

NORTH YORKSHIRE COUNTY COUNCIL

AUDIT COMMITTEE

3 December 2015

RISK MANAGEMENT – PROGRESS REPORT

Report of the Corporate Director – Strategic Resources

1.0 PURPOSE OF THE REPORT

- 1.1 To receive details of the updated Corporate Risk Register.
- 1.2 To note progress on other Risk Management related matters including insurance arrangements

2.0 BACKGROUND

- 2.1 According to the Terms of Reference of the Audit Committee, its role in risk management is:
 - (i) to assess the effectiveness of the authority's risk management arrangements and
 - (ii) to review progress on the implementation of risk management throughout the authority.
- 2.2 Following a recommendation by this Committee, the Leader of the County Council and the Executive Member for Central Services formally approved a revised Corporate Risk Management Policy on 3 March 2015 with a provision that it will be reviewed and updated every three years.
- 2.3 Regular reports to this Committee therefore cover the implementation of the Policy and associated Strategy as well as other related risk management matters in order to fulfill this role.

3.0 CORPORATE RISK REGISTER

- 3.1 The Corporate Risk Register (CRR) is fully reviewed every year and updated by the Chief Executive and Management Board in September/October. A six monthly review is then carried out in March/April.
- 3.2 An annual update of the Corporate Risk Register was carried out in November – see attached at **Appendix A**. This involved reviewing the risks, risk controls, risk reductions and risk rankings that had been identified for each of the risks and making amendments to the Register where necessary. The Council Plan, Statements of Assurance and Annual Governance Statement are taken into account when carrying out this review.

3.3 The register has not been completely finalised as the Partnership and Integration with NHS risk is still under final review with the Corporate Director Health and Adult Services. He is also doing a final review of the Care Market risk.

3.4 The significant amendments that were made to the register are as follows:

New risks

- Major Failure due to Quality and/or Economic Issues in the Care Market – still under final review with the Corporate Director Health and Adult Services but has been added in light of recent developments in the care market and the proposed changes in the national living wage.

Deleted risks

- Implementation of the Care Act – Phase 1 has now been implemented and Phase 2 relating to the capping of care costs has been delayed until 2020.
- Long term Waste Service strategy – this remains on the Business and Environmental Services Directorate risk register.

Significantly Changed Risks

- Partnership and Integration with the NHS – this risk has evolved from Joint Planning and Delivery with the NHS and primarily concentrates on the HAS element.
- Opportunities for Devolution across the whole of North Yorkshire and Consideration of a Combined Authority – this risk is constantly evolving.

The ranking of all the remaining risks remained the same apart from Information Governance and Performance Management which have decreased (as shown on the summary in the left hand column of **Appendix A**).

3.5 To assist Members interpret **Appendix A**

- Risks are identified by Management Board during a prep meeting and workshop
- Each risk has then to be ranked based on the following:
 - existing risk controls in place
 - probability of the risk occurring (based on existing controls)
 - impact of the risk occurring (based on existing controls)
 - further risk controls which may reduce current probability or impact
- The prioritisation system follows a fairly traditional risk evaluation approach in that the **probability** and **severity** of risks is measured using High, Medium and Low categories

- However, to facilitate the assessment of the severity of each risk this is done in relation to 4 distinct **impact areas**:-
 - failure to meet key **service** objectives and standards – reflecting current service plans
 - **financial** impact
 - **service** delivery
 - loss of image or **reputation**

As each risk is ranked with reference to current controls and then future controls, the risk prioritisation system can compute a “score” in the range of 1 to 5

- 1 and 2 being a ‘red’ risk
- 3 and 4 being an ‘amber’ risk and
- 5 being a ‘green’ risk

One of the key things to look for in the Register is the movement of the score (described as Classification in **Appendix A**) as between the ‘Pre’ (i.e. present stage) and ‘Post’ (i.e. after risk mitigations are in place). For certain risks, however, this does not change as the risk mitigations cannot prevent the event (e.g. severe flood) but can address/reduce its impact. Also, if a risk has been carried over from a previous year it is interesting to note whether the risk has improved/worsened since that time.

4.0 LINKS BETWEEN CORPORATE AND DIRECTORATE RISK REGISTERS

4.1 As previously mentioned, the Corporate Risk Register is the culmination of the identification of key significant risks that are identified at Directorate and Service levels. For information and out of interest, an exercise is carried out to identify the links between Directorate Risk Registers and the Corporate Risk Register. Please find attached a diagram showing these links at **Appendix B**.

5.0 INSURANCE RENEWALS

5.1 The main County Council’s insurance renewals are completed on 1st October each year. The main points to note from this year’s renewals are as follows:

- The Liability premium which includes Employer’s Liability and Public Liability stayed the same. This is because the ‘risk’ in the eyes of the insurers has remained the same.
- The Motor premium reduced by 15% because the number of vehicles being insured is reduced.
- The Material Damage (Property) premium has remained the same as a result of premium rates remaining the same and although reinstatement costs have increased, the number of properties has reduced, partly because of schools converting to academies.

5.2 For information, the Council is presently carrying out a procurement exercise for Insurance and Risk Management Consultants and next year, will carry out a procurement exercise for all the insurances. As advised in the recent budget, the insurance premium tax will be increasing by 3.5% on basis points from 6% to 9.5%.

6.0 **RECOMMENDATIONS**

That the Committee:

- (ii) notes the updated Corporate Risk Register (**Appendix A**).
- (iii) notes the links between the Corporate Risk Register and the Directorate Risk Registers (**Appendix B**).
- (iv) notes the position on other Risk Management related matters

GARY FIELDING

Corporate Director – Strategic Resources

County Hall
Northallerton

December 2015

Author of report: Fiona Sowerby, Corporate Risk and Insurance Manager
Tel 01609 532400

Background papers: None

Corporate Risk Register

Appendix A

Risk Register: month 0 (Nov 2015) – summary and detailed final draft for AC

Report Date: 18th November 2015 (fs)

Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
◀▶	20/1 - Funding Challenges	Inadequate funding available to the County Council to discharge its statutory responsibilities and to meet public expectation for the remainder of the decade resulting in legal challenge, unbalanced budget and public dissatisfaction	Chief Exec	CD SR	H	H	H	H	H	1	6	29/02/2016	M	H	H	M	M	2	Y	All Mgt Board
◀▶	20/47 - Partnership and Integration with the NHS - Further amendments under discussion with Richard Webb	Failure to develop and implement new models of care that will provide better outcomes for patients and local communities. This failure will have a negative impact on the development of integrated services, delay the transformation of HAS services, give rise to increased costs to HAS and cause the loss of opportunities that joint provision may have.	Chief Exec	CD HAS	H	M	H	M	M	1	16	31/05/2015	H	M	M	M	M	2	Y	CD HAS
- new -	20/194 - Major Failure due to Quality and/or Economic Issues in the Care Market - New risk – under discussion with Richard Webb	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.	CD HAS	HAS AD Q&E	H	M	M	M	H	1	8	31/12/2015	H	M	M	M	M	2	Y	HAS AD Q&E
▼	20/187 - Information Governance	Ineffective information governance arrangements lead to unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies resulting in loss of reputation, poor decision making, fine, etc	Chief Exec	CD SR	H	M	M	M	H	1	5	31/03/2016	M	L	M	L	M	4	Y	CD SR
◀▶	20/207 - 2020 North Yorkshire Change Programme	Failure to successfully implement the Programme and Modern Council ways of working resulting in inability to meet financial savings requirements, sub-optimal decision making and poorer quality of services.	Chief Exec	CSD SR AD T&C	M	H	H	H	H	2	16	31/10/2015	L	H	H	H	H	3	Y	All Mgt Board



Corporate Risk Register

Appendix A

Risk Register: month 0 (Nov 2015) – summary and detailed final draft for AC

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Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
◀▶	20/189 - Safeguarding Arrangements	Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.	Chief Exec	CD HAS CD CYPs	M	H	H	M	H	2	14	31/10/2015	L	H	H	M	H	3	Y	CD CYPs CD HAS
◀▶	20/188 - Educational Outcomes	Failure to ensure positive educational outcomes for children and young people together with appropriate support for schools to be good or outstanding results in lower achievement levels for pupils, and NY children's life chances being determined by geography or family circumstances rather than being in their own hands.	Chief Exec	CD CYPs	M	M	H	L	H	2	7	31/12/2015	L	M	H	L	H	3	Y	CD CYPs
◀▶	20/334 - Opportunities for Devolution in North Yorkshire and Consideration of a Combined Authority	Failure to take advantage of Devolution opportunities in North Yorkshire resulting in reduced investment and impact on the growth and jobs across the whole of North Yorkshire.	Chief Exec	BES AD EPU	M	L	H	L	M	2	5	25/11/2015	M	L	M	L	L	4	Y	CD BES
▼	20/49 - Organisational Performance Management	Failure to align the performance management framework with the Council strategy and/or use the correct metrics to measure performance results in reduction in service performance, efficiency and effectiveness; reduction in value for money; loss of reputation and suboptimal financial savings	Chief Exec	CD SR	M	M	M	H	M	2	7	31/12/2015	L	M	M	M	M	5	Y	CD SR
◀▶	20/389 - Health and Safety	Major Corporate Health and Safety failure resulting in injuries, claims, reputational and service delivery impact and possible prosecution	Chief Exec	CD SR	L	M	M	M	H	3	8	31/03/2016	L	M	M	M	H	3	Y	CSD SR HoHSRM
◀▶	20/8 - Major Emergencies in the Community	Failure to plan, respond and recover effectively to major emergencies in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation	Chief Exec	Chief Exec	L	L	H	L	H	3	3	31/12/2014	L	L	H	L	M	3	Y	Chief Exec



Risk Register: **month 0 (Nov 2015) – summary and detailed final draft for AC**
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Key	
▲	Risk Ranking has worsened since last review.
▼	Risk Ranking has improved since last review
◀▶	Risk Ranking is same as last review
- new -	New or significantly altered risk



Corporate Risk Register

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Risk Register: month 0 (November 2015) – summary and detailed final draft for AC

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Phase 1 - Identification											
Risk Number	20/1	Risk Title	20/1 - Funding Challenges				Risk Owner	Chief Exec		Manager	CD SR
Description	Inadequate funding available to the County Council to discharge its statutory responsibilities and to meet public expectation for the remainder of the decade resulting in legal challenge, unbalanced budget and public dissatisfaction					Risk Group	Resources		Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			Existing MTFs; Members Budget seminars; modelling carried out on implications of CSR and other funds; agreed Budget 2; 2020 North Yorkshire Programme & constituent elements including service reviews; review of 2020NY in Member Seminars, Cabinet, and Overview and Scrutiny Committees where Directorate based; 2020NY Programme Management Office; 2020NY Programme Governance					Effectiveness			
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/42 - Carry out base budget reviews of specific services						CD SR	Mon-29-Feb-16			
Reduction	20/43 - Carry out modelling on implications of external funding levels (eg Spending Review Settlement)						CD SR	Wed-31-Aug-16			
Reduction	20/46 - Ensure effective consultation/communication with staff, public and Members						All Mgt Board	Wed-31-Aug-16			
Reduction	20/251 - Identify other savings opportunities through 2020 North Yorkshire Programme (eg business cases and procurement)						CD SR	Wed-31-Aug-16			
Reduction	20/261 - SmartSolutions- attempt to increase contributions/surplus						CD SR	Wed-31-Aug-16			
Reduction	20/972 - Carry out intensive discussions with CCGs through the Health and Well Being Board in order to secure Better Care Fund for supporting Adult Social Care						CD HAS	Wed-31-Aug-16			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan	20/504 - Further fundamental review in order to discharge statutory responsibilities									All Mgt Board	



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Phase 1 - Identification											
Risk Number	20/47	Risk Title	20/47 - Partnership and Integration with the NHS Further amendments under discussion with Richard Webb				Risk Owner	Chief Exec	Manager	CD HAS	
Description	Failure to develop and implement new models of care that will provide better outcomes for patients and local communities. This failure will have a negative impact on the development of integrated services, delay the transformation of HAS services, give rise to increased costs to HAS and cause the loss of opportunities that joint provision may have.					Risk Group	Partnerships	Risk Type	CYPS 24/221 HAS 3/180		
Phase 2 - Current Assessment											
Current Control Measures			Effective HWB partnership with clear governance providing strategic leadership; HASLT locality delivery model in place and active membership of local transformation boards strengthening local partnerships and shaping integration; Joint all age programmes with CCGs inc Vanguard and Pioneer designing new service models; Better Care Fund Schemes implemented and other new models of care programmes inc Vanguard in development; CHC review set up internally					Effectiveness			
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	M	Category	1
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	20/60 - Ensure S75 agreement signed by CCGs 2015/16 (ongoing)					AD SR (HAS) & Proc	Wed-31-Aug-16				
Reduction	20/245 - Complete the scope of the CHC review					HAS AD C&S	Mon-30-Nov-15				
Reduction	20/246 - Develop and implement the new Locality Delivery Team model for working with CCGs to co-lead transformation joint priorities and transformation					HAS AD Integration	Sun-31-May-15	Mon-31-Aug-15			
Reduction	20/362 - Ensure NHS partners are fully aware of the democratic and political environment they are operating within (ongoing)					CD HAS	Wed-31-Aug-16				
Reduction	20/363 - Actively monitor relationships, priorities and communications and ensure that HAS managers are fully engaged at appropriate level and review at HAS WLT on a regular basis (ongoing)					CD HAS	Wed-31-Aug-16				
Reduction	20/386 - Develop a new Health and Well-being Strategy (HAS)					CD HAS	Tue-30-Jun-15	Mon-31-Aug-15			
Reduction	20/400 - Implement board development programme for HWB (ongoing)					HAS AD Integration	Wed-31-Aug-16				
Reduction	20/450 - Lead negotiations to achieve full protection of adult social care BCF spend 2016/17					AD SR (HAS) & Proc HAS AD Integration	Thu-31-Mar-16				
Reduction	20/451 - Establish joint NHS and NHS leadership to design new models of care in all CCG localities incl. Vanguard (HaRD) Ambitious for Health					CD HAS	Thu-31-Mar-16				
Reduction	20/452 - Review the impact on HAS of new models of care locality operating models					HAS AD Integration	Thu-31-Mar-16				
Reduction	20/453 - Continue to improve the Locality Delivery Team model for working with CCGs on transformation					HAS AD Integration	Wed-31-Aug-16				



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Reduction	20/457 - Ensure effective monitoring of the 5-19 contracts and the in-house healthy lifestyle service	CYPS S&C CMH	Thu-31-Mar-16								
Reduction	20/458 - Ensure the arrangements for the joint commissioning of services for children with speech, language and communication needs are developed and in place	CD CYPS CYPS Incl HoIE	Sun-31-Jan-16								
Reduction	20/459 - Ensure that the CCGs 'future in mind' plans reflect the needs of Children and Young People in N Yorkshire and enable access to the full range of emotional and mental health support	CYPS AD S&C	Thu-31-Mar-16								
Reduction	20/460 - Develop specifications for a recommissioned 0-5 healthy child service aligned to the 5-19 structure	CYPS S&C CMH	Sat-30-Apr-16								
Reduction	20/909 - Establish effective reporting arrangements to HWB for JHWS and BCF	HAS AD Integration	Sun-31-Jan-16								
Phase 4 - Post Risk Reduction Assessment											
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	20/210 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.									Action Manager	
										CD HAS	



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Phase 1 - Identification												
Risk Number	20/194	Risk Title	20/194 - Major Failure due to Quality and/or Economic Issues in the Care Market New risk – under discussion with Richard Webb					Risk Owner	CD HAS		Manager	HAS AD Q&E
Description	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.					Risk Group	Legislative		Risk Type	HAS Q&E 2/159		
Phase 2 - Current Assessment												
Current Control Measures			Regular review and monitoring contracts; standard contract terms; approvals process; regular meetings to share best practice; experienced staff; regular communication with providers; bulletins; customer feedback; Engagement Group; legal services; CQC; Financial Services & insurance consultation; market analysis; capacity planning; alerts system including brokerage; Service Unit & provider BCPs; QA Framework developed; guidance and ongoing training for purchasing staff; engage with AD ASS; reg meetings with Q&M, Health Commissioner and police; robust comms with CCGs; quality monitoring embedded in Dir perf monitoring; market position statement						Effectiveness			
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	H	Category		
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	20/467 - Carry out Phase II of the domiciliary care procurement and ensure the national living wage issues are addressed						HAS AD Q&E	Fri-30-Jun-17				
Reduction	20/468 - Continue to produce a market position statement						HAS AD Com	Wed-31-Aug-16				
Reduction	20/469 - Jointly with Health continue to monitor baseline assessments QA framework and risk profiles of providers; targets are reviewed at quarterly officer meetings						HAS AD Q&E	Wed-31-Aug-16				
Reduction	20/470 - Review and refresh the market development board and ensure ongoing quarterly meetings, market analysis and mapping and information sharing take place						HAS AD Q&E	Thu-31-Dec-15				
Reduction	20/471 - Continue with regular engagement meetings with CQC locally and engage with CQCs national programme of identifying providers where there is significant risk of failure						HAS AD Q&E	Wed-31-Aug-16				
Reduction	20/472 - Undertake review of the actual cost of care exercise to incorporate the impact of the national living wage						HAS AD Q&E	Thu-31-Dec-15				
Reduction	20/473 - Continue to engage in ADASS work to manage major problems occurring, such as financial issues in the care provider market and ensure robust contingency planning and to learn lessons from serious case reviews at a national level						HAS AD Q&E	Wed-31-Aug-16				
Reduction	20/474 - Work with Veritau on audits of individual suppliers						HAS AD Q&E	Thu-30-Jun-16				
Phase 4 - Post Risk Reduction Assessment												
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	M	Category	2	



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Phase 5 - Fallback Plan		Action Manager
Fallback Plan	20/548 - Make client safe, crisis meeting, implement relevant steps, consultation with senior staff and relevant organisations (e.g. Police CQC). Effective communication to relevant parties, utilise contingency plan(s).	HAS AD Q&E



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Phase 1 - Identification												
Risk Number	20/187	Risk Title	20/187 - Information Governance				Risk Owner	Chief Exec		Manager	CD SR	
Description	Ineffective information governance arrangements lead to unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies resulting in loss of reputation, poor decision making, fine, etc					Risk Group	Legislative		Risk Type	CS 15/161		
Phase 2 - Current Assessment												
Current Control Measures			Information Governance Strategy including the associated Policy and Procedure Framework; CIGG Action Plan; data breach process; messages from senior management; on-line training; staff induction; information asset registers; DIGCs; posters; intranet information; regular monitoring of electronic communication by ICT; series of unannounced security compliance visits by internal audit; application of all the features of the Information Security Management System (ISMS); FoI – controls include central monitoring of receipt and progress, regular review by Veritau and review of outstanding cases by the Chief Exec on a monthly basis; proactive monitoring of all data; terms of reference reviewed; Directorate virtual group; internal audit support investigation of significant data breaches; CIGG consider reasons for data breaches and cascade lessons learned; secure physical storage and internal info transfer issues resolved; Non NYCC Network Access Policy produced; e learning training packages refreshed; Data Sharing Protocol in place						Effectiveness			
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	H	Category	1	
Phase 3 - Risk Reduction Actions												
						Action Manager	Action by	Completed				
Reduction	15/423 - Continue to emphasise personal responsibility of staff for all information in this area and consider disciplinary action in cases of data breaches					CD SR CSD ACE BS		Thu-30- Jun-16				
Reduction	15/424 - Ensure Information Asset Owners identified and directorate Information Asset Registers completed					Ho Int Audit		Thu-31- Mar-16				
Reduction	15/425 - Periodic internal review of achievement of the Information Governance Strategy Objectives - ongoing					Ho Int Audit		Sun-31- Jul-16				
Reduction	15/426 - Ensure all relevant Partners sign up to agreed Multi-#Agency Data Sharing Protocol - ongoing					Ho Int Audit		Thu-31- Mar-16				
Reduction	15/427 - Ensure that individual agreements completed for each data sharing activity - ongoing					Ho Int Audit		Thu-31- Mar-16				
Phase 4 - Post Risk Reduction Assessment												
Probability	M	Objectives	L	Financial	M	Services	L	Reputation	M	Category	4	
Phase 5 - Fallback Plan												
									Action Manager			
Fallback Plan	15/514 - Review Action Plan and new technology and continue to raise awareness. Invite ICO to carry out an audit of NYCC IG systems								CD SR			



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Phase 1 - Identification											
Risk Number	20/207	Risk Title	20/207 - 2020 North Yorkshire Change Programme				Risk Owner	Chief Exec		Manager	CSD SR AD T&C
Description	Failure to successfully implement the Programme and Modern Council ways of working resulting in inability to meet financial savings requirements, sub-optimal decision making and poorer quality of services.					Risk Group	Strategic		Risk Type	CS 15/11	
Phase 2 - Current Assessment											
Current Control Measures		Initial service reviews largely completed; 2020 North Yorkshire Programme Plan in place and regularly reviewed/updated; Members workshops & political group sessions completed; briefings of Cabinet; regular Mgt Board discussions; Mgt Board to sit as Programme Board; AD Tech & Change appointed to programme manage 2020 North Yorkshire; staff messages; opportunities to involve staff further; middle manager sessions with Chief Exec; Stronger Communities programme; Blueprint produced; recruitment of support required for Programme; governance arrangements agreed; standard approaches to project management and business change employed (eg Lean workshops); Stronger Communities programme developed to mitigate against budget cuts and promote resilience; resource requirements agreed						Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	15/54 - Regularly review the ICT strategy in light of changes in the organisation both before and after 2020					CSD SR AD T&C		Thu-31-Dec-15			
Reduction	15/55 - Implement the revised financial systems (Oracle, BI and PBCS)					CD SR		Thu-31-Dec-15			
Reduction	15/56 - Review of Behaviour and Skills framework and other relevant key documents as part of OD workstream					CSD ACE BS		Wed-31-Aug-16			
Reduction	15/208 - Set out initial delivery plan for rationalisation of property in line with new ways of working to Programme Board					CD SR		Sat-31-Oct-15	Sat-31-Oct-15		
Reduction	15/393 - Conduct an LGA corporate peer review					AD SR (BES/CS) & Perf CSD SR AD T&C		Thu-31-Mar-16			
Reduction	15/394 - Review and implement action plan following peer review					CSD SR AD T&C		Fri-31-Mar-17			
Reduction	15/406 - Continue to embed cultural change and new ways of working (transformational rather than as a savings programme)					CSD SR AD T&C		Tue-31-Mar-20			
Reduction	15/429 - Continually review capacity and capability within services and the impact upon the workforce of the future					CSD SR AD T&C		Wed-31-Aug-16			
Reduction	15/831 - Continue to monitor delay of Programmes and the effect on benefits					CSD SR AD T&C		Wed-31-Aug-16			
Reduction	15/837 - Implement the Stronger Communities programme to mitigate against proposed budget cuts, support communities to take over local services, and promote community and individual resilience (ongoing)					CSD AD PP		Wed-31-Aug-16			



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Reduction	20/250 - Develop (by Feb 2015) and implement an outline delivery plan for rationalisation of property in line with new ways of working (ongoing)	CD SR	Wed-31-Aug-16								
Reduction	20/403 - Carry out monthly monitoring of communications and engagement plan including key messages and themes (ongoing)	CSD HoC	Wed-31-Aug-16								
Reduction	20/405 - Continue with the implementation plan for Customer Theme in line with new ways of working	CSD ACE Selby	Wed-31-Aug-16								
Reduction	20/461 - Ensure joined up approach is taken between 'Living Well', CYPS Prevention team and Stronger Communities team	Chief Exec	Wed-31-Aug-16								
Reduction	20/462 - Carry out review of governance and areas of future focus for Programme Board	CSD SR AD T&C	Thu-31-Dec-15								
Reduction	20/463 - Revisit the 2020 Vision and Strategy and produce a draft which replaces the previous version and the Council Plan	Chief Exec	Thu-31-Mar-16								
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	H	Financial	H	Services	H	Reputation	H	Category	3
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	20/529 - Reprioritisation of savings, further consideration of structures and ways of working									All Mgt Board	



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Phase 1 - Identification											
Risk Number	20/189	Risk Title	20/189 - Safeguarding Arrangements				Risk Owner	Chief Exec		Manager	CD HAS CD CYPS
Description	Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.					Risk Group	Safeguarding		Risk Type	CYPS 24/250 HAS 3/27	
Phase 2 - Current Assessment											
Current Control Measures	CYPS – Safeguarding website; regularly reviewed procedures; monthly performance data for monitoring; audit regime; manager authorisation of all assessments; ICS; family intervention team; training strategy; clear supervision process which is audited on a regular basis; customer contact screening team; HAS - Detailed action plan, Safeguarding review for the County, revised Safeguarding Boards and sub groups, Safeguarding general manager and team, strengthening of Safeguarding policy team, case file audit and review, training plan, best interest assessors in post, better understanding & embedding of Mental Capacity Act. Independent chair to Safeguarding Board appointed, risk enablement panel developed, countywide safeguarding general manager appointed, Safeguarding procedures reviewed in line with consultation on the Care Act, Safeguarding Board performance framework							Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
Reduction	20/374 - Ensure compliance with Safeguarding Board and Children and Families' procedures [CYPS]					Action Manager	CYPS AD CSC		Action by	Sun-31-Jul-16	Completed
Reduction	20/375 - Contribute to the delivery and implementation of the Child Sexual Exploitation (CSE) strategy with the LSCB [CYPS]					Action Manager	CYPS CSC HoS		Action by	Sat-31-Oct-15	Sat-31-Oct-15
Reduction	20/376 - Continue to raise awareness of the escalation procedures relating to children missing and at risk of CSE [CYPS]					Action Manager	CYPS CSC HoS		Action by	Sun-31-Jul-16	
Reduction	20/377 - Ensure all cases of children at risk of CSE are flagged on LCS [CYPS]					Action Manager	CYPS CSC HoS		Action by	Sun-31-Jul-16	
Reduction	20/378 - Ongoing Mgt file audit of case files against established assessment standards and staff supervision files [CYPS]					Action Manager	CYPS CSC SMT		Action by	Sun-31-Jul-16	
Reduction	20/379 - Monitoring and management of performance against agreed targets in the SMT action plan [CYPS]					Action Manager	CYPS CSC SMT		Action by	Sun-31-Jul-16	
Reduction	20/381 - Continue to ensure partners are fully engaged with Safeguarding boards centrally and locally, particularly new health partners (CCGs) - ongoing, two board development days held [HAS]					Action Manager	HAS AD C&S		Action by	Tue-31-May-16	
Reduction	20/382 - Continue to work with Quality and Engagement team to improve quality assurance; risk assessment tool to be launched [HAS]					Action Manager	HAS AD C&S HAS AD Q&E		Action by	Thu-31-Dec-15	
Reduction	20/384 - Ongoing joint work with CYPS to carry out review of approach to domestic abuse and Prevent [HAS]					Action Manager	HAS AD C&S		Action by	Thu-31-Mar-16	
Reduction	20/385 - Develop an information framework for serious incident data, eg drug death etc [HAS]					Action Manager	HAS AD C&S		Action by	Thu-31-Dec-15	
Reduction	20/454 - Agree and implement a protocol for the relationship between Adults Social Care (and Children's Trust) and the Health and Wellbeing Board [HAS]					Action Manager	HAS AD Integration		Action by	Wed-31-Aug-16	



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Risk Register: **month 0 (November 2015) – summary and detailed final draft for AC**
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Reduction	20/455 - Implementation of new policies and procedures reflecting new Care Act duties [HAS]	HAS AD Q&E	Thu-31-Dec-15								
Reduction	20/456 - Continued vigilance to ensure our supervisory body role adheres to good practice and national guidance, evidenced by regular reports to HASLT and members [HAS]	HAS AD Q&E	Thu-30-Jun-16								
Reduction	20/1176 - Ongoing work to implement the concordat following Winterbourne View [HAS]	HAS AD C&S	Tue-31-May-16								
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	H	Financial	H	Services	M	Reputation	H	Category	3
Phase 5 - Fallback Plan											
											Action Manager
Fallback Plan	20/545 - Carry out necessary review of approach, target underperforming areas and take on lessons learned from any serious case reviews									CD CYPS CD HAS	



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Risk Register: **month 0 (November 2015) – summary and detailed final draft for AC**

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Phase 1 - Identification											
Risk Number	20/188	Risk Title	20/188 - Educational Outcomes				Risk Owner	Chief Exec	Manager	CD CYPS	
Description	Failure to ensure positive educational outcomes for children and young people together with appropriate support for schools to be good or outstanding results in lower achievement levels for pupils, and NY children's life chances being determined by geography or family circumstances rather than being in their own hands.					Risk Group	Performance	Risk Type	CYPS 24/249		
Phase 2 - Current Assessment											
Current Control Measures			Cross-directorate "Strategic Priority Schools" approach; work with Schools Forum; detailed analysis of data; joint annual performance review and target settings with schools; effective targeted intervention; 'Closing the Gap' strategy; School Improvement strategy including monitoring groups for vulnerable children; Achievement for All Programme; alternative models of school leadership including mergers, federations and informal partnerships promoted;					Effectiveness			
Probability	M	Objectives	M	Financial	H	Services	L	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/402 - Develop and implement the "Scarborough Education Summit" which collaboratively challenges underachievement						CD CYPS	Fri-30-Sep-16			
Reduction	20/1161 - Ensure leadership and release of commissioning capacity in the context of the Commission for School Improvement and School Improvement restructure						CYPS AD E&S	Wed-31-Aug-16			
Reduction	20/1166 - Ensure effective implementation of the local 'Closing the Gap' innovation programme and monitoring of the impact of the projects funded through this programme						CYPS AD E&S	Sat-30-Apr-16			
Reduction	20/1188 - Implement plans to further improve Children in Care educational outcomes						CYPS Ho ELAC	Fri-30-Sep-16			
Reduction	20/1189 - Develop a skills strategy and assessment of needs beginning with Scarborough then roll out to remaining districts						CYPS AD E&S	Thu-31-Dec-15			
Reduction	20/1190 - Establish stronger links with businesses and employers re apprenticeships, internships and traineeships and use NYCC as a role model itself in this area						CYPS AD E&S	Sun-31-Jul-16			
Reduction	20/1197 - Establish stronger links with Further and Higher Education establishments (ongoing)						CYPS AD E&S	Fri-30-Sep-16			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	H	Services	L	Reputation	H	Category	3
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan	20/542 - Continually review via internal mechanisms and the new NY Education Partnership and challenge Programmes and Strategies in order to ensure better educational outcomes							CD CYPS			



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Phase 1 - Identification												
Risk Number	20/334	Risk Title	20/334 - Opportunities for Devolution in North Yorkshire and Consideration of a Combined Authority				Risk Owner	Chief Exec		Manager	BES AD EPU	
Description	Failure to take advantage of Devolution opportunities in North Yorkshire resulting in reduced investment and impact on the growth and jobs across the whole of North Yorkshire.					Risk Group	Strategic		Risk Type			
Phase 2 - Current Assessment												
Current Control Measures		Devolution proposals submitted to Govt., LEP strategic economic plan in place; NYCC retains the Infrastructure Delivery Steering Group; NYCC wide co-ordination of development needs linked to District plans; local authorities are moving towards a joint committee & considering a combined authority; LA Director group in place;						Effectiveness				
Probability	M	Objectives	L	Financial		H	Services	L	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	20/364 - Gain political support both locally and nationally (ongoing)					Chief Exec		Thu-31-Mar-16				
Reduction	20/398 - Directors of Development Group to support the Devolution deal					CD BES		Wed-25-Nov-15				
Reduction	20/916 - Establish the geography on which to secure Devolution					Chief Exec		Wed-25-Nov-15				
Reduction	20/917 - Develop detailed business cases for all requirements					Chief Exec		Wed-25-Nov-15				
Reduction	20/1397 - Identify the barriers and opportunities which Devolution can take advantage of					CD BES		Wed-25-Nov-15				
Phase 4 - Post Risk Reduction Assessment												
Probability	M	Objectives	L	Financial		M	Services	L	Reputation	L	Category	4
Phase 5 - Fallback Plan												
											Action Manager	
Fallback Plan	20/596 - Consider membership of Leeds City Region Combined Authority									CD BES		

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Phase 1 - Identification											
Risk Number	20/49	Risk Title	20/49 - Organisational Performance Management				Risk Owner	Chief Exec	Manager	CD SR	
Description	Failure to align the performance management framework with the Council strategy and/or use the correct metrics to measure performance results in reduction in service performance, efficiency and effectiveness; reduction in value for money; loss of reputation and suboptimal financial savings					Risk Group	Performance	Risk Type	CS 15/166		
Phase 2 - Current Assessment											
Current Control Measures			Corporate Performance Management Framework including service planning, quarterly reports to Exec, participation in benchmarking exercises, Corporate Performance Management Group, team performance management matrix, internal peer review of performance management matrix, review of Q performance reports					Effectiveness			
Probability	M	Objectives	M	Financial	M	Services	H	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	15/393 - Conduct an LGA corporate peer review					AD SR (BES/CS) & Perf CSD SR AD T&C	Thu-31- Mar-16				
Reduction	15/430 - Review governance arrangements for performance management					AD SR (BES/CS) & Perf	Thu-31- Dec-15				
Reduction	15/431 - Develop a plan to align strategy with performance to enable effective measurement					AD SR (BES/CS) & Perf	Thu-31- Mar-16				
Reduction	15/432 - Develop an effective mechanism of performance measurement					AD SR (BES/CS) & Perf	Thu-31- Mar-16				
Reduction	15/433 - Review and revise the structural and operational arrangements for performance management					AD SR (BES/CS) & Perf	Thu-30- Jun-16				
Reduction	20/464 - Conduct self-assessment (initial findings 24/11/15) in advance of corporate peer review and collate an action plan					AD SR (BES/CS) & Perf	Thu-31- Dec-15				
Reduction	20/466 - Issue guidance for service plans for 2016/17					AD SR (BES/CS) & Perf	Thu-31- Dec-15				
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	M	Services	M	Reputation	M	Category	5
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan	20/533 - Fundamental review of approach									CD SR	



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Risk Register: **month 0 (November 2015) – summary and detailed final draft for AC**

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Phase 1 - Identification											
Risk Number	20/389	Risk Title	20/389 - Health and Safety				Risk Owner	Chief Exec		Manager	CD SR
Description	Major Corporate Health and Safety failure resulting in injuries, claims, reputational and service delivery impact and possible prosecution					Risk Group	Legislative		Risk Type	CS 15/183	
Phase 2 - Current Assessment											
Current Control Measures		HSRM Service Plan feeding into Directorate Action Plans; H&S team; Corporate H&S Policy; Corporate and Directorate H&S procedures; intranet and cyps.info sites; Directorate RM groups; RM Working groups; H&S Champions and lead officers; reporting on a regular basis; on-going H&S risk assessment, training, monitoring and audit; corporate H&S training;							Effectiveness		
Probability	L	Objectives	M	Financial	M	Services	M	Reputation	H	Category	3
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	15/248 - Continue delivery of the programme of H&S monitoring (ongoing)						AD SR (CYPs) & Prop	Sun-31-Jul-16			
Reduction	15/249 - Develop (by Nov 2015) and implement the revised directorate H&S action plans in line with the top 10 risks agreed at CRMG and report performance						AD SR (CYPs) & Prop	Sun-31-Jul-16			
Reduction	15/254 - Revise the managers' online H&S training and other modules.						CSD SR HoHSRM	Thu-31-Mar-16			
Reduction	15/255 - Ensure appropriate operating standards of H&S risk assessments exist and are being implemented locally						AD SR (CYPs) & Prop	Sun-31-Jul-16			
Reduction	15/256 - Carry out review of health and safety function within NYCC - 2nd stage						AD SR (CYPs) & Prop	Thu-31-Mar-16			
Reduction	15/257 - Review and revise the corporate H&S procedures						CSD SR HoHSRM	Sun-31-Jul-16			
Reduction	15/407 - Work with City of York Council to agree the new structure for the shared service						AD SR (CYPs) & Prop	Thu-31-Mar-16			
Reduction	15/408 - Implement arrangements for H&S function following and depending on the agreement of the structure for shared services with City of York Council						AD SR (CYPs) & Prop	Thu-31-Mar-16			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	M	Services	M	Reputation	H	Category	3
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan	20/628 - Liaise with HSE, media management, implement fatal/serious injury response guide							CSD SR HoHSRM			

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Phase 1 - Identification											
Risk Number	20/8	Risk Title	20/8 - Major Emergencies in the Community				Risk Owner	Chief Exec	Manager	Chief Exec	
Description	Failure to plan, respond and recover effectively to major emergencies in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation					Risk Group	Performance	Risk Type			
Phase 2 - Current Assessment											
Current Control Measures		NYLRF; experience and resources of partners; existing plans incl public health (training and exercises); EPU; partnership working with District Councils; community resilience; silver response in the County Council major incident plan tested; approach to BCP refreshed to strengthen service resilience; Resilience Direct portal; regional multi agency pandemic exercise held;						Effectiveness			
Probability	L	Objectives	L	Financial	H	Services	L	Reputation	H	Category	3
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	20/249 - Test effectiveness and robustness of emergency plans relating to the public health of the NY population - final review and lessons learned following multi agency exercise to complete					Chief Exec	Wed-31-Dec-14	Wed-31-Dec-14			
Reduction	20/970 - Continue to ensure effective co-ordination and communication with County and District/Borough Council services & NYLRF in light of reduction in resources					Chief Exec	Mon-31-Oct-16				
Reduction	20/971 - Continue to ensure effective and efficient processes are embedded amongst all partners to prioritise workstreams (incl. plans, training and exercises)					Chief Exec	Mon-31-Oct-16				
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	L	Financial	H	Services	L	Reputation	M	Category	3
Phase 5 - Fallback Plan											
								Action Manager			
Fallback Plan	20/207 - Review and prioritise resources dependent on nature and impact of event (inc effective media management)							Chief Exec			



HAS Risk Register
<p>Partnership and Integration with the NHS Failure to develop and implement new models of care that will provide better outcomes for patients and local communities.</p>
<p>Major Failure due to Quality and/or Economic Issues in the Care Market Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities</p>
<p>Information Governance and Health and Safety Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate</p>
<p>Transformation Failure to carry out transformation of the care and support offer in a timely way such that savings are made, significant change and improvement is implemented and personal independence is maximised</p>
<p>Cultural Change Failure to change the Directorate culture at the same time as implementing the HAS Vision and the 2020 Transformation Programme for HAS by 2020 resulting in financial challenges and unmet savings, staff unclear about their roles and an inability to implement new ways of working</p>
<p>Workforce Planning and Development Failure to appropriately plan and fulfil workforce requirements and / or develop staff in line with transformation agenda resulting in reduction in quality of service and transformation objectives not achieved</p>
<p>Safeguarding Arrangements Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.</p>

Central Services Risk Register
<p>Central Services Savings Plan Failure to deliver the Central Services savings plan for the duration of the Change Programme (up to 2019) resulting in inability to meet the budget, rationalise support services and enable the change programme</p>
<p>Information Governance Ineffective information governance arrangements lead to unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies</p>
<p>2020 North Yorkshire Change Programme Failure to successfully implement the Programme and Modern Council ways of working</p>
<p>Organisational Performance Management Failure to align the performance management framework with the Council strategy and/or use the correct metrics to measure performance</p>
<p>Health & Safety Major Corporate Health and Safety failure resulting in injuries, claims, reputational and service delivery impact and possible prosecution</p>

Corporate Risk Register	Rank	
<p>Funding Challenges Inadequate funding available to the County Council to discharge its statutory responsibilities and to meet public expectation for the remainder of the decade</p>	1	2
<p>Partnership and Integration with the NHS Failure to develop and implement new models of care that will provide better outcomes for patients and local communities.</p>	1	2
<p>Major Failure due to Quality and/or Economic Issues in the Care Market Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities</p>	1	2
<p>Information Governance Ineffective information governance arrangements lead to unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies</p>	1	4
<p>2020 North Yorkshire Change Programme Failure to successfully implement the Programme and Modern Council ways of working</p>	2	3
<p>Safeguarding Arrangements Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm</p>	2	3
<p>Educational Outcomes Failure to ensure positive educational outcomes for children and young people together with appropriate support for schools to be good or outstanding</p>	2	3
<p>Opportunities for Devolution in North Yorkshire and Consideration of a Combined Authority Failure to take advantage of Devolution opportunities in North Yorkshire resulting in reduced investment and impact on the growth and jobs across the whole of North Yorkshire.</p>	2	4
<p>Organisational Performance Management Failure to align the performance management framework with the Council strategy and/or use the correct metrics to measure performance results in reduction in service performance, efficiency and effectiveness; reduction in value for money; loss of reputation and suboptimal financial savings</p>	2	5
<p>Health and Safety Major Corporate Health and Safety failure resulting in injuries, claims, reputational and service delivery impact and possible prosecution</p>	3	3
<p>Major Emergencies in the Community Failure to plan, respond and recover effectively to major emergencies in the community</p>	3	3
Linking of Directorate risks to the Corporate risk reg Nov 2015		

CYPS Risk Register
<p>Partnership and Integration with Health Failure to develop and implement new models of care that will provide better outcomes for children and young people and local communities. This failure will have a negative impact on the development of integrated services, give rise to increased costs to CYPS and cause the loss of opportunities that joint provision may have.</p>
<p>Good and Safe Governance Arrangements Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate</p>
<p>2020 North Yorkshire incl WF development, planning and cultural change within CYPS Failure to effectively deliver the CYPS 2020 Programme including the required workforce development and cultural change resulting in a reduction of quality in service delivery, inability to fully meet current and future financial requirements, internal and external criticism.</p>
<p>Safeguarding Arrangements Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm</p>
<p>Educational Outcomes Failure to ensure positive educational outcomes for children and young people together with appropriate support for schools to be good or outstanding</p>
<p>BES Risk Register</p>
<p>2020 North Yorkshire Programme within BES Failure to effectively deliver the BES 2020 Programme including the required cultural change resulting in adverse impact on service delivery, inability to fully meet current and future financial requirements, internal and external criticism.</p>
<p>Statutory Duties Failure to carry out statutory duties or meet statutory deadlines (e.g. Health and Safety, safe guarding, information governance, prevention of waste pollution, planning responsibilities, statutory property related issues, driver/vehicle guidance) resulting in Corporate Manslaughter, increased cost/claims, fines/prosecution and criticism.</p>
<p>Opportunities for Devolution in North Yorkshire and Consideration of a Combined Authority Failure to take advantage of Devolution opportunities in North Yorkshire resulting in reduced investment and impact on the growth and jobs across North Yorkshire.</p>
<p>Major Incident and Business Continuity Failure to plan and respond effectively to a major incident without major impact upon routine service performance or longer term impact on service delivery</p>