advice.
7. Our Safety Matters H&S bulletin. Our Safety Matters regular bulletin being produced to ensure that everyone is aware of the importance of health and safety, as well as their own responsibility for themselves.	Good	
8. Highlighting the importance of incident reporting. The importance of incident reporting to both deal with matters as they arise and to identify trends to take action is regularly communicated by the Chief Executive as well as members of the Corporate Leadership Team to encourage more proactive reporting.	Reasonable	Incidents are reported in a timely way through the right channels and people know how to do so. Reported incidents are used to identify themes and implement preventative measures as well as learning from what has occurred.
9. Regular reporting to the Corporate Leadership Team. A report from the Strategic Health and Safety Manager is considered monthly by the Corporate Leadership Team, along with a weekly incident report prepared in conjunction with the Property Team.	Good	Reporting demonstrates improvements in the completion of essential learning and appropriate reporting of incidents and also that where concerns are identified in terms of under reporting or increasing levels of stress related absence, clear and appropriate corrective action mechanisms are in place.

Action Plans	Assurance	Responsibility	Target Date
Annual Health and Safety Assurance reporting Reporting commenced in October 2025	The first annual report was presented to SR&P in October 2025. The Health & Safety policy is now finalised and posted on Camweb. The Committee appreciated the clarity around roles and responsibilities, from the Chief Executive down to operational managers, and the integration of health and safety into all phases of service delivery	Service Director: People and Culture	31/03/2027
Stress Risk workshops	The Stress Risk Assessment workshops have been delivered as structured	Head of Workforce Strategy and Wellbeing /	08/03/2026

Directorate Stress Risk workshops taking place between May and September 2025.

have been delivered as structured, interactive sessions designed to help directorates identify and manage workplace stress effectively. Each session gave Directorate Management Teams (DMTs) the skills and knowledge to develop service-specific stress risk assessments, tailored to their unique working conditions. Once all Directorate risk assessments are completed a review will be carried out to look at best practice and any common themes.

Strategy and Wellbeing / Strategic Health and Safety Manager

<b>Risk</b>	<b>14. Lack of effective relationships and governance across the Integrated Care System (ICS) may lead to poorer coordination and worse outcomes for our population</b>										
<b>Likelihood</b>	5										
	4				X						
	3									A	
	2										
	1										
		1	2	3	4	5					
	<b>Consequence</b>										
<b>Risk Owners</b>	Martin Purbrick (Executive Director for Children, Education and Families) Patrick Warren-Higgs (Executive Director for Adults, Health and Commissioning)					<b>Current Score</b>	16	<b>Last Review</b>	23/01/2026		
						<b>Risk Appetite</b>	15	<b>Next Review</b>	23/04/2026		
						<b>Previous Score</b>	16				
<b>Triggers</b>					<b>Likelihood Factors (Vulnerability)</b>			<b>Potential Consequences</b>			
<ul style="list-style-type: none"> <li>•The reorganisation of the health system, including the ICB may impact on the way our services work with NHS services and current integrated arrangements.</li> <li>•Governance arrangements do not support effective decision making.</li> <li>•Challenging finances across the system lead to a reduction of child safeguarding and operational priorities</li> <li>•Inability to achieve joined up data sharing agreements across the local health system and lack of resource (analytical and leadership time) to implement shared work using shared data.</li> <li>•Failure to resource and plan for reforms a</li> <li>•Lack of recognition or value of Public Health expertise across Cambridgeshire, including population health analysis, prevention focus, and health inequalities.</li> <li>•Failure to agree and deliver on system priorities</li> <li>•Proposed aggregation of ICB footprints, may dilute focus on Cambridgeshire's specific needs and reduce local influence in decision-making.</li> <li>•The timing of reforms limits the council's ability to apply statutory scrutiny, potentially bypassing local democratic oversight and weakening accountability.</li> </ul>								<ul style="list-style-type: none"> <li>•Impact of this implementation changes the way LA services work currently.</li> <li>•Impact on capacity and workload for senior managers.</li> <li>•Negative impact on population health outcomes.</li> <li>•Opportunities for prevention are missed leading to escalating need for health and social care.</li> <li>•Ineffective use of funds (duplication of what we are commissioning) across Cambridgeshire.</li> <li>•Lack of system working and poor outcomes from Cambridgeshire residents, and a lack of focus on locality working</li> <li>•Damaging relationships with new organisational form</li> <li>•Cost reduction in the ICB leading to 'work shunting' to the council</li> </ul>			

<b>Controls</b>	<b>Adequacy</b>	<b>Critical Success</b>
1.Attendance at Boards <ul style="list-style-type: none"> <li>•DASS and Director of Public Health representation at health and wellbeing board, neighbourhood committee and other place boards and governance</li> <li>•Ensure LA priorities are fed into ICS governance/boards at all levels</li> <li>•Work to ensure the correct representation on other Boards on going.</li> <li>•Participation in system-wide boards and groups to promote public health as a system priority and support the wider work of the <u>healthcare system</u></li> </ul>	Reasonable	
2.Working Relationships <ul style="list-style-type: none"> <li>•Building positive working relationships across all levels continues</li> <li>•Some progress is being made to clarify governance and decision making</li> <li>•Local Authority considerations have been discussed with Members.</li> <li>•LA engaging with key ICS implementation and strategic meetings.</li> <li>•Proactive activity being undertaken beneath Board level to drive progress in key work streams i.e. Hospital Discharge and CHC</li> <li>•CCC continues to invest in relationship building in the ICS/ICB</li> <li>•DPHs across the new ICB cluster working together to establish ways of working and build relationships across the ICB</li> </ul>	Reasonable	
3.Ensuring that the two local authority Public Health teams in Cambridgeshire and Peterborough continue to adopt a system wide approach where appropriate to improving health outcomes. <ul style="list-style-type: none"> <li>•Identifying how Public Health teams across both Cambridgeshire and Peterborough collaborate, where relevant, to support the system most effectively.</li> </ul>	Reasonable	
4.Produce MOUs	Reasonable	

•Ongoing work to produce MOUs to clarify roles and responsibilities between the local authority and partner organisations		
5.Ensure effective engagement across system wide partnerships •Review partnership assessments. •Working with partners to establish joint objectives. •Establish key measures to demonstrate effectiveness of partnership.	Reasonable	
6.Formal response •Respond to local ICB around concerns and risks, to ensure engagement and consultation on the proposed changes •Escalation regionally and nationally on the proposed changes and the implications of those locally and to Cambridgeshire residents	Reasonable	

Action Plans	Assurance	Responsibility	Target Date
Conduct a Financial Impact Assessment Assess the impact of national cost reduction targets and ICB budget changes on local services.		Michael Hudson (Executive Director of Finance and Resources)	31/03/2026
Develop clarity on ways of working between Council and ICB Work with new C&P exec director for the ICB to establish clarity on ways of working between council and ICB – roles, responsibilities, escalation routes, board memberships.		Sally Cartwright (Director of Public Health )	31/03/2026
Enhance Democratic Oversight Work with legal and governance teams to ensure statutory scrutiny is maintained during reforms.		Patrick Warren-Higgs (Executive Director for Adults, Health and Commissioning)	30/06/2026
Establish a Joint Governance Review Taskforce Form a cross-agency taskforce to review and strengthen ICS governance structures and decision-making processes.		Patrick Warren-Higgs (Executive Director for Adults, Health and Commissioning)	30/06/2026
Establish role of public health within ICB Work with ICB directors to establish public health roles and responsibilities in new ICB model - including DPH role within ICB exec and boards; clarity on delivery of health care public health/health intelligence/population health functions and approaches within new ICB directorates, across new footprint, and at place.		Sally Cartwright (Director of Public Health )	31/03/2026
Implement a Data Sharing and Analytics Framework Create a shared data strategy and secure necessary resources for analytics and leadership capacity.		Michael Hudson (Executive Director of Finance and Resources)	31/03/2026
Strengthen Locality-Based Working Pilot locality-focused initiatives to ensure Cambridgeshire's needs are addressed within the broader ICS footprint, considering all CCC initiatives.		Patrick Warren-Higgs (Executive Director for Adults, Health and Commissioning)	31/03/2026

Risk		15. Non-delivery of SEND statutory timelines, financial risk of the DfE Safety Valve Agreement for Cambridgeshire and increase in DSG spend					
Likelihood	5			X			
	4						
	3						
	2						
	1						
		1	2	3	4	5	
		Consequence					
Risk Owners		Sarah Callaghan (Service Director for Education) Martin Purbrick (Executive Director for Children, Education and Families)		Current Score	20	Last Review	26/01/2026
				Risk Appetite	16	Next Review	27/04/2026
				Previous Score	20		
Triggers		Likelihood Factors (Vulnerability)			Potential Consequences		
1. Failure to deliver safety valve plan identified through monitoring. 2. Unsustainable demand for Education, Health, Care Plans (EHCP's) meaning the financial carry forward becomes unsustainable 3. Insufficient capacity within school system which leads to higher cost placements 4. Increase in the number of complaints and possible pay-outs		1. Revised submission to DfE in July. Acknowledgement response received early October to state DfE SEND Advisor to work with the Council on possible changes. This would suggest on going delay by DfE to determine when our payments can commence and a decision on the two Special Schools.  2. The Inclusion for All programme outlines a whole system approach to SEND to ensure all children and young people access various services available to them which could meet their needs. We had anticipated that our plan would be validated by the likely content of the national SEND reforms however Secretary of State			1. DfE withholding payments from the Safety Valve Agreement 2. Government statutory duties are unable to be fully met 3. Some of the changes we were anticipating within the delayed SEND reforms could have mitigated some of our risks, for example – increased scrutiny on Independent Special School funding and quality, a revised focus on the importance of SEN support rather than EHCP in mainstream.		

Controls	Adequacy	Critical Success
Delivery of additional school places  Following the DfE continual delay of the opening of 2 x new special schools a recent update has been received from DfE setting out two options for the Council to consider by end February 2026. An options appraisal is being developed and the appropriate governance will be followed.	Reasonable	School provision is in place and meets needs
Management and delivery of the Inclusion for All Programme  Full programme management and governance is place with agreed plan between all partners and revised plan, incorporating Ofsted priority actions, agreed by DfE and NHS England and summary published on CCC Local Offer SEND Website. Comprehensive report to C&YP Committee in October with all recommendations agreed, i.e. quarterly reporting to Committee and £780k funding agreed.	Reasonable	Inclusion for All is successfully delivered to time, cost and quality
Monitoring of Safety Valve requirements  Submission of the revised Cambridgeshire Safety Valve in July 2025 to DfE was made. A response from DfE is still be awaited for.  Monthly review of position through the Education Finance and Performance Board and reporting to the SEND Executive Board. Financial forecasts continue to reported corporately and updated regularly. Activity currently paused.	Reasonable	Requirements are reported regularly and meets expectations
Partnership with DfE  We were requested to submit an updated SV plan in July and we were proactive in following up this submission by requesting a meeting with DfE SEND Adviser. However, zero contact from DfE between July and up to end September. Early October 2025 brief acknowledgement email regarding July submission and stating that SEND Adviser would again me in touch to discuss possible further work required. Some contact with DfE in relation to the 2 x new schools in December 2025 and further work is being now being considered.	Reasonable	Good working relationship are established

Action Plans	Assurance	Responsibility	Target Date
Area SEND Action Plan		Executive Director for Children, Education and	27/02/2026

<p>the following outlines the recommendations from the Area SEND inspection:</p> <p>There are 3 possible judgements and Cambridgeshire received the 2nd judgement which has made the following recommendations for Cambridgeshire which includes:</p> <ol style="list-style-type: none"> <li>1.The local area partnership should work together to improve the timeliness and quality of the statutory Education Health and Care (EHC) plan processes so that children and young people with SEND get the right support at the right time. This should include a particular focus on: <ol style="list-style-type: none"> <li>a. improving the timeliness of EHC plan needs assessments and annual reviews;</li> <li>b. improving the quality of EHC plans;</li> <li>c. amending EHC plans appropriately after annual review.</li> </ol> </li> <li>2.The local area partnership should improve access to, and reduce waiting times for, specialist mental health pathways and neurodevelopmental assessments. Leaders should ensure that children and young people and their families consistently receive effective communication and support while waiting for neurodevelopmental assessments.</li> <li>3.The local area partnership should develop better opportunities for co-production with children and young people with SEND, so their voices and views are more fully included in the design of support and services.</li> <li>4.The local area partnership should improve the support for children and young people with SEND as they prepare for adulthood, especially in mainstream schools.</li> </ol>		Children, Education and Families	
<p>Delivery of additional Schools</p> <p>Following the DfE continual delay of the opening of 2 x new special schools a recent update has been received from DfE setting out two options for the Council to consider by end February 2026. An options appraisal is being developed and the appropriate governance will be followed.</p>		Executive Director for Children, Education and Families	27/02/2026
<p>Revision of Safety Valve Model</p> <p>Revised Safety Valve Model submitted to the DfE including re-phased savings / potential extension of period of safety valve deal. Awaiting for DfE response.</p>		Executive Director for Children, Education and Families	27/02/2026
<p>Revision of transformation programme to be now the Inclusion for All</p> <p>Programme Board and task &amp; finish groups have been established.</p> <p>In addition, further inspection earlier in 2025 outlined the issues related to Safety Valve.</p>		Executive Director for Children, Education and Families	27/02/2026