

Cambridgeshire County Council CRR

Risk		01. ASC - There are reputational and legal impacts when the Council's arrangements for Safeguarding Adults with Care and Support needs fail.															
Likelihood	5																
	4																
	3					X/T											
	2																
	1																
		1	2	3	4	5											
		Risk Owners		Fran Marshall; Patrick Warren-Higgs		Current Score		15		Last Review		11/06/2025					
						Target Score		15		Next Review		09/09/2025					
						Previous Score		15									
Triggers						Likelihood Factors (Vulnerability)						Potential Consequences					
<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>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> <p>5. Regulator - Regulator not maintaining regular oversight on providers and engaging with Adult Social Care in a timely way.</p>						<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>					
Consequence																	

Controls	Adequacy	Critical Success
<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>		<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"> - Data dashboard scrutinised by Heads of Service on a monthly basis and reviewed at Finance and Performance Board. - Multi Agency Safeguarding Hub (MASH) governance reports submitted to the MASH Governance Board. - Annual self-assessments submitted to the Safeguarding Adults Board, covering all safeguarding aspects.

Action Plans	Responsibility	Target Date
Embed learning from recent Local Government Social Care Ombudsman findings into safeguarding practice	Fran Marshall	30/09/2025
For Control Item 5, risk likelihood is rising due to greater numbers of providers with sustainability concerns. We will	Fran Marshall	30/09/2025
Implement revised Community Deprivation of Liberties Safeguarding workflow and ensure alignment with safeguarding proces	Fran Marshall	30/09/2025
Launch targeted learning sessions on hoarding and complex safeguarding	Fran Marshall	30/09/2025

	Good	<p>- Thematic audit cycles conducted by the Quality Standards and Practice Team, reported to the Practice Governance Board and Adults Leadership Team.</p> <p>- Service-level improvement plans for each team.</p> <p>- 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.</p> <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> <p>There has been the recent implementation of a Serious Incident framework to enable work to be reviewed, and lessons learnt from both positive practice and areas for</p>
<p>2) Skilled Adult Social Care Workforce</p> <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>A dedicated safeguarding training resource, with a robust safeguarding training strategy which is annually reviewed.</p> <p>Engagement in the Safeguarding Adults Board Learning and Development group.</p>

<p>Recent Actions</p> <ul style="list-style-type: none"> - Refreshed safeguarding training offer, including trauma-informed practice and self-neglect - Strengthene 	Fran Marshall	31/07/2025
<p>Review of volume and demand into locality-based teams to ensure that the right resources are available and appropriate</p>	Fran Marshall	30/09/2025

	Good	<p>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"> - 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 - There are clear and robust escalation pathways and high-risk guidance in place for the workforce, which was reviewed
3) Multi Agency Safeguarding 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.	Good	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.
4) Internal Quality Assurance Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.	Good	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>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>	<p>Good</p>	<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>	<p>Good</p>	<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>	<p>Good</p>	<p>Regular reporting.</p>
<p>8) Manage demand</p> <p>Safeguarding pathways and responsibilities are clearly separated:</p> <ul style="list-style-type: none"> - Between Adults and Children's Services - Between operational delivery (Adults Operations) and strategic oversight (Cambridgeshire and Peterborough Safeguarding Adults Board and commissioning functions) <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>	<p>Good</p>	<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>

Risk		02. CSC - Failure of the council's arrangements to safeguard vulnerable children & young people				
Likelihood	5					
	4					
	3					X/T
	2					
	1					
		1	2	3	4	5
		Risk Owners		Martin Purbrick	Current Score	15
					Target Score	15
					Previous Score	15
		Triggers		Likelihood Factors (Vulnerability)		Potential Consequences
Consequence		<p>1. High caseloads in Children's Social Care.</p> <p>2. Lack of financial resilience.</p> <p>3. Non-compliance with safeguarding processes and procedures.</p> <p>4. Inability to recruit and retain experienced Social Workers.</p> <p>5. Lack of placement sufficiency to meet the needs of complex children and young people.</p> <p>6. 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 caseloads 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. Lack of robust assessments (undertaken in a timely way) of risk in relation to children & the family circumstances. Work alongside revised practice standards, guidance and the focus on six key areas ('Big 6') has meant a focus on areas for improvement. (Medium)</p> <p>4. Recruitment 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>6. In terms of a major incident, there are business continuity plans (BCP's) in place whereby child protection lists would be obtainable if required. (Low)</p>		<p>1. Harm to child or young person awaiting or receiving services from the Council.</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.</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 & Cambridgeshire).</p>	Good	<p>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>

Action Plans	Responsibility	Target Date
<p>1. Corporate response to Ofsted Inspection</p> <p>Updated self-assessment completed and action plan submitted around the 7 recommendations made by ofsted. the plan is reviewed and actions tracked through the CEF Leadership Team meeting</p> <p>An action plan will also be submitted (by 24th June 2025) following the Area SEND Inspection by June 24th 2025. The Improvement Plan has also been presented to CYP Committee and update reports will be provided at regular intervals.</p>	Martin Purbrick	31/03/2026

<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	<p>A review by Essex sector led improvement (SLI) partner to identify key areas of strengths and development.</p> <p>Recommendations are being added to the improvement plan along with other key areas.</p>
<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	<p>Several practice and processes have recently been reviewed and revised to ensure they are robust and includes; Our Practice Standards, Guidance and Toolkit (Big 6); Our Threshold document; MASH Manual and Guidance etc.</p>
<p>4. Safeguarding Training & 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>Effective training and development ensures all staff understand and can implement key safeguarding processes. Social care academy in place and new ASYE and International workers started throughout 2024 in January 2024, July 2024 and November 2024. There is a comprehensive training offer that responds to service needs - court work most recently added.</p>
<p>5. Quality Assurance Framework.</p> <p>Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.</p>	Good	<p>Recently revised and implemented new practice governance ensuring 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</p>

<p>1a. Workforce - Building the right capacity within the workforce</p> <p>The revised Children's Strategic Workforce Plan has been developed and has been approved through the governance process at CYP Committee November 2024.</p> <p>The action plan outlines activities within Workforce and building the right capacity within the workforce to ensure consistency, quality and timeliness.</p>	Martin Purbrick	31/12/2025
<p>1b. Placement Sufficiency - the residential strategy is within the approval process</p> <p>Placement Sufficiency - the residential strategy has been approved and work has started. Additional work around emergency placements, increase of foster-carers is also underway. The placement sufficiency statement is currently being developed and is on the forward plan for CYP Committee.</p>	Ranjit Chambers	30/09/2025
<p>1c. Assessments</p> <p>Assessments - additional investment to improve the quality, consistency and timeliness of assessments is in place and being recruited too</p>	Martin Purbrick	30/06/2025
<p>1f. Out of hours support - a review of the out of hours services will be completed</p> <p>Due to be discussed at Change Board in July 25</p>	Martin Purbrick	31/07/2025
<p>1g. Homelessness 16/17 year olds - review of this area is planned to ensure a more joined up approach</p>	Martin Purbrick	31/07/2025
<p>2. Recruitment of a permanent workforce</p> <p>Successful recruitment within management areas with over 90% of permanent Directors, Heads of Services, Service Managers and Team Managers. Over 75% of Social Workers are now permanent.</p> <p>As part of the children's improvement work, there is a focus on ensuring the recruitment and support of experienced Social Worker Practitioners</p>	Martin Purbrick	31/03/2026

		by all that are using it; reflects the lived experience of children; and helps with practice improvement, whilst supporting practice standards.
6. Clear processes for reporting concerns. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice.	Good	Effective processes for reporting concerns ensure that the response to concerns is timely and effective, with the involvement of appropriate partners. There is an effective Dispute Resolution Process in place.
7. Strength based approaches review After a review of the family safeguarding approaches, Cambridgeshire has developed a systemic practice model using strength based approaches.	Reasonable	A practice model has been developed although this is not yet fully embedded in practice
Full leadership team recruitment A permanent and stable leadership team is in place and established to provide crucial leadership across Children, Education and Families.	Good	Permanent team in place with one exception

3. Children's Placement Sufficiency. Sufficiency Statement is underway and due at CYP Committee in Autumn 2025. Market engagement is now well established and is ongoing with an increasing number of children being placed in Cambridgeshire, although 53% are still in place with other Local Authority areas. Social Care & 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. 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.	Martin Purbrick	30/06/2025
4. Review of key areas of Children's, Education and Families services Currently reviewing decision making in the MASH and closer integration of Targeted Support and Children in Need work. Undertaking workforce review to consider skills and experience required. There has been development of a comprehensive workforce plan to incorporate the skills and experience of staff as we know there is an increased number of less experience staff in the system. In addition, an increase of quality assurance with Section 47 requests. Focused activity on cases in care proceedings, including a court direction tracker to improve compliance. Essex diagnostics throughout 2023 and 2024 has now been completed, further support is being sought and subject to agreement.	Martin Purbrick	30/06/2025
ASEND Action Plan - following the ASEND inspection, the following have been identified as areas for improvement:		

<p>ASEND Action Plan - 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"> 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"> 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. <p>In response to the judgement an action is in development and due for submission on 24th June 2025. This risk will reflect these elements once the</p>	<p>Sarah Callaghan</p>	<p>24/06/2025</p>
---	------------------------	-------------------

Risk		03. The Council does not have enough budget to deliver agreed short and medium term corporate objectives							
Likelihood	5								
	4				X				
	3					T			
	2								
	1								
		1	2	3	4	5			
		Risk Owners	Michael Hudson			Current Score	16	Last Review	21/05/2025
						Target Score	15	Next Review	19/08/2025
						Previous Score	16		
		Triggers			Likelihood Factors (Vulnerability)			Potential Consequences	
Consequence		<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 not been confirmed as continuing and is flagged as a risk in the s151 Officer's Section 25 report to Strategy, Resources and Performance Committee on 28 January 2025.</p> <p>2. Economic/market conditions - continued impact on supply of services by providers and impact on commercial factors remain due to higher interest rates.</p> <p>3. Changes to government funding; short term national planning - these are not a risk for the short term but the uncertainty of changes increases the likelihood of risk.</p> <p>4. Legislative and regulatory changes could impact but at this stage these, such as Devolution and Finance, in still in early 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.</p> <p>8. Credit loss on long term debtors remains low and monitored.</p>			<p>1. Council issues a s114 report or requires capitalisation direction.</p> <p>2. Breach of prudential code or capital strategy benchmark/indicators due to levels of borrowing, potentially also requiring a s114 notice.</p> <p>3. The Council does not deliver its statutory responsibilities.</p> <p>4. People do not receive the services to which they are entitled or require, and may be harmed as a result.</p> <p>5. Reputational damage.</p>	

Controls	Adequacy	Critical Success
01. Robust Business Planning process; demand/demography and inflation challenge.	Reasonable	<p>Continued support from CLT to act collectively to develop budget proposals which meet the financial challenge.</p> <p>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 will meet 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</p>

Action Plans	Responsibility	Target Date
<p>01. Ongoing review of Inclusion for All Programme to manage future High Need and SEND costs with a target to manage in y</p> <p>This will include:</p> <ul style="list-style-type: none"> - Improved EHP reporting to monitor backlogs, reviews, etc for modelling and monitoring purposes. - Revised demand management projections. <p>Ongoing review over next 24 months and reporting of progress via IFMR to SR&P and also details to CYP on regular reporting basis.</p>	Martin Purbrick	31/10/2026
05. Programme and project delivery governance: Waste Management PFI and Solar. Waste PFI continues to be reported to SR	Michael Hudson Frank Jordan	01/09/2025

		that takes decisions around pay spending
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. There is a clear timetable that links the business and financial planning.
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 harder with the funding uncertainty.

06. Programme and project delivery MTFS 2025-29	Tom Kelly Joe Lacey-Holland	01/06/2025
07. Review of Financial Regulations	Tom Kelly	02/06/2025
08. Ongoing review of Reserves	Michael Hudson	01/10/2025
09. Ongoing review of Commercial activities and risk	Michael Hudson	30/09/2025
10. Financial Transparency Panel to review non-business critical spend and controls, including delegations and authorisa	Michael Hudson	30/09/2025
11. Change Strategy development and feed into the MTFP.	Sue Grace	30/09/2025
12. Lobby for clarification of the DSG deficit override position and at the same time for DfE to address the funding shortage	Michael Hudson	30/09/2025

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. This will be monitored throughout 2025.
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.

funding shortage		
13. Business and budget plan preparation for 2026/27, including reference to LGR business case need and impact on reserv	Michael Hudson Tom Kelly Joe Lacey-Holland	16/12/2025

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	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.
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	Poor	The year end 2024/25 forecast has worsened and more action is needed through the Inclusion for All Programme, as well as national policy reform to address this position. The previous Safety Valve plan of action is being revised as is the service system and further discussions with DfE being held, although the DfE are also reviewing the national position and use of the Safety Valve Programme.
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.

Risk		04. A serious incident occurs, preventing services from operating and /or requiring a major/critical incident response.															
Likelihood	5											Risk Owners	Sue Grace	Current Score	12	Last Review	06/06/2025
	4											Target Score	15	Next Review	04/09/2025		
	3					X	T					Triggers	Likelihood Factors (Vulnerability)	Potential Consequences			
	2											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 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. Possible power outages caused by gas shortages 5. Issues due to shared service 'decoupling'	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			
	1																
		1	2	3	4	5											
		Consequence															

Controls	Adequacy	Critical Success
Continuity Plans	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.
Up to date business continuity plans available across the Council.		
2. Corporate communication channels in case of emergency.	Good	The Council is able to communicate effectively externally and internally in the event of a major/critical incident.
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.		

Action Plans	Responsibility	Target Date
Business Continuity Plan Testing	Stewart Thomas	01/09/2025
Once the corporate review of BCPs is complete, the Emergency Planning team will re-implement a programme of service-level testing of BC plans and a corporate BC testing exercise.		
Corporate Response to the Covid 19 Public Inquiry	Stewart Thomas	01/01/2026
Implementation of the Emergency On-Call updates		31/08/2025
IT Disaster Recovery Exercise	Michael Hudson	31/03/2025
Lessons Learned	Stewart Thomas	01/09/2025
Implementing lessons learned from recent critical incidents and CLT MAGIC training resulting in a		

5. 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	
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.

strengthened and improved programme of training and exercising for BCP & EP across the organisation		
Training Plans Improved induction and training for Gold reps and introduction of new cadre of Silver reps		30/06/2025

Risk		05. Serious failure of corporate governance									
Likelihood	5						Risk Owners Emma Duncan	Current Score	10	Last Review	08/05/2025
	4							Target Score	15	Next Review	06/08/2025
	3					T		Previous Score	10		
	2					X	Triggers		Likelihood Factors (Vulnerability)		Potential Consequences
	1						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.
		1	2	3	4	5	Consequence				

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.

Action Plans	Responsibility	Target Date
02. Implement Action Plan from Annual Governance Statement.	Emma Duncan	31/03/2025

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

Risk		06. The Council's workforce is not able to meet business need							
Likelihood	5						Risk Owners Janet Atkin Current Score 10 Target Score 10 Previous Score 10 Triggers 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 locally. 13. Impact of LGR on ability to recruit and retain people, particularly as we get closer to a vesting date.	Likelihood Factors (Vulnerability) 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.	Potential Consequences 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.
	4								
	3								
	2					X/T			
	1								
		1	2	3	4	5			
Consequence									

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.

Action Plans	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.	Janet Atkin	30/06/2025
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 run in September 2025.	Janet Atkin	30/09/2025
Preparation for LGR Ensure the workforce is well informed about the changes ahead through LGR to support retention and reduce concerns about job security.	Janet Atkin	30/04/2026

<p>Report on quarterly basis to CLT and to management teams on workforce and performance. CLT received monthly reports on Health, Safety and Wellbeing.</p> <p>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.</p>	<p>Good</p>	<p>CLT and Directorate Management teams are able to identify and address any emerging or potential concerns.</p>
<p>Staff appraisal system linked to performance management</p> <p>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.</p>	<p>Good</p>	<p>Staff performance is quantifiable across the Council services.</p>
<p>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.</p> <p>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.</p>	<p>Good</p>	<p>Staffing levels become more stable to support service delivery.</p>

<p>Adult Social Care Strategic Workforce Plan</p> <p>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.</p>	Good	Staffing levels become more stable to support service delivery and staff have the right skills as those requirements shift over time.
<p>Agency Staff framework with Opus.</p> <p>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.</p>	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 need to reach through our joint venture.
<p>C. 5 year People Strategy, endorsed by Members with accompanying action plan to ensure the right focus on recruitment, retention and talent management.</p> <p>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.</p>	Good	Clear workforce plan in place for the Council.
<p>Dedicated Recruitment Team supporting the whole Council. Targeted recruitment campaigns and effective e-recruitment system.</p> <p>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 WeAreCams campaign to promote the Council as an employer of choice.</p>	Good	The Council is able to recruit staff with the right skills and experience.
<p>Effective Learning & Development platform and work of the Learning & Development team.</p> <p>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.</p>	Good	Staff are able to access targeted learning and development opportunities and the Council can monitor training undertaken.
<p>Employee Wellbeing offer</p> <p>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.</p>	Good	Staff are supported to maintain wellbeing, reducing absence and supporting employee engagement and retention.

<p>Grow our own strategy</p> <p>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.</p>	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.
<p>Organisational Design Principles</p> <p>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.</p>	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.
<p>Reports to Staffing and Appeals Committee</p> <p>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.</p>	Good	Impact of workforce policies and engagement is measured and evaluated to inform future policy development.
<p>Role of HR Business Partners.</p> <p>HR Business Partners work with services to anticipate and meet demands within service areas. BPs attend management meetings and meet Service Directors regularly.</p>	Good	Services are supported in successful recruitment, engagement, development and retention of staff.
<p>Use of Consultants Policy and Interim & Agency Workers Policy.</p> <p>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.</p>	Reasonable	Hiring managers use appropriate and compliant routes to market to obtain interim, agency staff and consultants.
<p>Well established consultative framework with trade unions.</p> <p>Meetings take place monthly, chaired by Service Director, HR.</p> <p>Chief Executive joins the meetings on a quarterly basis.</p>	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.

Risk		07. Failure to Deliver Key Council Services											
Likelihood	5												
	4												
	3					T							
	2					X							
	1												
		1	2	3	4	5							
		Risk Owners		Stephen Moir		Current Score		10		Last Review		08/05/2025	
						Target Score		15		Next Review		01/09/2025	
						Previous Score		10					
						Triggers		Likelihood Factors (Vulnerability)		Potential Consequences			
						<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"> - Failure of safeguarding arrangements (Risks 1 and 2) - Failure of financial management (Risk 3) - Impact of a major/critical incident (Risk 4), cyber attack (Risk 8) or climate change (Risk 12) - Failure of corporate governance (Risk 5), key contracts (Risk 10) or partnership and collaborative working (Risk 11) - Insufficient workforce (Risk 6) - Failure to comply with Information Governance legislation (Risk 9) <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 organizational change.</p> <p>09. Changes in Leadership including New Service Directors</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 upon Council budgets.</p> <p>03. High levels of growth in Cambridgeshire outstripping forecasts and creating increased demand for key services.</p> <p>04. Pandemic or other form of long running incident.</p> <p>05. 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 impacting upon service priorities.</p> <p>08. Commissioned service providers unable to continue service (if not managed under Risk 10)</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>			
						Consequence							

Controls	Adequacy	Critical Success
<p>1. Role of the Corporate Leadership Team for the operational delivery of services</p> <p>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.</p>	Good	<p>The Corporate Leadership Team has clear terms of reference and regular reviews service performance dashboards, financial reporting, workforce information, contract/commissioning and audit and risk matters.</p>
<p>2. Policy and Budget Framework</p> <p>A clear, approved Policy and Budget Framework for the Council (including the Strategic Framework, Medium Term Financial Strategy, Capital Programme and Treasury Management Strategy).</p>	Reasonable	<p>The Council's Strategic Framework should set the high level Vision and Ambitions for the authority, from which individual service plans should be developed and delivered.</p>

Action Plans	Responsibility	Target Date
New Member Induction programme to ensure effective governance, decision making and scrutiny.	Stephen Moir, Sue Grace, Emma Duncan	02/05/2025
Local Government Reorganisation proposal development to coordinate/mitigate risks.	Stephen Moir, Joe Lacey Holland, Tom Kelly	28/11/2025
Local Government Funding Reform Consultation	Stephen Moir, Michael Hudson	12/02/2025
Annual Performance Report to SRP Committee	Sue Grace	24/06/2025

<p>3. The role and responsibilities of Council and Committees for decision making and scrutiny</p> <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>Good</p>	<p>Council and Committees have cleared, defined constitutional roles and 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.</p>
<p>4. Systems providing oversight of Council performance and service delivery.</p> <p>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>	<p>Reasonable</p>	<p>Councillors 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>5. Demand forecasting.</p> <p>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>	<p>Good</p>	<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.</p>
<p>6. Policy Horizon Scanning</p> <p>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>	<p>Good</p>	<p>The Council is aware off and able to inform, influence and respond to likely changes in policy from a new Government.</p>

Risk		09. The Council fails to comply with Information Governance legislation and industry standards														
Likelihood	5											Risk Owners Emma Duncan	Current Score	12	Last Review	08/05/2025
	4												Target Score	15	Next Review	06/08/2025
	3								X	T			Previous Score	12		
	2											Triggers	Likelihood Factors (Vulnerability)	Potential Consequences		
	1											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, case management, training and awareness.		
		1	2	3	4	5										
		Consequence														

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

Action Plans	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		30/01/2026
review of what the service is asked about to look for common themes and produce guides/notes to support		
Completion of NHS DSP Toolkit 25-2026 Ensures areas of compliance considered and how met for Public Health and Adult	Ben Stevenson	30/06/2025
Continued Awareness and communications CambWeb pages have been updated and regular reviews, attendance to be made at DMTs and conversations to keep awareness levels up	Ben Stevenson	30/06/2025

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.

Implement learning from incidents Ensure that processes are reviewed and trends analysed Breaches discussed at IM Board	Ben Stevenson	30/06/2025
Mandatory training Training to be delivered annually to all staff, relevant to services and councils Refresher training being developed for coming year	Ben Stevenson	30/05/2025
Review of IG policies Annual review of policies and updating to ensure best practice shared	Ben Stevenson	30/06/2025

Risk		10. Failure of key contracts.										
Likelihood	5						Risk Owners	Michael Hudson	Current Score	12	Last Review	14/05/2025
	4							Target Score	15	Next Review	19/08/2025	
	3				X	T		Previous Score	12			
	2						Triggers		Likelihood Factors (Vulnerability)		Potential Consequences	
	1						<p>01. Large scale handback / collapse of major suppliers for economic/profitability reasons</p> <p>02. Supply chain failure and/or significant cost increases in supply chain or CPI.</p> <p>03. Lack of robust, formally agreed contract documents to set deliverables, performance and governance arrangements for all key contracts.</p> <p>04. Failure to compliantly procure key contracts leads to legal challenge.</p> <p>05. Third party fraud committed by or against suppliers and/or internal fraud or corruption in collusion with suppliers.</p> <p>06. Relationship breakdown with key contractors, potentially leading to a legal dispute.</p> <p>07. Heavy reliance on single suppliers leading to lack of a diversified supply chain.</p> <p>08. Policy or leadership changes in central government.</p>		<p>01. Uncertainty and major change programmes underway within the Council.</p> <p>02. Significant economic and inflationary volatility.</p> <p>03. Industrial Emissions Directive and the Best Available Techniques conclusions (BATc).</p> <p>04. Capacity and experience to deliver robust contract and supplier relationship management for key contracts.</p> <p>05. Understanding of market conditions for the specific markets in which the key contracts sit.</p> <p>06. Local Government Reorganisation could impact on pipelines and supplier uncertainty.</p>		<p>01. Financial impact of credit loss or default on monies owed.</p> <p>02. Revenue impact of increased costs, reduced income returns and/or legal dispute costs.</p> <p>03. Interruption to outcomes and service delivery.</p> <p>04. Construction quality and health & safety matters.</p> <p>05. Reputational damage.</p> <p>06. Failure to fulfil statutory duties.</p> <p>07. Impacts on local supplies sub contracted or employed</p> <p>6. Failure to fulfil statutory duties.</p>	
		1	2	3	4	5						
		Consequence										

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.		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

Action Plans	Responsibility	Target Date
Commissioners undertake regular market reviews to assess volatility and risk of supplier failure, including engagement w		30/09/2025
Contract managers and commissioners ensure all contracts are signed before works, and undertake check to ensure that sig		30/09/2025
Contract managers to ensure all contract details update on ERP, and issues flagged through Financial Transparency Panel		30/09/2025
Contract managers to explain to DMTs and if needed Financial Transparency Panel why spend > contract value, and correcti		30/09/2025
Ensure compliance with Procurement Act 2023.		

03. Procurement Governance Board.	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.

	Clare Ellis	30/09/2025
Ensure compliance with Provider Selection Regime (PSR) for health care contracts		30/09/2025
Ongoing review of the use of waivers, including targeted training for contract managers and reporting to Committee	Clare Ellis	30/09/2025
Review Business Continuity Plans for coverage of supplier failure to ensure adequate plans in place to maintain service	Clare Ellis	30/06/2025
Review learning from Financial Transparency Panel reporting on contract management to inform contract manager training f	Clare Ellis	30/06/2025
Review of CPRs	Clare Ellis	30/09/2025
Undertake training and guidance for contract managers for Business Continuity Plans to aid HoS and Eds sign off with gre	Clare Ellis	01/12/2025

Risk		11. Failure of collaborative working.															
Likelihood	5																
	4				X												
	3					T											
	2																
	1																
		1	2	3	4	5											
		Risk Owners		Sue Grace		Current Score		16		Last Review		13/05/2025					
						Target Score		15		Next Review		11/08/2025					
						Previous Score		12									
Triggers						Likelihood Factors (Vulnerability)						Potential Consequences					
<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. Government announcement of Local Government Reorganisation impacts on effectiveness of current partnerships.</p> <p>11. Government announcement of NHSE reform and re-organisation of Integrated Care Boards (ICBs).</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. Finalising negotiations regarding Learning Disability pooled budgets.</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 reach consensus on Local Government Reorganisation.</p> <p>6. Change in senior personnel and structural changes, such as the ICB and Police, lead to loss of continuity and impacts shared outcomes and delivery.</p> <p>7. Conflicting political priorities 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>					
Consequence																	

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.

Action Plans	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.	Sue Grace	31/12/2025
02. Participation in major, system wide change programmes Local Government Reorganisation, changes to NHSE and ICB	Sue Grace	31/03/2026

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 (Cams & Peterbr' Association of Local Councils), CPSB (Cams & Peterbr' Strategic Board).	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

Risk		12. Cambridgeshire County Council is not adequately prepared for the impacts of the changing climate																		
Likelihood	5											Risk Owners	Frank Jordan	Current Score	12	Last Review	31/01/2025			
	4			X										Target Score	8	Next Review	04/05/2025			
	3											Triggers	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	Likelihood Factors (Vulnerability)		Potential Consequences				
	2					T					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							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		
	1																			
		1	2	3	4	5														
Consequence																				

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 SOIL.	Good	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		Delivery of key sub-strategies e.g. Tree and Woodland and

Action Plans	Responsibility	Target Date
Climate change risk assessment for Council services		
Increase understanding of climate risk and its impacts on Council services including increased demand on services	Eithne George	29/08/2025
Control effectiveness		
Undertake an assessment of the controls to understand the confidence in these controls to manage the corporate risk	Eithne George	31/03/2026
Embedding climate risk into council processes		
Further integration of climate risk considerations into existing Council structures, frameworks and governance	Joe Lacey-Holland	30/12/2025
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.	Frank Jordan	31/03/2026
Public Health		
Public Health messaging to communities on climate related health impacts and how to manage these e.g. overheating	Val Thomas	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	Matthew Hall	31/03/2026

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	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 Place & Sustainability	Good	Flags red risks to senior leadership & CEX

Risk		14. The Council's governance on Health and Safety is inadequate				
Likelihood	5	Orange	Orange	Orange	Red	Red
	4	Green	Orange	Orange	Red	Red
	3	Green	Orange	Orange	Orange	X
	2	Green	Green	Orange	Orange	Orange
	1	Green	Green	Green	Green	Orange
		1	2	3	4	5
		Consequence				
Risk Owners		Janet Atkin			Current Score	15
					Target Score	
					Previous Score	
					Last Review	15/05/2025
					Next Review	14/06/2025
		Triggers			Likelihood Factors (Vulnerability)	
		<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>8. Incidents are not reported by the workforce in a timely way or at all.</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>	
					Potential Consequences	
					<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>	Good	Full suite of risk assessments published on Camweb.

Action Plans	Responsibility	Target Date
Stress Risk workshops		30/09/2025
Directorate Stress Risk workshops taking place between May and September 2025.		
Health and Safety Policy Review		30/09/2025
Review of Health and Safety Policy underway with oversight from the Strategic Health and Safety Working Group.		

<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>	Good	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>	Good	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 & Conflict Management training.</p> <p>Personal Safety & 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>	Good	Take up of this training leads to greater confidence amongst colleagues in these services.

<p>17.Comprehensive Health & Safety training in various formats is readily available.</p> <p>Health & Safety training in various formats is readily available (Risk Assessment, Work at Height & Manual Handling etc.) some of which is essential and required to be regularly re-done.</p>	Good	Training is undertaken at the frequency required and set out in the Essential Learning framework.
<p>2.Quarterly Directorate H&S meetings.</p> <p>Quarterly Directorate meetings report through into the Group above but provide the opportunity to focus on local matters and develop local actions as required.</p>	Good	Meetings provide an effective mechanism to raise concerns and also awareness.
<p>3.Directorate health and safety assurance reviews and controls.</p> <p>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.</p>	Good	
<p>4.Busway Health and Safety Assurance Strategy in place.</p> <p>Busway Health and Safety Assurance Strategy in place and all incidents and near misses are appropriately recorded and reported.</p>	Good	
<p>5.Trade Union representatives are part of both all health and safety meetings that take place.</p> <p>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.</p>	Good	
<p>6.Health and Safety Team business partner model.</p> <p>Health and Safety Team adopt business partner approach with advisor aligned to each Directorate to enable a strong understanding of their particular safety challenges.</p>	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.

<p>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.</p>	<p>Good</p>	
<p>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.</p>	<p>Good</p>	<p>Incidents are reported in a timely way through the right channels and people know how to do so.</p>
<p>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.</p>	<p>Good</p>	<p>Reporting demonstrates improvements in the completion of essential learning and appropriate reporting of incidents.</p>