

NORTH YORKSHIRE COUNTY COUNCIL

AUDIT COMMITTEE

12 December 2022

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 and the up to date links between Directorate Risk Registers and the 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 County Council's risk management arrangements and
 - (ii) to review progress on the implementation of risk management throughout the County Council.
- 2.2 Regular reports to this Committee therefore cover the implementation of the Policy 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 October/November. A six monthly review is also carried out in March/May. It has been challenging again this year to sustain the usual timetable for reviewing and updating all risk registers. This is due to the work being undertaken relating to Local Government Reorganisation (LGR).
- 3.2 Since the last report to this Committee in December 2021, 2 reviews and updates of the Corporate Risk Register have been carried out. There have been changes made at both 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 December 2021 are as follows:

New or Significantly Changed risks

- Opportunities for Devolution and Growth in North Yorkshire – this risk significantly changed following the signing of the proposed devolution agreement for York & North Yorkshire in August this year. The actions relating to this risk have moved on to publishing a draft scheme and the formal public consultation on the proposals. The probability of this risk happening now has reduced and so the ranking has consequently reduced.
- Local Government Reorganisation – since the official Order was approved to create the new Council and elections took place on 5 May 2022, the actions relating to this risk moved forward into the implementation of the transition plan, with numerous workstreams including an ongoing focus on staff communications. These actions are to ensure that the new Council is ‘safe and legal’ on Day 1.
- Recruitment and Retention – this risk was added at the interim update in May 2022 to reflect the increase in vacancies caused by high levels of staff turnover, and the difficulty in recruiting to vacant posts.

Deleted risks

- Recovery from Coronavirus – this risk was deleted at the interim update of the register as the position has moved on to business as usual.

With regard to the remaining risks, the rankings 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**.

5.0 INSURANCE AND RISK MANAGEMENT FOR NORTH YORKSHIRE COUNCIL

- 5.1 There is two sub workstreams working as part of the Finance workstream on insurance and risk management issues for the new Council.
- At this point the insurance sub workstream has issued an invitation to tender to the insurance market with a view to awarding the contract at the beginning of March 2023 with insurance cover starting with effect from 1 April 2023.
 - The risk management work includes developing a risk management policy, procedures and ensuring that an appropriate system is in place and ready for Vesting Day. The intention is to also have a skeleton corporate risk register in place. This will be built from information including District/Borough/ County corporate risk registers that presently exist. Once the hierarchy of the new Council is known, it will be possible to develop the Directorate and Service risk registers.

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**).
- (ii) notes the position on other Risk Management related matters

GARY FIELDING

Corporate Director – Strategic Resources

County Hall, Northallerton

December 2022

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Corporate Risk Register

Appendix A

Risk Register: month 0 (November 2022) – summary




Next Review due: May 2023

Report Date: 23rd November 2022 (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		
	20/194 - 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 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.	Chief Exec	CD HAS	H	M	H	M	H	1	15	30/11/2022	H	M	H	M	H	1	Y	CD HAS
	20/258 - Recruitment and Retention	Failure to recruit and retain staff across services resulting in inability to deliver services	Chief Exec	CSD ACE BS	H	H	H	H	H	1	10	30/09/2023	H	H	H	H	H	1	Y	Chief Exec
	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 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 with particular heightened risk due to the change during LGR	Chief Exec	CD SR	H	M	M	M	H	1	13	31/03/2023	H	L	M	L	M	2	Y	CD SR
	20/1 - Funding Challenges	Inadequate funding available to the 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	13	31/03/2023	M	H	H	M	M	2	Y	All Mgt Board
	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	13	31/12/2022	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	18	31/03/2023	M	H	M	M	H	2	Y	CD CYPs CD HAS
	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	31/03/2023	L	L	H	L	M	3	Y	Chief Exec
	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	10	31/03/2023	L	H	H	H	H	3	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	Chief Exec	CD BES	L	M	H	H	H	3	10	28/02/2023	L	M	M	M	M	5	Y	CD BES Chief Exec

Risk Register: **month 0 (November 2022) – summary**
Next Review due: **May 2023**
Report Date: **23rd November 2022 (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		
		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																		

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

Risk Register: month 0 (November 2022) – detailed

Next Review due: May 2022

Report Date: 23rd November 2022 (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 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.							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, with new Head of Service (joint with NHS) joining the service after Easter 22. 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. Sustainability 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. Business case being developed further for Intervention into Harrogate market. Enhanced care homes services in place during Coronavirus pandemic to provider wrap around support to the market; worked with ICG to ensure provider BCPs in place and tested. Ethical decision making framework in place and being used and reviewed.											
Probability	H	Objectives	M	Financial			H	Services		M	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions														
								Action Manager	Action by	Completed				
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 (AB)	Sat-30-Sep-23					
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 (AB) HAS C&Q Ho Q&M	Sat-30-Sep-23					
Reduction	20/538 - Develop a Quality Pathway, revising processes and procedure and incorporating best practice adopting a risk based / predictive approach; being introduced from Nov 22							HAS AD ASC (RB)	Wed-30-Nov-22					
Reduction	20/539 - Rewriting quality policies as part of Quality Pathway with input from Veritau as part of focussed review							HAS AD ASC (RB)	Wed-30-Nov-22					
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); need to consult and then get agreement for revised costs							HAS AD PSD (AB)	Sat-31-Dec-22					
Reduction	20/798 - 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	Sat-30-Sep-23					
Reduction	20/803 - Monitor the impact of provider sustainability applications and the procurement of the APL to identify further mitigation							HAS all ASC ADs	Sat-30-Sep-23					
Reduction	20/804 - Consider options relating to recruitment and agency agreements to support the independent and voluntary sector with the ICG and providers (ongoing)							CYPS HoHR	Sat-30-Sep-23					
Reduction	20/822 - Work with market development board to monitor and manage interventions in the care market							HAS AD PSD (AB)	Sat-30-Sep-23					
Reduction	20/893 - Work at a system level (ICS) with partners to mitigate the impact of workplace shortages							HAS all ASC ADs HAS HoHR	Sat-30-Sep-23					

Risk Register: **month 0 (November 2022) – detailed**Next Review due: **May 2022**Report Date: **23rd November 2022 (fs)**

Reduction	20/894 - Complete recommissioning of all approved provider lists; being evaluated					HAS AD PSD (AB)		Wed-30-Nov-22				
Reduction	20/895 - Launch PAMMS to aid early identification of risk and support the quality pathway					HAS AD ASC (RB)		Sat-30-Sep-23				
Reduction	20/896 - Separate quality and contract management to provide additional capacity to contract management					HAS AD ASC (RB) HAS AD PSD (AB)		Sat-30-Sep-23				
Reduction	20/897 - Use the review of the QIT pilot to plan future quality oversight					HAS AD ASC (RB)		Sat-30-Sep-23				
Reduction	20/1188 - Monitor issues caused by the changing landscape of ICS and LGR and raise at HASLT where appropriate - ongoing					HAS AD PSD (AB)		Sat-30-Sep-23				
Phase 4 - Post Risk Reduction Assessment												
Probability	H	Objectives	M	Financial		H	Services	M	Reputation	H	Category	I
Phase 5 - Fallback Plan												
											Action Manager	
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.										CD HAS	

Risk Register: month 0 (November 2022) – detailed

Next Review due: May 2022

Report Date: 23rd November 2022 (fs)

Phase 1 - Identification											
Risk Number	20/258	Risk Title	20/258 - Recruitment and Retention				Risk Owner	Chief Exec		Manager	CSD ACE BS
Description	Failure to recruit and retain staff across services resulting in inability to deliver services						Risk Group	Personnel		Risk Type	
Phase 2 - Current Assessment											
Current Control Measures			Recruitment: flexible pay arrangements including market supplements, other payments; good wider benefits package, amended pay structure to take account of posts and grades with particular recruitment and retention challenges; recruitment campaigns and advertising; work with managers to recruit swiftly; social media to promote the organisation and jobs creating a recognisable and attractive employer brand; positively promote the Council as an inclusive employer with good use of diverse images in campaigns to ensure all applicants feel welcome; Retention: Positive and inclusive working environment created; focus on communication and engagement corporately and locally; support and training for managers on good management including engaging and developing their staff; support for staff with health and wellbeing resilience and providing an environment where staff feel they are cared for and supported; providing open access to training and development for employees to enable development in their role and have opportunities to progress internally; staff support networks and staff diversity and inclusion networks which influence policy and practice at work as part of the Council's inclusive workplace approach; good benefits package which encourage retention eg green lease cars, flexible working opportunities so good work life balance available								
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	20/735 - Continue with existing mitigations (ongoing)						CSD ACE BS	Sat-30-Sep-23			
Reduction	20/736 - Ensure opportunities and progression through development are provided to staff through internal career pathways						CSD ACE BS	Sat-30-Sep-23			
Reduction	20/737 - Ensure the organisation is a 'good employer' through its actions and practice						CSD ACE BS	Sat-30-Sep-23			
Reduction	20/738 - Enable hybrid working to provide flexibility to employees						CSD ACE BS	Sat-30-Sep-23			
Reduction	20/739 - Ensure work/life balance is available and attainable to all employees						CSD ACE BS	Sat-30-Sep-23			
Reduction	20/740 - Continue to develop and offer good terms and conditions and an innovative package of voluntary benefits						CSD ACE BS	Sat-30-Sep-23			
Reduction	20/741 - Ensure reassurance about job security and information about development opportunities in the new council are an ongoing focus of LGR staff communications						CSD ACE BS	Sat-30-Sep-23			
Reduction	20/742 - Continue to deploy a range of tools and resources to recruit to vacancies adapting the recruitment response to the role type. Continued use of creative recruitment campaigns with good use of social media						CSD ACE BS	Sat-30-Sep-23			
Reduction	20/743 - Develop manager's skills for effective and positive staff management including engagement and support in order to assist retention and successful recruitment (ongoing)						CSD ACE BS	Sat-30-Sep-23			
Reduction	20/744 - Focus on recruitment to entry level posts alongside career pathways (apprentices and trainees where recruitment is more successful)						CSD ACE BS	Sat-30-Sep-23			
Phase 4 - Post Risk Reduction Assessment											
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	I

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Phase 5 - Fallback Plan		
		Action Manager
Fallback Plan		Chief Exec

Risk Register: month 0 (November 2022) – detailed

Next Review due: May 2022

Report Date: 23rd November 2022 (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 with particular heightened risk due to the change during LGR						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; information sharing agreements in place where required; UK GDPR compliance; robust programme of governance in place to manage all changes taking place in relation to LGR;								
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	Thu-31-Aug-23			
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	Thu-31-Aug-23			
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	Thu-31-Mar-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	Thu-31-Aug-23			
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	Thu-31-Aug-23			
Reduction	15/611 - Ensure Data Protection risks are managed to comply with UK GDPR (ongoing)						CSD SR AD T&C	Wed-31-Aug-22	Fri-31-Dec-21		

Risk Register: month 0 (November 2022) – detailed

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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		Sat-30-Sep-23		
Reduction	15/613 - Documents and Record Management including classification and retention - implement the approach to document and records management and storage with the Council that encompasses both physical and electronic information including classification and retention (linked to Microsoft 365 roll out) (Info Gov)					CSD SR AD T&C		Thu-31-Aug-23		
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		Thu-31-Aug-23		
Reduction	15/793 - Review impact on Veritau and the resources required to provide the DPO service, and implement actions required (ongoing)					CD SR		Thu-31-Aug-23		
Reduction	15/1105 - Review and revise Business Continuity Plans with Directorates to take into account actions required following a cyber-attack (Cyber Security); workshops have taken place with T&C and Services, prioritising critical services. County and Districts/Boroughs to review BIA and IMP to reflect Covid, cyber and LGR.					CSD PPC HoR&E		Sat-30-Sep-23		
Reduction	15/1550 - Implement the robust programme of governance to manage all changes taking place in relation to LGR					CSD SR AD T&C		Fri-31-Mar-23		
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-Mar-23		
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

Risk Register: month 0 (November 2022) – detailed

Next Review due: May 2022

Report Date: 23rd November 2022 (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 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 and budget monitoring arrangements; Members Budget seminars; LGR challenge sessions to identify initial transformation opportunities from LGR workstreams; LGR transitional savings identified within budget for year 1; LGR and Transformation Programme Governance; modelling on implications of external funding levels (eg Spending Review Settlement); review of NYES overheads completed; review of commercial services and financial action plans developed where required; sustainable additional social care funding; advocacy work including with MPs, CCN and professional networks; Finance LGR workstream charged with producing aggregated budget								
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
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						CD SR CSD ACE BS CSD AD SR (VD)	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)						All Mgt Board	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)						CD HASCD SR	Fri-31-Mar-23				
Reduction	20/618 - Sweep up Beyond 2020 Change Programme outstanding issues into Transformation Programme/LGR arrangements						All Mgt Board	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)						CD CYPs CSD AD SR (HE)	Mon-31-Jul-23				
Reduction	20/751 - Further develop plans to address significant overspending budgets including high needs/SEN; disabled children; CYPs pooled budgets (ongoing)						CSD AD SR (HE)	Mon-31-Jul-23				
Reduction	20/796 - Lobby for fairer funding review and abolition of business rates retention and part of longer term spending review						CD SR	Fri-31-Mar-23				
Reduction	20/834 - Work with District Councils to address possible future service pressures going forward						CD SR	Fri-31-Mar-23				
Reduction	20/873 - Continue with Supply Chain Resilience Board in order to mitigate and manage supply chain pressures						CD SR	Fri-31-Mar-23				
Reduction	20/888 - Determine financial challenges and opportunities of new Council						CD SR	Fri-31-Mar-23				
Reduction	20/898 - Review reserves and consider all options for maintaining reserve levels to support medium term planning						CD SR	Fri-31-Mar-23				
Reduction	20/899 - Undertake cost activity analysis across all 8 councils to identify workforce structure to shape future transformation						CD SR CSD SR AD T&C	Thu-31-Aug-23				
Reduction	20/1166 - Monitor and review any issues arising from "discharge to assess" requirements post Covid						CD HAS	Mon-31-Jul-23				
Phase 4 - Post Risk Reduction Assessment												
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	M	Category	2	
Phase 5 - Fallback Plan												

Risk Register: **month 0 (November 2022) – detailed**
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		Action Manager
Fallback Plan	20/504 - Further fundamental review in order to discharge statutory responsibilities	All Mgt Board

Risk Register: month 0 (November 2022) – detailed

Next Review due: May 2022

Report Date: 23rd November 2022 (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			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); North Yorkshire Place Board and Silver Command 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; 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;										
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) (HAS)						CD HAS	Sat-30-Sep-23					
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 (HAS)						CD HAS	Thu-31-Mar-22	Thu-31-Mar-22				
Reduction	20/734 - Outcome of the review of CHC arrangements for the needs of SEND children with Health, action plan to be developed and implemented (CYPS)						CSD AD SR (HE) CYPS AD Incl	Sat-30-Sep-23					
Reduction	20/805 - Work through the statutory ICS arrangements and the development of the NYY Strategic Partnership; underway (HAS)						CD HAS Dir Public Health	Fri-31-Mar-23					
Reduction	20/806 - Continue to lobby nationally for the continuation of Hospital Discharge funding (ongoing) (HAS)						CD HASCD SR	Fri-31-Mar-23					
Reduction	20/828 - Develop a complex care partnership board for the continuing health care and s117 work (HAS)						HAS AD PSD (AB)	Fri-30-Sep-22	Mon-28-Feb-22				
Reduction	20/874 - Some workstreams agreed but still need to develop the full work programme including data matching and understanding of support needs (CYPS)						CYPS Comm Mgr Health	Thu-31-Aug-23					
Reduction	20/877 - Continue pilot of multi agency Quality Improvement Team and plan evaluation (HAS)						HAS AD ASC (RB)	Sat-30-Sep-23					
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)						HAS AD PSD (AB)	Fri-31-Mar-23					
Reduction	20/917 - Working with CCGs and TEVV to commission Emotional Health and Wellbeing services; the s75 is being worked up and consultation will take place through autumn/winter 2021 (CYPS)						CYPS Comm Mgr Health	Thu-31-Mar-22	Thu-31-Mar-22				
Reduction	20/1190 - Work closely with NHS partners to triage highest priorities for hospital and community capacity and pressure and undertake LRF exercise to plan for contingencies (HAS)						CD HAS HAS all ASC ADs	Fri-31-Mar-23					
Reduction	20/1197 - Present HARA paper to MB and Exec to provide update and priorities for the next 5 years (HAS)						CD HAS HAS all ASC ADs	Sat-31-Dec-22					
Reduction	20/1397 - Ensure there is a joint plan in place with ICB colleagues to manage winter pressures (HAS)						HAS AD PSD (AB)	Fri-31-Mar-23					
Phase 4 - Post Risk Reduction Assessment													

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Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	20/210 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.									CD HAS	

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Phase 1 - Identification													
Risk Number	20/189	Risk Title	20/189 - Safeguarding Arrangements				Risk Owner	Chief Exec		Manager	CD HAS CD CYPs		
Description	Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.						Risk Group	Safeguarding		Risk Type	CYPs 24/250 HAS 3/27		
Phase 2 - Current Assessment													
Current Control Measures			<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); 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; Group Manager and Specialist Social Workers to oversee and support practice in relation to Contextual Safeguarding; daily performance management through dashboards by managers; system BCP in case of failure</p> <p>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 Children and Families' and Partnership's procedures [CYPs]						CYPs AD C&F		Sat-30-Sep-23				
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; review progressing and well embedded [CYPs]						CYPs AD C&F		Sat-30-Sep-23				
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		Sat-30-Sep-23				
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		Sun-30-Apr-23				
Reduction	20/456 - Continue to report regularly to HASLT, Care and Independence O&S Committee and Health and Wellbeing Board [HAS]						Dir Public Health		Sat-30-Sep-23				
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; new organisational Safeguarding Procedure is mapped against the quality pathway [HAS]						Dir Public Health HAS AD ASC (CJK)		Sat-30-Sep-23				

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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 and legislation delayed , draft statutory guidance received in 2022, expecting the full guidance early 2023)	Dir Public Health HAS AD ASC (CJK)	Fri-31-Mar-23	
Reduction	20/535 - Continue to ensure Partners are fully engaged with Safeguarding Boards centrally and locally, particularly health and district council partners particularly as we move to LGR [HAS]	Dir Public Health	Sun-30-Apr-23	
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)	Sat-30-Sep-23	
Reduction	20/615 - Prepare for implementation of Liberty Protection Safeguards; LPS guidance and legislation delayed due to impact of Coronavirus; draft statutory guidance received in 2022, expecting the full guidance early 2023 [HAS])	HAS AD ASC (CJK)	Fri-31-Mar-23	
Reduction	20/723 - Continue joint work with CYPS and the Community Safety Partnership with quarterly meetings of the InterBoard Network [HAS]	Dir Public Health	Sat-30-Sep-23	
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.); ethical framework considerations complete [HAS]	Dir Public Health HAS AD ASC (CJK)	Fri-30-Sep-22	Fri-30-Sep-22
Reduction	20/829 - Develop contingency plans around the MAST to support should demand increase; contingences were put in place [CYPS]	CYPS C&F HoS	Fri-30-Sep-22	Fri-30-Sep-22
Reduction	20/831 - Manage the risk of children not returning to education post covid; Locality Groups in place for those not in 25 hours of education, targeted support to EHE and visit dashboard in use	CYPS C&F HoS	Sat-30-Sep-23	
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	Sat-30-Sep-23	
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	Thu-31-Aug-23	
Reduction	20/890 - Use a range of tools and resources such as continued rolling recruitment campaigns including international recruitment, development of internal career pathways, providing an attractive employment offer and ensuring that pay is as competitive as possible, to manage the rising demand from increased referrals and greater difficulties in recruitment and retention [CYPS]	CYPS AD C&F	Sat-30-Sep-23	
Reduction	20/900 - Implement an action plan to proactively manage and mitigate risk to people waiting for adult social care (HAS)	HAS AD ASC (CJK)	Sat-30-Sep-23	

Phase 4 - Post Risk Reduction Assessment

Probability	M	Objectives	H	Financial	M	Services	M	Reputation	H	Category	2
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Phase 5 - Fallback Plan		
		Action Manager
Fallback Plan	20/545 - Carry out necessary review of approach, target underperforming areas and take on lessons learned from any safeguarding adults reviews	CD CYPs CD HAS

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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	Fri-30-Jun-23			
Reduction	15/637 - Continue to ensure business continuity plans are reviewed, exercised and kept up to date for County Council services and trading companies						CD SR	Fri-30-Jun-23			
Reduction	15/652 - Continue to work with Directorates, District Councils, Migration Yorkshire and other partners to support refugee resettlement schemes, 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	Fri-30-Jun-23			
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	Fri-30-Jun-23			
Reduction	20/971 - Continue to ensure effective and efficient processes are embedded amongst all partners to prioritise work streams (incl. plans, training and exercises) (ongoing)						CSD AD PPC	Fri-30-Jun-23			
Reduction	343/788 - Respond to call to evidence on review of local resilience, National Resilience Strategy and Civil Contingencies Act; responded as required and now waiting for legislative changes						CSD PPC HoR&E	Sat-30-Apr-22	Sat-30-Apr-22		
Reduction	343/790 - Continue to embed the recommendations from Covid debrief within practice through the Corp R&E Group						CSD PPC HoR&E	Fri-30-Jun-23			
Reduction	343/854 - Work through the LGR sub work streams to ensure that emergency response and bcp arrangements remain robust throughout the transition and transformation phases (safe and legal)						CSD PPC HoR&E	Fri-31-Mar-23			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	L	Financial	H	Services	L	Reputation	M	Category	3
Phase 5 - Fallback Plan											
									Action Manager		

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Fallback Plan	20/207 - Embedded practice based on Response to Major and Critical Incident protocols	Chief Exec
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Risk Register: month 0 (November 2022) – detailed

Next Review due: May 2022

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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 in place; 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; programme plans for workstreams in place;								
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	Thu-31-Mar-22		
Reduction	20/523 - Develop (by Mar 2022 complete) and implement an overall transition plan						LGR Programme Director	Fri-31-Mar-23			
Reduction	20/524 - Continue to engage staff and specialists as appropriate in work streams						Work Stream Sponsors	Fri-31-Mar-23			
Reduction	20/527 - Continue to implement communications and engagement plan						NYCC Chief Exec	Fri-31-Mar-23			
Reduction	20/529 - Carry out regular reporting to Government on progress						LGR Programme Director	Fri-31-Mar-23			
Reduction	20/531 - Continue to identify interdependencies and priorities in work streams						LGR Programme Director	Fri-31-Mar-23			
Reduction	20/536 - Workstreams and sub workstreams to complete implementation of plans to ensure legal and effective services are operating on Vesting Day						Work Stream Sponsors	Fri-31-Mar-23			
Reduction	20/540 - Ensure collaboration, cooperation, dependencies and resources are carried out and coordinated to ensure a successful delivery of workstreams and overall programme						LGR Programme Director	Fri-31-Mar-23			
Reduction	20/541 - Utilise pre procured consultants, open recruitment, HR workstream to ensure sufficient resources						LGR Programme Director	Fri-31-Mar-23			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	H	Financial	H	Services	H	Reputation	H	Category	3

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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

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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			Devolution - Programme management function in place; micro site set up for sharing information with the public; 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 LGNYY 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); Devolution deal agreed;										
Probability	L	Objectives	M	Financial		H	Services		H	Reputation	H	Category	3
Phase 3 - Risk Reduction Actions													
							Action Manager	Action by	Completed				
Reduction	20/246 - Continue to monitor the Devolution agreement 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-Aug-23					
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	Fri-31-Mar-23					
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	Thu-31-Aug-23					
Reduction	20/553 - Growth - Continue to understand and investigate any impacts of new legislation and funding streams, 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	Thu-31-Aug-23					
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; govt legislation through environment act and devolution ask						BES AD GP&TS	Thu-31-Aug-23					
Reduction	20/752 - Devolution - Develop full implementation plan – Part 1 - complete the legal governance procedures to create a combined authority						BES AD EPU CSD ACE LDS	Tue-28-Feb-23					
Reduction	20/753 - Devolution - Develop full implementation plan – Part 2 - implement the content of the devolution deal						BES AD EPU	Fri-31-May-24					
Reduction	20/754 - Devolution - Develop full implementation plan – Part 3 - develop the combined authority organisational structure and associated functions						BES AD EPU						
Reduction	20/755 - Devolution - Create Joint Committee to act as shadow combined authority						BES AD EPU	Fri-30-Sep-22	Mon-31-Oct-22				

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Reduction	20/892 - Growth - Take part and lead on technical aspects relating to the Natural and Historic Environment and implement necessary strategy and delivery relating to biodiversity, local nature recovery and climate change mitigation							BES AD GP&TS	Thu-31-Aug-23		
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	M	Services	M	Reputation	M	Category	5
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	20/572 - Carry out further discussions with Central Government if required and review and revise existing arrangements for sustainable economic growth									CD BES Chief Exec	

Linking of Directorate risks to the Corporate risk register November 2022

(Appendix B)

Corporate Risk Register	Major Failure due to Quality &/or Economic Issues in the Care Market and Workforce Pressures	1 1	Recruitment and Retention	1 1	Information Governance and Security	1 2	Funding Challenges	1 2	Partnership and Integration with the NHS	2 2	Safeguarding Arrangements	2 2	Significant Incidents	2 3	Local Government Reorganisation	2 3	Opportunities for Devolution and Growth in North Yorkshire	3 5
	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.		Failure to recruit and retain staff across services resulting in inability to deliver services.		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 with particular heightened risk due to the change during LGR.		Inadequate funding available to the Council to discharge its statutory responsibilities and to meet public expectation for the medium term resulting in legal challenge, unbalanced budget and public dissatisfaction.		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.		Failure to have a robust Safeguarding service in place results in risk to vulnerable children, adults and families and not protecting them from harm.		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.		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.		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.	

Health and Adult Services	Major Failure due to Quality and/or Economic Issues in the Care Market	Major Failure due to Quality and/or Economic Issues in the Care Market	Workforce Recruitment and Retention	Information Governance and Health and Safety	Financial Pressures	Partnership and Integration with the NHS	Safeguarding Arrangements
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Central Services	Effectiveness, Capacity and Skills of Staff and Workplace Health and Wellbeing (including impact of LGR)	Information Governance and Security	Significant Incidents	North Yorkshire Transformation Programme
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Children and Young Peoples Service	Information Governance and Health and Safety	Schools Funding Challenges	SEND High Need Budget	Safeguarding Arrangements	Change Programmes
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Business and Environmental Service	Statutory Duties	Statutory Duties	Major Incident and Business Continuity	Delivering Change Programmes within BES	Growth	Devolution Implementation in North Yorkshire
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