

NORTH YORKSHIRE COUNTY COUNCIL
CORPORATE & PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE

6 June 2022

NYCC CORPORATE RISK REGISTER

Report of the Corporate Director – Strategic Resources

1.0 PURPOSE OF THE REPORT

1.1 To receive details of the most recent Corporate Risk Register.

2.0 BACKGROUND

2.1 The Corporate Risk Register (CRR) is fully reviewed every year and updated by the Chief Executive and Management Board in October/November. An interim review is then carried out in April/May.

2.2 Following the updates, the Audit Committee receive an annual report in December to review the CRR and assess the effectiveness of the Authority's risk management arrangements, and progress on the implementation of risk management throughout the Authority.

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 October/November. An interim review is also carried out in April/May. It has been challenging again this year to sustain the usual timetable for reviewing and updating all risk registers. This is due to other priorities relating to the ongoing impact of the Coronavirus. As the Coronavirus continues to have an impact on all services delivered by the County Council, this impact continues to weave its way through all the risks where appropriate.

3.2 Since the last report to this Committee in March 2020, 4 reviews and updates of the Corporate Risk Register have been carried out. There have been changes made at all reviews – see attached at **Appendix A**. The updates involved reviewing the risks, risk controls, risk reductions and risk rankings that had been identified for each of the risks and making amendments to the Register where necessary.

3.3 To assist Members interpret **Appendix A**

- Risks are identified by Management Board during a prep meeting and further discussion
- 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

3.4 The significant amendments that were made to the Register since March 2020 are as follows:

New or Significantly Changed risks

- Care Market and Workforce Pressures – although this risk has not significantly changed as it has always been a high risk, it has added further emphasis on the workforce pressures in adult social care.
- Local Government Reorganisation – this risk has been added and changed to reflect the developments in local government reorganisation in North Yorkshire. This risk will continue to be developed as time moves forward.

Deleted risks

- Ending of EU Exit Transition Arrangements – this risk has been taken off the corporate level and is now dealt with through existing risks within Directorates, particularly Health and Adult Services and recruitment in adult social care.
- Beyond 2020 Change Programme – this risk continues to appear on the Directorate risk register and has been renamed the Transformation Programme. Although it doesn’t appear on this Register, there is reference to it in the LGR risk as an action, as NYCC continues to review and

transform operational service requirements where appropriate in order to maximise efficiency.

With regard to the remaining risks, the Safeguarding Arrangements risk has increased in the 2nd ranking. This is to reflect the workforce pressures particularly in Adult Social Care. The rankings of all the remaining risks stayed the same (as shown on the summary in the left hand column of **Appendix A**). Please see the table at the bottom of **Appendix A** for an explanation of the left hand column.

4.0 LINKS BETWEEN CORPORATE AND DIRECTORATE RISK REGISTERS

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

6.0 RECOMMENDATIONS

That the Committee:

- (i) notes the updated Corporate Risk Register (**Appendix A**) and the links between Directorate Risk Registers and the Corporate Risk Register (**Appendix B**).

GARY FIELDING
Corporate Director – Strategic Resources

County Hall, Northallerton

May 2022

Author of report: Fiona Sowerby, Head of Insurance and Risk Management
Tel 01609 532400

Corporate Risk Register

Appendix A

Risk Register: month 0 (November 2021) – summary and detailed

Next Review due: May 2022

Report Date: 10th November 2021 (fs)

Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
- new -	20/194 - Major Failure due to Quality and/or Economic Issues in the Care Market and Workforce Pressures	Major failure of provider/key providers results in the Directorate being unable to meet the needs of people who use services. This could be caused by economic performance or resource capacity including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.	Chief Exec	CD HAS	H	M	H	M	H	1	13	31/12/2021	H	M	H	M	H	1	Y	CD HAS
◀▶	20/187 - Information Governance and Security	Ineffective information governance arrangements lead to unacceptable levels of unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to Fol requests, and inability to locate key data upon which the Council relies resulting in loss of reputation, poor decision making, fine, etc (including Brierley Group companies) Failure to put in place the appropriate cyber security arrangements could potentially lead to data breach, loss of data, loss of systems, loss of reputation	Chief Exec	CD SR	H	M	M	M	H	1	12	31/12/2021	H	L	M	L	M	2	Y	CD SR
◀▶	20/1 - Funding Challenges	Inadequate funding available to the County Council to discharge its statutory responsibilities and to meet public expectation for the medium term resulting in legal challenge, unbalanced budget and public dissatisfaction	Chief Exec	CD SR	H	H	H	H	H	1	12	31/07/2022	M	H	H	M	M	2	Y	All Mgt Board
◀▶	20/245 - Recovery from Coronavirus	Failure to lead an effective recovery from the outbreak of Coronavirus in North Yorkshire resulting in adverse impact on the health and wellbeing of residents and staff, long term damage to the local economy and financial position of the council, and inadequate arrangements for the education of children and young people	Chief Exec	CSD AD PPC	H	M	H	M	H	1	9	31/08/2022	M	M	H	M	H	2	Y	Chief Exec
◀▶	20/236 - Opportunities for Devolution and Growth in North Yorkshire	Failure to take advantage of Devolution opportunities and to deliver the ambition of Sustainable Economic Growth, through for example the delivery of the right housing and transport whilst protecting the outstanding environment and heritage, resulting in reduced investment and impact on the growth and jobs, inability to recover from the impact of the Virus, attract, retain and grow businesses and raise living standards across North Yorkshire	Chief Exec	CD BES	H	M	H	H	H	1	12	31/03/2022	M	M	M	M	M	4	Y	CD BES Chief Exec
◀▶	20/47 - Partnership and Integration with the NHS	Failure to achieve the best outcomes from working jointly with NHS across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes	Chief Exec	CD HAS	M	M	H	M	M	2	10	31/03/2022	M	M	H	M	M	2	Y	CD HAS
▲	20/189 - Safeguarding Arrangements	Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.	Chief Exec	CD HAS CD CYPs	M	H	M	M	H	2	17	31/12/2021	M	H	M	M	H	2	Y	CD CYPs CD HAS


Corporate Risk Register


Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
	20/244 - Significant Incidents	Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation	Chief Exec	Chief Exec	M	L	H	L	H	2	8	31/03/2022	L	L	H	L	M	3	Y	Chief Exec
- new -	20/247 - Local Government Reorganisation	Failure to transition effectively to the new North Yorkshire Council by 1 April 2023 and to successfully set out a road map for further transformation over the subsequent years resulting in risk of failing services on Day 1, reputational impacts, member dissatisfaction, reduced performance.	Chief Exec	Chief Exec	M	H	H	H	H	2	7	31/12/2021	L	H	H	H	H	3	Y	Chief Exec

Key	
	Risk Ranking has worsened since last review.
	Risk Ranking has improved since last review
	Risk Ranking is same as last review
- new -	New or significantly altered risk

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Phase 1 - Identification													
Risk Number	20/194	Risk Title	20/194 - Major Failure due to Quality and/or Economic Issues in the Care Market and Workforce Pressures				Risk Owner	Chief Exec		Manager	CD HAS		
Description	Major failure of provider/key providers results in the Directorate being unable to meet the needs of people who use services. This could be caused by economic performance or resource capacity including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.					Risk Group	Legislative		Risk Type				
Phase 2 - Current Assessment													
Current Control Measures		Regular review and monitoring of contracts in addition to close working relationship with corporate procurement colleagues. Quality Improvement Team now embedded into the service and continuing to work well. Market position statement created as an online tool to support commissioning and interventions into the market. Work underway to develop a quality pathway with enhanced market surveillance to ensure market oversight in line with The Care Act. Hardship process in place to enable financial assistance to the market where value for money and strategic need can be evidenced. Service Development function now created linked to locality working to identify market issues at an early stage and appropriate market support strategies are created. Ongoing rolling programme of audits by Veritau of individual suppliers. Initial business case approved for Intervention into Harrogate market. Enhanced care homes services in place during Coronavirus pandemic to provider wrap around support to the market.											
Probability	H	Objectives	M	Financial		H	Services		M	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions													
							Action Manager	Action by	Completed				
Reduction	20/471 - Continue with regular engagement meetings with CQC locally and engage with CQCs national programme of identifying providers where there is significant risk of failure and mitigate the reimplementation of the CQC inspection regime						HAS AD PSD (DO)	Fri-30-Sep-22					
Reduction	20/473 - Continue to engage in ADASS work to manage major problems occurring, such as financial issues in the care provider market and ensure robust contingency planning and to learn lessons from serious case reviews at a national level; more work being done to enhance regional ways of working; this continues with use of national capacity tracker and contingencies in place						HAS AD PSD (DO)	Fri-30-Sep-22					
Reduction	20/474 - Continue to work with Veritau on audits of individual suppliers (rolling programme in place of focussed work in particular areas)						HAS AD PSD (DO) HAS C&Q Ho Q&M	Fri-30-Sep-22					
Reduction	20/538 - Develop a Quality Pathway, revising processes and procedure and incorporating best practice adopting a risk based / predictive approach; phase one to complete by Dec 2021						HAS AD ASC (RB)	Fri-31-Dec-21					
Reduction	20/539 - Rewriting quality policies as part of Quality Pathway with input from Veritau as part of focussed review						HAS AD ASC (RB)	Fri-31-Dec-21					
Reduction	20/542 - Consideration of market interventions, including development of a provider arm or a proposal to bring organisations together (initial business case approved for intervention into Harrogate market); both proposals approved by Mgt Board, formal Exec sign off being sought						HAS AD PSD (DO)	Fri-30-Sep-22					
Reduction	20/798 - Promote careers in care through Make Care Matter campaigns and demonstrate potential for career progression and development						HAS HoHR	Fri-30-Sep-22					
Reduction	20/799 - Continue to develop and implement the Make Care Matter campaign including a flexible approach to candidate need and availability, to ensure recruitment across the Sector encompassing ideas from people who have lived experience and operational staff (ongoing)						HAS AD ASC (CJK) HAS AD ASC (RB) HAS HoHR	Wed-31-Aug-22					
Reduction	20/803 - Continue to embed the sustainability process established to identify providers at risk of failure due to issues around income viability						HAS AD PSD (DO)	Thu-31-Mar-22					
Reduction	20/804 - Provision of training through Learning4Care to support the independent and voluntary sector with the ICG and providers						CYPS HoHR	Thu-31-Mar-22					
Reduction	20/822 - Work with market development board to monitor and manage interventions in the care market						HAS AD PSD (DO)	Fri-30-Sep-22					

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Reduction	20/1188 - Monitor issues caused by the complex partner relationships, meetings and structures and raise at HASLT where appropriate - ongoing			HAS AD PSD (DO)	Fri-30-Sep-22						
Reduction	20/1189 - Continuing, pro-active work (Make Care Matter, Recruitment Hub, consideration of agency options), to support the independent and voluntary sector with the ICG and providers			HAS HoHR	Fri-30-Sep-22						
Phase 4 - Post Risk Reduction Assessment											
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	H	Category	1
Phase 5 - Fallback Plan											
Fallback Plan	20/548 - Make people 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.									Action Manager	CD HAS

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Phase 1 - Identification											
Risk Number	20/187	Risk Title	20/187 - Information Governance and Security				Risk Owner	Chief Exec	Manager	CD SR	
Description	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 (including Brierley Group companies) Failure to put in place the appropriate cyber security arrangements could potentially lead to data breach, loss of data, loss of systems, loss of reputation					Risk Group	Legislative	Risk Type	CS 15/161		
Phase 2 - Current Assessment											
Current Control Measures			Information Governance Strategy including the associated Policy and Procedure Framework; CIGG Action Plan; data breach process; messages from senior management; on-line training; staff induction; Information Asset Owners identified; information asset registers regularly updated; Internal Data Governance team with an identified representative for each Directorate (replacing DIGCs); Veritau appointed as DPO; posters; intranet information; regular monitoring of electronic communication by T&C; series of unannounced security compliance visits by internal audit; Brierley Group companies' information governance procedures in place; 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; Veritau investigate significant data breaches; CIGG consider reasons for data breaches and cascade lessons learned; secure physical storage and internal info transfer issues resolved; e learning training packages refreshed; Information Sharing Protocol in place; SAR - controls include central monitoring of receipt and progress; refreshed Information Governance page on intranet; Information Governance risk register completed; Data Quality Improvement Action Plan agreed; DPIAs in place; Cyber Security - application of all the features of the Information Security Management System (ISMS); cyber prevention tools are kept up to date; security team in place; Non NYCC Network Access Policy produced; e learning training packages refreshed; targeted phishing campaign; Directorates' discussion on the potential outcome of a cyber-attack carried out; regular updates and awareness communications to staff;								
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	15/423 - Continue to emphasise personal responsibility of staff for all information in this area and consider disciplinary action in cases of data breaches						CD SR CSD ACE BS	Wed-31- Aug-22			
Reduction	15/424 - Continue to review information asset registers and target training where appropriate (ongoing) (Info Gov)						CSD SR AD T&C Ho Int Audit	Wed-31- Aug-22			
Reduction	15/426 - Continue to ensure individual information sharing agreements completed for each data sharing activity - (ongoing) (Info Gov)						Ho Int Audit	Wed-31- Aug-22			
Reduction	15/431 - Continue to work within services in a prioritised order to ensure information (electronic and physical) is secure and transferred securely (ongoing) (linked to Microsoft 365 roll out)						CSD SR AD T&C	Wed-31- Aug-22			
Reduction	15/433 - Put in place a system to ensure regular communications to staff to ensure good Information Governance including messages from Management Board and associated campaigns						CSD SR AD T&C	Wed-31- Aug-22			
Reduction	15/611 - Ensure Data Protection risks are managed to comply with UK GDPR (ongoing)						CSD SR AD T&C	Wed-31- Aug-22			
Reduction	15/612 - Data Quality Improvement - implement an action plan to address the Data Quality issues that are impacting on the accuracy of operational management information, performance reports, transparency publications and statutory returns (Info Gov)						CSD SR AD T&C	Fri-30- Sep-22			
Reduction	15/613 - Documents and Record Management - implement the approach to document and records management and storage with the Council that encompasses both physical and electronic information (linked to Microsoft 365 roll out) (Info Gov)						CSD SR AD T&C	Wed-31- Aug-22			

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Reduction	15/636 - Review existing training and continue to develop and implement appropriate training relating to quality and security of information	CSD SR AD T&C Ho Int Audit	Wed-31- Aug-22	
Reduction	15/793 - Review impact on Veritau and audit days required and implement actions required (ongoing)	CD SR	Tue-31- Aug-22	
Reduction	15/1105 - Review and revise Business Continuity Plans with Directorates to take into account actions required following a cyber-attack (Cyber Security)	CSD SR AD T&C	Thu-30- Jun-22	
Reduction	15/1956 - Ensure information governance requirements are in place for wholly owned companies (review Information Governance Procedures in place for each of the Brierley Group companies to ensure they are up to date and fit for purpose)	CSD AD SR (VD)	Fri-31- Dec-21	

Phase 4 - Post Risk Reduction Assessment

Probability	H	Objectives	L	Financial	M	Services	L	Reputation	M	Category	2
--------------------	---	-------------------	---	------------------	---	-----------------	---	-------------------	---	-----------------	---

Phase 5 - Fallback Plan

											Action Manager
Fallback Plan	15/514 - Review Action Plan and new technology and continue to raise awareness. Invite ICO to carry out an audit of NYCC IG systems										CD SR

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Phase 1 - Identification											
Risk Number	20/1	Risk Title	20/1 - Funding Challenges				Risk Owner	Chief Exec		Manager	CD SR
Description	Inadequate funding available to the County Council to discharge its statutory responsibilities and to meet public expectation for the medium term resulting in legal challenge, unbalanced budget and public dissatisfaction					Risk Group	Resources		Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			Existing MTFs; Members Budget seminars; NY Transformation Programme & constituent elements including service reviews; review of the Transformation programme in Members seminars, Cabinet, and Overview and Scrutiny Committees where Directorate based; Transformation 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; interim NYES business plan in place; sustainable additional social care funding; advocacy work including with MPs, CCN and professional networks; initial review of the 2021 SR Finance LGR board created of all 8 Councils to have appropriate oversight of 8 budgets in the prelude to LGR.								
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
Reduction	15/721 - Ensure the Council takes advantage of available central government incentives such as grants and any potential funding is monitored, together with engagement in relevant consultations					Action Manager	CD SR CSD ACE BS CSD AD SR (VD)		Action by	Fri-31-Mar-23	
Reduction	20/616 - Ensure active participation in professional networks and LG pressure groups (for example CCN and LGA) to shape activity in relation to advocacy (ongoing)					Action Manager	All Mgt Board		Action by	Fri-31-Mar-23	
Reduction	20/617 - Continue to lobby MPs and Govt for additional funding particularly in relation to adults (including hospital discharge funding) and children's social care, High Needs, Schools Capital and rural costs (ongoing)					Action Manager	CD HASCD SR		Action by	Fri-31-Mar-23	
Reduction	20/618 - Sweep up Beyond 2020 Change Programme outstanding issues into Transformation Programme/LGR arrangements					Action Manager	All Mgt Board		Action by	Fri-31-Mar-23	
Reduction	20/750 - Ensure regular monitoring at management board and CYPS Overview and scrutiny committee of financial challenges for schools to highlight the present financial position to ensure immediate and emerging challenges are addressed. (ongoing)					Action Manager	CD CYPS CSD AD SR (HE)		Action by	Sun-31-Jul-22	
Reduction	20/751 - Further develop plans to address significant overspending budgets including high needs/SEN; disabled children; CYPS pooled budgets (ongoing)					Action Manager	CSD AD SR (HE)		Action by	Sun-31-Jul-22	
Reduction	20/796 - Lobby for fairer funding review, abolition of business rates retention, new funding for Covid pressures and part of longer term spending review					Action Manager	CD SR		Action by	Fri-31-Mar-23	
Reduction	20/797 - Implement urgent additional measures in light of Covid – 19 pressures to restrict spending(hard nose review of reserves, no new spending initiatives)					Action Manager	All Mgt Board		Action by	Wed-31-Mar-21	
Reduction	20/834 - Work with District Councils to address possible future service pressures going forward					Action Manager	CD SR		Action by	Fri-31-Mar-23	
Reduction	20/835 - Ensure appropriate monitoring of Covid-19 spending pressures as we move out of the pandemic and Govt funding reduces					Action Manager	CD SR		Action by	Fri-31-Mar-23	
Reduction	20/873 - Continue with Supply Chain Resilience Board in order to mitigate and manage supply chain pressures					Action Manager	CD SR		Action by	Fri-31-Mar-23	
Reduction	20/1166 - Monitor and review any issues arising from "discharge to assess" requirements post Covid					Action Manager	CD HAS		Action by	Sun-31-Jul-22	
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	M	Category	2

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Phase 5 - Fallback Plan		Action Manager
Fallback Plan	20/504 - Further fundamental review in order to discharge statutory responsibilities	All Mgt Board

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Phase 1 - Identification											
Risk Number	20/245	Risk Title	20/245 - Recovery from Coronavirus					Risk Owner	Chief Exec	Manager	CSD AD PPC
Description	Failure to lead an effective recovery from the outbreak of Coronavirus in North Yorkshire resulting in adverse impact on the health and wellbeing of residents and staff, long term damage to the local economy and financial position of the council, and inadequate arrangements for the education of children and young people						Risk Group		Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			Management Board focus and timely decision making, full engagement with Partners through LRF and Chief Execs Group;								
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/544 - Virus Control - effective management of Test and Trace Programme, and Local Outbreak Control (including the Outbreak Management Advisory Board, Test and Trace team, and Local Outbreak Control Plan.						Dir Public Health	Wed-31-Aug-22			
Reduction	20/545 - Schools – effective support to schools to ensure a safe attendance for pupils and staff						CD CYPS CYPS E&S PEA (S)	Wed-31-Aug-22			
Reduction	20/546 - Care Homes and Social Care – provide support to care homes and extra care settings including ongoing review of their outbreak management plans						CD HAS HAS AD ASC (RB)	Wed-31-Aug-22			
Reduction	20/547 - Local Economy – continue to support businesses via initiatives such as the LEP Recovery programme, York and North Yorkshire Growth Hub, Buy Local promotion,						BES AD EPU BES AD GP&TS CD BES	Wed-31-Aug-22			
Reduction	20/548 - Isolated People - continue to provide support to isolated (through infection) people through actions such as shopping and prescription collection and delivery including community support organisations						CD SRCSD PPC HoStrC	Wed-31-Aug-22			
Reduction	20/728 - Community recovery co-ordination – initiatives include personal poverty and debt assistance; sustainability of the voluntary sector and harnessing the strength of community action; local assistance fund plus appropriate extensions; support to food bank and similar organisations;						CSD AD PPC CSD PPC HoStrC	Wed-31-Aug-22			
Reduction	20/800 - Property – Continue to review and revise arrangements in place to ensure the safe return and attendance of staff and the public into services and premises						CD SR CSD SR Ho PS	Wed-31-Aug-22			
Reduction	20/801 - Workforce and OD – provide guidance to managers and staff to ensure good health and wellbeing, informal communications and tutoring, good performance, a positive culture and improved ways of working						CSD ACE BS	Wed-31-Aug-22			
Reduction	20/802 - Finance – ensure all efforts are made to obtain optimal funding from Government in relation to costs incurred due to the management of Coronavirus						CD SR	Wed-31-Aug-22			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2

Corporate Risk Register

Appendix A

Risk Register: month 0 (November 2021) – summary and detailed

Next Review due: May 2022

Report Date: 10th November 2021 (fs)

Phase 5 - Fallback Plan		Action Manager
Fallback Plan	20/596 - Continue to learn lessons, and review and revise actions taken to provide recovery	Chief Exec

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Phase 1 - Identification											
Risk Number	20/236	Risk Title	20/236 - Opportunities for Devolution and Growth in North Yorkshire				Risk Owner	Chief Exec		Manager	CD BES
Description	Failure to take advantage of Devolution opportunities and to deliver the ambition of Sustainable Economic Growth, through for example the delivery of the right housing and transport whilst protecting the outstanding environment and heritage, resulting in reduced investment and impact on the growth and jobs, inability to recover from the impact of the Virus, attract, retain and grow businesses and raise living standards across North Yorkshire					Risk Group	Strategic		Risk Type	BES 7/174	
Phase 2 - Current Assessment											
Current Control Measures			<p>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; consensus of Yorkshire local authorities on Devolution geography and opportunities; York and North Yorkshire geography and proposition established;</p> <p>Growth - Direct contribution and support, including through provision of accountable body function, to the YNYER Local Enterprise Partnership; maintenance of an Economic Growth Function within BES; Proactive engagement in LGNY partnership working including through Directors of Development, Chief Housing Officers, Heads of Planning and Economic Development Officer Groups; Lead role in enabling and further developing YNYERH Spatial Framework; Lead role in supporting and developing the NYCC Growth Plan Steering Group and sub-ordinate arrangements; Lead role in initiating and developing the NYCC Economic Growth Plan and annual Delivery Framework (endorsed by Executive); Work to monitor and support opportunities to secure alternative governance arrangements including a Devolution deal with Government; District Liaison groups established with 76 Districts; Brexit consultations undertaken on behalf of NYCC and responses intelligence used for strategic response including Devolution requirements; Phase 2 options and plans for strategic natural capital investment defined in strategic Devolution documents with monetary and resource requirements;</p>								
Probability	H	Objectives	M	Financial	H	Services	H	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/246 - Continue to monitor the Devolution agenda and communication with stakeholders to maximise opportunities (ongoing); the greater York/NY geography is being used in some areas of growth work (ongoing)						BES AD GP&TS	Thu-31-Mar-22			
Reduction	20/364 - Devolution - Gain political support both locally and nationally (ongoing)						Chief Exec	Thu-31-Mar-22			
Reduction	20/549 - Growth - Carry out an annual review of progress of the NYCC Economic Growth and Delivery Plan and Action Plan including the Coronavirus recovery plan (ongoing) (refreshed draft Growth Plan produced as at 31 March 2020. Timetable including consultation agreed at Growth Plan Steering Group 1 July and an Executive meeting is booked for Dec 2020)						BES AD GP&TS BES GP&TS HoSP&EG	Thu-31-Dec-20	Fri-26-Mar-21		
Reduction	20/550 - Growth - Continue to embed enhanced collaborative working arrangements with District Councils (annual review of progress and developed a pipeline of strategic projects to work together on.) – ongoing with regular review of resources needed to deliver projects						BES AD GP&TS	Wed-31-Aug-22			
Reduction	20/552 - Growth - Maintain good working relationship with the LEP (including work to align LEP funding initiatives with Council Initiatives and with the Directors of Development master planning funding, Coordinated devolution asks. Carbon abatement pathways, local energy action plans) (ongoing)						CD BES	Wed-31-Aug-22			
Reduction	20/553 - Growth - Continue to understand and investigate any impacts of Brexit and ensure opportunities are taken – considered through weekly local economy work stream meetings, impacts of change from CAP to ELMS payments in agriculture being monitored; ex EU Funding now becoming UK funding streams eg. CRF, levelling up and Shared Prosperity Fund						BES AD EPU CD BES	Wed-31-Aug-22			

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Reduction	20/597 - Growth - Complete YNYERH Spatial Framework SDZ Long Term Development Statements to enable effective long-term planning and investment of infrastructure for growth; approval by LGNYY Board / Leaders for publication and open release of the framework now available online	BES AD GP&TS	Thu-31-Dec-20	Mon-30-Nov-20							
Reduction	20/598 - Growth - Deliver strategic natural capital investment via the Local Nature Partnership (LEP/LNP lead); Taking forward phase 2 implementation options with partners (Local Authorities, DEFRA, Universities, Business) with link to 25 Year Environment plan and government policy changes (planning net gain, agriculture ELMs, Local Industrial Strategy & Natural Capital plans) ongoing; action plan produced; waiting for govt legislation through environment bill and devolution ask	BES AD GP&TS	Wed-31-Aug-22								
Reduction	20/725 - Devolution - Carry out consultation for a York/North Yorkshire proposition and following approval, submit to Govt (in July 2020) and then negotiate and obtain relevant financial opportunities and powers for a combined authority.	Chief Exec	Thu-31-Mar-22								
Reduction	20/794 - Growth - Continue to understand and investigate the impacts of the Coronavirus pandemic and work with partners to carry out the actions identified from the recovery plan work to assist North Yorkshire businesses (including Trading Stds contributing a range of business advice/support initiatives to the plan and management of "Buy Local")	BES AD GP&TS CD BES	Wed-31-Aug-22								
Reduction	20/1197 - Devolution - Ensure link with delivery of LGR	Chief Exec	Fri-31-Mar-23								
Reduction	20/1397 - Devolution - Negotiate the economic barriers and opportunities which Devolution can take advantage of with Government including interim devolution deals	CD BES	Thu-31-Mar-22								
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	M	Services	M	Reputation	M	Category	4
Phase 5 - Fallback Plan											
Fallback Plan	20/572 - Carry out further discussions with Central Government if required and review and revise existing arrangements for sustainable economic growth									Action Manager	CD BES Chief Exec

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

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 achieve the best outcomes from working jointly with NHS across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes					Risk Group	Partnerships		Risk Type	HAS 3/180	
Phase 2 - Current Assessment											
Current Control Measures			<p>HAS: Effective HWB partnership with clear reviewed and revised governance providing strategic leadership regarding H&W across the County; Chief Officer representation influencing the development of ICSs; regular finance and commissioning meetings in place (building on Covid response); SLE Gold and Silver overseeing Covid response and other key interface business; s75 agreements in place for Harrogate and Rural Alliances; investment of IBCF and BCF to protect social care; Joint Health and Well-being Strategy in place (due to be refreshed); extensive hospital discharge arrangements in place;</p> <p>CYPS: Healthy Child Programme (HCP) s75 agreement in place; HP2 theme as part of transformation programme; Being Young in North Yorkshire published; Childhood Futures board established; CF scope, vision and priorities reviewed;</p>								
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
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	Fri-30-Sep-22			
Reduction	20/451 - Review the Harrogate and Rural Alliance integration of community health and social care services to inform future model and governance arrangements from Apr 22						CD HAS	Thu-31-Mar-22			
Reduction	20/734 - Outcome of the review of CHC arrangements for the needs of SEND children with Health on hold during pandemic, action plan to be developed and implemented						CSD AD SR (HE) CYPS AD Incl	Fri-30-Sep-22			
Reduction	20/805 - Prepare for statutory ICS arrangements and the development of the NYY Strategic Partnership						CD HAS Dir Public Health	Thu-31-Mar-22			
Reduction	20/806 - Lobby nationally for the continuation of Hospital Discharge funding beyond Mar 22						CD HASCD SR	Thu-31-Mar-22			
Reduction	20/828 - Develop a complex care partnership board for the continuing health care and s117 work						HAS AD PSD (DO)	Fri-30-Sep-22			
Reduction	20/874 - Some Childhood Futures workstreams agreed but still need to develop the full work programme including data matching and understanding of support needs						CYPS Comm Mgr Health	Fri-30-Sep-22			
Reduction	20/916 - Work jointly with CCGs and NHSFTs to develop post-Covid discharge pathways (underpinned by lobbying via LGA/CCN/SCT and others to ensure any changes are funded and with appropriate legislation in place)						HAS AD PSD (DO)	Thu-31-Mar-22			
Reduction	20/917 - Working with CCGs and TEWV to commission Emotional Health and Wellbeing services; the s75 is being worked up and consultation will take place through autumn/winter 2021						CYPS Comm Mgr Health	Thu-31-Mar-22			
Reduction	20/1190 - Work closely with NHS partners to triage highest priorities for Winter 2021/22 and undertake LRF exercise to plan for contingencies						CD HAS HAS all ASC ADs	Thu-31-Mar-22			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
										Action Manager	

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Fallback Plan	20/210 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.	CD HAS
----------------------	---	--------

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Phase 1 - Identification											
Risk Number	20/189	Risk Title	20/189 - Safeguarding Arrangements				Risk Owner	Chief Exec		Manager	CD HAS CD CYPS
Description	Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.					Risk Group	Safeguarding		Risk Type	CYPS 24/250 HAS 3/27	
Phase 2 - Current Assessment											
Current Control Measures			<p>CYPS - North Yorkshire Safeguarding Children Partnership website; regularly reviewed procedures; monthly performance data for monitoring; audit regime; manager authorisation of all assessments; LCS; missing and at risk of exploitation multi-agency procedures and Specialist Social Worker roles to support practitioners; training strategy; clear supervision process which is audited on a regular basis; Multi Agency Screening Team (MAST); OFSTED 'outstanding' categorisation; Mgt file audit of case files; monitoring and management of performance against agreed targets in the SMT action plan; Front Door Health Check completed by peer authority; Hidden Harm Group HAS - Detailed action plan; Safeguarding general manager and team; strengthening of Safeguarding policy team; case file audit and review; independent chair to Safeguarding Board in place; risk enablement panel in place and being reviewed; countywide safeguarding general manager in place; testing of initial performance metrics for Safeguarding Board has taken place further developing performance activity; initial safeguarding procedures reviewed linked to consultation in light of the Care Act and are being reviewed again; safeguarding board performance framework; Q&E [protocol for the relationship between Adults Social Care (and Children's Trust) and the Health and Wellbeing Board agreed and implemented;] information framework for serious incident data, eg drug death etc in place; recommendations from the commissioned independent review of safeguarding practice taken into consideration as part of the preparations for the implementation of the latest policy and procedures; local arrangements with Children's Safeguarding Board and Community Safety Partnerships in place with regular meetings of the InterBoard Network; reviewed; training for in house provider; new safeguarding policies and procedures implemented; including a Quality Monitoring Tool, monthly strategic meetings with CQC and Healthwatch; training in respect of latest policies and procedures for elected members, staff and partners in place; safeguarding work to deliver the Transforming Care programme incl. the Care Act role of Principal Social Worker and Safeguarding Board Manager embedded; supervisory body role for DoLS to ensure the system is as effective as possible;</p>								
Probability	M	Objectives	H	Financial	M	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	20/374 - Continue to ensure compliance with Safeguarding Board and Children and Families' procedures [CYPS]					CYPS AD C&F		Fri-30-Sep-22			
Reduction	20/382 - Continue to feed into review of EDT arrangements (adult lead) as required; project group being set up to progress actions from recent review [CYPS]					CYPS AD C&F		Fri-30-Sep-22			
Reduction	20/384 - Continuation of 'Practice Weeks' where managers will visit locations to observe and review practice; these are now in place and teams will to be involved in the planning to make these more effective; regular QA board reviews this activity and ensures plans are in place where required [CYPS]					CYPS C&F SMT		Fri-30-Sep-22			
Reduction	20/385 - Use and further development of performance dashboards to support individual managers including development of managing upwards reports which support management and ownership of performance; a number of SG dashboards are used by team managers and there is a monthly performance board; a "single view" dashboard is being worked towards [CYPS]					CYPS C&F HoS		Sat-30-Apr-22			
Reduction	20/456 - Continue to report regularly to HASLT, Care and Independence O&S Committee and Health and Wellbeing Board [HAS]					Dir Public Health		Fri-30-Sep-22			
Reduction	20/487 - Continue to work with directorate colleagues to improve quality assurance (development of new approaches and tools around working with providers on quality assurance issues); including work and regular meetings with CQC, Health and Healthwatch; near miss system in place; need to ensure this work marries up with the Quality Pathway including revised case file audits for social care practice [HAS]					Dir Public Health HAS AD ASC (CJK)		Fri-30-Sep-22			

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Reduction	20/534 - Continue to carry out the supervisory body role for DoLS to ensure the system is as effective as possible within existing resources and prepare for Liberty Protection Safeguarding Bill, (LPS guidance delayed due to impact of Coronavirus, implementation target now April 2022)) [HAS]	Dir Public Health HAS AD ASC (CJK)	Thu-30-Jun-22								
Reduction	20/535 - Continue to ensure Partners are fully engaged with Safeguarding Boards centrally and locally, particularly health and district council partners given structural changes [HAS]	Dir Public Health	Fri-30-Sep-22								
Reduction	20/596 - Continue to strengthen Governance arrangements in HAS following consideration of North Yorkshire and national safeguarding adult reviews (ongoing) [HAS]	Dir Public Health HAS AD ASC (CJK)	Fri-30-Sep-22								
Reduction	20/615 - Continue with scoping work in preparation for implementing the Liberty Protection Safeguarding Bill (target date Apr 2022) [HAS]	HAS AD ASC (CJK)	Fri-31-Dec-21								
Reduction	20/723 - Continue joint work with CYPS and the Community Safety Partnership with quarterly meetings of the InterBoard Network [HAS]	Dir Public Health	Fri-30-Sep-22								
Reduction	20/730 - Put in place governance arrangements reflecting the ethical framework for social care to evidence and record decision making and ensure the best possible solutions for people in the circumstances (Pressures in the care market mean that the best solutions for people are not always available and may lead to safeguarding concerns being raised.) [HAS]	Dir Public Health HAS AD ASC (CJK)	Fri-30-Sep-22								
Reduction	20/829 - Develop contingency plans around the MAST to support should demand increase; contingences were put in place but have not been needed to date [CYPS]	CYPS C&F HoS	Fri-30-Sep-22								
Reduction	20/830 - Formulation of Group Manager and Specialist Social Workers to oversee and support practice in relation to Contextual Safeguarding [CYPS]	CYPS C&F HoS	Thu-30-Sep-21	Thu-30-Sep-21							
Reduction	20/831 - Manage the risk that as children, young people and their families are not seen by their networks and professionals they would usually have contact with due to restrictions; back to BAU as far as visits to families etc; Locality Groups in place for those not in 25 hours of education. [CYPS]	CYPS C&F HoS	Fri-30-Sep-22								
Reduction	20/832 - Ensure that service dashboards reflect the criteria for each of the key inspection areas and are monitored on a regular basis; Ed & Skills dashboard being pulled together [CYPS]	CYPS AD C&F CYPS AD E&S CYPS AD Incl	Fri-30-Sep-22								
Reduction	20/833 - Ensure pre inspection readiness within CYPS for the inspections of LA services, and for schools within the inspection window by continual monitoring of performance and identifying areas for further improvement by assessing their impact (ongoing); dashboards will help improve this area [CYPS]	CYPS AD C&F CYPS AD E&S CYPS AD Incl	Fri-30-Sep-22								
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	M	Services	M	Reputation	H	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	20/545 - Carry out necessary review of approach, target underperforming areas and take on lessons learned from any safeguarding adults reviews									Action Manager CD CYPS CD HAS	

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Phase 1 - Identification												
Risk Number	20/244	Risk Title	20/244 - Significant Incidents					Risk Owner	Chief Exec		Manager	Chief Exec
Description	Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation						Risk Group	Performance		Risk Type	CS 15/200	
Phase 2 - Current Assessment												
Current Control Measures			NYLRF and RMCI; experience and resources of partners; existing plans incl public health (training and exercises); RET; partnership working with District Councils; community resilience; silver response in the County Council major incident plan tested; approach to BCP refreshed to strengthen service resilience; Resilience Direct portal; regional multi agency pandemic exercise held; effectiveness and robustness of resilience plans relating to the public health and social care of the NY population tested; NYCC action plan developed and implemented based on the debrief report recommendations and all multi agency learning (including the flood reporting tool and simplification of information flow); members of national steering group on volunteers; BCP post audit action plan; Multi Agency cyber threat event held; Ready for Anything campaign; provided input to and engaged with national learning and development of best practice following incidents locally, regionally and nationally; use of Office 365 tools to increase engagement and response capability in effective planning and coordination of incidents; increased team to support Covid response and ability to deal with concurrent incidents; LRF workplan through to 2024; partnership work with Directorates, District Councils, Migration Yorkshire and other partners to support refugee resettlement in the County.									
Probability	M	Objectives	L	Financial	H	Services	L	Reputation	H	Category	2	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	15/614 - Continue to work with our partners in Public Health England, the NHS and the wider North Yorkshire local resilience forum to share the information and messages of reassurance being issued by the lead agencies						Dir Public Health	Sun-31-Jul-22				
Reduction	15/637 - Continue to ensure business continuity plans are reviewed, exercised and kept up to date						CD SR	Sun-31-Jul-22				
Reduction	15/652 - Continue to work with Directorates, District Councils, Migration Yorkshire and other partners to support Afghan resettlement, both into permanent housing in the County and whilst in temporary placements organised by the Home Office in bridging hotels in the County						CSD AD PPC	Sun-31-Jul-22				
Reduction	20/970 - Continue to ensure effective co-ordination and communication with County and District/Borough Council services & NYLRF in light of reduction in resources including LGR (ongoing)						CSD AD PPC	Sun-31-Jul-22				
Reduction	20/971 - Continue to ensure effective and efficient processes are embedded amongst all partners to prioritise workstreams (incl. plans, training and exercises) (ongoing)						CSD AD PPC	Sun-31-Jul-22				
Reduction	343/788 - Respond to call to evidence on review of local resilience, National Resilience Strategy and Civil Contingencies Act						CSD PPC HoR&E	Sat-30-Apr-22				
Reduction	343/789 - Progress closer partnership working with City of York						CSD PPC HoR&E	Thu-31-Mar-22				
Reduction	343/790 - Work through recommendations from Covid debrief to inform responses to future incidents						CSD PPC HoR&E	Sun-31-Jul-22				
Phase 4 - Post Risk Reduction Assessment												
Probability	L	Objectives	L	Financial	H	Services	L	Reputation	M	Category	3	
Phase 5 - Fallback Plan												
										Action Manager		
Fallback Plan	20/207 - Embedded practice based on Response to Major and Critical Incident protocols									Chief Exec		

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Corporate Risk Register

Appendix A

Risk Register: **month 0 (November 2021) – summary and detailed**

Next Review due: **May 2022**

Report Date: **10th November 2021 (fs)**

Phase 1 - Identification											
Risk Number	20/247	Risk Title	20/247 - Local Government Reorganisation				Risk Owner	Chief Exec	Manager	Chief Exec	
Description	Failure to transition effectively to the new North Yorkshire Council by 1 April 2023 and to successfully set out a road map for further transformation over the subsequent years resulting in risk of failing services on Day 1, reputational impacts, member dissatisfaction, reduced performance.					Risk Group	Change Mgt	Risk Type			
Phase 2 - Current Assessment											
Current Control Measures		LGR transition governance created; structural change order awaited; work streams identified for transition with nominated sponsors; resources earmarked for costs of transition; LGR transition PMO established; additional capacity secured through management consultancy framework; comms and engagement strategy being developed;									
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	15/867 - Continue to review and transform operational service requirements as part of the Programme in order to maximise efficiency					All Mgt Board	Fri-31-Mar-23				
Reduction	20/505 - Transition work streams to produce programme plans					Work Stream Sponsors	Thu-31-Mar-22				
Reduction	20/523 - Develop (by Mar 2022) and implement an overall transition plan					LGR Programme Director	Fri-31-Mar-23				
Reduction	20/524 - Engage staff and specialists as appropriate in work streams					Work Stream Sponsors	Fri-31-Dec-21				
Reduction	20/527 - Implement communications and engagement plan					NYCC Chief Exec	Fri-31-Dec-21				
Reduction	20/529 - Carry out regular reporting to Government on progress					LGR Programme Director	Fri-31-Mar-23				
Reduction	20/531 - Identify interdependencies and priorities in work streams					LGR Programme Director	Thu-31-Mar-22				
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	H	Financial	H	Services	H	Reputation	H	Category	3
Phase 5 - Fallback Plan											
								Action Manager			
Fallback Plan	20/578 - Work with District Councils on a Local Government Reorganisation solution as set out by Central Government							Chief Exec			

Linking of Directorate risks to the Corporate risk register November 2021

(Appendix B)

Health and Adult Services Risk Register	Corporate Risk Register	Rank	Children and Young People's Service Risk Register
<p>Major Failure due to Quality and/or Economic Issues in the Care Market</p> <p>Major failure of provider/key providers results in the Directorate being unable to meet the needs of people who use services. 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.</p>	<p>Major Failure due to Quality &/or Economic Issues in the Care Market and Workforce Pressures</p> <p>Major failure of provider/key providers results in the Directorate being unable to meet the needs of people who use services. This could be caused by economic performance or resource capacity including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.</p>	1 1	<p>Information Governance and Health and Safety</p> <p>Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate resulting in potential Corporate Manslaughter, increased cost/claims, fines/prosecution, criticism and damage to the Council's reputation.</p>
<p>Information Governance and Health and Safety</p> <p>Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate.</p>	<p>Information Governance and Security</p> <p>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. Failure to put in place the appropriate cyber security arrangements could potentially lead to data breach, loss of data, loss of systems, loss of reputation</p>	1 2	<p>Schools Funding Challenges</p> <p>Inadequate revenue and capital funding available for good quality schools, maintenance of school infrastructure and to ensure the sustainability of small rural schools in particular small secondary schools.</p>
<p>Financial Pressures</p> <p>Financial pressures arising from difficulties in delivering MTFS Savings requirements, managing in year financial overspends, Better Care Fund contributions, market pressure, impact of Covid on the budget and complexity of people's needs leading to service impact or additional savings needing to be identified within HAS or corporately.</p>	<p>Funding Challenges</p> <p>Inadequate funding available to the County Council to discharge its statutory responsibilities and to meet public expectation for the medium term resulting in legal challenge, unbalanced budget and public dissatisfaction</p>	1 2	<p>SEND High Need Budget</p> <p>Risk of further increased pressure on the budget given the current legislative framework, increased demand for specialist provision up to age 25 and budget reduction pressure resulting in negative impact on DSG, poor service performance and criticism.</p>
<p>Public Health</p> <p>Failure to manage the response to Coronavirus whilst at the same time deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions and manage within the available funding, together with the impact of the new National Health Strategy.</p>	<p>Recovery from Coronavirus</p> <p>Failure to lead an effective recovery from the outbreak of Coronavirus in North Yorkshire resulting in adverse impact on the health and wellbeing of residents and staff, long term damage to the local economy and financial position of the council, and inadequate arrangements for the education of children and young people</p>	1 2	<p>Childhood Futures</p> <p>Failure to deliver the Childhood Futures strategic partnership arrangements, re-aligning and joining together several essential services for children and families into a brand-new integrated services model working collaboratively with CYPs services, health partners and communities to improve the health and wellbeing of children and families.</p>
<p>Partnership and Integration with the Health</p> <p>Failure to achieve the best outcomes from working jointly with the NHS across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.</p>	<p>Opportunities for Devolution and Growth in North Yorkshire</p> <p>Failure to take advantage of Devolution opportunities and to deliver the ambition of Sustainable Economic Growth, through eg. delivery of the right housing and transport whilst protecting the outstanding environment and heritage, resulting in reduced investment and impact on the growth and jobs, inability to recover from the impact of the Virus, attract, retain and grow businesses and raise living standards across North Yorkshire</p>	1 2	<p>Safeguarding Arrangements</p> <p>Failure to have a robust approach to Safeguarding in place results in risk to vulnerable children and families and not protecting them from harm.</p>
<p>Safeguarding Arrangements</p> <p>Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.</p>	<p>Partnership and Integration with Health</p> <p>Failure to achieve the best outcomes from working jointly with NHS across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes</p>	1 4	<p>Change Programmes</p> <p>Failure to maintain a strong change culture, processes and supporting capacity within CYPs to deliver transformational change such as post Covid new ways of working, LGR and the existing Programme, together with the delivery of savings targets and addressing national funding and policy changes.</p>
<p>Central Services Risk Register</p>			<p>Business and Environmental Services Risk Register</p>
<p>Information Governance and Security</p> <p>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 (including Brierley Group companies) Failure to put in place the appropriate cyber security arrangements could potentially lead to data breach, loss of data, loss of systems, loss of reputation.</p>	<p>Partnership and Integration with Health</p> <p>Failure to achieve the best outcomes from working jointly with NHS across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes</p>	2 2	<p>Statutory Duties</p> <p>Failure to carry out statutory duties or meet statutory deadlines (e.g. Health and Safety, safe guarding, information governance, prevention of waste pollution, planning responsibilities, statutory property related issues, driver/vehicle guidance).</p>
<p>Central Services Savings Plan</p> <p>Failure to deliver the Central Services savings plan as set out in the MTFS resulting in inability to meet the budget, rationalise support services and enable the programme.</p>	<p>Safeguarding Arrangements</p> <p>Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.</p>	2 2	<p>Growth</p> <p>Failure to deliver the ambition of Sustainable Economic Growth through the delivery of the right housing, transport, and connectivity infrastructure and recover from the Coronavirus, whilst protecting the outstanding environment and heritage.</p>
<p>North Yorkshire Transformation Programme</p> <p>Failure to deliver a coherent NY transformation programme which delivers the improvements and forecast funding shortfall resulting in short term and sub optimal savings decisions ie service cuts.</p>	<p>Significant Incidents</p> <p>Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation</p>	2 3	<p>Opportunities for Devolution in North Yorkshire and Consideration of a Combined Authority</p> <p>Failure to take advantage of Devolution opportunities in York and North Yorkshire resulting in reduced investment and impact on the growth and jobs across North Yorkshire.</p>
<p>Significant Incidents</p> <p>Failure to plan, respond to and recover effectively from significant incidents in the community resulting in risk to life and limb, impact on statutory responsibilities, impact on financial stability and reputation.</p>	<p>Local Government Reorganisation</p> <p>Failure to transition effectively to the new North Yorkshire Council by 1 April 2023 and to successfully set out a road map for further transformation over the subsequent years resulting in risk of failing services on Day 1, reputational impacts, member dissatisfaction, reduced performance.</p>	2 3	<p>Major Incident and Business Continuity</p> <p>Failure to plan and respond effectively to a major incident without major impact upon routine service performance or longer term impact on service delivery.</p>
			<p>Delivering Change Programmes within BES</p> <p>Failure to embed a strong change culture, processes and supporting capacity to deliver ongoing improvement programmes of change in BES e.g. LGR</p>