

**AUDIT COMMITTEE**

22 June 2017

**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

**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 in 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/May.
- 3.2 A 6 monthly update of the Corporate Risk Register was carried out in April – see attached at **Appendix A**. This involved reviewing the risks, risk controls and risk reductions that had been identified for each of the risks and making amendments to the Register where necessary.
- 3.3 There are no changes to the risks considered within the register. The significant amendments that were made to the risks themselves are as follows:

- 2020 North Yorkshire Change and beyond – the 2020 Vision and Strategy has been reviewed and updated and is reflected in the 2017/21 Council Plan. It sets out our vision and values and describes a three pronged approach - to provide leadership, enable individuals, families and communities to do the best for themselves, and to ensure the delivery of our own high quality services. Other actions to be carried out in this risk support the Vision and Strategy.
- Funding Challenges – actions have been updated to represent the present position. Extra actions have been added relating to the development of detailed forward plans for associated businesses such as SmartSolutions, and the additional social care funding which has been received by the Council.
- Information Governance – this risk continues to be a challenge and further work continues to minimise data breaches such as the review of information asset registers and the secure transfer of data. On a positive matter, the Council’s systems were not impacted by the recent cyber attack. This was as a result of good work, together with up to date systems and patches.
- The Partnership and Integration with the NHS risk is a joint risk between Health and Adult Services and Children and Young People’s Service. The action relating to effective monitoring arrangements for the 0-5 years contract are in place and CCGs have refreshed ‘future in mind’ plans to reflect the needs of children and young people in N Yorkshire. An action relating to the additional social care funding has been added to this risk, together with a requirement to carry out further lobbying of the Government to establish how this dovetails with an improved Better Care Fund and additional funding.
- Safeguarding Arrangements – the information framework for serious incident data for example drug death has been developed and implemented.
- Growth – actions that have been completed include the completion of the Council Economic Growth Plan which has also been approved by the Executive of the Council. Collaborative working arrangements with District Councils are in place with further work to take place.

### 3.4 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 on the summary 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.

#### **4.0 ADDITIONAL RISK PRIORITISATION EXERCISES**

4.1 As well as the bi-annual update of Corporate, Directorate and Service risk registers, additional workshops are also carried out to develop risk registers for specific areas of activity in the County Council. At this time these include:

- North Yorkshire Development – this company has been set up to develop market housing on surplus sites with the primary aim of generating a revenue surplus that can be reinvested for the benefit of the Council’s local taxpayers. The risk register considers risks such as planning, procurement and contract management, knowledge of the business, cost and the profitable sale of the houses (*see also paragraph 5.3 below*).
- Basic Need - the increase in Basic Need (additional school places) has arisen as a result of a change to the planning areas adopted by the local authority in response to changed criteria used by the Department for Education to determine need. This risk register continues to assess the risks associated with the Capital Programme and includes issues such as capital funding, site and town planning constraints, procurement strategies together with volatility of pupil numbers.
- Harrogate Line Development – this register was developed to consider the risks involved in improving services on the Leeds to Harrogate to York railway line. The risks under review include liaison with Network Rail, programme timescale, expenditure and value for money.
- Tour de Yorkshire - this register was developed this year for the 3<sup>rd</sup> time, and assisted in going through the planning of the event and looked at risks such as partnership working, expectation management and engagement, communications and project management and programming.

#### **5.0 RISK MANAGEMENT AUDIT**

5.1 A “health check” Risk Management Audit has been carried out recently and an opinion of High Assurance was given. The purpose of this audit was to provide

assurance to management that procedures and controls within the system ensured that:

- Corporate risk registers are updated at regular intervals with relevant risks
- Appropriate risks are being identified when new commercial activities are entered into

5.2 The audit found the corporate arrangements for risk management to be effective. The outcome showed that corporate and directorate risk registers are being updated in line with policy requirements. Risks are appropriate and clear linkage could be drawn between the directorate and corporate risk registers which feed into each other.

5.3 The audit also reviewed the Council's arrangements for risk management when entering into a new commercial activity. During the audit, Internal Audit became aware of a new housing development company that the Council is creating. The outcome of their audit showed that risks in the detailed risk register that had been developed were found to be appropriate and included the profitable sale of houses, planning permission, procurement and contract management.

## **6.0 RECOMMENDATIONS**

That the Committee:

- (i) notes the updated Corporate Risk Register (**Appendix A**).
- (ii) notes the position on other Risk Management related matters

### **GARY FIELDING**

#### **Corporate Director – Strategic Resources**

County Hall, Northallerton

June 2017

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**Background papers:** None

# Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**

Next Review due: **November 2017**

Report Date: **25<sup>th</sup> April 2017 (pw)**

| Phase 1 - Identification         |   |  |   |                  |   |  |                   |                   |                |                 |   |
|----------------------------------|---|--|---|------------------|---|--|-------------------|-------------------|----------------|-----------------|---|
| <b>Risk Number</b>               | 20/207  | <b>Risk Title</b>  | 20/207 - 2020 North Yorkshire Change Programme and beyond |                  |   |  | <b>Risk Owner</b> | Chief Exec        | <b>Manager</b> | CSD SR AD T&C   |   |
| <b>Description</b>               | 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.                     |  |   |                  |   | <b>Risk Group</b>                      | Strategic         | <b>Risk Type</b>  | CS 15/11       |                 |   |
| Phase 2 - Current Assessment     |   |  |   |                  |   |  |                   |                   |                |                 |   |
| <b>Current Control Measures</b>  |   | 2020 Vision and Strategy in place; 2020 North Yorkshire Programme Plan in place and regularly reviewed/updated; Members workshops & political group sessions completed; briefings of Cabinet; regular Mgt Board/Programme Board meetings; staff communication constantly reviewed via intranet and new 'all staff' e mail Directorate and cross cutting themes programme board continue to meet and follow the governance structure; quarterly meetings with finance ADs and programme managers to align savings against programme budgets; Oracle improvements; Behaviour & skills framework reviewed; LGA corporate peer review; review carried out of governance and areas of future focus for Programme Board; all major change programmes are captured within this Programme to better manage dependencies and resources; |   |                  |   |  |                   |                   |                |                 |   |
| <b>Probability</b>               | H   | <b>Objectives</b>  | H   | <b>Financial</b> | H | <b>Services</b>                        | H                 | <b>Reputation</b> | H              | <b>Category</b> | 1 |
| Phase 3 - Risk Reduction Actions |   |  |   |                  |   |  |                   |                   |                |                 |   |
|                                  |   |  |   |                  |   | <b>Action Manager</b>                  | <b>Action by</b>  | <b>Completed</b>  |                |                 |   |
| <b>Reduction</b>                 | 15/54 - Regularly review the ICT strategy in light of changes in the organisation both before and after 2020 (ongoing)  |  |   |                  |   | CSD SR AD T&C                          | Thu-31-Aug-17     |                   |                |                 |   |
| <b>Reduction</b>                 | 15/245 - Embed modern council principles through engagement and delivery of Service Operation Model (SOM), implementation of technology, property and OD measures, and a robust review process to measure impact and improvement. |  |   |                  |   | CSD SR AD T&C                          | Tue-31-Oct-17     |                   |                |                 |   |
| <b>Reduction</b>                 | 15/394 - Monitor action plan following peer review (ongoing)  |  |   |                  |   | AD SR (BES/CS) & Perf<br>CSD SR AD T&C | Sat-31-Mar-18     |                   |                |                 |   |
| <b>Reduction</b>                 | 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     |                   |                |                 |   |
| <b>Reduction</b>                 | 15/429 - Continually review capacity and capability within services and the impact upon the workforce of the future   |  |   |                  |   | CSD SR AD T&C                          | Thu-31-Aug-17     |                   |                |                 |   |
| <b>Reduction</b>                 | 15/831 - Continue to monitor delay of Programmes and the effect on benefits (ongoing)   |  |   |                  |   | CSD SR AD T&C                          | Thu-31-Aug-17     |                   |                |                 |   |
| <b>Reduction</b>                 | 15/837 - Continue to 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                              | Thu-31-Aug-17     |                   |                |                 |   |
| <b>Reduction</b>                 | 20/250 - Implement the delivery plan for rationalisation of property in line with new ways of working including further refining of plan and securing resources for Northallerton and delivery of plan in Scarborough             |  |   |                  |   | AD SR (CYPS) & Prop                    | Thu-31-Aug-17     |                   |                |                 |   |
| <b>Reduction</b>                 | 20/403 - Carry out monthly monitoring of communications and engagement plan including key messages and themes (ongoing)   |  |   |                  |   | CSD HoC                                | Thu-31-Aug-17     |                   |                |                 |   |
| <b>Reduction</b>                 | 20/405 - Continue with the implementation plan for Customer Theme in line with new ways of working  |  |   |                  |   | Chief Exec                             | Thu-31-Aug-17     |                   |                |                 |   |



## Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**

Next Review due: **November 2017**

Report Date: **25<sup>th</sup> April 2017 (pw)**

|   |  |                   |               |                  |   |                 |   |                   |   |                 |                       |
|---|--|-------------------|---------------|------------------|---|-----------------|---|-------------------|---|-----------------|-----------------------|
| <b>Reduction</b>                                | 20/461 - Monitor joined up approach between 'Living Well', CYPs Prevention team and Stronger Communities team and escalate issues to Programme Board if necessary  | CSD SR AD T&C     | Thu-31-Aug-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/463 - Revisit the 2020 Vision and Strategy and produce a draft which replaces the previous version and the Council Plan   | Chief Exec        | Fri-31-Mar-17 | Tue-28-Feb-17    |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/505 - Develop new projects (eg LED street lighting, review of winter maintenance fleet, procurement re-structure and redesign, supporting people) to cover the 4% challenge and innovate new ideas to cover the shortfall in expected savings (ongoing) | CSD Mgt Team      | Sat-31-Mar-18 |                  |   |                 |   |                   |   |                 |                       |
| <b>Phase 4 - Post Risk Reduction Assessment</b> |  |                   |               |                  |   |                 |   |                   |   |                 |                       |
| <b>Probability</b>                              | M  | <b>Objectives</b> | H             | <b>Financial</b> | H | <b>Services</b> | H | <b>Reputation</b> | H | <b>Category</b> | 2                     |
| <b>Phase 5 - Fallback Plan</b>                  |  |                   |               |                  |   |                 |   |                   |   |                 |                       |
|   |  |                   |               |                  |   |                 |   |                   |   |                 | <b>Action Manager</b> |
| <b>Fallback Plan</b>                            | 20/529 - Reprioritisation of savings, further consideration of structures and ways of working  |                   |               |                  |   |                 |   |                   |   |                 | All Mgt Board         |



# Corporate Risk Register

Risk Register: month 6 (April 2017) – detailed

Next Review due: November 2017

Report Date: 25<sup>th</sup> April 2017 (pw)

| Phase 1 - Identification                 |  |  |                           |                  |   |                       |                   |                       |                |                 |   |
|--|--|--|---------------------------|------------------|---|-----------------------|-------------------|-----------------------|----------------|-----------------|---|
| <b>Risk Number</b>                       | 20/1   | <b>Risk Title</b>  | 20/1 - Funding Challenges |                  |   |                       | <b>Risk Owner</b> | Chief Exec            | <b>Manager</b> | CD SR           |   |
| <b>Description</b>                       | 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 |  |                           |                  |   | <b>Risk Group</b>     | Resources         | <b>Risk Type</b>      |                |                 |   |
| Phase 2 - Current Assessment             |  |  |                           |                  |   |                       |                   |                       |                |                 |   |
| <b>Current Control Measures</b>          |  | Existing MTFS; Members Budget seminars; modelling carried out on implications of CSR and other funds; 2020 North Yorkshire Programme & constituent elements including service reviews; review of 2020NY in Members seminars, Cabinet, and Overview and Scrutiny Committees where Directorate based; 2020NY Programme Management Office; 2020NY Programme Governance; modelling on implications of external funding levels (eg Spending Review Settlement); next phase of savings ideas generated; meetings with traded services' managers completed; |                           |                  |   |                       |                   |                       |                |                 |   |
| <b>Probability</b>                       | H  | <b>Objectives</b>  | H                         | <b>Financial</b> | H | <b>Services</b>       | H                 | <b>Reputation</b>     | H              | <b>Category</b> | 1 |
| Phase 3 - Risk Reduction Actions         |  |  |                           |                  |   |                       |                   |                       |                |                 |   |
|  |  |  |                           |                  |   | <b>Action Manager</b> | <b>Action by</b>  | <b>Completed</b>      |                |                 |   |
| <b>Reduction</b>                         | 20/42 - Carry out annual cycle of base budget reviews of specific services   |  |                           |                  |   | CD SR                 | Sat-30-Sep-17     |                       |                |                 |   |
| <b>Reduction</b>                         | 20/46 - Ensure effective consultation/communication with staff, public and Members about ongoing savings requirements  |  |                           |                  |   | All Mgt Board         | Sat-30-Sep-17     |                       |                |                 |   |
| <b>Reduction</b>                         | 20/261 - SmartSolutions - Carry out further workshops on how to move SmartSolutions forward; separate schools and other traded services; and carry out a further review on commercial opportunities                                      |  |                           |                  |   | CD SR                 | Sat-31-Mar-18     |                       |                |                 |   |
| <b>Reduction</b>                         | 20/386 - Develop and implement more detailed forward plans for each of the associated businesses: SmartSolutions, Yorwaste, Property Services etc.   |  |                           |                  |   | CD SR                 | Sat-30-Sep-17     |                       |                |                 |   |
| <b>Reduction</b>                         | 20/402 - Ensure that additional social care funding is used in a sustainable way (ie non recurrent). Further lobbying required with Govt to establish how this dovetails with improved BCF and additional funding post green paper.      |  |                           |                  |   | CD HAS<br>CD SR       | Sat-31-Mar-18     |                       |                |                 |   |
| <b>Reduction</b>                         | 20/491 - Identify and target additional savings through corporate procurement Strategy (ongoing)   |  |                           |                  |   | CD SR                 | Sat-30-Sep-17     |                       |                |                 |   |
| Phase 4 - Post Risk Reduction Assessment |  |  |                           |                  |   |                       |                   |                       |                |                 |   |
| <b>Probability</b>                       | M  | <b>Objectives</b>  | H                         | <b>Financial</b> | H | <b>Services</b>       | M                 | <b>Reputation</b>     | M              | <b>Category</b> | 2 |
| Phase 5 - Fallback Plan                  |  |  |                           |                  |   |                       |                   |                       |                |                 |   |
|  |  |  |                           |                  |   |                       |                   | <b>Action Manager</b> |                |                 |   |
| <b>Fallback Plan</b>                     | 20/504 - Further fundamental review in order to discharge statutory responsibilities   |  |                           |                  |   |                       |                   | All Mgt Board         |                |                 |   |

# Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**  
 Next Review due: **November 2017**  
 Report Date: **25<sup>th</sup> April 2017 (pw)**

| Phase 1 - Identification         |   |                   |  |                  |   |                          |                       |                   |                  |                 |   |
|----------------------------------|---|-------------------|--|------------------|---|--------------------------|-----------------------|-------------------|------------------|-----------------|---|
| <b>Risk Number</b>               | 20/194  | <b>Risk Title</b> | 20/194 - Major Failure due to Quality and/or Economic Issues in the Care Market  |                  |   |                          | <b>Risk Owner</b>     | CD HAS            | <b>Manager</b>   | HAS AD Q&E      |   |
| <b>Description</b>               | 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 including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety. |                   |  |                  |   | <b>Risk Group</b>        | Legislative           | <b>Risk Type</b>  | HAS Dir 3/162    |                 |   |
| Phase 2 - Current Assessment     |   |                   |  |                  |   |                          |                       |                   |                  |                 |   |
| <b>Current Control Measures</b>  |   |                   | 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; reviewed the actual cost of care exercise to incorporate the impact of the national living wage; |                  |   |                          |                       |                   |                  |                 |   |
| <b>Probability</b>               | H   | <b>Objectives</b> | M  | <b>Financial</b> | H | <b>Services</b>          | M                     | <b>Reputation</b> | H                | <b>Category</b> | I |
| Phase 3 - Risk Reduction Actions |   |                   |  |                  |   |                          |                       |                   |                  |                 |   |
|                                  |   |                   |  |                  |   |                          | <b>Action Manager</b> | <b>Action by</b>  | <b>Completed</b> |                 |   |
| <b>Reduction</b>                 | 20/467 - Test innovations around new models for personal care and support at home   |                   |  |                  |   | HAS AD Com<br>HAS AD Q&E |                       | Sat-31-<br>Mar-18 |                  |                 |   |
| <b>Reduction</b>                 | 20/468 - Continue to revise and update a market position statement  |                   |  |                  |   | HAS AD Com               |                       | Thu-31-<br>Aug-17 |                  |                 |   |
| <b>Reduction</b>                 | 20/469 - Jointly with Health continue to monitor baseline assessments QA framework and risk profiles of providers; targets are reviewed at quarterly officer meetings and info fed into engagement group  |                   |  |                  |   | HAS AD Q&E               |                       | Wed-31-<br>May-17 |                  |                 |   |
| <b>Reduction</b>                 | 20/470 - Re-establish quarterly Partnership and Partner Liaison meetings (market development board), market analysis and mapping and information sharing (Locality Provider Group in Place)   |                   |  |                  |   | HAS AD Q&E               |                       | Wed-31-<br>May-17 |                  |                 |   |
| <b>Reduction</b>                 | 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-<br>May-17 |                  |                 |   |
| <b>Reduction</b>                 | 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-<br>May-17 |                  |                 |   |
| <b>Reduction</b>                 | 20/474 - Work with Veritau on audits of individual suppliers (ongoing)  |                   |  |                  |   | HAS AD Q&E               |                       | Wed-31-<br>May-17 |                  |                 |   |
| <b>Reduction</b>                 | 20/484 - Consider and implement the recommendations from the actual cost of care exercise; interim payment made awaiting acceptance. Carry out a formal consultation with providers and make decision with HAS Executive Member   |                   |  |                  |   | HAS AD Q&E               |                       | Mon-31-<br>Oct-16 | Sat-31-Dec-16    |                 |   |
| <b>Reduction</b>                 | 20/486 - Continue to implement action plan following outcome of heat map exercise and ensure inclusion of NHS and Partners (ongoing)  |                   |  |                  |   | HAS HoHR                 |                       | Sat-31-<br>Mar-18 |                  |                 |   |





## Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**

Next Review due: **November 2017**

Report Date: **25<sup>th</sup> April 2017 (pw)**

|   |  |                                  |                   |                  |   |                 |   |                   |   |                 |                       |            |
|---|--|----------------------------------|-------------------|------------------|---|-----------------|---|-------------------|---|-----------------|-----------------------|------------|
| <b>Reduction</b>                                | 20/492 - Review any opportunities to stabilise the market through additional Govt funding given to social care for this purpose (review position each year for next 3 years of funding)  | AD SR (HAS) & Proc<br>HAS AD Com | Sat-31-<br>Mar-18 |                  |   |                 |   |                   |   |                 |                       |            |
| <b>Reduction</b>                                | 20/523 - 2020 Market shaping/development project   | HAS AD Com<br>HAS AD Q&E         | Sat-31-<br>Mar-18 |                  |   |                 |   |                   |   |                 |                       |            |
| <b>Reduction</b>                                | 20/524 - Workforce group to develop and support workforce across the sector  | HAS AD Q&E<br>HAS HoHR           | Sat-31-<br>Mar-18 |                  |   |                 |   |                   |   |                 |                       |            |
| <b>Reduction</b>                                | 20/525 - Begin scoping an intervention team  | HAS AD Q&E                       | Wed-31-<br>May-17 |                  |   |                 |   |                   |   |                 |                       |            |
| <b>Reduction</b>                                | 20/526 - Introduction of the Q&M database and planning for electronic solutions; awaiting provider list renewal  | HAS AD Q&E                       | Sat-30-<br>Sep-17 |                  |   |                 |   |                   |   |                 |                       |            |
| <b>Phase 4 - Post Risk Reduction Assessment</b> |  |                                  |                   |                  |   |                 |   |                   |   |                 |                       |            |
| <b>Probability</b>                              | H  | <b>Objectives</b>                | M                 | <b>Financial</b> | M | <b>Services</b> | M | <b>Reputation</b> | M | <b>Category</b> | 2                     |            |
| <b>Phase 5 - Fallback Plan</b>                  |  |                                  |                   |                  |   |                 |   |                   |   |                 |                       |            |
| <b>Fallback Plan</b>                            | 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 established failure plan. |                                  |                   |                  |   |                 |   |                   |   |                 | <b>Action Manager</b> | HAS AD Q&E |



## Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**  
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| Phase 1 - Identification         |  |  |   |           |            |                                    |                   |            |         |          |   |
|----------------------------------|--|--|---|-----------|------------|------------------------------------|-------------------|------------|---------|----------|---|
| Risk Number                      | 20/205   | Risk Title   | 20/205 - Schools Organisation Policy and Place Planning |           |            | Risk Owner                         | Chief Exec        | Manager    | CD CYPS |          |   |
| Description                      | Failure to assess and manage the combined effects of changes in the national school policy and funding framework, demographics (both rising and falling as a result of housing market changes) and national and local political circumstances, resulting in a fragmentation of the network of services for children, growing numbers of unsustainable and/or failing schools, insufficient school places, fragmentation due to academisation, increased public dissatisfaction, and loss of confidence in the County Council as local authority. |  |   |           | Risk Group | Strategic                          | Risk Type         |            |         |          |   |
| Phase 2 - Current Assessment     |  |  |   |           |            |                                    |                   |            |         |          |   |
| Current Control Measures         |  | Consistent monitoring of forecast numbers. Links with District Councils and developers over major housing developments (including ISDG work). Cross-directorate "Strategic Priority Schools" approach. Work with the Education Partnership, Keep up to date with current publications, email, etc. Reg review of DfE and other critical websites. Liaison with other LAs. Early assessment of resource implications on new development. Advocacy of NYCC case for funding, new procedures for grant & award acceptance, involvement in appropriate national conferences, participation in DfE priorities when possible, collaboration guidance and toolkit, review of planning areas to explore the level of need; framework for prioritisation of school organisation issues, briefings provided for elected Members and NY Education Partnership; involvement with White Paper strategic board; liaison with Education Funding Agency (EFA), DfE and Regional Schools Commissioner (RSC) |   |           |            |                                    |                   |            |         |          |   |
| Probability                      | H  | Objectives   | M   | Financial | H          | Services                           | M                 | Reputation | M       | Category | I |
| Phase 3 - Risk Reduction Actions |  |  |   |           |            |                                    |                   |            |         |          |   |
|                                  |  |  |   |           |            | Action Manager                     | Action by         | Completed  |         |          |   |
| Reduction                        | 20/538 - Continue to work with and use effective lobbying channels - ongoing work  |  |   |           |            | AD SR (CYPS) & Prop<br>CYPS AD S&C | Thu-31-<br>Aug-17 |            |         |          |   |
| Reduction                        | 20/539 - Develop arrangements to support the process of academisation, where it has been started, to ensure smooth transfer of schools. Assist groups of schools, where appropriate, to develop Multi Academy Trust arrangements   |  |   |           |            | CYPS AD S&C                        | Thu-31-<br>Aug-17 |            |         |          |   |
| Reduction                        | 20/540 - Respond to consultation of Early Years funding and assess implications for the market, seeking to ensure an adequate supply of Early Years places   |  |   |           |            | CYPS AD S&C                        | Sat-30-<br>Sep-17 |            |         |          |   |
| Reduction                        | 20/541 - Continue to encourage, support and build capacity to enable schools to work collaboratively to seek to ensure continued viability   |  |   |           |            | CYPS AD S&C                        | Thu-31-<br>Aug-17 |            |         |          |   |
| Reduction                        | 20/542 - Continue to support alternative models of school leadership including mergers, federations and informal partnerships which is an S&C lead (ongoing)   |  |   |           |            | CYPS AD S&C                        | Mon-31-<br>Jul-17 |            |         |          |   |
| Reduction                        | 20/544 - Ensure consistent approach corporately to CIL infrastructure funding  |  |   |           |            | CYPS AD S&C                        | Thu-31-<br>Aug-17 |            |         |          |   |
| Reduction                        | 20/545 - Continual review of the estate including maintenance requirement (ongoing)  |  |   |           |            | AD SR (CYPS) & Prop                | Thu-31-<br>Aug-17 |            |         |          |   |
| Reduction                        | 20/546 - Exploit alternative sources of funding for the delivery of new school places  |  |   |           |            | CYPS AD S&C                        | Thu-31-<br>Aug-17 |            |         |          |   |
| Reduction                        | 20/547 - Develop constructive relationships with the Regional Schools Commissioner   |  |   |           |            | CYPS AD S&C                        | Thu-31-<br>Aug-17 |            |         |          |   |



## Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**

Next Review due: **November 2017**

Report Date: **25<sup>th</sup> April 2017 (pw)**

|   |   |                   |   |                  |             |                 |                       |                   |   |                 |   |
|---|---|-------------------|---|------------------|-------------|-----------------|-----------------------|-------------------|---|-----------------|---|
| <b>Reduction</b>                                | 20/548 - Work with the Property team to mitigate risks to the delivery of the 2016/17 and 2017/18 capital plans arising from the transfer of the contract with Mouchel to an in-house arrangement |                   |   |                  | CYPS AD S&C | Thu-31-Aug-17   |                       |                   |   |                 |   |
| <b>Phase 4 - Post Risk Reduction Assessment</b> |   |                   |   |                  |             |                 |                       |                   |   |                 |   |
| <b>Probability</b>                              | M   | <b>Objectives</b> | M | <b>Financial</b> | H           | <b>Services</b> | M                     | <b>Reputation</b> | M | <b>Category</b> | 2 |
| <b>Phase 5 - Fallback Plan</b>                  |   |                   |   |                  |             |                 |                       |                   |   |                 |   |
| <b>Fallback Plan</b>                            | 20/629 - Investigate failure and resolve; member briefings; media mgt   |                   |   |                  |             |                 | <b>Action Manager</b> |                   |   |                 |   |
|   |   |                   |   |                  |             |                 | CD CYPS               |                   |   |                 |   |



## Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**  
 Next Review due: **November 2017**  
 Report Date: **25<sup>th</sup> April 2017 (pw)**

| Phase 1 - Identification                 |   |                   |   |                  |   |                   |                               |                       |                  |                 |   |
|--|---|-------------------|---|------------------|---|-------------------|-------------------------------|-----------------------|------------------|-----------------|---|
| <b>Risk Number</b>                       | 20/187  | <b>Risk Title</b> | 20/187 - Information Governance   |                  |   |                   | <b>Risk Owner</b>             | Chief Exec            | <b>Manager</b>   | CD SR           |   |
| <b>Description</b>                       | Ineffective information governance arrangements lead to unacceptable levels of 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 |                   |   |                  |   | <b>Risk Group</b> | Legislative                   | <b>Risk Type</b>      | CS 15/161        |                 |   |
| Phase 2 - Current Assessment             |   |                   |   |                  |   |                   |                               |                       |                  |                 |   |
| <b>Current Control Measures</b>          |   |                   | 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 Owners identified; 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 |                  |   |                   |                               |                       |                  |                 |   |
| <b>Probability</b>                       | H   | <b>Objectives</b> | M   | <b>Financial</b> | M | <b>Services</b>   | M                             | <b>Reputation</b>     | H                | <b>Category</b> | 1 |
| Phase 3 - Risk Reduction Actions         |   |                   |   |                  |   |                   |                               |                       |                  |                 |   |
|  |   |                   |   |                  |   |                   | <b>Action Manager</b>         | <b>Action by</b>      | <b>Completed</b> |                 |   |
| <b>Reduction</b>                         | 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<br>CSD ACE BS           | Thu-31-Aug-17         |                  |                 |   |
| <b>Reduction</b>                         | 15/424 - Review and update service information asset registers in line with policy guidelines   |                   |   |                  |   |                   | CSD SR AD T&C                 | Tue-31-Oct-17         |                  |                 |   |
| <b>Reduction</b>                         | 15/426 - Ensure individual information sharing agreements completed for each data sharing activity (some agreements are already in place) - (ongoing)   |                   |   |                  |   |                   | Ho Int Audit                  | Thu-31-Aug-17         |                  |                 |   |
| <b>Reduction</b>                         | 15/431 - Work within services in a prioritised order to ensure information is secure and transferred securely (ongoing)   |                   |   |                  |   |                   | CSD SR AD T&C                 | Sat-31-Mar-18         |                  |                 |   |
| <b>Reduction</b>                         | 15/432 - Review existing training approach and investigate additional team based reviews to embed practice  |                   |   |                  |   |                   | CSD SR AD T&C<br>Ho Int Audit | Fri-30-Jun-17         |                  |                 |   |
| <b>Reduction</b>                         | 15/433 - Continue communications to staff to ensure good Information Governance including messages from Management Board and associated campaigns (ongoing)   |                   |   |                  |   |                   | CSD SR AD T&C<br>Ho Int Audit | Thu-31-Aug-17         |                  |                 |   |
| Phase 4 - Post Risk Reduction Assessment |   |                   |   |                  |   |                   |                               |                       |                  |                 |   |
| <b>Probability</b>                       | M   | <b>Objectives</b> | L   | <b>Financial</b> | M | <b>Services</b>   | L                             | <b>Reputation</b>     | M                | <b>Category</b> | 4 |
| Phase 5 - Fallback Plan                  |   |                   |   |                  |   |                   |                               |                       |                  |                 |   |
| <b>Fallback Plan</b>                     | 15/514 - Review Action Plan and new technology and continue to raise awareness. Invite ICO to carry out an audit of NYCC IG systems   |                   |   |                  |   |                   |                               | <b>Action Manager</b> |                  |                 |   |
|  |   |                   |   |                  |   |                   |                               | CD SR                 |                  |                 |   |



# Corporate Risk Register

Risk Register: month 6 (April 2017) – detailed

Next Review due: November 2017

Report Date: 25<sup>th</sup> April 2017 (pw)

| Phase 1 - Identification                 |   |  |  |                  |   |                       |                   |                       |                  |                 |        |
|--|---|--|--|------------------|---|-----------------------|-------------------|-----------------------|------------------|-----------------|--------|
| <b>Risk Number</b>                       | 20/334  | <b>Risk Title</b>  | 20/334 - Opportunities for Devolution in North Yorkshire and Consideration of a Combined Authority |                  |   |                       | <b>Risk Owner</b> | Chief Exec            |                  | <b>Manager</b>  | CD BES |
| <b>Description</b>                       | 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. |  |  |                  |   | <b>Risk Group</b>     | Strategic         |                       | <b>Risk Type</b> | BES 7/174       |        |
| Phase 2 - Current Assessment             |   |  |  |                  |   |                       |                   |                       |                  |                 |        |
| <b>Current Control Measures</b>          |   | 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; plan detailing powers and funding developed; |  |                  |   |                       |                   |                       |                  |                 |        |
| <b>Probability</b>                       | H   | <b>Objectives</b>  | M  | <b>Financial</b> | H | <b>Services</b>       | M                 | <b>Reputation</b>     | M                | <b>Category</b> | 1      |
| Phase 3 - Risk Reduction Actions         |   |  |  |                  |   |                       |                   |                       |                  |                 |        |
|  |   |  |  |                  |   | <b>Action Manager</b> | <b>Action by</b>  | <b>Completed</b>      |                  |                 |        |
| <b>Reduction</b>                         | 20/364 - Gain political support both locally and nationally (ongoing)   |  |  |                  |   | Chief Exec            | Sat-30-Sep-17     |                       |                  |                 |        |
| <b>Reduction</b>                         | 20/916 - Establish the geography on which to secure Devolution  |  |  |                  |   | Chief Exec            | Sat-30-Sep-17     |                       |                  |                 |        |
| <b>Reduction</b>                         | 20/917 - Develop detailed business cases for all requirements   |  |  |                  |   | Chief Exec            | Sat-30-Sep-17     |                       |                  |                 |        |
| <b>Reduction</b>                         | 20/1397 - Negotiate the economic barriers and opportunities which Devolution can take advantage of with Government  |  |  |                  |   | CD BES                | Sat-30-Sep-17     |                       |                  |                 |        |
| Phase 4 - Post Risk Reduction Assessment |   |  |  |                  |   |                       |                   |                       |                  |                 |        |
| <b>Probability</b>                       | M   | <b>Objectives</b>  | L  | <b>Financial</b> | M | <b>Services</b>       | M                 | <b>Reputation</b>     | L                | <b>Category</b> | 4      |
| Phase 5 - Fallback Plan                  |   |  |  |                  |   |                       |                   |                       |                  |                 |        |
|  |   |  |  |                  |   |                       |                   | <b>Action Manager</b> |                  |                 |        |
| <b>Fallback Plan</b>                     | 20/551 - Consider a North Yorkshire deal  |  |  |                  |   |                       |                   | Chief Exec CD BES     |                  |                 |        |



# Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**  
 Next Review due: **November 2017**  
 Report Date: **25<sup>th</sup> April 2017 (pw)**

| Phase 1 - Identification         |  |   |  |               |            |              |            |                          |        |          |   |
|----------------------------------|--|---|--|---------------|------------|--------------|------------|--------------------------|--------|----------|---|
| Risk Number                      | 20/47  | Risk Title  | 20/47 - Partnership and Integration with the NHS |               |            | Risk Owner   | Chief Exec | Manager                  | CD HAS |          |   |
| Description                      | Failure to agree outline integration plans by 2017 leading to full integration plans by 2020 with the NHS, in the context of managing 3 ST Plans and failure to develop and implement new models of care. This could result in a negative impact on Devolution proposals, fragmentation of NY partnership planning and delivery arrangements, increased costs and inconsistent / poorer service delivery to local people |   |  |               | Risk Group | Partnerships | Risk Type  | CYPS 24/221<br>HAS 3/180 |        |          |   |
| Phase 2 - Current Assessment     |  |   |  |               |            |              |            |                          |        |          |   |
| Current Control Measures         |  | <p><b>HAS:</b> Effective HWB partnership with clear governance providing strategic leadership with a shared performance dashboard; chief Officer representation influencing the development of STPs; HASLT locality delivery model in place actively shaping local integration plans; Joint leadership in Harrogate delivering a new model of care and in Scarborough developing a new model of care; agreement in 2016/17 to protect social care through the Better Care Fund; agreement with NY Commissioner Forum to develop a joint commissioning strategy that will include CHC and other areas; Health and Well-being Strategy in place</p> <p><b>CYPS:</b> H&amp;W Board; Children's Trust Board; Public Health team; CYPLT; Dir of partnership Commissioning; joint post of Commissioning Manager; joint post of Public Health analyst; CYPS Plan; Health and Well-being Strategy refreshed with children's health as a priority and aligned with the CYPS Plan; JSNA; CYPLT fully briefed and up to date with the changing commissioning landscape and the different roles involved; appropriate engagement secured with CCGs and PCU for commissioning affecting children and young people and their families; services recommissioned for 0-5 and 5 - 19 Healthy Child Programme to ensure close alignment with Preventative Services; children's health performance reviewed at the Children's Trust Board to monitor the impact of changes on children's health outcomes in North Yorkshire; Work with Public Health to embed PH outcomes into the work of CYPS; Director of PH annual 2015 report focussing on children's health; arrangements for services for children with speech, language and communication needs in place and currently remaining under joint review; specifications for 0-5 healthy child service in place and monitored; CCGs 'future in mind' plans 2015/16 &amp; 2016/17 reflects the needs of Children and Young People in N Yorkshire; tender process for future contracts;</p> |  |               |            |              |            |                          |        |          |   |
| Probability                      | M  | Objectives  | M  | Financial     | H          | Services     | M          | Reputation               | M      | Category | 2 |
| Phase 3 - Risk Reduction Actions |  |   |  |               |            |              |            |                          |        |          |   |
| Reduction                        | Action   | Action Manager  | Action by  | Completed     |            |              |            |                          |        |          |   |
| Reduction                        | 20/60 - Ensure new S75 agreement signed by CCGs 2017/18 (ongoing)  | AD SR (HAS) & Proc  | Sat-30-Sep-17                                    |               |            |              |            |                          |        |          |   |
| Reduction                        | 20/362 - Ensure NHS partners are fully aware of the democratic and political environment they are operating within and liaise with Scrutiny colleagues to ensure a positive outcome (ongoing)  | CD HAS  | Thu-31-Aug-17                                    |               |            |              |            |                          |        |          |   |
| 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  | Thu-31-Aug-17                                    |               |            |              |            |                          |        |          |   |
| Reduction                        | 20/399 - Develop and implement outline integration plans with CCGs   | HAS AD Integration  | Fri-30-Jun-17                                    |               |            |              |            |                          |        |          |   |
| Reduction                        | 20/400 - Arrange a HB workshop on the challenges of managing the health and social care economy in N Yorkshire   | HAS AD Integration  | Wed-30-Nov-16                                    | Wed-30-Nov-16 |            |              |            |                          |        |          |   |
| Reduction                        | 20/402 - Ensure that additional social care funding is used in a sustainable way (ie non recurrent). Further lobbying required with Govt to establish how this dovetails with improved BCF and additional funding post green paper.  | CD HAS<br>CD SR   | Sat-31-Mar-18                                    |               |            |              |            |                          |        |          |   |



## Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**

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|                  |   |  |               |               |
|------------------|---|--|---------------|---------------|
| <b>Reduction</b> | 20/450 - Ensure effective monitoring arrangements for the 0-5 contract are in place   | CYPS S&C CMH                             | Fri-31-Mar-17 | Fri-31-Mar-17 |
| <b>Reduction</b> | 20/451 - Agree and implement new models of care in all CCG localities (2 localities Harrogate and Scarborough by Sept 2017 identified and progressing, and remaining 3 localities by Sept 2018)   | CD HAS                                   | Sat-30-Sep-17 |               |
| <b>Reduction</b> | 20/452 - Engage wider HASLT in testing the implications of different integration models   | HAS AD Com<br>HAS AD Integration         | Mon-31-Jul-17 |               |
| <b>Reduction</b> | 20/453 - Continue to monitor the impact of the challenge of having 3 STPs, including through Health scrutiny  | HAS AD Integration                       | Thu-31-Aug-17 |               |
| <b>Reduction</b> | 20/457 - Improve the DToC (Delayed Transfer of Care) performance to avoid financial penalties and reputational issues. Put in place affordable DToC (Delayed Transfer of Care) plans that avoid financial penalties   | HAS AD C&S<br>HAS AD Com                 | Fri-30-Jun-17 |               |
| <b>Reduction</b> | 20/458 - Consider the viability of a local Risk Share Agreement with NHS Partners (ongoing)   | AD SR (HAS) & Proc<br>HAS AD Integration | Thu-31-Aug-17 |               |
| <b>Reduction</b> | 20/459 - Review governance arrangements for the Health and Wellbeing Board to ensure delivery of the joint H & W Strategy   | HAS AD Integration                       | Sat-30-Sep-17 |               |
| <b>Reduction</b> | 20/477 - Ensure Healthy Child team and Prevention team collaborate effectively to deliver improved outcomes of Children, Young People and Families  | CYPS C&F HoPrev                          | Sat-30-Sep-17 |               |
| <b>Reduction</b> | 20/479 - Ensure that the CCGs refreshed 'future in mind' plans 2016/17 reflect the needs of Children and Young People in N Yorkshire  | CYPS AD S&C                              | Fri-31-Mar-17 | Fri-31-Mar-17 |
| <b>Reduction</b> | 20/481 - Continue to contribute to the delivery of the workplan for the Health and Well-being Board in relation to children's health priorities and ensure strategic decision making in Health is influenced through alignment with the JSNA and the Children and Young People's Plan (ongoing) | CD CYPS                                  | Sat-30-Sep-17 |               |
| <b>Reduction</b> | 20/482 - Contribute to the review of the Partnership Commissioning Unit (no formal opportunity provided)  | CD CYPS<br>CYPS Incl HoIE                | Fri-31-Mar-17 | Fri-31-Mar-17 |
| <b>Reduction</b> | 20/527 - Work with the commissioned provider and all commissioners to ensure social and emotional services are effective  | CYPS C&F HoRes                           | Thu-30-Apr-20 |               |
| <b>Reduction</b> | 20/528 - Address lessons learned from the SEND inspection to strengthen the partnership with Health   | CYPS AD Incl                             | Mon-31-Jul-17 |               |
| <b>Reduction</b> | 20/529 - Carry out focussed in depth analyses of children's health in N Yorkshire, raising awareness and seeking actions from partner agencies to mitigate risks around children's physical and mental health, and to inform commissioning decisions  | CYPS AD S&C                              | Wed-30-Nov-16 | Wed-30-Nov-16 |
| <b>Reduction</b> | 20/531 - Hold regular contract monitoring and quality assurance meetings with providers including on site commissioning visits  | CYPS S&C CMH                             | Thu-31-Aug-17 |               |
| <b>Reduction</b> | 20/565 - Develop and agree the scope for a joint commissioning programme  | HAS AD Integration                       | Fri-30-Jun-17 |               |
| <b>Reduction</b> | 20/566 - Establish a Joint Commissioning Group with Scarborough CCG   | AD SR (HAS) & Proc<br>HAS AD Integration | Fri-30-Jun-17 |               |

### Phase 4 - Post Risk Reduction Assessment

|                    |   |                   |   |                  |   |                 |   |                   |   |                 |   |
|--------------------|---|-------------------|---|------------------|---|-----------------|---|-------------------|---|-----------------|---|
| <b>Probability</b> | M | <b>Objectives</b> | M | <b>Financial</b> | H | <b>Services</b> | M | <b>Reputation</b> | M | <b>Category</b> | 2 |
|--------------------|---|-------------------|---|------------------|---|-----------------|---|-------------------|---|-----------------|---|



# Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**  
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| Phase 5 - Fallback Plan |   | Action Manager |
|-------------------------|---|----------------|
| <b>Fallback Plan</b>    | 20/210 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally. | CD HAS         |





# Corporate Risk Register

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| Phase 1 - Identification         |  |   |                                    |                  |   |                   |                                  |                   |                         |                   |   |
|----------------------------------|--|---|------------------------------------|------------------|---|-------------------|----------------------------------|-------------------|-------------------------|-------------------|---|
| <b>Risk Number</b>               | 20/189   | <b>Risk Title</b>   | 20/189 - Safeguarding Arrangements |                  |   |                   | <b>Risk Owner</b>                | Chief Exec        | <b>Manager</b>          | CD HAS CD<br>CYPS |   |
| <b>Description</b>               | Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.  |   |                                    |                  |   | <b>Risk Group</b> | Safeguarding                     | <b>Risk Type</b>  | CYPS 24/250 HAS<br>3/27 |                   |   |
| Phase 2 - Current Assessment     |  |   |                                    |                  |   |                   |                                  |                   |                         |                   |   |
| <b>Current Control Measures</b>  |  | <p><b>CYPS</b> – 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; OFSTED 'good' categorisation; delivery and implementation of the Child Sexual Exploitation (CSE) strategy with the LSCB; working with colleagues and Partnership Commissioning Unit to ensure appropriate resources are available for complex young people; Implementation of VEMT process; LSCB structure reviewed</p> <p><b>HAS</b> - Detailed action plan; Safeguarding review for the County; revised Safeguarding Boards and sub groups linked to new Care Act provisions; Safeguarding Head of Locality and team; strengthening of Safeguarding policy team; case file audit and review; training plan; best interest assessors in post; better understanding &amp; embedding of Mental Capacity Act Forum; independent chair to Safeguarding Board in place; risk enablement panel developed; countywide safeguarding general manager in place; testing of initial performance metrics for Safeguarding Board has taken place; safeguarding procedures reviewed linked to consultation in light of the Care Act; safeguarding board performance framework; protocol for the relationship between Adults Social Care (and Children's Trust) and the Health and Wellbeing Board agreed and implemented; risk assessment tool launched; information framework for serious incident data implemented;</p> |                                    |                  |   |                   |                                  |                   |                         |                   |   |
| <b>Probability</b>               | M  | <b>Objectives</b>   | H                                  | <b>Financial</b> | M | <b>Services</b>   | M                                | <b>Reputation</b> | H                       | <b>Category</b>   | 2 |
| Phase 3 - Risk Reduction Actions |  |   |                                    |                  |   |                   |                                  |                   |                         |                   |   |
|                                  |  |   |                                    |                  |   |                   | <b>Action Manager</b>            | <b>Action by</b>  | <b>Completed</b>        |                   |   |
| <b>Reduction</b>                 | 20/374 - Ensure compliance with Safeguarding Board and Children and Families' procedures [CYPS]  |   |                                    |                  |   |                   | CYPS AD C&F                      | Mon-31-Jul-17     |                         |                   |   |
| <b>Reduction</b>                 | 20/375 - Commission external placements and negotiate specific competencies of staff plus additional medical resources for complex Young People [CYPS] |   |                                    |                  |   |                   | CYPS C&F HoS&LAC                 | Mon-31-Oct-16     | Sat-31-Dec-16           |                   |   |
| <b>Reduction</b>                 | 20/376 - Continue to raise awareness of the escalation procedures relating to children missing and at risk of being VEMT [CYPS]                        |   |                                    |                  |   |                   | CYPS C&F HoS&LAC                 | Mon-31-Jul-17     |                         |                   |   |
| <b>Reduction</b>                 | 20/377 - Ensure all cases of children at risk of CSE are flagged on LCS [CYPS]   |   |                                    |                  |   |                   | CYPS C&F HoS&LAC                 | Mon-31-Jul-17     |                         |                   |   |
| <b>Reduction</b>                 | 20/378 - Ongoing Mgt file audit of case files against established assessment standards and staff supervision files [CYPS]                              |   |                                    |                  |   |                   | CYPS C&F SMT                     | Mon-31-Jul-17     |                         |                   |   |
| <b>Reduction</b>                 | 20/379 - Monitoring and management of performance against agreed targets in the SMT action plan [CYPS]   |   |                                    |                  |   |                   | CYPS C&F SMT                     | Mon-31-Jul-17     |                         |                   |   |
| <b>Reduction</b>                 | 20/381 - Implementation of the VEMT (Vulnerable, Exploited, Missing, Trafficked) process through the LSCB [CYPS]                                       |   |                                    |                  |   |                   | CYPS C&F HoS&LAC                 | Mon-31-Oct-16     | Mon-31-Oct-16           |                   |   |
| <b>Reduction</b>                 | 20/382 - Feed into review of EDT arrangements (adult lead) [CYPS]  |   |                                    |                  |   |                   | CYPS AD C&F                      | Fri-30-Jun-17     |                         |                   |   |
| <b>Reduction</b>                 | 20/384 - Review of planning structure for Local Safeguarding Board (CYPS); subgroups rationalised  |   |                                    |                  |   |                   | CYPS C&F SUM                     | Sat-31-Dec-16     | Sat-31-Dec-16           |                   |   |
| <b>Reduction</b>                 | 20/385 - Develop an information framework for serious incident data, eg drug death etc [HAS]   |   |                                    |                  |   |                   | AD SR (HAS) & Proc<br>HAS AD Q&E | Fri-31-Mar-17     | Tue-28-Feb-17           |                   |   |



## Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**

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|   |   |                          |               |                  |   |                 |   |                   |   |                 |                       |
|---|---|--------------------------|---------------|------------------|---|-----------------|---|-------------------|---|-----------------|-----------------------|
| <b>Reduction</b>                                | 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               | Wed-31-May-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/487 - Continue to work with Quality and Engagement team to improve quality assurance; including work with CQC, Health and Healthwatch [HAS]  | HAS AD C&SHAS AD Q&E     | Thu-31-Aug-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/489 - Ongoing joint work with CYPs to carry out review of approach to domestic abuse and Prevent [HAS]   | HAS AD Q&E               | Sun-31-Dec-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/490 - Complete training in respect of safeguarding policies and procedures and wider awareness training for groups such as elected Members [HAS]   | HAS AD C&S               | Mon-31-Jul-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/532 - Bringing in further experienced staff whenever possible [HAS]  | HAS AD C&S               | Wed-31-May-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/533 - Carry out a regional review of the safeguarding policies & procedures together with an independent review of NYCC practice   | HAS AD C&S               | Tue-31-Oct-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/534 - Carry out the supervisory body role for DoLS to ensure the system works; within priorities agreed [HAS]  | HAS AD Q&E               | Wed-31-May-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/535 - 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] | HAS AD C&S<br>HAS AD Q&E | Wed-31-May-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Reduction</b>                                | 20/536 - Embedding safeguarding work to deliver the Transforming Care programme incl. embedding the care act role of Principal Social Worker and Safeguarding Board Manager [HAS]               | HAS AD C&S               | Wed-31-May-17 |                  |   |                 |   |                   |   |                 |                       |
| <b>Phase 4 - Post Risk Reduction Assessment</b> |   |                          |               |                  |   |                 |   |                   |   |                 |                       |
| <b>Probability</b>                              | L   | <b>Objectives</b>        | H             | <b>Financial</b> | M | <b>Services</b> | M | <b>Reputation</b> | H | <b>Category</b> | 3                     |
| <b>Phase 5 - Fallback Plan</b>                  |   |                          |               |                  |   |                 |   |                   |   |                 |                       |
|   |   |                          |               |                  |   |                 |   |                   |   |                 | <b>Action Manager</b> |
| <b>Fallback Plan</b>                            | 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  |                       |

# Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**  
 Next Review due: **November 2017**  
 Report Date: **25<sup>th</sup> April 2017 (pw)**

| Phase 1 - Identification                 |   |                   |  |                  |   |                                   |                   |                   |                |                       |   |
|--|---|-------------------|--|------------------|---|-----------------------------------|-------------------|-------------------|----------------|-----------------------|---|
| <b>Risk Number</b>                       | 20/206  | <b>Risk Title</b> | 20/206 - Growth  |                  |   |                                   | <b>Risk Owner</b> | Chief Exec        | <b>Manager</b> | CD BES                |   |
| <b>Description</b>                       | Failure to deliver the ambition of Sustainable Economic Growth through the delivery of the right housing, transport, and connectivity infrastructure, whilst protecting the outstanding environment and heritage, and within the context of two-tier local government structure and wider macro-economic policy and processes. This results in an inability to attract, retain and grow businesses, increase the house building rate, raise living standards and increase spending power. |                   |  |                  |   | <b>Risk Group</b>                 | Strategic         | <b>Risk Type</b>  | BES 7/232      |                       |   |
| Phase 2 - Current Assessment             |   |                   |  |                  |   |                                   |                   |                   |                |                       |   |
| <b>Current Control Measures</b>          |   |                   | Direct contribution and support, including through provision of accountable body function, to the YNYER Local Enterprise Partnership; Establishment of an Economic Growth Function within BES; Proactive engagement in LGNY partnership working including through Directors of Development, Chief Housing Officers, and Economic Development Officer Groups; Lead role in enabling and developing YNYER Spatial Framework; Lead role in supporting and developing the NYCC Infrastructure Delivery Steering Group; Lead role in initiating and developing the NYCC Economic Growth Plan; Work to secure Combined Authority / Devolution deal with Government; NYCC Economic Growth Plan completed and approved by Executive; collaborative working arrangements with District Councils in place; the YNYERH Spatial Framework endorsed by the LGNY Board and in place; |                  |   |                                   |                   |                   |                |                       |   |
| <b>Probability</b>                       | M   | <b>Objectives</b> | M  | <b>Financial</b> | H | <b>Services</b>                   | H                 | <b>Reputation</b> | H              | <b>Category</b>       | 2 |
| Phase 3 - Risk Reduction Actions         |   |                   |  |                  |   |                                   |                   |                   |                |                       |   |
|  |   |                   |  |                  |   | <b>Action Manager</b>             | <b>Action by</b>  | <b>Completed</b>  |                |                       |   |
| <b>Reduction</b>                         | 20/549 - Carry out corporate implementation of NYCC Economic Growth and Delivery Plan (annual review of progress)   |                   |  |                  |   | BES AD GP&TS<br>BES GP&TS HoSP&EG | Sun-31-Dec-17     |                   |                |                       |   |
| <b>Reduction</b>                         | 20/550 - Embed enhanced collaborative working arrangements with District Councils (annual review of progress)   |                   |  |                  |   | BES AD GP&TS                      | Sun-31-Dec-17     |                   |                |                       |   |
| <b>Reduction</b>                         | 20/551 - Ensure further detailed stakeholder engagement and development of the YNYER Spatial Framework to enable effective long-term planning and investment of infrastructure for growth.  |                   |  |                  |   | BES AD GP&TS                      | Sat-31-Mar-18     |                   |                |                       |   |
| <b>Reduction</b>                         | 20/552 - Maintain good working relationship with the LEP (ongoing)  |                   |  |                  |   | CD BES                            | Sat-30-Sep-17     |                   |                |                       |   |
| <b>Reduction</b>                         | 20/553 - Understand and investigate any impacts of Brexit and ensure opportunities are taken  |                   |  |                  |   | BES AD EPU<br>CD BES              | Sun-30-Sep-18     |                   |                |                       |   |
| Phase 4 - Post Risk Reduction Assessment |   |                   |  |                  |   |                                   |                   |                   |                |                       |   |
| <b>Probability</b>                       | M   | <b>Objectives</b> | M  | <b>Financial</b> | M | <b>Services</b>                   | M                 | <b>Reputation</b> | M              | <b>Category</b>       | 4 |
| Phase 5 - Fallback Plan                  |   |                   |  |                  |   |                                   |                   |                   |                |                       |   |
|  |   |                   |  |                  |   |                                   |                   |                   |                | <b>Action Manager</b> |   |
| <b>Fallback Plan</b>                     | 20/553 - Review and revise existing arrangements for sustainable economic growth  |                   |  |                  |   |                                   |                   |                   |                | CD BES                |   |



# Corporate Risk Register

Risk Register: **month 6 (April 2017) – detailed**  
 Next Review due: **November 2017**  
 Report Date: **25<sup>th</sup> April 2017 (pw)**

| Phase 1 - Identification                 |  |                   |   |                  |   |                   |                       |                   |                  |                 |   |
|--|--|-------------------|---|------------------|---|-------------------|-----------------------|-------------------|------------------|-----------------|---|
| <b>Risk Number</b>                       | 20/389   | <b>Risk Title</b> | 20/389 - Health and Safety  |                  |   |                   | <b>Risk Owner</b>     | Chief Exec        | <b>Manager</b>   | CD SR           |   |
| <b>Description</b>                       | Major Corporate Health and Safety failure resulting in injuries, claims, reputational and service delivery impact and possible prosecution |                   |   |                  |   | <b>Risk Group</b> | Legislative           | <b>Risk Type</b>  | CS 15/183        |                 |   |
| Phase 2 - Current Assessment             |  |                   |   |                  |   |                   |                       |                   |                  |                 |   |
| <b>Current Control Measures</b>          |  |                   | 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; managers' online H&S training and other modules revised; health and safety function within NYCC (2nd stage & 3rd stage) reviewed; Work with City of York Council to agree the new structure for the shared service; |                  |   |                   |                       |                   |                  |                 |   |
| <b>Probability</b>                       | L  | <b>Objectives</b> | M   | <b>Financial</b> | M | <b>Services</b>   | M                     | <b>Reputation</b> | H                | <b>Category</b> | 3 |
| Phase 3 - Risk Reduction Actions         |  |                   |   |                  |   |                   |                       |                   |                  |                 |   |
|  |  |                   |   |                  |   |                   | <b>Action Manager</b> | <b>Action by</b>  | <b>Completed</b> |                 |   |
| <b>Reduction</b>                         | 15/248 - Continue delivery of the programme of H&S monitoring (ongoing)  |                   |   |                  |   |                   | AD SR (CYPS) & Prop   | Thu-31-Aug-17     |                  |                 |   |
| <b>Reduction</b>                         | 15/249 - 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   | Thu-31-Aug-17     |                  |                 |   |
| <b>Reduction</b>                         | 15/255 - Ensure appropriate operating standards of H&S risk assessments exist and are being implemented locally (linked to 15/249 above)   |                   |   |                  |   |                   | AD SR (CYPS) & Prop   | Thu-31-Aug-17     |                  |                 |   |
| <b>Reduction</b>                         | 15/257 - Continue to review and revise the corporate H&S procedures alongside alignment with the safety management system                  |                   |   |                  |   |                   | CSD SR HoHSRM         | Sat-30-Sep-17     |                  |                 |   |
| <b>Reduction</b>                         | 15/408 - Implement arrangements for H&S function following the agreement of the structure for shared services with City of York Council    |                   |   |                  |   |                   | AD SR (CYPS) & Prop   | Mon-31-Jul-17     |                  |                 |   |
| <b>Reduction</b>                         | 15/417 - Carry out review of the health and safety function – 3rd stage  |                   |   |                  |   |                   | AD SR (CYPS) & Prop   | Fri-31-Mar-17     | Fri-31-Mar-17    |                 |   |
| <b>Reduction</b>                         | 15/427 - Review and revise the employees' online H&S training and other modules (course developed, 'go live' in progress)                  |                   |   |                  |   |                   | AD SR (CYPS) & Prop   | Wed-31-May-17     |                  |                 |   |
| Phase 4 - Post Risk Reduction Assessment |  |                   |   |                  |   |                   |                       |                   |                  |                 |   |
| <b>Probability</b>                       | L  | <b>Objectives</b> | M   | <b>Financial</b> | M | <b>Services</b>   | M                     | <b>Reputation</b> | H                | <b>Category</b> | 3 |
| Phase 5 - Fallback Plan                  |  |                   |   |                  |   |                   |                       |                   |                  |                 |   |
|  |  |                   |   |                  |   |                   | <b>Action Manager</b> |                   |                  |                 |   |
| <b>Fallback Plan</b>                     | 20/628 - Liaise with HSE, media management, implement fatal/serious injury response guide  |                   |   |                  |   |                   | CSD SR HoHSRM         |                   |                  |                 |   |



# Corporate Risk Register

Risk Register: **month 6 (April 2017) – summary**  
 Next Review Due: **November 2017**  
 Report Date: **25<sup>th</sup> April 2017(pw)**

| 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 |        |                |               |
| ◀▶       | <b>20/207 - 2020 North Yorkshire Change Programme and beyond</b>                       | 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 | H              | H   | H   | H    | H   | 1   | 13  | 31/08/2017  | M    | H   | H   | H    | H             | H   | 2      | Y              | All Mgt Board |
| ◀▶       | <b>20/1 - Funding Challenges</b>   | 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   | 30/09/2017  | M    | H   | H   | M    | M             | 2   | Y      | All Mgt Board  |               |
| ◀▶       | <b>20/194 - Major Failure due to Quality and/or Economic Issues in the Care Market</b> | 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 including recruitment and retention. 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   | H   | M    | H   | 1   | 14  | 31/05/2017  | H    | M   | M   | M    | M             | 2   | Y      | HAS AD Q&E     |               |
| ◀▶       | <b>20/205 - Schools Organisation Policy and Place Planning</b>                         | Failure to assess and manage the combined effects of changes in the national school policy and funding framework, demographics (both rising and falling as a result of housing market changes) and national and local political circumstances, resulting in a fragmentation of the network of services for children, growing numbers of unsustainable and/or failing schools, insufficient school places, fragmentation due to academisation, increased public dissatisfaction, and loss of confidence in the County Council as local authority. | Chief Exec | CD CYPS       | H              | M   | H   | M    | M   | 1   | 10  | 31/07/2017  | M    | M   | H   | M    | M             | 2   | Y      | CD CYPS        |               |

# Corporate Risk Register

Risk Register: month 6 (April 2017) – summary

Next Review Due: November 2017

Report Date: 25<sup>th</sup> April 2017(pw)

| 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 |        |                      |
| ◀▶       | <b>20/187 - Information Governance</b>  | Ineffective information governance arrangements lead to unacceptable levels of 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   | 6   | 30/06/2017  | M    | L   | M   | L    | M             | 4   | Y      | CD SR                |
| ◀▶       | <b>20/334 - Opportunities for Devolution in North Yorkshire and Consideration of a Combined Authority</b> | 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 | CD BES            | H              | M   | H   | M    | M   | 1   | 4   | 30/09/2017  | M    | L   | M   | M    | L             | 4   | Y      | Chief Exec<br>CD BES |
| ◀▶       | <b>20/47 - Partnership and Integration with the NHS</b>   | Failure to agree outline integration plans by 2017 leading to full integration plans by 2020 with the NHS, in the context of managing 3 ST Plans and failure to develop and implement new models of care. This could result in a negative impact on Devolution proposals, fragmentation of NY partnership planning and delivery arrangements, increased costs and inconsistent / poorer service delivery to local people | Chief Exec | CD HAS            | M              | M   | H   | M    | M   | 2   | 23  | 30/06/2017  | M    | M   | H   | M    | M             | 2   | Y      | CD HAS               |
| ◀▶       | <b>20/189 - Safeguarding Arrangements</b>   | 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<br>CD CYPS | M              | H   | M   | M    | H   | 2   | 19  | 31/05/2017  | L    | H   | M   | M    | H             | 3   | Y      | CD CYPS<br>CD HAS    |

## Corporate Risk Register

Risk Register: **month 6 (April 2017) – summary**  
 Next Review Due: **November 2017**  
 Report Date: **25<sup>th</sup> April 2017(pw)**

| 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 |        |                  |
| ◀▶       | <b>20/206 - Growth</b>            | Failure to deliver the ambition of Sustainable Economic Growth through the delivery of the right housing, transport, and connectivity infrastructure, whilst protecting the outstanding environment and heritage, and within the context of two-tier local government structure and wider macro-economic policy and processes. This results in an inability to attract, retain and grow businesses, increase the house building rate, raise living standards and increase spending power. | Chief Exec | CD BES       | M              | M   | H   | H    | H   | 2   | 5   | 30/09/2017  | M    | M   | M   | M    | M             | 4   | Y      | CD BES           |
| ◀▶       | <b>20/389 - Health and Safety</b> | 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   | 7   | 31/05/2017  | L    | M   | M   | M    | H             | 3   | Y      | CSD SR<br>HoHSRM |

| 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            |