CORPORATE RISK REGISTER

Risk No.	Details of Risk			Inherent risk			Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
	Risk Description	Trigger	Result	Probability	Impact	* Score			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
1a	Failure to produce a robust and secure Business Plan over the next 5 years	1. Failure to have clear political direction, vision, priorities, and outcomes in the Business Plan. 2. Failure to plan effectively to achieve necessary efficiency savings and service transformation. 3. Failure to identify sufficient additional savings in addition to existing plans, in light of forthcoming CSR. 4. Worsening Pension Fund deficit 5. Legislative changes add unforseen pressures to Council savings targets	1. The Council lacks clear direction for resource use and either over-spends, requiring the need for reactive savings during the life of the plan, or spends limited resources unwisely, to the detriment of local communities.	5	5	25	CD CS&T	1. Robust political leadership, strong vision, clear priorities and policies, developed through councillor engagement 2. Robust engagement with members of CLT and Councillors through the Business Planning process timetable, to ensure greater cross-organisational challenge and development of options. 3. Full consultation with public, partners and businesses during planning process, including thorough use of data research and business intelligence to inform the planning process 4. Stronger links with service planning across the Council seeking to transform large areas of spend. 5. Business Planning process requires early identification of possible impacts of legislative changes, as details emerge 6. A working party is exploring alternatives to the existing business planning process 7. Capital Programme Board - robust management of the delivery of capital elements of the Business Plan	4	4	16	2. Implementation of the "new operating model" business planning approach alongside the existing cash limit approach (as approved by GPC 28 July 2015) 3. Working party exploring alternatives to the existing business planning process 4. Review how CFA can better integrate planning cycle with partners 5. Goverance and monitoring arrangements of CFA savings delivery established and in place (savings tracker) 3. Developing an "in-year savings tracker" to enable SMT to strengthen performance management of the delivery of the Business Plan 4. Implementing a Business Case process as part of the development of savings proposals for the Business Plan	SMT HoS Strategy (CFA) ED CFA ED CFA SMT SMT	Feb-16 Jun-16 Jun-16 Apr-16 Apr-16 Apr-16	Mar-16	G	Executive Director, Children, Families and Adults	
1b	Failure to deliver the current 5 year Business Plan 2016 - 2021	1. Failure to deliver (with partners) the Business Plan and achieve required efficiency savings and service transformation. 2. Assumptions in existing Business Plan regarding the wider economic situation are inaccurate. 3. Organisation not sufficiently aligned to face challenges.	1. The Council is unable to achieve required savings and fails to meet statutory responsibilities or budget targets; need for reactive in-year savings; adverse effect on delivery of outcomes for communities	5	5	25	CE	1. Robust service planning; priorities cascaded through management teams and through appraisal process 2. Strategy in place to communicate vision and plan throughout the organisation 3. Performance Management 4. Governance framework to manage transformation agenda: a. Integrated portfolio of programmes and projects b. Routine portfolio review to identify and address dependencies, cross cutting opportunities and overlaps c. Directorates to review and recommend priorities d. Directorate Management Teams/Programme Gvnce Boards ratify decisions 5. Rigorous RM discipline embedded in all transformation programmes/projects, with escalation process to Directorate Management Teams / Programme Boards 6. Integrated performance and resource reporting (monthly to GPC) a. Monthly progress against savings targets b. Corporate Scorecard monitors performance against priorities c. Budget holders monthly meetings with LGSS Finance Partner/External Grants Team, producing BCR d. Regular meetings with Director of Finance/s151 Officer, Committee Chairs and relevant Directors to track exceptions and identify remedial actions 7. Rigorous treasury management system in place plus ongoing tracking of national and international economic factors and Government policy 8. Limited reserves for minor deviations 9. Routine monitoring of savings delivery to identify any required interventions 10. Bi-annual Leaders and Chairs meeting and Cambridgeshire Public Service Board 11. Board Thematic Partnerships including the LEP and the Health and Well Being Board, commissioning task and finish groups 12. LGSS governance arrgts incl representation on SMT (Section 151 Officer)	4	4	16							

CORPORATE RISK REGISTER

Risk No.	Details of Risk — Risk Description	Trigger	Result	Inherent risk — Probability	Impact	*Score	Owner	Key Controls/Mitigation	Residual Risk — Probability	Impact	*Score	Actions — Description	Action Owner	Target Date	Revised Target Date	Action Status	Action Owner Acronyms explained	Comments
2	The quality, responsiveness and standard of LGSS Services fail to meet CCC requirements	1. LGSS resources available to support CCC are reduced as LGSS expands its customer base 2. Failure to manage LGSS service delivery to CCC	1. Support services to CCC are not provided in a timely, accurate and professional manner	4	4	16	CD CS&T	1. Joint Committee Structure incl CCC Cllr representation, LGSS Overview and Scrutiny Cttee, Chief Executive sits on LGSS Management Board 2. LGSS director representation on SMT to ensure LGSS meets current and future Council needs 3. LGSS Strategic Plan, Strategy Map and Improvement Activities identified 4. Programme Management arrangements in place to move forward workstreams 5. CCC performance management arrangements 6. LGSS performance management team 7. LGSS SLA's in place and regularly reviewed in detail 8. Corporate Director CS&T responsible for managing LGSS / CCC relationship	3	3	9	2. In depth reviews of the remaining SLAs in the Council's contract with LGSS. *Currently underway are: OWD, Audit and Risk Management and Strategic Assets (including the ongoing IT review) for completion by March 2016.* *3. In line with Action 2. Reviews of Finance Transactions and Health and Safety SLAs will be carried out from March 2016 for completion by August 2016*	CD CS&T CD CS&T	May-15	Mar-16 Aug-16	G	Corporate Director, Customer Service and Transformation	
3	The Council does not have appropriate staff resources with the right skills and experience to deliver the Council's priorities at a time of significant demand pressures	1. Ineffective recruitment outcomes 2. Ineffective planning processes 3. Unattractive terms and conditions of employment. 4. High staff turnover 5. Lack of succession planning to capture experience and knowledge 6. Increasing demand for services 7. Lack of trained staff 8. National pressures on the recruitment of key staff	1. Failure to deliver effective services 2. Regulatory criticism/sanctions 3. Civil or criminal action to the Council 4. Reputational damage to the Council 5. Low morale, increased sickness levels	4	4	16	DoPTT	1. Annual business planning process identifies staffing resource requirements 2. Children and Adults Workforce Strategy and Development plans with focus on recruitment and retention 3. Robust performance management and development practices in place. 4. Flexible terms and conditions of employment 5. Appropriate employee support mechanisms in place through the health and well being and counselling service agenda. *6. Organisational Workforce Development Programme* 7. Use of statistical data to shape activity relating to recruitment and retention 8. Workforce Strategy and Development Plan which is reviewed by LGSS Management Board on a quarterly basis. *9. Extensive range of qualifications and training available to social care staff to enhance capability and aid retention.* *10. Increased use of statistical data to shape activity realting to social care recruitment and retention.* *11. ASYE programme ensures new social workers continue to develop their skills, knowledge and confidence.* *12. Social care frontline managers support their own professional development through planning regular visits with frontline services.*	3	4	12	1. LGSS Management Board will review the workforce strategy and action plan quarterly 2. Production of common training programme by OWD taken from service needs and compiled from PADP outcomes (annually) *3. Annual employee survey to feed into LGSS service improvement plans* *4. Production of the County wide Organisational Workforce Development Programme* *5. Improved learning and development opportunities for all social care staff through the development of a virtual academy for social workers* *6. Establish process to enable social care staff to rotate within social care roles* *7. Create dashbaord to monitor recruitment and retention performance indicators to enable more robust monitoring* *4.Activley promoting social care roles in Cambridgeshire as part of recruitment campaign by attending job fair in Birmingham hosted by Compass Group - will review success of attending job fair and roll out wider if appropriate*	LGSS MB LGSS LGSS SAC&S HoP HoS WFD R&R TFG R&R TFG R&R TFG	Jan-16 Sep-16 Nov-16 Jul-15 Apr-16 May-16 Apr-16	Mar-16 Mar-16	G G G G G G G G	LGSS Management Board LGSS Service Assurance, Customers and Strategy Head of People Head of Service Workforce Development Social Work Recruitment and Retention Task and Finish Group ASYE - Assessment and Supported Year in Employment.	

CORPORATE RISK REGISTER

Details of Risk				Inherent risk				Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result	Probability	Impact	* Score	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
								13. Cross directorate Social Care Strategic Recruitment and Workforce Development Board and Social Work Recruitment and Retention Task and Finish Group proactively address the issue of social care recruitment and retention.										
4	The Council does not achieve best value from its procurement and contracts	1. ineffective procurement processes 2. Lack of awareness of procurement processes across the Council 3. Ineffective contract management processes 4. Untrained contract managers	1. Poor value for money 2. Legal challenge 3. Wasted time and effort in contractual disputes	4	4	16	DoLPG	1. Contract Procedure Rules and Procurement Best Practice Guidance *and templates* kept updated with changes in best practice 3. Procurement Training *provided on a regular basis with differing levels targeted at specific audiences* 4. Central Contract register *maintained and access available to relevant Officers* 5. Use of checklist (Summary Procurement Proposal) on all new procurement activity undertaken via central Procurement team. This includes a review of options to achieve optimal value and where feasible captures existing costs and new costs after the procurement. *6. Nursing and residential care purchased through central brokerage unit* *7. Develop long term sustainable relationships with providers wherever appropriate (e.g. Home care contract)*	2	3	6	1. Audit reviews to provide assurance that individual managers have the appropriate skills and training 2. Audit reviews to provide assurance on the effectiveness of contract management in selected contracts	HIA HIA	Mar-16 Mar-16		G G	Head of Internal Audit	
9	Failure to secure funding for infrastructure	1. Insufficient funding is obtained from a variety of sources, including growth funds, section 106 payments, community infrastructure levy and other planning contributions, to deliver required infrastructure . This is exacerbated by austerity measures and reduced government funding for local authorities 2. Significant reduction in school infrastructure funding in 2016/17 from £34m per annum to £4m	1. Key infrastructure, services and developments cannot be delivered, with consequent impacts on transport, economic, environmental, and social outcomes. This could also result in greater borrowing requirement to deliver essential infrastructure and services which is unsustainable.	4	4	16	ED ETE ED CFA	1. Maximisation of developer contributions through Section 106 negotiations. 2. Prudential borrowing strategy is in place. 3. Section 106 deferrals policy is in place. 4. External funding for infrastructure and services is continually sought including grant funding. 5. Maintain dialogue with Huntingdonshire District Council and East Cambridgeshire District Council where Community Infrastructure Levy is in place to secure CIL monies for County Projects. 6. Strategic development sites dealt with through S106 rather than CIL and S106. In dealing with sites through S106 alone, the County Council has direct involvement in negotiation and securing of developer contributions to mitigate the impact of a specific development.	4	4	16	1. Maintain dialogue with Cambridge City Council and South Cambridgeshire District Council to input into Community Infrastructure Levy prior to adoption of the Local Plan (Adoption of CIL anticipated 2016) 7. Investigate the potential for use of Tax Increment Financing and other innovative forms of funding *for infrastructure* . 9. Assist service areas define their infrastructure needs to be pulled together within one document for use - the Cambridgeshire Infrastructure Plan led by the Joint Strategic Planning Unit. 10. Scope out potential for a more joined up approach to CIL and investment in infrastructure 15. County Planning obligation strategy being developed for district's and CCC use.	HoTIPF Exec Director, ETE HoTIPF HoTIPF HoGE	2016 Ongoing ~~Spring 2015~~ ~~Spring 2015~~ ~~Dec-15~~	 *~~Dec 15~~ Early 2016* *~~Autmn 2015~~ Mar 16* *Apr-16*	G G G G G	HoTIPF - Head of Transport Infrastructure Policy and Funding HoGE - Head of Growth and Economy HoS - Head of Strategy SD S&C - Service Director, Strategy and Commissioning ED CFA - Exec Director, Children, Familes and Adults	

Cambridgeshire County Council

CORPORATE RISK REGISTER

Risk No.	Details of Risk			Inherent risk				Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
	Risk Description	Trigger	Result	Probability	Impact	* Score	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
								7. County planning obligation strategy being developed for district's and CCC use. 8. Lobby with LGA over infrastructure deficit 9. On-going review, scrutiny and challenge of design and build costs to esnure maximum value for money. 10. Coordination of requirements across Partner organisations to secure more viable shared infrastructure. 11. Respond to District Council Local Plans and input to infrastructure policy at all stages of the Local Plan process. *12. Annual school capacity return to the Department of Education seeks to secure maximum levels of funding for basic need.*									

CORPORATE RISK REGISTER

Risk No.	Details of Risk			Inherent risk			Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
	Risk Description	Trigger	Result	Probability	Impact	* Score			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
15	Failure of the Council's arrangements for safeguarding vulnerable children and adults	**Children's Social Care:** **1. Children's social care case loads reach unsustainable levels as indicated by the unit case load tool** **2. More than 25% of children whose referral to social care occurred within 12 months of a previous referral** **3. Serious case review is triggered** **Adult Social Care (inc. OPMH):** **1. Care homes, supported living or home care agency suspended due to a SOVA (safeguarding of vulnaerable adults) investigation** **2. Serious case review is triggered** **3. Outcomes of reported safeguarding concerns reveals negative practice**	**1. Harm to child or an adult receiving services from the Council** **2. Reputational damage to the Council**	5	5	25	ED CFA	1. Multi-agency Safeguarding Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity 2. Skilled and experienced safeguarding leads and their managers. 3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice. 4. Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews. 5. Multi Agency Safeguarding Hub (MASH) supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners. 6. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance 7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice 8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission 9. Joint protocols, practice standards and QA ensure appropriate joint management and case transfer between Children's Social Care and Enhanced and Preventative Services 10. Coordinated work between Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the LSCB	3	5	15	**1. Implement plan to integrate adult safeguarding into the Multi-agency Safeguarding Hub (MASH)** **2. Implementing new operational management arrangements across children's social care to ensure better management of resources and activity.** **3. Investigating referral arrangements to ensure most effective arrangements are in place to the MASH - proposals to be reviewed and next steps decided by CFA management team** **4. Implementation of changes to safeguarding as required by the Care Act 2014 overseen by the Safeguarding Adults Board and the Transforming Lives/Care Act programme Board. Implementation began April 2015 in line with legislation and current guidance has been reviewed to respond to Care Act requirements including making safeguarding personal** **5. Implementing new QA process, including monthly reporting, of safeguarding of adults to ensure we are complying with legislation and delivering best practice.**	SD ASC SD CSC HoS FREDt SD ASC SD ASC	Mar-16 May-16 May-16 Apr-16 May-16		A G G G G	*Service Director Adult Social Care* *Service Director Children's Social Care* *Head of Service First Response and Emergency Duty Team*	Staff are now been recruited (difficulty in recruitment is what caused delays and is reason for amber) and all will be in place mid March
		1. Staff unaware of changes to legislative/regulatory requirements 2. Lack of staff training 3. Lack of management review	1. Adverse reports from regulators 2. Criminal or civil action against the Council 3. Reputational damage					1. LGSS legal team robust and up to date with appropriate legislation. 2. LGSS legal team brief Corporate Leadership Team on legislative changes 3. Service managers kept abreast of changes in legislation by the Monitoring Officer, Gov departments and professional bodies 4. Monitoring Officer role				**1. Developing information and advice provision (an inspection handbook)** **2. Develop an arrangement for disseminating legislative change to all directorates and services**	HoS Strategy SD S&C	Apr-16 Apr-16		G G	Service Director: Strategy and Commissioning	

CORPORATE RISK REGISTER

Risk No.	Details of Risk			Inherent risk			Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
	Risk Description	Trigger	Result	Probability	Impact	* Score			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
20	Non compliance with legislative and regulatory requirements			4	4	16	CE	5. Code of Corporate Governance 6. Community impact assessments required for key decisions 7. Business Planning process used to identify and address changes to legislative/regulatory requirements 8. Constitutional delegation to Committees and SMT 9. H&S policy and processes 10. Testing of retained learning **11. Programme Boards for legislative change (e.g. Care Act Programme Board)** **12. Training for frontline staff on new legislation** **13. Involvement in regional and national networks in children's and adults services to ensure consistent practice where appropriate** **14. CFA Strategy team support services with inspection preparation** **15. Next Steps Board oversees preparation for Ofsted inspections of services for children in need of help and protection**	2	4	8						
21	Business Disruption	1. Loss of staff (large quantities or key staff) 2. Loss of premises (including temporary denial of access) 3. Loss of IT, equipment or data 4. Loss of a supplier 5. Loss of utilities or fuel 6. Flu Pandemic	1. Inability to deliver consistent and continuous services to vulnerable people 2. School closures at critical times impacting students' ability to achieve 3. Inability to fully meet legislative and statutory requirements 4. Increase in service demand 5. Inability to respond to citizens' request for services or information 6. Lasting reputational damage	4	4	16	CD CST	1. Corporate and service business continuity plans 2. Relationships with the Unions including agreed exemptions 3. Corporate communication channels 4. Multi-agency collaboration through the Cambridgeshire & Peterborough Local Resilience Forum (CPLRF) 5. First phase of IT resilience project including the increased alternative power/environment conditions in major machine rooms 6. Operational controls 7. Resilient Internet feed 8. Business continuity testing 9. CCC corporate BCP Group incl LGSS BC leads	3	4	12	3. Project to establish 2nd LGSS data centre for resilience/backup of all systems, in addition to Scott House facility. *12. Address the management agreed actions from the Business Continuity Audit* **13 Review of Corporate Business Continuity Plan.** **14. Review of accommodation provision in business continuity plans with LGSS**	DoIT *HoEP* *HoEP* *HoEP*	Mar-13 *Sep-15* *Jun-16* *Jul-16*	*Dec-15 Dec-16*	G G G G	DoIT - Director of Information Technology HoEP - Head of Emergency Planning	The second LGSS data centre is in Northampton and this is finished and it is connected but much more work is needed before this becomes the live failover site for CCC. Much of the new hardware and systems is on order and/or being installed now but they will keep using Scott House for some time to come
		1. Cambridgeshire Future Transport fails to deliver effective, efficient and responsive passenger transport services around Cambridgeshire	1. The accessibility needs of Cambridgeshire residents are not met, contributing to social exclusion, poor take up of employment and education opportunities, and reduced quality of life. 2. Failure to complete on time will mean business plan savings are not achieved			16		1. A Governance group, including member representation from each of the districts, County, NHS, Cambridgeshire ACRE is in place to oversee the programme 2. The Cambridgeshire Future Transport programme board consisting of representatives from ETE, CFA and Comms				5. A14 Corridor, A1 Corridor/A14, Harston and Great Shelford:Tenders for services 400 and 401 are *currently being evaluated* in the process of being awarded. 6. St Ives, Ramsey, Whittlesey, St Neots, Brampton, Isleham and Fordham: Tenders for services 21, 31, 46, 47 and 901-904 are *currently being evaluated* in the process of being awarded.	HoPT HoPT	Oct-15 Sep-15	*Jan 16 May 16* *Jan 16 May 16*	G G		

CORPORATE RISK REGISTER

Cambridgeshire County Council

		Details of Risk		Inherent risk				Key Controls/Mitigation	Residual Risk			Actions						
Risk No.	Risk Description	Trigger	Result	Probability	Impact	*Score	Owner		Probability	Impact	*Score	Description	Action Owner	Target Date	Revised Target Date	Action Status	Action Owner Acronyms explained	Comments
22	The Cambridgeshire Future Transport programme fails to meet its objectives within the available budget		achieved.	4	5	20	DoSD	3. Strategic business case, Risks and Issues Log and programme is in place.	3	3	9	7. Chatteris, March, Wisbech, Gorfield, Leverington, Melbourn, Bassingbourn: Tenders for services 9, 35, 46 and 390 are *currently being evaluated* in the process of being awarded. Community led timetables for the remaining services continue to be developed.	HoPT	Oct-15	Jan-16 May 16	G		
								4. Communications strategy has been developed.				8. *Manage the review of the commissioning of transport across all forms of provision in the County.* Review of Commisioning. The CFT Member Steering Group has been renamed the Total Transport Member Steering Group. The Group is holding monthly meetings to take forward work on improving commissioning and integration of all forms of passenger transport. The next meeting will consider papers on Terms of Reference, Total Transport Pilot Proposal, Scheduling Software and Business Planning.	HoPT	Mar-17		G	HoPT - Head of Passenger Transport	
								5. Engagement strategy including stakeholder mapping has been developed.								G		
								6. Bi-weekly project team meetings.								G		
								7. Updates are provided monthly for Members via Key Issues.								G		
								8. Two year programme in place for the review of the commissioning of services.										
23	Major Fraud or Corruption	1. Non compliance with the internal control framework and lack of awareness of anti-fraud and corruption processes. 2. Increased personal financial pressures on individuals as a result of economic circumstances	1. Reputational damage 2. Financial loss	4	5	20	CE	1. Financial Procedure rules	2	3	6	3. Implement anti bribery policy	HIARM	Mar-14	Dec-15 Mar16	A	HIARM - Head of Internal Audit and Risk Management	
								2. Anti Fraud and Corruption Strategy incl Fraud Response Plan				4. Fraud awareness campaigns	HIARM	Dec-15	Mar-16	G	HIARM - Head of Internal Audit and Risk Management	
								3. Whistle blowing policy										
								4. Codes of conduct										
								5. Internal control framework										
								6. Fraud detection work undertaken by Internal Audit										
								7. Awareness campaigns										
								8. Anti Money Laundering policy										
								9. Monitoring Officer/Democratic Services role										
								10. Publication of spend data in accordance with Transparency Agenda										
								11. New Counter Fraud Team established in LGSS										

CORPORATE RISK REGISTER

	Details of Risk			Inherent risk				Key Controls/Mitigation	Residual Risk			Actions						
Risk No.	Risk Description	Trigger	Result	Probability	Impact	* Score	Owner	Key Controls/Mitigation	Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status	Action Owner Acronyms explained	Comments
24	A lack of Information Management and Data Accuracy and the risk of non compliance with the Data Protection Act	1. Failure to equip staff and managers with the training, skills, systems and tools to enable them to meet the statutory standards for information management. 2. Failure to ensure that information and data held in systems (electronic and paper) is accurate, up to date, comprehensive and fit for purpose to enable managers to make confident and informed decisions.	1. Adverse impact on Council's reputation. 2. Adverse impact on service delivery, as unable to make informed decisions. 3. Financial penalties. 4. Increase in complaints and enquiries by the ICO. 5. Decisions made by managers are not appropriate or timely.	4	4	16	CD CST	1. Governance; SIRO, CIO, Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities (see below) Data protection registration requirements

2. Policies: Data Protection, Freedom of Information, Information Security Incidents, Mobile Devices, Code of conduct, Retention schedules, IT security related policies (computer use, email), Information Management Strategy

3. Procedures: FOI, Subject Access Request Handling, Records Management, service level operational procedures,
4. Tools: Encrypted laptops and USB sticks, secure email and file transfer solutions, asset registers (USB sticks, encrypted laptops) *device control*

5. Training and awareness: Data Protection, information security, information sharing, Freedom of Information and Environmental Information Requests

6. Advice: Information Management advice service (IM, IG, RM, security), Information Management addressed via the Gateway project

7. Information asset catalogue/*register - to catalogue all information assets which are managed by CCC*
8. Information sharing protocols embedded internally and with partners
9. Audit/QA of accountabilities process
10. e-safety policy
11. Assurance monitoring - The SIRO and Information Management Board will receive a report as part of the Information Risk Management work package highlight any information risks across CCC. Details of any IG Security Incidents will be included in the IG Annual Update report to Senior Management team/ members.

12. Mapping Flows of Personal Confidential Data - To adequately protect personal information, organisations need to know how the information is transferred into and out of the organisation, risk assess the transfer methods and consider the sensitivity of the information being transferred.

13. Incident reporting - Damage resulting from potential and actual information security events should be minimised and lessons learnt from them. All information security incidents, suspected or observed, should be reported through the CCC Incident Reporting system and managed in line with the Incident Reporting Procedures and Integrated Risk Management Policy.

14. Intrusion or Perimeter Security including use of next generation hardware firewalls in several tiers, network traffic minotoring by Virgin Media Business, hardware appliances to check in bound mail traffic, spam filters and web content filtering on internet traffic and anti-virus software on the servers

15. Local device protection including anti-virus on individual devices (sourced from a different supplier to the anti-virus software on the servers), Microsoft tools to restrict users ability to modify or install software and all mobile devices are encrypted

16. Record all attempted attacks and have an established relationship with the local and regional cyber crime teams in the Police and have established links and information sharing with the national crime and intelligence agencies
17. Individual Services Business Continuity Plans.

18. LGSS IT Disaster Recovery Plan

19. LGSS IT service resilience measures (backup data centre, network re-routing).
20. Version upgrades to incorporate latest product functionality
21. Training for CFA Business systems prior to use | 3 | 3 | 9 | 6. Roll out of EDRM to manage the information lifecycle (including information standards). Task and finish group established to drive forward greater awareness raising and training

7. Updated Information Asset Register

8. Mapping data flows

9. Develop implementation plan for new supplier of CFA Business Systems
10. Agree an escalation policy should availability of CFA Business Systems go below SLA levels
11. Implementation of CFA social care Business Systems on new rationalized platform | IM

IM

IM

HoS IM

HoS IM

HoS IM | Mar-13

Apr-17

Apr-17

Jun-16

Apr-16

Mar-18 | Apr-17 | G

G

G

G

G

G | IM - Information Manager | |

CORPORATE RISK REGISTER

Risk No.	Details of Risk			Inherent risk				Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
	Risk Description	Trigger	Result	Probability	Impact	*Score	Owner		Probability	Impact	*Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
								22. Information sharing agreement										
								23. Backup systems for mobile working										
								24. Back up systems for CFA Business Systems										
26	Increasing manifestation of Busway defects	1. Failures of Busway bearings or movement of foundations continue and increase	1.Significant and ongoing costs to maintain the Busway or restricted operation of the Busway to the extent that it will no longer be attractive to operators or passengers.	5	5	25	ED ETE	1. Monitoring and inspection regime in place 5. Independent Expert advice has been taken confirming that the defects are defects under the Contract and that a programme of preventative remedial action is required and will be cheaper overall and less disruptive in the long run than a reactive response. 6. Legal Advice has been taken confirming that the defects are defects under the contract and that the Council has a good case for recovering the cost of correction from the Contractor 7. Retention monies held under the contract have been withheld from the Contractor and used to meet defect correction and investigation costs. 8. Funds have been set aside from the Liquidated Damages witheld from the Contractor during construction, which are available to meet legal costs 9. General Purposes Committee have resolved to correct the defects and to commence legal action to recover the costs from the Contractor 10. Initially defects are being managed on a case by case basis until the contractual issues are resolved, minimising impact on the public.	2	5	10	*1. Survey and investigation work. Programme of investigation and surveys agreed with BAM Nuttall to better understand nature, cause and possible solutions to defects. Contracts are let and surveys to take 6 months, commencing August 2015. Other actions put on hold pending outcomes.* Survey and investigation work. Programme of investigation and surveys agreed with BAM Nuttall to better understand nature, cause and possible solutions to defects are complete. The results are being compiled and our independent experts will be producing a report. Other actions put on hold pending outcomes.	SD S&D ETE	Feb-16	*Jun-16*	A	Service Director, Strategy & development, ETE.	
27	The pension fund has the potential to become materially under-funded	2. Contribution levels do not maintain the level of the fund 3. The longevity of scheme members increases 4. Government changes to pensions regulations 5. Volatility of financial markets 6. Change to tax threshold causing exceedingly high contribution 7. Shrinking workforce	1. Significant increases in revenue contributions to the Fund are necessary placing additional savings requirements on services	5	5	25	CFO	1. Governance arrangements including CCC Constitutional requirements and Pensions Committee including response to Hutton enquiry 2. Investment Panel work plan 3. Triennial valuation 4. Risk agreed across a number of fund managers 5. Fund managers performance reviewed on a regular basis by Pensions Committee 6. Opt in legislation	3	5	15							

Cambridgeshire County Council

Details of Risk				Inherent risk				Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result	Probability	Impact	* Score	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
28	*Lack of capacity to respond to rising demand for service provision*	*1. Significant increase in the numbers of people requiring services* *2. Increase in the acuity of needs* *3. Resourcing pressures within the Council.* *4. Big thematic change does not result in tangible transformation at front line.* *5. Welfare reform brings increased vulnerability.* *6. Preventative services reductions risk increasing acuity of need.* *7. NHS transition brings increased financial pressures.* *8. Sudden incrase in population in one area due to large building development increases demand.*	*1. Client dissatisfaction and increased risk of harm.* *2. Reputational damage to the council.* *3. Failure to meet statutory requirements.* *4. Regulatory criticism.* *5. Civil or criminal action against the Council*	4	5	20	ED CFA	1. Use of trend data to identify children's needs at the earliest stage 2. Data regularly updated and monitored to inform service priorities and planning 3. Joint Strategic Needs Assessment provides information regarding demographics and need, which is used to inform service planning 4.Business planning process ensures resources are matched to need 5. Cross-district Welfare Reform Strategy Group supports early identification of need and joint planning. 6. Business planning proposals address future demand for services. 7. Looked After Children Placement Strategy 8. CFA Performance Board monitors performance of service provision 9. Strategy for tackling child and family poverty and economic disadvantage in Cambridgeshire 2014-17 agreed with multi agency committment	3	4	12	*1. Delivery of 2015/16 demand management BP savings monitored through the CFA Performance Board* *2. Develop and deliver Older People's Programme* *4 Refresh Looked After Children Placement Strategy and action plan* *5. Developing the Strategy for Building Community Resilience*	*HoS Strat* *SD OP* *HoS Strat* *SD E&P*	*Mar-16* *Mar-15* *Mar-15* *Nov-15*	*Mar-16* *Nov 16 Mar 16*	A A G A G G	*HoS Strat - Head of Service Strategy* *SD E&P - Service Director, Enhanced and Preventative* *SD OP - Service Director, Older People and Mental Health* *HoS CID - Head of Service Children's Innovation and Development*	*Draft completed - out for consultation* *Complete*
29	Failure to address inequalities in the county	1. Impact of wider economic and social determinants, which may require mitigation through Council services. 2. Failure to target/promote services to disadvantaged or vulnerable populations, or in areas of deprivation, appropriately for local need.	1. Worsening inequalities between geographical areas and/or disadvantaged or vulnerable populations, including health, educational achievement, income.	4	4	16	CE	1. Council's business plan 2. Committee monitoring of indicators for outcomes in areas of deprivation (following full Council motion) 3. Joint Strategic Needs Assessment, Annual Public Health Report, and Joint Health and Wellbeing Strategy (Health inequalities) 4. Implementation of Health Committee Priority 'Health Inequalities' actions and targetting of Public Health programmes (health inequalities) 5. Accelerating achievement strategy (educational outcomes) 6. Child Poverty Strategy (income) 7. Targetted services e.g: Travellers Liaison, Traveller Health Team, Chronically excluded adults team etc. 8. Multi-agency safeguarding hub 9. Buy with confidence approved trader scheme. 10. Cambridgeshire Inequalities Charter 11. Wisbech 20:20 programme	3	4	12	Implementation of health inequalities aspects of Joint Health and Wellbeing Strategy Implementation of Accelerating Achievement strategy Monitoring of inequalities indicators by Service Committees Further actions to be added by directorates	DoPH DoCFA SMT	TBC TBC TBC		G G G G	DoPH - Director of Public Health DoCFA - Director and Children, Families and Adults	
		Failure to: 1) deliver Household Recycling Service savings, 2) realise savings opportunities from waste contracts 3) manage operational risk of unforeseen contractual	1.Savings not delivered and potential increased costs leading to significant budget pressures.					1. Strong contract management and close working with legal and procurement to reduce unforeseen costs where possible *e.g. management of amount of waste going to landfill. Regular communication, exchange of information and decision-making at the Waste PFI Delivery Board. The Board provides focused management of issues, ensuring contract delivers as required.*				*1. Local Partnership Programme Manager to propose any amendments to the council's contract management arrangements.*	*A&C*	*Dec-15*		G	A&C - Assets and Commissioning	

CORPORATE RISK REGISTER

Risk No.	Risk Description	Trigger	Result	Probability	Impact	* Score	Owner	Key Controls/Mitigation	Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status	Action Owner Acronyms explained	Comments
				Inherent risk					**Residual Risk**			**Actions**						
30	Failure to deliver Waste savings / opportunities and achieve a balanced budget	events		4	5	20	ED ETE	2. The Waste PFI is in service delivery phase - the protection that is provided by the contract terms and conditions is in place.	3	5	15	2. Identify training requirements and deliver training to contract management team in A&C to ensure the service is delivered in accordance with the contract - *1 day training has been completed*	A&C	*Nov-15*	Mar-16	G		
								3. Officers working closely with DEFRA, WIDP, Local Partnerships, WOSP and other local authorities				3. Continue close working with DEFRA, WIDP, WOSP and Local Partnerships on specific issues identified through initial financial and legal reviews to resolve legacy issues with contract	A&C	Mar-16		G		
								4. The contract documentation apportions some risks to the contractor, some to the authority and others are shared.				4. Prepare the contract management team to ensure all requirements of the contract are delivered to time and cost - *Day 1 of training completed*	A&C	Jan-16		G		
								5. Clear control of the risk of services not being delivered to cost and quality by levying contractual deductions and controls if the contract fails or issues arise.				*5. Review contractor's self-reporting to ensure that failures are reported and the relevant deductions made*	*A&C*	*Nov-15*	*Jan-16*	G		
								6. During the procurement process, the authority appointed a lead to negotiate risk apportionment. The results of the negotiation relating to financial risk are captured in the Payment Mechanism (schedule 26) and Project Agreement that form part of the legally binding contract documentation. **7. Waste PFI contractor investigating contract for Refuse Derived Fuel (RDF) option for Compost Like Output (CLO).**				*6. Legacy issues resolved*	*A&C*	*Dec-15*		G		
31	*Insufficient availability of affordable Looked After Children (LAC) placements*	*1. The number of children who are looked after is above the number identified in the LAC strategy action plan 2015-17* *2. % LAC placed out of county and more than 20 miles from home as identified in CFA performance dashboard* *3. The unit cost of placements for children in care is above targets identified in the LAC strategy action plan 2015 to 2017*	*1. Client dissatisfaction and increased risk of harm.* *2. Reputational damage to the council.* *3. Failure to meet statutory requirements.* *4. Regulatory criticism.* *5. Civil or criminal action against the Council*	4	5	20	ED CFA	**1. Regular monitoring of numbers, placements and length of time in placement by CFA management team and services to inform service priorities and planning** **2. Maintain an effective range of preventative services across all age groups and service user groups** **3. Looked After Children Strategy provides agreed outcomes and describes how CCC will support families to stay together and provide cost effective care when children cannot live safely with their families.** **4. Community resilience strategy details CCC vision for resilient communities** **5. CFA management team assess impacts and risks associated with managing down costs** **6. Edge of care services work with families in crisis to enable children and young people to remain in their family unit**	3	4	12	**1. Family based care - review placements and look at creative options to reunify child with family and reduce cost** **2. Reduce the number of external placements/ increase in-house fostering placements** **3. Lowering the cost of the most expensive placements** **4. Reducing the cost of external placements** **5. Develop in county provision for disabled young people** **6. Develop a dedicated policy for unaccompanied asylum seeker placements**	HoS CD, HoS Corp Parenting, HoS CES, HoS CES, HoS CD, HoS FREDt	Apr-16, Jun-16, Jun-16, Apr-16, Sep-16, Apr-16		G, G, G, G, G, G	Head of Service Children's Disability, Head of Service for Corporate Parenting, Head of Commissioning Enhanced Services, Head of Service First Response and Emergency Duty Team	
		1. Average number of ASC attributable bed-day delays per month is above national average (aged 18+) as identified by CFA performance dashboard *2. Delayed transfers of care from hospital attributable to adult social care as identified*	*1. Client dissatisfaction and increased risk of harm and hospital admission* *2. Increase in delayed discharges from hospital* *3. Reputational damage to the Council*					**1. Data regularly updated and monitored to inform service priorities and planning** **2. Maintain an effective range of preventative services across all age groups and service user groups** **3. Community resilience strategy details CCC vision for resilient communities** **4. Directorate and CFA Performance Board monitors performance of service provision**				**1. Develop a business case for Council owned Care Home** **2. Delivering first phase of Early Help offer for Adults and OP** **3. Retender the block purchase of care** **4. Retender the main home care contract**	HoS Procurement, SD OP, HoS Procurement, HoS Procurement	Apr-16, Apr-16, May-16, Jul-16		G, G, G, G	Service Director Older People	

CORPORATE RISK REGISTER

Risk No.	Details of Risk			Inherent risk			Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
	Risk Description	Trigger	Result	Probability	Impact	* Score			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
32	*Insufficient availability of care services at affordable rates*	*by CFA performance dashboard* *3. Home care pending list*		5	4	20	*ED CFA*	**5. Coordinate procurement with the CCG to better control costs and ensure sufficient capacity in market** **6. Use of the benchmark rate to control costs of care homes** **7. Market shaping activity, including building and maintaining good relationships with providers, so we can support them if necessary** **8. Capacity Overview Dashboard in place to capture market position** **9. Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation Programme looking to increase the number of affordable care homes beds at scale and pace.**	5	3	15							

SCORING MATRIX (see Risk Scoring worksheet for descriptors)

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

Risk Owners

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

* RAG RATING

RISK SCORES

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

RISK SCORING MATRIX

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

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

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

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

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

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

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