Cambridgeshire County Council CRR

Risk	01. ASC - Council's arrangements for safeguarding vulnerable adults fail

Risk matrix (Likelihood vs Consequence): X/RA plotted at Likelihood 3, Consequence 4.

Risk Owners	Patrick Warren-Higgs		Last Review	01/02/2024
Current Score	15		**Next Review**	01/05/2024
Risk Appetite	15			
Previous Score	15			

Triggers	Likelihood Factors (Vulnerability)	Potential Consequences
1. Inability to recruit, train and retain experienced staff 2. Inherent weaknesses in governance arrangements 3. Poor quality of practice not delivering statutory responsibilities, non- compliance with policies & practice guidance 4. Ineffective management oversight 5. High caseloads/demand on service 6. Internal organisational change 7. External system/regulatory changes 8. Major incident results in spike in demand for services and/or inability to access Council systems, records or buildings.	1. Decrease in government funding 2. Failure/handback from commissioned providers 3. Increased expectations on local government 4. Increase in demand for services 5. Inflation and cost of living crisis	1.Vulnerable adult is seriously harmed 2. People lose trust in Council services and/or commissioned services 3. Council is judged to have failed in statutory duties 4. Requires improvement or inadequate CQC outcome

Controls	Adequacy	Critical Success	Assurance
01. Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Safeguarding Adult Reviews.	Good	Regular Reporting. Appropriate tools and support to practitioners to guide best practice.	Eastern Region Sector Led Improvement Programme Adults practice governance board. LGA Peer Review and associated Improvement Plan in readiness for CQC inspection in the next 12 months.
02.Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions that monitor and instil safeguarding procedures and practice	Good	High quality supervision and support. Professional staff are able to continue registration with their professional bodies. Dedicated resource for safeguarding training within Learning and Development, specific training strategy document which is refreshed annually.	SAB multi agency policies and procedures in place. Themed audits re safeguarding and associated learning and development. Robust training programme in place Adults practice governance board and practice guidance.
03. Clear 'People in Position of Trust' policy and guidance in relation to Adults Provide training, SAB	Good	In place, links to practice guidance in ASC and corporate HR guidance as required.	Appropriate training provided.
04. 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. In particular Police, County Council, Health and other agencies who are key members of the Board and subgroups.	Good	Regular reporting and shared working outcomes	SAB annual report highlighting progress against priority areas shared with Adults & Health Committee.
05. 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.	Monthly Management Audits. Annual programme of Themed Audits. Adults practice governance board. Agreed Improvement Plan with Senior Responsible Leads.

06. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission. Implementation of provider of concern process as required.	Good	Regular auditing and reporting. Ability to support providers at risk.	Contracts monitoring team, care home support team & provider of concern process
07. Coordinated work between multi-agency partners for both Adults and Childrens. In particular Police, County Council and other agencies including supporting young people transitions to adulthood, with the oversight of the Safeguarding Boards	Good	Effective and safe implementation	SAB and key statutory partners
08. Continue to work with the CQC to share information.	Good	Regular reporting	Contracts monitoring team
09. Managing increasing demand and acuity to ensure adults receive right support at the right time. Regular DMT's to discuss and escalate issues.	Good	Reduced waiting times. Providing proportionate and time critical responses to those at risk.	Escalation to CLT as required.

Action Plans	Assurance	Responsibility	Target Date
1. Performance Improvement Plan Improvement plan has been developed and agreed with key actions to take forward based on the peer improvement recommendations and national indicators. This is being reviewed fortnightly internally across key meeting groups and updated accordingly. The improvement plan considers DOLs in CCC, threshold assessments for people in care homes in CCC, adults and autism historical back log, OT waiting list. LD Health waiting lists linked to section 75 agreements, care and support plan delays, including brokerage of increases or changes to care packages, financial assessment and financial data entry delays.	Good progress has been made on reviews due to the use of the external agency to tackle the long waiters. This will be an ongoing process		29/03/2024
2. Adults Workforce Strategy This is an internal workforce plan. This has been drafted and circulated for further comments and feedback. Next steps are for it to be socialised with the wider working group and a finalised version to be agreed by end of April. The plan will include forecasting future need, setting out recommendations and actions to retain, succession plan and ensure pipelines of future workers.	Drafted and due for approval and agreement to CLT.		28/03/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk	02. CSC - Failure of the council's arrangements to safeguard vulnerable children & young people

Consequence (Likelihood chart)

	Risk Owners	Martin Purbrick		Current Score	15		Last Review	16/02/2024
				Risk Appetite	15		Next Review	16/05/2024
				Previous Score	15			

Triggers	Likelihood Factors (Vulnerability)	Potential Consequences
1. High caseloads in Children's Social Care. 2. Lack of financial resilience. 3. Non-compliance with safeguarding processes and procedures. 4. Inability to recruit and retain experienced Social Workers. 5. Lack of placement sufficiency to meet the needs of complex children and young people. 6. Major incident results in inability to access Council systems, records or buildings.	Each one below is linked to each of the triggers: 1. Children's social care caseloads are too high in some areas due to issues with recruitment and retention. (High likelihood) 2. Difficulty procuring affordable capacity for children's placements and Home to School Transport. (Medium) 3. Lack of robust assessments (undertaken in a timely way) of risk in relation to children & the family circumstances. Although recently launched revised practice standards, guidance and the focus on six key areas ('Big 6') has meant a focus on areas for improvement. (Medium) 4. Recruitment and retention has improved for those in management roles and more work is underway for recruitment of permanent social workers (Medium) 5. Difficulty procuring capacity for children's placements, although now working more closely with provider market and better recruitment of in-house foster carer placement underway. (High) 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)	1. Harm to child or young person awaiting or receiving services from the Council. 2. Reputational damage to the Council. 3. Financial impact. 4. Appointment of a Children's Commissioner and notice of statutory intervention issued by the Department for Education.

Controls	Adequacy	Critical Success	Assurance
1. Multi-agency Safeguarding Boards and Executive Boards. Provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity specific safeguarding situation between partners.	Reasonable	The LA improvement board started in October 2023 and continues to provide independent scrutiny.	Council has acted as a single agent to ensure the right focus on safeguarding, with a lead from the Executive Director of Children's.
2. Information-sharing and coordinated work between multi-agency partners, providers, and regulators. 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.	Reasonable	A review by Essex sector led improvement (SLI) partner to identify key areas of strengths and development. Recommendations are being added to the improvement plan along with other key areas.	The Essex diagnostics has contributed to the self-assessment and formed part of the improvement plan going forward. Partnership working remains a key focus on the plan and self-assessment.

3. Comprehensive and up-to-date Safeguarding Policies, Procedures and Practice Standards. 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).	Good	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.	Partnership developing tools and pathways that support best practice around exploitation and safeguarding of vulnerable children and young people.
4. Safeguarding Training & Development Comprehensive and robust safeguarding training, ongoing development opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice.	Good	Effective training and development ensures all staff understand and can implement key safeguarding processes. Social care academy launched on 20th November with new ASYE and International workers starting in January 2024.	The outcomes of quality assurance should provide assurance over the effectiveness of staff training and development, and inform areas where further training is needed.
5. Quality Assurance Framework. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.	Reasonable	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 by all that are using it; reflects the lived experience of children; and helps with practice improvement, whilst supporting practice	Outputs from the QA framework should provide assurance that social workers understand what they need to do to improve children's situations.
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.	Completed a review of the notification process. Quarterly reports from customer services (including complaints) has been established and is being shared.
7. Family Safeguarding Approach Family Safeguarding involves multi-disciplinary teams in children's social care, to keep families together and ensure children and adults services work jointly for the best outcome for the family.	Reasonable	Family safeguarding as a practice model is currently under review	Essex diagnostics highlighted areas of focus and the family safeguarding model identified this as an area for focus.
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	Permananent team in place and established	Permanent leadership in place from January 2024. The interim Director of Education is due to start on 19th February whilst the permanent role is being recruited too

Action Plans	Assurance	Responsibility	Target Date
1. Corporate response to Ofsted focused visit. Updated self-assessment completed and improvement plan has been drafted and aspects underway. Previous outline of establishing a strengthening services board, however there was little appetite for this from partners. Therefore, the children's improvement board will be focused on the key areas for development.	Essex SLI is being undertaken with frontline teams to establish key areas of development and strengths. In addition, the mapping of the child's journey from the front door has been ongoing and key improvements are being made	Martin Purbrick	29/03/2024

Market engagement happened during January 2024 and 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.	Strategy has been updated; now into scoping the increased capacity required.	Martin Purbrick	01/04/2024
6. Recruitment of a permanent workforce Successful recruitment within management areas with over 90% of permanent Directors, Heads of Services, Service Managers and Team Managers. Over 70% of Social Workers are now permanent. As part of the children's improvement work, there is a focus on ensuring the recruitment and support of children's workforce.	Academy will be established to better support Apprenticeships, International workers and ASYE's. Work is ongoing to reduce agency staffing and encourage more permanent workforce in CEF.		01/04/2024
Review of key areas of Children's, Education and Families services Stage1 has now been completed and a further request for further DfE funding for additional SLI funds for stage 2. Essex is supporting Cambridgeshire with a sector led improvement review of key frontline services to help understand their strengths and key areas for development	Essex is supporting Cambridgeshire with a sector led improvement review of key frontline services to help understand their strengths and key areas for development. In addition, CCC is mapping the child's journey to improve the effectiveness and efficiency of responding to the needs of children and young people.		01/04/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk	03. The Council does not have enough budget to deliver agreed short and medium term corporate objectives

Risk Owners	Michael Hudson		Current Score	12	Last Review	20/02/2024
			Risk Appetite	15	Next Review	20/05/2024
			Previous Score	12		

Likelihood / Consequence matrix

Likelihood					
5					
4					
3				X	RA
2					
1					
	1	2	3	4	5

Consequence

Triggers	Likelihood Factors (Vulnerability)	Potential Consequences
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. 2. Policies, procedures or governance framework for budget setting and monitoring fail or are circumvented. 3. Non-compliance with corporate processes. 4. Demand management, prevention or service reform activity is insufficient. 5. Inflationary pressures and market failures / supply shortages lead to rising costs. 6. Staff without appropriate skills, knowledge, experience. Greater staff turnover. 7. The Council is a victim of major fraud, cyber crime or corruption. 8. Failure to meet Safety Valve agreed trajectory - Council has to fund DSG High Needs deficit or jeopardises DfE funds. 9. Lack of clarity regarding central government grant allocations.	1. Increased demand for services. 2. Economic/market conditions - shortage of supply of services. 3. Economic conditions - reduced income from fees/charges or taxation. 4. Changes to government funding; short term national planning. 5. Legislative and regulatory changes. 6. Partnership risks - additional costs or reduced funding in collaborations. Change programmes require additional short term risk. 7. Waste management reforms; Industrial Emissions Directive. 8. Home to School Transport and children's social care placements markets. 9. Credit loss on long term debtors.	1. Council issues a s114 report or requires capitalisation direction. 2. Breach of prudential code or capital strategy benchmark/indicators due to levels of borrowing. 3. The Council does not deliver its statutory responsibilities. 4. People do not receive the services to which they are entitled or require, and may be harmed as a result. 5. Reputational damage.

Controls	Adequacy	Critical Success	Assurance
01. Robust Business Planning process; demand/demography and inflation challenge.	Good	Continued support from CLT to act collectively to develop budget proposals which meet the financial challenge	Proposals and assumptions will be subject to scrutiny by Committees in January 2024 as well as other consultations such as the Trade Unions, Schools Forum, public, etc...
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	Insights and Policy co-ordinating quality assurance alongside Finance staff.
03. Integrated resources and performance reporting (accountable quarterly to SR&P Committee), tracking budget, savings, activity and performance	Good	Saving proposals delivered	Continued reporting through Committee.
04.Operational division Finance Monitoring Reports (accountable monthly to Service Committees), tracking budget, savings, activity and performance	Good	Saving proposals delivered	All reports being reviewed at DMTs
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	Training Continuing
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.	Increased training and guidance being roled out.

07.Budget challenge and independent advisory: Finance and budget managers at all levels of the organisation to track exceptions and identify remedial actions	Good	Meeting of financial targets and deadlines. Political engagement and approval	All reports being reviewed at DMTs
08.Rigorous treasury management system plus tracking of national and international economic factors and Government policy	Good	Prudential Indicators met	Reporting ongoing to Committee
09.Rigorous risk management discipline embedded in services and projects	Reasonable	Risk scoring	Reporting ongoing to Committee
10.Adequate reserves	Good	Reserves held at recommended level as per section 25 statement (4%)	s25 Report to Full Council in February 2024.
11. Integrated Financial Monitoring Report	Good	Received quarterly at S&R	Report ongoing to Committee
12. Anti-fraud and corruption policy	Good	Organisational awareness campaigns	On going training
13. whistleblowing policy	Good	Organisational awareness campaigns	
14. Internal control framework	Good	Organisational awareness campaigns	Internal audit reviews
15. Fraud detection work undertaken by IA, Counter Fraud	Good	Organisational awareness campaigns	NFI reporting
16. Awareness Campaigns	Good	Organisational awareness campaigns	
17. Anti money laundering policy	Good	Organisational awareness campaigns	
18. Publication of transparency data	Good	Organisational awareness campaigns	Publication

Action Plans	Assurance	Responsibility	Target Date
01. Engagement, development and submission of credible revenue and capital plans into safety valve process	Safety Valve secured and regular reporting will now be presented as part of the Budget Moinitoring reports. This position will continue to be reviewed but from the persepctive of Financial Planning the next key date is the assessment of risk to inform the S151 s25 assurance of	Michael Hudson Jonathan Lewis	13/06/2024
05. Programme and project delivery governance: Waste Management; Energy income mobilisation	Ongoing Board meetings	Michael Hudson Frank Jordan	01/04/2024
06. Programme and project delivery MTFS 2025-29		Tom Kelly Joe Lacey-Holland	30/09/2024
07. Review of Financial Regulations		Tom Kelly	30/06/2024
08. Review of Reserves		Michael Hudson	30/09/2024
09. Review of Commercial activities and risk			30/06/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk	04. A serious incident occurs, preventing services from operating and /or requiring a major/critical incident response.

Likelihood						Risk Owners	Sue Grace		Current Score	12	Last Review	22/02/2024

Risk Matrix

Likelihood						
5				X	RA	
4						
3				X	RA	
2						
1						
	1	2	3	4	5	
		Consequence				

Risk Owners	Sue Grace

Current Score	12
Risk Appetite	15
Previous Score	12

Last Review	22/02/2024
Next Review	22/05/2024

Triggers	Likelihood Factors (Vulnerability)	Potential Consequences
1. Loss of large quantity of staff or key staff 2. Loss of key premises (including temporary denial of access) 3. Loss of IT, equipment or data 4. Loss of a key supplier 5. Loss of utilities or fuel 6. Decreasing resilience in CCC services due to ongoing financial constraints and cost reduction 7. Serious major external incident 8. Officer non-compliance with Business Continuity planning or processes 9. Co-operation and engagement of partners	1. Ongoing risk of environment hazards such as flooding and severe weather 2. Pandemic 3. Cyber Attack / Cyber Crime (see Risk 09) 4. Possible power outages caused by gas shortages 5. Resource 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

Controls	Adequacy	Critical Success	Assurance
1. Corporate and service Business Continuity Plans Up to date business continuity plans available across the Council.	Reasonable	All services have up-to-date Business Continuity Plans which provide a clear and comprehensive plan for how services will respond in the event of a major/critical incident to minimise business disruption.	The Emergency Planning Team maintains a tracker of BC plan completion across the Council. Currently the team are working on reviewing BCPs and getting this up to date (see Action Plan).
2. Corporate communication channels in case of emergency. The Emergency Planning team work with Communications Teams in Cambridgeshire and Peterborough to respond to any emergency incidents. The Council's Emergency Messaging System allows contact with staff via SMS in the event of IT system disruption.	Good	The Council is able to communicate effectively externally and internally in the event of a major/critical incident.	The Emergency Planning team maintain a close relationship with the Communications team.
3. Cambridgeshire & Peterborough Local Resilience Forum The LRF allows multi-agency collaboration regarding local resilience issues. The LRF follows a clear process to allow agencies across the region to share information, plan and prepare for major incidents, and maintains a tactical response process.	Good	The Council is able to work effectively with other agencies across Cambridgeshire & Peterborough in responding to a major/critical incident.	Executive Director of Strategy & Partnerships sits on the LRF Board to represent Cambridgeshire County Council.
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.	The last DR test occurred as part of the data centre move in November 2021. A failover was successfully completed in March 2022 at Sand Martin House Data Centre If DR is invoked systems will be available however platform system changes will require DR to be retested to ensure performance and functionality is available in the new environment.

5. Resilient Internet feed	Good		"Considerable work undertaken to strengthen and improve resilience of network, high proportion of WFH for staff and Members can be sustained. Regular monitoring process and escalation"
6. Corporate Emergency Plan	Reasonable		Corporate Emergency Plans put into operation through recent incidents (2020/21 and 2021/22) including Flooding and Severe Weather. The CCC Emergency Management Plan is currently being updated (June 2023) to reflect organisational changes.

Action Plans	Assurance	Responsibility	Target Date
Business Continuity Plan Testing 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.		Stewart Thomas	01/06/2024
Corporate review of Business Continuity Plans. Emergency Planning Team supporting service Business Continuity leads to review Business Continuity Plans.	The Emergency Planning Team maintain a tracker of corporate and service BCPs and are now reviewing and updating this to understand current completion and quality levels of service BCPs. BC Awareness sessions for Team Managers were launched in February 2023 to re-establish contact with BC leads and sessions are currently booked in with Directorates to December 2023. The Emergency Planning Team took part in Worldwide 'Business Continuity Awareness Week' in May 2023 run by the Business Continuity Institute with internal communication & promotional material sent to staff.	Stewart Thomas	31/03/2024
Internal Audit of Business Continuity Planning		Mairead Claydon	31/03/2024
IT Disaster Recovery Exercise		Michael Hudson	31/10/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk	05. Failure of corporate governance				

Risk Owners	Emma Duncan	**Current Score**	10	**Last Review**	13/02/2024
		Risk Appetite	15	**Next Review**	13/05/2024
		Previous Score	10		

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

Controls	Adequacy	Critical Success	Assurance
01. Monitoring Officer role.	Good	Lack of or reduced risk of successful legal challenge to decision making.	Monitoring Officer attends all CLT meetings. MO sign-off on all legislative changes and legal implications on Committee papers.
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.	Annual Governance Statement published as part of Statement of Accounts.
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.	Code of Corporate Governance updated annually on the external website.
04. Business Planning process used to identify and address changes to legislative/regulatory requirements	Good		
05. The Council's Constitution, including Scheme of Financial Management, Contract Procedure Rules, Scheme of Delegation etc.	Good	Officers and Members comply with statutory obligations	
06. Corporate Complaints procedure and response to Local Government & Social Care Ombudsman reviews.	Good	The Council can identify and respond to any breaches of legislative or statutory obligations.	
07. Service managers kept up to date with changes by Monitoring Officer / Pathfinder, Government departments, professional bodies, involvement in regional and national networks	Good	Lack of or reduced risk of successful legal challenge to decision making	
08. New Committee report template and process developed following the Governance Review. Key statutory and legislative considerations in Committee reports are highlighted in sufficient detail and signed off by key officers prior to submission to Committee.	Good	Committee papers and key decisions are scrutinised to identify any statutory/legislative impact.	Sign-off by key officers is evidenced in Committee paper appendices.

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.	Performance reporting to Committees and CLT.
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.	A report tracker is in place to verify that reports on Committee forward plans are received and reviewed by the Corporate Clearance Group.

Action Plans	Assurance	Responsibility	Target Date
01. Corporate Response to the Covid Public Inquiry.			31/03/2023
02. Implement Action Plan from Annual Governance Statement.	Implementation to be reviewed on an ongoing basis by Statutory Officer Group.	Emma Duncan	31/03/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk	06. The Council's workforce is not able to meet business need

Likelihood / Consequence matrix (5×5 risk grid) with X/RA marked at Likelihood 3, Consequence 5.

	1	2	3	4	5
5	orange	orange	orange	red	red
4	green	orange	orange	red	red
3	green	orange	orange	orange	X/RA
2	green	green	orange	orange	orange
1	green	green	green	green	orange

Likelihood (vertical) / Consequence (horizontal)

Risk Owners	Janet Atkin		
Current Score	15	Last Review	19/02/2024
Risk Appetite	15	Next Review	19/05/2024
Previous Score	15		

Triggers	Likelihood Factors (Vulnerability)	Potential Consequences
1. Skills shortage in key areas including partners. 2. Employee retention beneath optimal leading to unhealthy level of turnover. 3. Low levels of employee engagement. 4. Failure to achieve a healthy organisational culture and 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. 9. Inability to recruit and develop staff 10. Organisational change 11. Working days lost to strike action/ industrial action	1. Cost of living is increasing at a rate that is causing major concern for many of our workforce. 2. Acute skills shortage in key areas including partners. 3. Increased challenges across all areas of the council's functions in recruiting. 4. Changing expectations regarding how and where staff want to work. 5. The extent and scale of change programmes being undertaken across the Council including the separation of services across CCC and PCC can heighten the likelihood of disruption and challenge with motivation and engagement. 6. Significant demand in services. 7. Increased workplace expectations of employees.	1. The Council is unable to recruit & retain staff with the right skills and experience. 2. Failure to deliver effective services or Council objectives. 3. Reputational damage to the Council. 4. Low morale and negative impact on staff wellbeing. 5. Expenditure on costly interims or agency staff. 6. Workforce lacks relevant skills, knowledge and training and is not continually developed.

Controls	Adequacy	Critical Success	Assurance
A. Fair Recruitment Policy. A Children's Workforce Board has been re-established under the leadership of the new DCS to focus on workforce challenges including recruitment. 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.	Good	Staffing levels become more stable to support service delivery.	Outcomes of actions from Recruitment and Retention Board.
B. 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.	Good	Employee Engagement is demonstrated through employees seeing the value of and therefore contributing to these opportunities to shape the organisation as an employer.	CLT see results of engagement surveys and agree action plans to respond to the survey.
C. 5 year People Strategy, endorsed by Members with accompanying action plan to ensure the right focus on recruitment, retention and talent management. New People Strategy has been launched and has a clear focus on the shifting employment market and employment challenges that the Council faces, to establish clear plans for the workforce.	Good	Clear workforce plan in place for the Council.	Success of the People Strategy is measured through employee engagement surveys and feedback from key services/exit interviews. Additionally, an annual report is presented to Staffing and Appeals Committee.
D. Dedicated Recruitment Team supporting the whole Council. Targeted recruitment campaigns and new e-recruitment system.	Good	The Council is able to recruit staff with the right skills and experience.	Impact of recruitment campaigns is reviewed by the Recruitment Board. Decisions on spending on major recruitment campaigns are approved by the Board.

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.			Ongoing recruitment project has an emphasis on recruiting managers acting as Council ambassadors and not just focusing on their own area/vacancy, to improve attractiveness of Council as an employer to all applicants.
E. Staff appraisal system linked to performance management	Good	Staff performance is quantifiable across the Council services.	Directorate-level review of outcomes followed by CLT review of appraisal and performance outcomes.
F. Role of HR Business Partners. HR Business Partners work with services to anticipate and meet demands within service areas. BPs attend management meetings and meet Service Directors regularly.	Good	Services are supported in successful recruitment, engagement, development and retention of staff.	Feedback from HR Business Partners regarding organisational engagement.
G. Annual report to Staffing and Appeals Committee Reports are delivered to Staffing and Appeals Committee in February each year setting out a clear review of the workforce profile and activity during the year as well as key policy changes, employee engagement activity and an update around employee wellbeing.	Good	Impact of workforce policies and engagement is measured and evaluated to inform future policy development.	Report is taken to Committee in February.
H. Report on quarterly basis to CLT and to management teams on workforce and performance. CLT received monthly reports on Health, Safety and Wellbeing. Quarterly dashboard reports on workforce matters including absence and turnover are provided to Directorate Management Teams for them to keep a focus on their workforce profile and any emerging or potential concerns.	Good	CLT and Directorate Management teams are able to identify and address any emerging or potential concerns.	Reports are provided to DMTs quarterly.
I. Use of Consultants Policy and Interim & Agency Workers Policy.	Reasonable	Hiring managers use appropriate and compliant routes to market to obtain interim, agency staff and consultants.	Regular reporting on use of consultants, interims and agency staff to CLT and Audit & Accounts Committee. Internal Audit review of Use of Consultants & Interims planned for 2023/24. Consultancy policy ownership has transferred to Procurement. Head of Procurement and Head of HR have ben attending Management Team meets within services to raise awareness of these policies and to discourage any procurement of staff/workers without seeking advice.
J. Agency Staff framework with Opus.	Good	Hiring managers use Opus as an accessible and cost-effective route to market for agency staff and as a provider of the skills and expertise we need to reach through our joint venture.	HR team manage Opus contract. Opus reporting has improved significantly with implementation of weekly returns for Social Care, Adults and Children's and monthly returns for other services. HR Advisory have introduced a reconciliation of returns to services to confirm accuracy of reports.
K. Well established consultative framework with trade unions. Chief Executive joins the meetings on a regular basis.	Good	Well established and positive relationships enable constructive discussions with trade union colleagues around any challenging workforce related matters, as well as an opportunity to gain valuable insights and contributions to help shape policy development.	

L. Effective Learning & Development platform and work of the Learning & Development team.	Good	Staff are able to access targeted learning and development opportunities and the Council can monitor training undertaken.	Rates of training completion.
M. 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.	Staff feedback in EDI engagement surveys and exit interviews.
N. Employee Wellbeing offer and new Employee Engagement & Wellbeing Advisor post.	Good	Staff are supported to maintain wellbeing, reducing absence and supporting employee engagement and retention.	Staff feedback in Engagement Surveys and exit interviews.

Action Plans	Assurance	Responsibility	Target Date
Children's Workforce Improvement Programme. Programme to address challenges in children's workforce retention and recruitment, launched in September 2022 and led by Chief Executive. This piece of work has broadened in scope and has now become part of the ongoing Children's Improvement Programme		Janet Atkin	30/03/2024
The values and behaviours framework has been reviewed in line with the new People Strategy. The Councils new Values wil The People Strategy was approved in May and work is underway to develop an action plan for approval by Staffing and Appeals Committee.		Janet Atkin	31/03/2024
Work with the service directors to create a comprehensive L&D framework to support the wider People Strategy. Can only be completed once People strategy in place and agreed therefore target date to be aligned –June 2024		Janet Atkin	30/06/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk	07. Failure to Deliver Key Council Services				

Likelihood / Consequence matrix

Likelihood					
5					RA
4					X
3					
2					
1					
	1	2	3	4	5

Consequence

Risk Owners	Stephen Moir	Current Score	10	Last Review	27/02/2024
		Risk Appetite	15	Next Review	27/05/2024
		Previous Score	10		

Triggers	Likelihood Factors (Vulnerability)	Potential Consequences

01. This risk may be triggered by the realisation of any of the other risks on the Corporate Risk Register:
   - 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)
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.
03. Failure to identify changing policy or legislation, or an inability to respond to changes in policy or legislation.
04. Failure to develop, effectively communicate and implement clear Council strategies and service plans, including the Business Plan.
05. Insufficient corporate oversight of performance.
06. Non-compliance with corporate policies and procedures.
07. Failure of arrangements for health and safety.
	01. Changes to legislation or Government policy having an adverse impact upon Council services and funding. 02. Local Government Financial reforms and funding reductions leading to direct upon Council budgets.
	03. High levels of growth in Cambridgeshire outstripping forecasts and creating increased demand for key services.
	04. Pandemic or other form of long running incident.
	05. Organisational changes impacting service delivery.
	06. Economic uncertainty due to national and international events
	07. Political changes arising from General or Local Elections impacting upon service priorities.
	08. Commissioned service providers unable to continue service (if not managed under Risk 10)
		01. Harm or risk to vulnerable people.
		02. Financial penalties
		03. Reputational damage to the Council.
		04. Government or regulatory intervention/sanctions.
		05. Statutory penalties or prosecution.

Controls	Adequacy	Critical Success	Assurance
1. Role of the Corporate Leadership Team for the operational delivery of services CLT have a leading role in ensuring that the Council delivers key services and legislative requirements. Individual Executive Directors have Service Plans setting out the required delivery from their teams for the year ahead.	Good	The Corporate Leadership Team has clear terms of reference and regulary reviews service performance dashboards, financial reporting, workforce information, contract/commissioning and audit and risk matters.	Council Directors complete Directors Assurance Statements for the Annual Governance Statement providing assurance over the control of risk and compliance with corporate governance requirements in their area.
2. Policy and Budget Framework A clear, approved Policy and Budget Framework for the Council (including the Strategic Framework, Medium Term Financial Strategy, Capital Programme and Treasury Management Strategy).	Reasonable	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.	

3. The role and responsibilities of Council and Committess for decision making and scrutiny 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.	Good	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.	
4. Systems providing oversight of Council performance and service delivery. The Council's Performance Framework and Key Performance Indicators, along with associated systems for identifying performance issues such as the Complaints Procedure and Feedback Policy, provide corporate oversight of performance and delivery of key services.	Reasonable	Councillors and the Corporate Leadership Team have a robust overview of service performance, delivery and risks to enable scrutiny, accountability and performance improvement activities.	
5. Demand forecasting. The Council operates forecasting mechanisms to inform budget setting and long-term planning. This includes placement sufficiency processes to inform provision of school and early years places.	Good	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.	

Action Plans	Assurance	Responsibility	Target Date
1. Redevelopment of the Council's Performance Framework.		Sue Grace	31/03/2024
Review of Business Planning Process for 2024/25		Sue Grace Michael Hudson	29/02/2024

Risk Path:　　　　Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk	08. The Council is a victim of cyber crime.

Likelihood / Consequence matrix

Likelihood	1	2	3	4	5
5			X		
4					
3					RA
2					
1					

Consequence

Risk Owners	Michael Hudson

Current Score	15
Risk Appetite	15
Previous Score	15

Last Review	20/02/2024
Next Review	20/05/2024

Triggers	Likelihood Factors (Vulnerability)	Potential Consequences
01. Data loss 02. Denial of IT services 03. Malware attack 04. Phishing attack 05. Ransomware attack 06. Telephone Toll Fraud 07. Major vulnerability 08. DR for IT Services 09. Data mishandling/breach 10. Training arrangements fail 11. Password attack 12. SQL injection attack 13. Monitoring does not identify threats 14. In-house expertise/resource is stretched/reduced 15. Outdated or unpatched systems	01. Increasing malicious attempts from various sources 02. Malicious Emails to staff increasing 03. Non-compliance by staff or partners with IT Security policies	01. Regulatory breach subject to ICO action, reputational harm to the Council and disclosure of private information. 02. Inability or degradation in the ability of Council staff to access any computer based service hosted outside of the Council network. It will most likely also impact any services that the council hosts for access by the public. Finally it would also impact any VOIP services operated by the council. 03. Infection of Council systems by malware, causing a degradation of Council systems. 04. Credentials and/or data being made available to unauthorised third parties. This could result in ICO action, reputational damage to the Council and the unautorised release of confidential information. 05. Loss of access to Council data, a financial ransom to recover access, reinstallation and restore operations to recover access, release of confidential data, reputational harm and ICO action. The exact impact will depend on how well mitigation reduce the impact of the attack. 06. Financial loss for the Council. The Council may also suffer reputational damage or information loss risks if the breacher of the system attempts to impersonate the Council. 07. Systems are exploited by using known\unknown vulnerabilities. 08. There is a risk that the functionality of the new DR solution has not taken place since implementation in August 2021 November 2021 and a retest will be required to provide assurances following platform changes. The consequence of not retesting is that if there is an incident which requires DR to be invoked it will be testing the solution during a live event.

Controls	Adequacy	Critical Success	Assurance
01. Phishing detection and prevention controls	Good	Phishing attempts are prevented or detected and	The service confirmed that multiple layers of Phishing

		dealt with. Additional software to be procured and paper going to A&P Committee March 2024	detection are in place and these will delete or mark messages as appropriate. External messages are also marked as such as they contain a higher risk of Phishing. Multifactor authentication is used to reduce the likelihood of successfully exploiting Phished credentials. A simulation phishing exercise was completed in May 2022 which resulted in 178 users entering their password/credentials, which equates to 2.47% of the total delivered emails. Targeted training was offered to
02. Vulnerability detection and mitigation controls	Good	Vulnerabilities are identified internally and externally and patched in a timely manner – 14 days for vulnerabilities rated high or critical on the CVSS scoring system.	Firewall, Email, Website access and end-device technical controls are used to eliminate or reduce the risk on known\unknown vulnerabilities from being exploited. NCSC Early Warning, WARP and other third-part intelligence source are used to identify vulnerabilities as soon as possible. There has been no action required or vulnerabilities detected from last 6 Months of WARP Threat Roundups. No NCSC Early Warning threat has been received since 16/12/2021. Other information and web sources are also monitored by the service on a regular basis to identify potential vulnerabilities. Additional assurances can be provided via progression of PSN Remediation Action Plan and outcomes of DLUHC (Department of Levelling Up) testing.
03. Disaster Recovery Testing	Reasonable	DR actioned in January and Februiary and further schedule of DR testing and reporting of outcomes mid 2024.	The last DR test occurred as part of the data centre move in November 2021. A failover was successfully completed in March 2022 at Sand Martin House Data Centre. If DR is invoked systems will be available however platform system changes will require DR to be retested to ensure performance and functionality is available in the new environment.
04. Robust policies and procedures including the new IT Strategy and the existing Information Management & Governance policy framework.	Good	Accessibility and awareness of comprehensive, up-to-date IT and Cyber security policies and guidance.	Upcoming implementation of the new IT Strategy, toolkit materials and review of current policy suite. New IT strategy is being based on the National Strategy and will show how the service will support the 5 objectives: Manage, Protect, Detect, Minimise and Develop. A new toolkit has also recently been procured - ISO27001, PCI DSS and Cyber Essentials and these

05. Staff training on the correct handling of private data, and to use technical controls available to the Council to enable this.	Good	Completion of e-learning and delivery of sessions at Council wide sessions, such as Cambridgeshire Conversations	Cyber Security E-learning has sufficient coverage, but completion levels require improvement. A council wide one-hour Cyber Griffin session is planned to be delivered by the City of London Police on the 22nd March 2023. Up to 1,000 staff can join the training
06. Use multiple layer of anti-malware protection on Firewalls, email and end-points to prevent malware with frequent signature updates.	Good	Anti-malware protection	Malware protection is provided by Trend Micro Apex One (contract ends 23/3/24), Microsoft 365 (rolling Monthly Contract) and PaloAlto (MLL Eastnet Contract).
07. Use technical controls to limit access to the Council VOIP system to the UK only.	Good	VOIP system access control and usage reports	Normal usage is monitored by the provider and Council staff so that any deviation from normal use patterns can be identified and alerted.
08. Use the automated denial of service mitigation service provided by our wide area network provider MLL. This will inform us of any denial of service attempts and mitigation activities.	Good	MLL monitoring notifications	The service has never received a DOS or DDOS warning from MLL since established there was a process in place.
09. Cyber Security Board and Technical Group	Good	Regular meeting and reporting on cyber security	The purpose of the Cyber Security group is to ensure that IT best practice security is monitored and managed uniformly across CCC and PCC, defining the secure use and management of our IT systems.
10. Information Governance Management Board	Good	Regular meeting and reporting on cyber security arrangements and actions.	The IMB provides advice and guidance on all elements of IM/IG. This includes leading on cyber security arrangements.
11. ITDS Recruitment Campaigns	Good	The service retains and develops workers with IT specialisms.	Team currently has 3 qualified CISP officers and apprenticeship routes are established.
12. IT Business Continuity Planning processes	Reasonable	BCP in place for IT and service specific IT risks are considered in other service's BCP	An LGSS IT BCP from 2018 was provided to audit by Emergency Planning. No current version is in place but work is ongoing with Emergency Planning to get in place.
13. ICT Security Procurements	Reasonable	Due diligence processes are adhered to when making IT procurements to ensure the Council's IT security systems are not compromised	RFQ sets out standard procurement requirements however this process is under review.
14. Information Risk Owner role; Data Protection Officer role; Caldicott Guardians	Good	Defined responsible officers are in place	Defined within the Information Governance Framework.
15. Performance monitoring – corporate IT KPIs on IT Security	Good	Performance Monitoring is regularly undertaken to ensure IT security arrangements are sufficient	No assurances at present. TBC.
16. Communication strategy	Good	Ad-hoc communications and publicity work to raise awareness of IT security	Internal engagement team publishes ad-hoc and reactive comms regarding IT security. Further comms work include Cambridgeshire Conversations sessions.
17. Limitations to FOI requests	Good	Limitations on details the Council can release in FOI answers in relation to council system infrastructure	New process established to restricting level of detail given in FOI requests in regards to Council IT infrastructure as not to expose Council to cyber risk.

Action Plans	Assurance	Responsibility	Target Date

01.Business Continuity Plan for IT services to be developed with Emergency Planning	Currently in progress	Katherine Hlalat	30/03/2024
02.Corporate IT Security KPIs and reporting to be developed – such as Cyber Security and IG e-learning training complet	Currently in progress, however initial perspective is that there will be a single KPI on training. With additional reporting and dashboards being produced to report on the estate as this is a continually moving feat.	Julian Patmore	30/03/2024
04. DR retesting to be scheduled	Will be scheduled in once SAN replacement procurent has been finalised and will be included in one of the tasks within the implementation.	Michael Hudson	30/06/2024
05. Ensure DPIAs are completed for all systems (where they have not already been completed)	Review to be undertaken of quality.	Ben Stevenson	31/03/2024
06. Review partnership arrangements where data is either being processed or controlled on our behalf, or where we are ho	PSN being sought	Julian Patmore	31/03/2024
07. Partnership Directory. Create a partnership directory to understand our relationships with partners and the responsibilities of either party		Katherine Hlalat	31/03/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk: 09. The Council fails to comply with Information Governance legislation and industry standards

5				X(red)	
4					
3				X	RA
2					
1					
	1	2	3	4	5

Likelihood / Consequence

Risk Owners	Emma Duncan

Current Score	12
Risk Appetite	15
Previous Score	12

Last Review	23/02/2024
Next Review	23/05/2024

Triggers
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.

Likelihood Factors (Vulnerability)
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.

Potential Consequences
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.

Controls	Adequacy	Critical Success	Assurance
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.	Quarterly reports on training completion rates.
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	Ongoing review and creation of register.
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.	Annual report to Joint Information Management Board.
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	Good	Board meetings to be held every quarter and led by CLT members.	Quarterly meetings and IM Board reporting.
05. A comprehensive set of information and security policies.	Good	Policies reviewed and refreshed annually with redundant documents removed.	Annual report to Joint IM Board.
06. Established procedure for notifying, handling and managing data breaches	Good	Compliance with policy and clear reporting on breaches.	Report to CLT on a six-monthly basis on breaches and impact. Report to Joint IM board on a quarterly basis. Chief Exec and director notified of high-risk breaches. Clear reporting to services on causes of breaches/incidents via PBi dashboards

07. Subject Access Requests responded to within the statutory timeframe.	Good	Targeting compliance rate of 90% SARs completed within statutory timeframe.	Quarterly report of progress towards 90% within statutory timeframe to both Strategy & Resources Committee and Joint IM Board. Six monthly report to CLT.
8. FOI responses issued within the statutory timeframe.	Good	Targeting compliance rate of 90% FOIs completed within statutory timeframe.	Quarterly report of progress towards 90% within statutory timeframe to both Strategy & Resources Committee and Joint IM Board. Six monthly report to CLT.

Action Plans	Assurance	Responsibility	Target Date
Awareness and communications regular updates via Cambweb, DMTs and conversations to keep awareness levels up	Visibility on Cambweb	Ben Stevenson	31/03/2024
Completion of NHS DSP Toolkit Ensures areas of compliance considered and how met for Public Health and Adult	Publication of toolkit and any audits	Ben Stevenson	31/03/2024
Implement learning from incidents Ensure that processes are reviewed and trends analysed	Lack of repeat incidents in service areas where processes are reviewed and changed	Ben Stevenson	31/03/2024
Mandatory training Training to be delivered annually to all staff, relevant to services and councils	BI reports to identify non completers Raised with directors and CLT to ensure completion Annual training	Ben Stevenson	01/04/2024
Review of advice sought and provided to develop staff guides such as when to share and how to share to ensure confidence review of what the service is asked about to look for common themes and produce guides/notes to support	Published guides		01/04/2024
Review of IG policies Annual review of policies and updating to ensure best practice shared	Published policies to be approved by IM board	Ben Stevenson	30/04/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk — 10. Failure of key contracts.

Risk Owners	Michael Hudson	Current Score	12	Last Review	20/02/2024
		Risk Appetite	15	Next Review	20/05/2024
		Previous Score	12		

Risk Matrix (Likelihood vs Consequence) — X at Likelihood 3 / Consequence 4; RA at Likelihood 3 / Consequence 5.

Likelihood \ Consequence	1	2	3	4	5
5	orange	orange	orange	red	red
4	green	orange	orange	red	red
3	green	orange	orange	X	RA
2	green	green	orange	orange	orange
1	green	green	green	green	orange

Triggers

01. Different partnership arrangements and/or contracts have conflicting aims or priorities.
02. Large scale handback / collapse of major suppliers for economic/profitability reasons
03. Supply chain failure and/or significant cost increases in supply chain or CPI.
04. The Council fails to identify key/business-critical contracts.
05. Lack of robust, formally agreed contract documents to set deliverables, performance and governance arrangements for all key contracts.
06. Failure to compliantly procure key contracts leads to legal challenge.
07. Contracts lack clear corporate owners; or contract owners have a conflict of interest between their CCC role and external interests.
08. Contracts fail to drive desired deliverables/outcomes through appropriate penalties/rewards.
09. Lack of in-house contract management expertise.
10. Third party fraud committed by or against suppliers and/or internal fraud or corruption in collusion with suppliers.
11. Relationship breakdown with key contractors, potentially leading to a legal dispute.
12. Heavy reliance on single suppliers leading to lack of a diversified supply chain.
13. Policy or leadership changes in central government.

Likelihood Factors (Vulnerability)

01. Uncertainty and major change programmes underway within the Council.
02. Significant economic and inflationary volatility.
03. Industrial Emissions Directive and the Best Available Techniques conclusions (BATc).
04. Capacity and experience to deliver robust contract and supplier relationship management for key contracts.
05. Understanding of market conditions for the specific markets in which the key contracts sit.

Potential Consequences

01. Financial impact of credit loss or default on monies owed.
02. Revenue impact of increased costs or reduced income returns.
03. Interruption to outcomes and service delivery.
04. Construction quality and health & safety matters.
05. Reputational damage.
6. Failure to fulfil statutory duties.

Controls	Adequacy	Critical Success	Assurance
01. Contract Procedure Rules and associated guidance and training.	Good		
02. Contracts Register.	Good		
03. Procurement Governance Board.	Reasonable		
04. Business Continuity Planning processes.	Poor		
05. Head of Diligence & Best Value role.	Reasonable		
06. Corporate due diligence processes.	Good		
07. Declarations of Interest processes within the Codes of Conduct for officers and members	Reasonable		
08. Corporate process for identifying key partnerships and contracts.	Reasonable		

09. Budget monitoring and forecasting processes.	Good		
10. Contract Management Toolkit in place. Contract management training is delivered to key contract managers via the Government Commercial Function.	Good		

Action Plans	Assurance	Responsibility	Target Date
03. Implement additional support for key contracts including from a business continuity perspective.		Clare Ellis	31/03/2024
04. Implement the new Sustainable Procurement Strategy		Clare Ellis	31/12/2024
05. Undertake regular Contract Register reviews to ensure that new 'key contracts' are captured by the process above.		Clare Ellis	31/03/2025

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk	11. Failure of collaborative working.						

Risk Owners: Sue Grace

Current Score	12
Risk Appetite	15
Previous Score	12

Last Review	22/02/2024
Next Review	22/05/2024

Likelihood / Consequence matrix (X at Likelihood 3, Consequence 4; RA at Likelihood 3, Consequence 5)

Triggers	Likelihood Factors (Vulnerability)	Potential Consequences
01. Different partnership arrangements have conflicting aims or priorities. 02. The Council fails to identify and manage key/business-critical partnerships. 03. Lack of robust, formally agreed partnership agreements or equivalent to set scope, deliverables and governance arrangements for all key partnerships. 04. Partnerships lack clear corporate owners; or partnership owners have a conflict of interest between their CCC role and external interests. 05. Partnership agreements fail to drive desired deliverables/outcomes. 06. Relationship breakdown with key partners, potentially leading to a legal dispute. 07. Policy or leadership changes in central government or local partnership organisations. 08. Lack of transparency regarding the operation of key partnerships.	1. Uncertainty and major change programmes underway within CCC and partner organisations. 2. Restricted budgets across sector, coupled with significant economic and inflationary volatility. 3. Current negotiations regarding LD pooled budgets.	01. Financial impact of partnership failure particularly where budgets are pooled. 02. Revenue impact of increased costs or reduced income returns. 03. Interruption to outcomes and service delivery. 04. Reputational damage. 05. Failure to fulfil statutory duties.

Controls	Adequacy	Critical Success	Assurance
01. Partnerships Advice & Guidance Document.	Reasonable	Clear guidance is available to Council officers and members on operating effectively in partnerships.	The Council's Partnerships Governance Advice & Guidance document is currently under full review (see Action Plan).
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.	Grants Policy is due for Internal Audit compliance review in 2023/24 (see Action Plan).
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.	Democratic Services produce an Annual Report on Member Representation on Outside Bodies.
04. Council's Strategic Framework	Good	Clear statement of our Vision and Ambitions as a basis for our collaborative working.	Strategic Framework as approved at full Council in February 2023 as part of the budget setting process
05. Regular liaison with key partners ICS, CPCA, District & City Council, CAPALC (Cambs & Peterbr' Association of Local Councils), CPSB (Cambs & Peterbr' Strategic Board).	Good	Partners are clear about where they can work together for the benefits of the communities of Cambridgeshire	CLT regular review of strategic partnership activity and how this contributes to the Council's ambitions.

Action Plans	Assurance	Responsibility	Target Date
01. Review and update Partnerships Advice & Guidance document linking in to the Appointments to Outside Bodies Process.	Partnerships Advice & Guidance document has been reviewed and updated linking in to the Appointments to Outside Bodies Process. Was presented to CLT on 19th February for comment with a final version due for sign-off in March.	Sue Grace	31/03/2024
02. Conduct a fact-finding exercise to review our key partnerships, engagements and collaborative work.	A fact-finding exercise is underway to review our key partnerships, engagements and collaborative work. It will report initial findings to CLT in March.	Sue Grace	31/03/2024
03. Identify opportunities for collaborative working around shared ambitions with our key partners	Opportunities for collaborative working around shared ambitions with our key partners will be identified following the completion of the above steps.	Sue Grace	01/05/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):

Risk	12. Climate Change

							Risk Owners	Frank Jordan		Current Score	16	Last Review	20/02/2024

Risk Matrix (Likelihood vs Consequence)

Likelihood	5	orange	orange	orange	red	red
	4	green	orange	orange	**X** (red)	red
	3	green	orange	orange	orange	**RA**
	2	green	green	orange	orange	orange
	1	green	green	green	green	orange
		1	2	3	4	5

Consequence

Risk Owners	Frank Jordan
Current Score	16
Risk Appetite	15
Previous Score	16
Last Review	20/02/2024
Next Review	20/05/2025

Triggers	Likelihood Factors (Vulnerability)	Potential Consequences
1.Carbon reductions are not realised across the Council and Cambridgeshire. 2. Internal skills, knowledge and resources not available to address the issue. 3. Partnerships not effectively managed. 4. Government climate and environmental regulation and strategy amended. 5. Availability of funding. 6. Projects to deliver carbon reductions and/or biodiversity enhancement not delivered. 7. Carbon reduction and biodiversity enhancement is not appropriately embedded into the organisation's service delivery mechanisms. 8. Supply chain insufficiently developed to deliver low carbon solutions and/or biodiversity enhancements at pace, scale and price to deliver the CCES in Cambridgeshire. 9. Behavioural change required in communities and/or workforce is not realised. 10. Insufficient awareness from staff and Members of key policies and procedures.	1. Increased demand on services reduces capacity to deliver the strategy. 2. Need to balance competing priorities. 3. Revised legislation/regulation. 4. Supply chain weaknesses – increases costs and risks for the Council. 5. Global competition for resources drives significant macro-economic changes to markets e.g. Ukraine war. 6. New technologies and innovations are complex to implement in current economic environment. 7. Inflationary pressures. 8. Changes to government funding regimes and/or approaches.	1. Failure to deliver statutory duties and legislative requirements. 2. Significant political and reputational damage to the Council for not acting on the climate emergency that has been declared. 3. Significant longer-term risks and costs to health, society, economic and financial position of the County and the Council if mitigation and adaptation measures are not effective. 4. Resilience of services at risk due to climate impacts impeding Officers and/or service users delivering or accessing services. 5. Legal challenge on the Council's failure to deliver the Council's targets.

Controls	Adequacy	Critical Success	Assurance
01. Council policy on the CCES and action plan in place to guide decarbonisation and nature recovery priorities. Climate/environment integrated into CCC operations and systems.	Good	CCEP Programme reviewed in Feb 24 to revise governance.	Annual review of action plan and CCES targets. Monitoring of Capital Programme Board papers to ensure inclusion of carbon valuation.
02. Implementation of the Phase 1 Net Zero Enabling Programme to improve knowledge, skills, governance and resource capacity. Carbon budget reporting when agreed and in place.	Good	Governance established. Reviewed Dec-Feb 24. Recruitment underway to increase capacity. Phase 2/3 mobilisation programmes developed.	Decarbonisation plans in place for high carbon emitting areas. Improved data integration for dynamic reporting on
03. Performance management - Annual Carbon Footprint Report and monitoring of progress against CCES targets.	Reasonable	Baseline assessments in place for carbon and biodiversity. Forecast annual carbon budget.	Annual carbon footprint published. Trajectory to NJet Zero by 2030 reviewed.
04. Quarterly reporting to CLT on progress with the CCES by the Executive Director Place & Sustainability.	Reasonable	Reporting template agreed and started from October 2022.	Quarterly reports produced.
05. Delivery and Programme Management support to the CPCA Climate Change Action Plan.	Reasonable	CCC puts in place a delivery programme to support the CPCA. CPCA puts resources in place to deliver the action plan.	Reporting to the CPCA Climate Working group and the Independent Commission for Climate.

06. Continued involvement in various strategic partnerships/collaborative spaces to feedback information and establish collaborative working approaches e.g. Local Climate Change Officers Group, UK100, ADEPT, UKPN Innovation Teams, Biodiversity Officers group, Fenland SOIL.	Good	Sharing best practice for policy and delivery improvements.	Reporting via the Climate Change and Environment Board.
07. Climate and Environment Training Programme to all staff, consisting of e-learning module(s) and Carbon Literacy Training for all senior staff and Members.	Good	20 Members and 50 Officers trained, including majority of CLT.	Achieving equivalent of Gold CLT standard. All Senior Managers to P4 to attend training. Aspire towards 80% of Members trained.
08. Maintaining a watching brief on governmental policy, legislative and funding positions to enable pro-active responses to emerging changes.	Good	Increase external funding success for decarbonisation projects.	£1.2m of external funding to deliver CCES.
09. Corporate performance outcome agreed to cover Climate Change and Sustainability.	Good	All staff will have a corporate outcome regarding Climate Change and Sustainability included in their outcomes and impacts targets as part of the corporate Our Conversations process.	Services, teams and individual staff consistently work towards achieving the Council's Climate Change strategy and aims.

Action Plans	Assurance	Responsibility	Target Date
01. Annual review of action plan and CCES targets.	CCES Action Plan - Risk Approach. Latest risk review of achieving CCES targets approved at Committee October 2023. Internal Audit provided recommendations for improvement January 2024 on CCES targets and setting interim milestones.	Sheryl French	31/12/2024
02. Delivery of the Enabling Net Zero Phase 1 programme of work.	Programme monitoring via the Programme Board. Updates provided to the monthly Programme Board.	Sheryl French	31/12/2024
03. Delivery of CPCA Action Plan areas led by CCC.	Quarterly progress reports to the CPCA Officer Board and Member Board. Areas being led by CCC include Local Area Energy Planning (LAEP) and Local Nature Recovery Strategy. The CPCA action plan has been reviewed ahead of 24/25. Updates were shared at a workshop February 2024. During 24/25 a more fundamental review of the CPCA action plan will be delivered.	Maggie Pratt	31/12/2024
04. Integration of climate and environment into procurement strategy and frameworks e.g. Climate Change Charter, implementation of the Social Value toolkit, training and support for commissioning officers.	The Climate Charter is live and being used for all procurements valued over £100,000. The Council's Sustainable Procurement Strategy was agreed in February 23 and is starting to be delivered. Social value is considered in all procurements valued over £100,000. Further work is being done on considering how to reduce carbon in existing contracts.	Clare Ellis	31/12/2024
05. Corporate Asset Management Strategy.	The Asset Management Strategy and Corporate Landlord approach will be reviewed and updated (when this is completed and delivered).	Chris Ramsbottom	30/06/2024
06. Incorporation (and delivery) of carbon reduction and biodiversity improvements into CCC management approaches. Use C Use CCC assets to drive net zero system change. This is carried out as the norm in all project work irrespective of the formal Corporate Property Strategy being in place.	Work underway on CCC biodiversity audit will drive decision making for delivering optimal biodiversity outcomes. Tree canopy data also includes carbon sequestration assessment, showing the increased carbon capture of new schemes.	Quinton Carroll Sarah Wilkinson	31/12/2024
07. Climate / environment integrated into CCC operations and systems including Carbon Valuation; Net Zero by Design; Triple bottom line.	Monitoring of Capital Programme Board papers to ensure papers include carbon valuation. This is undertaken on a monthly basis.	Sarah Wilkinson	31/12/2024

08. KPIs including the Council's Net Zero targets of 2030 & 2045.	Quarterly reporting to Committee on Net Zero targets as part of the Council's performance framework. Last reported January 2024.	Richard Springbett	31/12/2024
09. 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.	Annual comms service and campaigns plan (and reports back to the Net Zero Board). For any significant campaigning work, the Council still needs to fund. The internal campaign is the promotion of the Corporate Outcome. This focuses on upskilling staff particularly via e-learning, the Net Zero Team training course and Carbon Literacy Training, all of which is regularly promoted across internal channels – CamWeb, Friday Focus etc. The Climate Hub site hosts case studies of ongoing work across the Council. Resource available is based on graduate trainee availability which ends at the end of Q4. The Phase 1 and subsequent Phase 2 funding bids both had engagement capacity removed due to funding pressures. For significant external campaigning and behavioural change work to develop, for example, citizen assembly/focus groups, website, app, toolkits for schools, businesses, business training courses, advertising etc capacity and funding will need to be found	Andrew Hadfield-Ames	31/12/2024
10. On-going market development/ skills/Cleantech.	Via the CPCA Climate Action plan and its wider skills work via the Greater South East Net Zero Hub. CPCA has commissioned Cambridge Cleantech to deliver a study on the ecosystem supporting Cambridgeshire & Peterborough to become a leader in climate and agritech. A workshop was held on 13 Feb 2024 with key partners to identify the significant priorities/actions for development. GSENZH is supporting Local Skills plan Pilots and investing in a retrofit skills hub in Wisbech.	Sheryl French	31/12/2024
11. Annual Carbon footprinting – New data to fill known data provision gaps.	Annual publication of the Council's carbon and area footprints on the Council's website. Latest approved at EGI Committee January 2024.	Rachel Hallam Sarah Wilkinson	31/12/2024
12. Funding & financing for Net Zero 2030	Via Workstream 3 of the Climate Change and Environment Programme. Linked to the business planning process and balancing of funding against other priorities. A capital funding bid is expected to come forward under 24/25 business planning for high emitting sectors once consultancy is completed end of May 24 for rural estate, transport, schools, CCC buildings. Noting that funding may not be available.	Sheryl French Stephen Howarth	31/12/2024
13. On-going closer collaboration with Govt departments to share Net Zero successes, projects and programmes to inform government policy.	Working with the government on task and finish groups. Collaborating through membership organisations e.g. ADEPT to inform policy, Regional Climate Change Forum, LGA Climate group	Sheryl French	31/12/2024

Risk Path: Cambridgeshire County Council CRR/Cambridgeshire County Council

Risk Category:

Linked Objective(s):