CORPORATE RISK REGISTER

Cambridgeshire County Council

Risk No.	Details of Risk				Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained
	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status	
1a	Failure to produce a robust and secure Business Plan over the next 5 years	1. Failure to have clear political direction, vision, priorities, and outcomes in the Business Plan. 2. Failure to plan effectively to achieve necessary efficiency savings and service transformation. 3. Failure to identify sufficient additional savings in addition to existing plans, in light of forthcoming CSR. 4. Worsening Pension Fund deficit 5. Legislative changes add unforseen pressures to Council savings targets	1. The Council lacks clear direction for resource use and either over-spends, requiring the need for reactive savings during the life of the plan, or spends limited resources unwisely, to the detriment of local communities.	CD CS&T	1. Robust political leadership, strong vision, clear priorities and policies, developed through councillor engagement 2. Robust engagement with members of CLT and Councillors through the Business Planning process timetable, to ensure greater cross-organisational challenge and development of options. 3. Full consultation with public, partners and businesses during planning process, including thorough use of data research and business intelligence to inform the planning process 4. Stronger links with service planning across the Council seeking to transform large areas of spend. 5. Business Planning process requires early identification of possible impacts of legislative changes, as details emerge 6. A working party is exploring alternatives to the existing business planning process	4	4	16	*2. Implementation of the "new operating model" business planning approach alongside the existing cash limit approach (as approved by GPC 28 July 2015)*	*SMT*	*Feb-16*		G / G	
1b	Failure to deliver the **current 5 year** Business Plan	1. Failure to deliver (with partners) the Business Plan and achieve required efficiency savings and service transformation. 2. Assumptions in existing Business Plan regarding the wider economic situation are inaccurate. 3. Organisation not sufficiently aligned to face challenges.	1. The Council is unable to achieve required savings and fails to meet statutory responsibilities or budget targets; need for reactive in-year savings; adverse effect on delivery of outcomes for communities	CE	1. Robust service planning; priorities cascaded through management teams and through appraisal process 2. Strategy in place to communicate vision and plan throughout the organisation 3. Performance Management 4. Governance framework to manage transformation agenda: a. Integrated portfolio of programmes and projects b. Routine portfolio review to identify and address dependencies, cross cutting opportunities and overlaps c. Directorates to review and recommend priorities d. Directorate Management Teams/Programme Gvnce Boards ratify decisions 5. Rigorous RM discipline embedded in all transformation programmes/projects, with escalation process to Directorate Management Teams / Programme Boards 6. Integrated performance and resource reporting *(monthly to GPC)* a. Monthly progress against savings targets b. Corporate Scorecard monitors performance against priorities c. Budget holders monthly meetings with LGSS Finance Partner/External Grants Team, producing BCR d. Regular meetings with Director of Finance/s151 Officer, Committee Chairs and relevant Directors to track exceptions and identify remedial actions 7. Rigorous treasury management system in place plus ongoing tracking of national and international economic factors and Government policy 8. Limited reserves for minor deviations 9. Routine monitoring of savings delivery to identify any required interventions 10. Bi-annual Leaders and Chairs meeting and Cambridgeshire Public Service Board 11. Board Thematic Partnerships including the LEP and the Health and Well Being Board, commissioning task and finish groups 12. LGSS governance arrgts incl representation on SMT (Section 151 Officer)	4	4	16						
2	The quality, responsiveness and standard of LGSS Services fail to meet CCC requirements	1. LGSS resources available to support CCC are reduced as LGSS expands its customer base 2. Failure to manage LGSS service delivery to CCC	1. Support services to CCC are not provided in a timely, accurate and professional manner	CD CS&T	1. Joint Committee Structure incl CCC Cllr representation, LGSS Overview and Scrutiny Cttee, Chief Executive sits on LGSS Management Board 2. LGSS director representation on SMT to ensure LGSS meets current and future Council needs 3. LGSS Strategic Plan, Strategy Map and Improvement Activities identified 4. Programme Management arrangements in place to move forward workstreams 5. CCC performance management arrangements 6. LGSS performance management team 7. LGSS SLA's in place and regularly reviewed in detail	3	3	9	2. In depth reviews of the remaining SLAs in the Council's contract with LGSS, *beginning with OWD, Audit and Risk Management and Strategic Assets* (including the ongoing IT review)	CD CS&T	May-15	Mar-16	G	Corporate Director, Customer Service and Transformation

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					8. Corporate Director CS&T responsible for managing LGSS / CCC relationship									
3	The Council does not have appropriate staff resources with the right skills and experience to deliver the Council's priorities at a time of significant demand pressures	1. Ineffective recruitment outcomes 2. Ineffective planning processes 3. Unattractive terms and conditions of employment. 4. High staff turnover 5. Lack of succession planning to capture experience and knowledge 6. Increasing demand for services 7. Lack of trained staff 8. National pressures on the recruitment of key staff	1. Failure to deliver effective services 2. Regulatory criticism/sanctions 3. Civil or criminal action 4. Reputational damage to the Council 5. Low morale, increased sickness levels	DoPTT	1. Annual business planning process identifies staffing resource requirements 2. Children and Adults Workforce Strategy and Development plans *with focus on recruitment and retention* 3. Robust performance management and development practices in place. 4. Flexible terms and conditions of employment 5. Appropriate employee support mechanisms in place through the health and well being and counselling service agenda. 6. Organisational Workforce Development Programme 7. Use of statistical data to shape activity relating to recruitment and retention *8. Workforce Strategy and Development Plan which is reviewed by LGSS Management Board on a quarterly basis.*	3	4	12						
4	The Council does not achieve best value from its procurement and contracts	1. ineffective procurement processes 2. Lack of awareness of procurement processes across the Council 3. Ineffective contract management processes 4. Untrained contract managers	1. Poor value for money 2. Legal challenge 3. Wasted time and effort in contractual disputes	DoLPG	1. Contract Procedure Rules and Procurement Best Practice Guidance kept updated with changes in best practice 3. Procurement Training 4. Central Contract register *5. Use of checklist to all new procurement activity undertaken via central Procurement team*	2	3	6	*1. Audit reviews to provide assurance that individual managers have the appropriate skills and training* *2. Audit reviews to provide assurance on the effectiveness of contract management in selected contracts*	HIA HIA	Mar-16 Mar-16		G G	
9	Failure to secure funding for infrastructure	1. Insufficient funding is obtained from a variety of sources, including growth funds, section 106 payments, community infrastructure levy and other planning contributions, to deliver required infrastructure . This is exacerbated by austerity measures and reduced government funding for local authorities 2. Significant reduction in school infrastructure funding in 2016/17 from £34m per annum to £4m	1. Key infrastructure, services and developments cannot be delivered, with consequent impacts on transport, economic, environmental, and social outcomes. This could also result in greater borrowing requirement to deliver essential infrastructure and services which is unsustainable.	ED ETE ED CFA	1. Maximisation of developer contributions through Section 106 negotiations. 2. Prudential borrowing strategy is in place. 3. Section 106 deferrals policy is in place. 4. External funding for infrastructure and services is continually sought. *5. Maintain dialogue with Huntingdonshire District Council and East Cambridgeshire District Council where Community Infrastructure Levy is in place to secure CIL monies for County Projects.* *6. Strategic development sites dealt with through S106 rather than CIL and S106. In dealing with sites through S106 alone, the County Council has direct involvement in negotiation and securing of developer contributions to mitigate the impact of a specific development.* *7 Respond to District Council Local Plans and input to infrastructure policy at all stages of the Local Plan process.*	4	4	16	*1. Maintain dialogue with Cambridgeshire City Council and South Cambridgeshire District Council to input into Community Infrastructure Levy prior to adoption of the Local Plan (Adoption of CIL anticipated 2016)* 7. Investigate the potential for use of Tax Increment Financing and other innovative forms of funding. 9. Assist service areas define their infrastructure requirements to be pulled together within one policy document for use 10. Scope out potential for a more joined up approach to CIL and investment in infrastructure 12. Seek to maximise potential Basic Need capital allocations through submission of a robust evidence-based School Capacity Annual Return to the Department for Education. 14. Develop a New Communities Strategy to provide clearer arrangements for *how CCC will support people moving into new*	HoTIPF Exec Director, ETE HoTIPF HoTIPF Exec Director, CFA SD S&C	Ongoing Autmn 2015 Aug-15		G G G G G G G G	HoTIPF - Head of Transport Infrastructure Policy and Funding HoGE - Head of Growth and Economy HoS - Head of Strategy SD S&C - Service Director, Strategy and Commissioning ED CFA - Exec Director, Children, Familes and Adults

Cambridgeshire County Council

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	Details of Risk				Residual Risk			Actions					
Risk No.	Risk Description	Trigger	Result	Owner	Key Controls/Mitigation	Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status	Action Owner Acronyms explained
					8. Lobby with LGA over infrastructure deficit 9. County Planning Obligation Strategy being developed for Districts and CCC use.			🟥	15. County Planning obligation strategy being developed for district's and CCC use.	HoGE	Dec-15		🟩	
14	Increased demand for services arising from increased financial and social pressure on individuals, families and communities	1. Changes to the welfare benefits system 2. Increase in economic migration 3. Failure to understand different needs of community groups	1. Increased pressure on vulnerable families increases the demand for services 2. Housing harder to access leading to increased homelessness and relocation to areas of lower cost housing 3. Increased community tensions and public dissatisfaction 4. Sections of community feel excluded/marginalised potentially resulting in increased community tensions and public dissatisfaction	ED CFA	1. Community Cohesion Strategy and Action Plan in place. Child Poverty strategy agreed with multi agency commitment 2. Monitoring of impact of benefit changes allows increases in need to be better anticipated 3. Cambs Sub-regional Housing Board planning for future housing needs in the long term. 4. County Homeless Executive working to reduce the impact of homelessness. 5. Sub-regional Homeless Group working the reduce the incidence of homelessness. 6. CYP Area partnerships supporting the uptake of Free School Meals 7. Welfare reform communications to families coordinated by the Families Information Service 8. Demand management work 9. Community resilence/capacity	3	3	9	8. Work with LEP to access ESF funds to support projects which support Social Inclusion and combat poverty	SD S&C	Jun-14	Dec 14 Jun 15	A	SD S&C - Service Director, Strategy and Commissioning ED CFA - Executive Director Children, Families and Adults HoS&P - Head of Strategy

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	Risk Description	Trigger	Result			Probability	Impact	Score *	Description	Action Owner	Target Date	Revised Target Date	Action Status	
15	Failure of the Council's arrangements for safeguarding vulnerable children and adults	1. Severe family crisis despite the robust arrangements in place designed to prevent harm to adults and children 2. Insufficient skilled and experienced staff in Social Care. 3. Instability of social care workforce. 4. Quality Assurance processes fail to identify poor practice. 5. Volume of work exceeds staff capacity. 6. Information not shared effectively between different parts of the safeguarding system. 7. Poor case recording and record sharing.	1. Harm to a child (including in Domestic Violence situations) or an adult receiving services from the Council 2. Reputational damage to Council	ED CFA	1. Multi-agency Safeguarding Boards 2. Safeguarding Procedures, monitored during on-going supervision, and via service quality monitoring arrangements including case audits. 3. Adults Safeguarding Practice Guidance and Procedures in place for Partners and reviewed regularly 4. Regular sharing of information with regulating bodies, including regulator reviews across Social Care Services. 5. Skilled and experienced safeguarding leads & their managers. 6. Comprehensive and robust recruitment and training and development policies for staff, including safer employment practices and arrangements for induction and ongoing development including case recording. 7. Common Assessment Framework to identify children at risk. 8. Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews. 10. Health and Wellbeing Strategy includes commitment from partners to safeguarding and a focus on the prevention of domestic violence, raising awareness and providing appropriate support for victims 11. Multi Agency Safeguarding Hub supports effective referral of vulnerable people across agencies 12. Robust process of internal QA and audit 13. Revised Social Work Unit model 14. Next steps Board supports and monitors Children's safeguarding improvement 15. Mental Capacity Act/Deprivation of Liberty (DoL) Governance group oversees DoL legislation requirements, including implications of the supreme court judgements 16. Safeguarding Adults Board includes business plan 2014-17 17. Adult Safeguarding training strategy including training fro GPs 18. Whistleblowing policy 19. Complaints process informs practice 20. Children's *and Adults* Social Care Performance Board monitors performance and thresholds 21. Robust challenge and partnership engagement through the LSCB 22. Children's *and Adults* Social Care Recruitment and Retention Strategy 23. Systematic review of referrals within the IAT to ensure effective triaging of new referrals 24. Early Help QA Framework and Practice Standards 25. Early Help Performance Framework 26. Joint protocols for case transfer E&P to Children's Social Care 27 Effective step down protocols 28. Change *to safeguarding* required by the Care Act 2014 overseen by the Safeguarding Adults Board *and the Transforming Lives/Care Act programme Board. Implementation began April 2015 in line with legislation and current guidance and will be reviewed and adapted as further national guidance becomes available* 29. Coordinated work between Police, County Council and other agencies to identify child sexual exploitation, with the oversight of the LSCB	3	5	15	3. Implement plan to integrate adult safeguarding into the Multi-agency Safeguarding Hub (MASH) *4. Revision to safeguarding procedures to support government initiative 'Making Safeguarding Personal' as referred to in current guidance for the Care Act.*	SD ASC *SD ASC*	Jul-15 *Oct-15*	*Sep-15*	G	ED CFA - Executive Director Children, Families and Adults SD ASC - Service Director, Adult Social Care

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Risk No.	Risk Description	Trigger	Result	Owner	Key Controls/Mitigation	Probability	Impact	Score *	Description	Action Owner	Target Date	Revised Target Date	Action Status	Action Owner Acronyms explained
	Details of Risk					**Residual Risk**			**Actions**					
16	*Lack of capacity to resource future demand for services in respect of children and adults*	*1. Significant increase in the numbers of children and adults requiring services 2. Increase in the acuity of needs 3. Resourcing pressures within the Council 4. Sudden increase in population in one area due to large building development*	*1. Client dissatisfaction and increased risk of harm 2. Reputational damage to the Council 3. Regulatory criticism 4. Civil or criminal action against the Council*	*ED CFA*	*1. Regular audits of assessment processes and the use of trend data to identify children's needs at the earliest stage.* *2. Multi-agency panels enable commissioners of services to consider and plan to meet needs jointly and agree funding* *3. Joint Strategic Needs Assessment (JSNA) provides population information, which is used to target services in Adult Social Care and CYPS* *4. Other safeguarding measures in place to identify service users and close liaison between multi agency partners to help manage any unanticipated increase in need* *5. Linkage with Business Planning process* *7. Special Educational Needs (SEN) Strategy* *8. Placements Strategy* *12. Strategic commissioning framework priorities* *13. New Communities Service ensures awareness of what will be required to resource service provision in new communities* *14. Apply our knowledge of demographic change to predict impact on services*	*3*	*4*	*12*	*11. Deliver Looked After Children Placement Strategy* *12. Deliver Older People's Strategy* *13. Deliver Early Help offer* *14. Deliver SEN Commissioning Framework* *15. Deliver joint LD/PD resourcing plan* *17. Delivery of demand management savings proposals within the 2015-16 Business Plan* *18. Develop proposals to manage demand through the CFA Commissioning Strategy to 2020*	*ED CFA* *SD OP* *SD E&P* *SD S&C* *SD ASC* *ED CFA* *ED CFA*	*Sep-14* *Mar-15* *Apr-15* *Jul-14* *Sep-14* *Mar-15* *Feb-16*	*Mar-16* *Mar-16* *Mar-16* *Mar-16* *Mar-15* *Mar-16*	G G G G G G G	ED CFA - Executive Director Children, Families and Adults SD OP - Service Director, Older People and Mental Health SD E&P - Service Director, Enhanced and Preventative SD S&C - Strategy and Commissioning SD ASC - Service Director, Adult Social Care
20	Non compliance with legislative and regulatory requirements	1. Staff unaware of changes to legislative/regulatory requirements 2. Lack of staff training 3. Lack of management review	1. Adverse reports from regulators 2. Criminal or civil action against the Council 3. Reputational damage	CE	1. LGSS legal team robust and up to date with appropriate legislation. 2. LGSS legal team brief Corporate Leadership Team on legislative changes 3. Service managers kept abreast of changes in legislation by the Monitoring Officer, Gov departments and professional bodies 4. Monitoring Officer role 5. Code of Corporate Governance 6. Community impact assessments required for key decisions 7. Business Planning process used to identify and address changes to legislative/regulatory requirements 8. Constitutional delegation to Committees and SMT 9. H&S policy and processes	2	4	8						
21	Business Disruption	1. Loss of staff (large quantities or key staff) 2. Loss of premises (including temporary denial of access) 3. Loss of IT, equipment or data 4. Loss of a supplier 5. Loss of utilities or fuel	1. Inability to deliver consistent and continuous services to vulnerable people 2. School closures at critical times impacting students' ability to achieve 3. Inability to fully meet legislative and statutory requirements 4. Increase in service demand (e.g. in pandemic) 5. Inability to respond to citizens' request for services or information 6. Lasting reputational damage	CD CST	1. Corporate and service business continuity plans 2. Relationships with the Unions including agreed exemptions 3. Corporate communication channels 4. Multi-agency collaboration through the Cambridgeshire & Peterborough Local Resilience Forum (CPLRF) 5. First phase of IT resilience project including the increased alternative power/environment conditions in major machine rooms 6. Operational controls	3	4	12	3. Project to establish 2nd LGSS data centre for resilience/backup of all systems, in addition to Scott House facility. 12. Address the management agreed actions from the Business Continuity Audit	DoIT HoEP	Mar-13 Sep-15	Dec-15	G G	DoIT - Director of Information Technology HoEP - Head of Emergency Planning HIA&RM - Head of Internal Audit and Risk Management

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					7. Resilient Internet feed									
					8. Business continuity testing									
					9. CCC corporate BCP Group incl LGSS BC leads									
22	The Cambridgeshire Future Transport programme fails to meet its objectives within the available budget	1. Cambridgeshire Future Transport fails to deliver effective, efficient and responsive passenger transport services around Cambridgeshire	1. The accessibility needs of Cambridgeshire residents are not met, contributing to social exclusion, poor take up of employment and education opportunities, and reduced quality of life. 2. Failure to complete on time will mean business plan savings are not achieved.	DoSD	1. A Governance group, including member representation from each of the districts, County, NHS, Cambridgeshire ACRE is in place to oversee the programme	3	3	9	2. Identify suitable delivery models for areas E, F, G E - A14 Corridor F - A1 Corridor and A14 G - Harston, Great Shelford	HoPT		Oct-15	G	HoPT - Head of Passenger Transport
					2. The Cambridgeshire Future Transport programme board consisting of representatives from ETE, CFA and Comms				4. Manage the review of the commissioning of transport across all forms of provision in the county	HoPT	Mar-16		G	
					3. Strategic business case, Risks and Issues Log and programme is in place.				*3. Identify suitable delivery models for areas K, L, M* *K - Chatteris, March, Wisbech* *L - Gorfield, Leverington* *M - Melbourn, Bassingbourn*	*HoPT*	*Sep-15*		G	
					4. Communications strategy **has been developed.**									
					5. Engagement strategy including stakeholder mapping **has been developed.**									
					6. Monthly Member Steering Group meetings. Office programme board meeting monthly also.									
					7. Updates are provided monthly for Members via Key Issues.									
					8. The focus of the CFT work has now been extended to review the commissioning of all of the transport services that the County Council funds. This is following a motion to Full Council in December 2014. The review will lead to the formulation of recommendations for Members on necessary changes to commissioning.									
					9. Three year programme approved by Governance Group for bus subsidy work.									
					10. Two year programme now in place for the review of the commissioning.									
23	Major Fraud or Corruption	1. Non compliance with the internal control framework and lack of awareness of anti-fraud and corruption processes. 2. Increased personal financial pressures on individuals as a result of *economic circumstances*	1. Reputational damage 2. Financial loss	CE	1. Financial Procedure rules	2	3	6	3. Implement anti bribery policy	HIARM	Mar-14	Dec 15	A	HIARM - Head of Internal Audit and Risk Management
					2. Anti Fraud and Corruption Strategy incl Fraud Response Plan				4. Fraud awareness campaigns	HIARM	Dec-15		G	HIARM - Head of Internal Audit and Risk Management
					3. Whistle blowing policy									
					4. Codes of conduct									
					5. Internal control framework									
					6. Fraud detection work undertaken by Internal Audit									
					7. Awareness campaigns									
					8. Anti Money Laundering policy									
					9. Monitoring Officer/Democratic Services role									
					10. Publication of spend data in accordance with Transparency Agenda									
					11. New Counter Fraud Team established in LGSS									

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24	A lack of Information Management and Data Accuracy and the risk of non compliance with the Data Protection Act	1. Failure to equip staff and managers with the training, skills, systems and tools to enable them to meet the statutory standards for information management. 2. Failure to ensure that information and data held in systems (electronic and paper) is accurate, up to date, comprehensive and fit for purpose to enable managers to make confident and informed decisions.	1. Adverse impact on Council's reputation. 2. Adverse impact on service delivery, as unable to make informed decisions. 3. Financial penalties. 4. Increase in complaints and enquiries by the ICO. 5. Decisions made by managers are not appropriate or timely.	CD CST	1. Governance; SIRO, CIO, Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities (see below) Data protection registration requirements 2. Policies: Data Protection, Freedom of Information, Information Security Incidents, Mobile Devices, Code of conduct, Retention schedules, IT security related policies (computer use, email), Information Management Strategy 3. Procedures: FOI, Subject Access Request Handling, Records Management, service level operational procedures. 4. Tools: Encrypted laptops and USB sticks, secure email and file transfer solutions, asset registers (USB sticks, encrypted laptops) 5. Training and awareness: Data Protection, information security, information sharing, Freedom of Information and Environmental Information Requests 6. Advice: Information Management advice service (IM, IG, RM, security), Information Management addressed via the Gateway project 7. Information asset catalogue 8. Information sharing protocols embedded internally and with partners 9. Audit/QA of accountabilities process	3	3	9	6. Roll out of EDRM to manage the information lifecycle (including information standards). Task and finish group established to drive forward greater awareness raising and training 8. Review e-safety policy	IM CDCST	Mar-13 Nov-13		G A	IM - Information Manager Corporate Director, Customer Services and Transformation
26	Increasing manifestation of Busway defects	1. Failures of Busway bearings or movement of foundations continue and increase	1.Significant and ongoing costs to maintain the Busway or restricted operation of the Busway to the extent that it will no longer be attractive to operators or passengers.	ED ETE	1. Monitoring and inspection regime in place 2. Defects have been notified to Contractor in accordance with Contract . The Contractor has failed to investigate the defects or correct the defects within the defect correction period. 3. Causes of defects have been investigated and identified by the Project Manager 4. The Project Manager has assessed the cost of correcting the defects. Under the terms of the Contract this is payable by the Contractor. 5. Independent Expert advice has been taken confirming that the defects are defects under the Contract and that a programme of preventative remedial action is required and will be cheaper overall and less disruptive in the long run than a reactive response. 6. Legal Advice has been taken confirming that the defects are defects under the contract and that the Council has a good case for recovering the cost of correction from the Contractor 7. Retention monies held under the contract have been withheld from the Contractor and used to meet defect correction and investigation costs. 8. Funds have been set aside from the Liquidated Damages withheld from the Contractor during construction, which are available to meet legal costs 9. General Purposes Committee have resolved to correct the defects and to commence legal action to recover the costs from the Contractor 10. Initially defects are being managed on a case by case basis until the contractual issues are resolved, minimising impact on the public.	2	5	10	3. Prepare a strategy for the procurement of a contract to rectify the busway defects. This has been put on hold as a result of negotiations 4. Engage with bus operators, Busway users and prospective contractors to identify working methods that minimise disruption during the defect correction works. On hold pending surveys and monitoring.	SD S&D ETE SD S&D ETE	Oct-15	Jan-16	A A	Service Director, Strategy & development, ETE.

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	Risk Description	Trigger	Result				Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status				
27	*The Pension Fund is materially under funded*	*2. Contribution levels do not maintain the level of the fund 3. The longevity of scheme members increases 4. Government changes to pensions regulations 5. Volatility of financial markets 6. Change to tax threshold causing exceedingly high contribution 7. Shrinking workforce*	*1. Significant increases in revenue contributions to the Fund are necessary placing additional savings requirements on services*	CFO	1. Governance arrangements including CCC Constitutional requirements and Pensions Committee including response to Hutton enquiry 2. Investment Panel work plan 3. Triennial valuation 4. Risk agreed across a number of fund managers 5. Fund managers performance reviewed on a regular basis by Pensions Committee 6. Opt in legislation	3	5	15									
28	*Lack of capacity to respond to rising demand for service provision*	*1. Significant increase in the numbers of people requiring services 2. Increase in the acuity of needs 3. Resourcing pressures within the Council. 4. Big thematic change does not result in tangible transformation at front line. 5. Welfare reform brings increased vulnerability. 6. Preventative services reductions risk increasing acuity of need. 7. NHS transition brings increased financial pressures. 8. Sudden incrase in population in one area due to large building development increases demand.*	*1. Client dissatisfaction and increased risk of harm. 2. Reputational damage to the council. 3. Failure to meet statutory requirements. 4. Regulatory criticism. 5. Civil or criminal action against the Council*	ED CFA	1. Use of trend data to identify children's needs at the earliest stage 2. Data regularly updated and monitored to inform service priorities and planning 3. Joint Strategic Needs Assessment provides information regarding demographics and need, which is used to inform service planning 4.Business planning process ensures resources are matched to need 5. Cross-district Welfare Reform Strategy Group supports early identification of need and joint planning. 6. Business planning proposals address future demand for services. 7. Looked After Children Placement Strategy 8. CFA Performance Board monitors performance of service provision 9. Strategy for tackling child and family poverty and economic disadvantage in Cambridgeshire 2014-17 agreed with multi agency committment	3	4	12	*1. Delivery of 2015/16 demand management BP savings monitored through the CFA Performance Board* *2. Develop and deliver Older People's Programme* *3. Develop and deliver our Early Help offer* *4 Refresh Looked After Children Placement Strategy* *5. Developing the Strategy for Building Community Resilience*	*HoS Strat* *SD OP* *SD E&P* *HoS Strat* *SD E&P*	*Mar-16* *Mar-15* *Mar-14* *Mar-15* *Nov-15*	*Mar-16* *Sep-15* *Nov-15*	A A G A G			HoS Strat - Head of Service Strategy SD E&P - Service Director, Enhanced and Preventative SD OP - Service Director, Older People and Mental Health HoS CID - Head of Service Children's Innovation and Development

SCORING MATRIX (see Risk Scoring worksheet for descriptors)

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

Risk Owners

CD CS&T - Sue Grace
CE - Mark Lloyd
DoPTT - Christine Reed
DoLPG - Quentin Baker
ED ETE - Graham Hughes
ED CFA - Adrian Loades
DoSD - Bob Menzies
DoF - Matt Bowmer

* RAG RATING   **RISK SCORES**

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

RISK SCORING MATRIX

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

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

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

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

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

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

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