

Risk Register Owner: Alison Greenhill, COO																
RISK REF	RISK THEME / CATEGORY <i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i>	LINK TO STRATEGIC RISK <i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which</i>	RISK <i>What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?</i>	CONSEQUENCE/EFFECT: <i>What would occur as a result, how much of a problem would it be, to whom and why?</i>	EXISTING ACTIONS/CONTROLS <i>What are you doing to manage this risk now?</i>	Risks as at: 30/09/2025			RESPONSE STRATEGY / ACTION <i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i>	FURTHER MANAGEMENT ACTIONS/CONTROLS			TARGET SCORE	COST	RISK OWNER	TARGET DATE
						Impact	Probability	Risk		Impact	Probability	Risk				
STRATEGIC AREA - City Development and Neighbourhoods																
1	POLITICAL ECONOMIC LEGAL	SRR 2.1 SRR 2.1 SRR 2.2 SRR 2.3 SRR 5.1	Housing - Budget Pressures - Increase in inflationary pressures have led to increasing pressures on the Housing Revenue Account and the Housing General Fund. 2023/24 budget has been set with significant savings required and more savings potentially still to be found over the course of the year. The rent increase is capped below inflation for 23/24 and at CPI + 1% for 24/25 and again for 25/26, further limiting options to address this risk. - Homelessness Financial risks amount primarily to increased demand on temporary accommodation forcing use of nightly paid and bed & breakfast in ever increasing numbers, as well as lack of move-on increasing length of stay and further impacting cost. However, additional pressure resulting from the need for an increased staffing base. Heavy reliance on grant funding. Increased burden on the city from the impact of immigration and asylum (See "Refugees").	Budget overspend. Insufficient budget to balance the budget without reducing service offer or capital investment. Impact on the resilience of services and their ability to manage and adapt to further change. The erosion of service areas and what we can and can't do. Expectations will need to be managed in the face of potential impacts on services. Negative PR / reputational damage / potential increase in complaints / legal challenges and fines. - LCC Housing stock does not meet decent homes standard - Housing Regulator intervention	- Senior Management Team (SMT) monitor and address financial challenges Year-end forecasting process with Finance team. - Heat metering and billing project (direct consequence of budget pressures on HRA) Managing and supporting the health and well being of staff as part of having to work within a financially constrained environment with the associated service delivery consequences. Review of all existing HRA budget to identify potential savings to include in the 24/25 HRA budget 'Homelessness financial pressure and controls: - B&B elimination plan developed and lodged with DLUCH. - Additional GF budget funding of £10m in 24/25 towards additional TA costs - Homelessness Prevention Grant - £1.07mil initially for 24/25 and increase in the HPG for 25/26 - Homelessness Strategy challenging supply and types of temporary accommodation - Ongoing continuous recruitment exercise in place alongside agreement to recruit over-establishment. Currently successfully up to 30 FTE HPOs - Maximising opportunities to bring in further funding - Exploring all avenues with different models of temporary accomm, including in the interim moving to establish more block booking arrangements and contacts re nightly paid accommodation to drive down B&B costs. - Touchdown beds established to absorb some pressure from Singles. - Focus on spending where will make biggest impact - prevention initiatives that prevent entry to TA. - Reviewing our projections (including financial) monthly, and ensuring all projections and tolerances are understood, including contingency measures which need to be implemented. should it be identified that we the authority is failing to maintain legal compliance and support vulnerable households. - HRA Budget for 24/25 approved as a balance budget and 25/26 also approved as a balanced budget addressing £5m of budget pressures - Full Council approved an additional £45m to buy 225 units of accommodation, lease 125 units and add 25 staff	4	4	16	Treat	- 5 and 30 year capital investment strategy being developed - FBR savings proposed in Housing GF proposals of savings of over £900k - Bidding to secure additional external funding towards existing costs - Ongoing external bidding for funding 'Homelessness financial pressure and controls: - Delivery of the £45m 225 TA units / 125 leases and 25 staffing ongoing - Actions as set out in the Homelessness risk above, - Forecasting of the Homelessness budget pressures in tandem with projected New Housing delivery to identify next steps. - Longer term planning for Housing delivery beyond 2027 to ID a pipeline of delivery to continue to tackle this pressure - Additional steps to proactively tackle the Homelessness budget pressures through reducing down prices on TA units, increasing own TA units, further increasing staffing and access to PRS market.	4	3	12	Staff time	Chris Burgin	Ongoing, 31/01/2026 review
2	ECONOMIC SOCIO-CULTURAL LEGAL POLITICAL	SRR 2.1 SRR 2.2 SRR 3.1 SRR 3.2 SRR 5.1 SRR 1.1	Housing - Homelessness - summary Ongoing pressure and risks associated to statutory homeless responsibilities, exaggerated by cost of living crisis, housing crisis, asylum pressures, budget pressures, state of PRS, low LCC stock and high waiting times. Compounded by a relatively inexperienced team members and staff retention. Further impact following the decision to release offenders earlier causing further pressures on homelessness services. Managing partner and stakeholder expectations. Uncertainty around external uncontrollable factors that impact on level of demand and financial pressure. Risks: - Reputational Suitability of Accommodation Orders are being contravened - leaving us open to legal challenge. - Duty of Care - safeguarding and provision of critical services. Not being able to meet the needs of increasingly, chaotic, vulnerable and complex housing needs of customers due to the risks presented i.e. arson or failing to provide adequate support and safeguarding for vulnerable individuals or those at risk of Domestic violence resulting in serious case reviews / DHRs - Reputational, Governance & People Understaffing issues and staff caseloads are excessive, creating a risk of error, maladministration, or unlawful practice - leaving us open to legal challenge. Additional risk of harm or death to those in Council's care. - Impact on Strategic Objectives & Reputational - Risk that performance shown on National Statutory Statistic Returns will worsen in excess of benchmarked changes elsewhere. Funding - No indication of spending review under new Govt. in relation to additional funding to support homelessness pressures and rough sleeping. Multi year homelessness funding under a new formula / metric which can't be used to support TA cost pressures, potential for finding to be at lower rates than in previous years - Legislative changes - the introduction of the Renter Reform Act particularly and the impact on the PRS - Budgets & Finance - Significant financial pressures due to cost of TA. Potential for a rise in LGSCO cases where recommendations may include financial compensation equating to thousands causing a financial burden.	Coverage in Local press, or National press. Reputational damage with partners, leading to political lobbying. Inability to meet demand for preventative homelessness services impacting on crisis management, lowered prevention outcome, subsequently leading to increased costs of temporary accommodation and additional pressures in move-on demand for a large cohort of those accommodated. Failure to deliver statutory homelessness services under Part 7 of the Housing Act 1996. Risk of harm to clientele, in worst case - death or injury of customer. Reputational damage due to risk of legal challenges including financial burden due to associated costs. Current burdens causing pressures on staff leading to retention issues, further compounding available resources and pressures. 'Significant increase in numbers in temporary accommodation compounding Financial Risk (see below). The lack of suitable accommodation for applicants with high risks and complex needs. Lack of move-on impacting on other local authority strategic objectives e.g. Leaving Care Protocol. St Mungos who provide EET have decided to withdraw services from Leicester from the beginning of the financial year 25/26 (gap in services) St Mungos have now withdrawn services from Leicester, leaving an EET gap in services for Homelessness Service users.	- Service recovery plan in place with long term objectives to build resilience and manage the increase in pressures as much as possible. - Continuous recruitment and finding ways to retain staff and increasing FTE within Housing Options & Transitions Workers - Intensive Caseload Reviews and case management meetings for officers with their manager - Working in tandem with other stakeholders and parties on the Homelessness Charter is delivering and focussing services - Working in conjunction with partners and hosting events like the families in TA summit to support families by identifying new approaches and initiatives - Funding and engaging with partners like (Help the Homeless) HTH to host events in support of families in TA to secure PRS solutions and other types of support - Risk of Rough Sleeping assessment tool launched as of Dec 2024 to help reduce the number of rough sleepers and those at high risk in becoming entrenched rough sleepers causing risk to life - Homelessness Strategy developed with consultation and published. Year 1 actions to be delivered. Different accommodation options for move on through homeless pathways being reviewed. - Focus on improved prevention of homelessness to limit ingress to TA , including more face to face contact from the Dawn Centre and further plans to increase face to face contact from community centres / HUBS, launched face to face to face appointments from Beaumont Leys Library once a week. Face to face advice is also available from JCP from February 2025 - PRS Strategy developed to enable more housing options and help to prevent and sustain current PRS households. This continues to be working progress. - 'Call before you serve' for private landlords has commenced alongside enhanced PRS Prevention activity with PRS Tenants, leading to better outcomes for this cohort. To be extended and promoted - Maximising use of LCC Council stock for this cohort & utilising all new acquisitions and new build for this cohort - Work to develop and improve various pathways - e.g. Prison Release - An extended Private Rented Sector (PRS) landlords offer to attract more PRS accommodation for those facing Homelessness is now in effective operation - PRS Schemes reviewed upper operating limit increased to LHA+35%. LHA increased in April 2024, scheme to be reviewed alongside. The LHA has been increased and matched to remain at 35% above current LHA rate. - Maximising use of Home Come stock and PRS solutions for this cohort - Pressures and trends taken into consideration in review and implementation of new Homelessness & Rough Sleeping Strategy, and to be taken into consideration alongside adopting or taking on new pressures or projects. - Working with voluntary sector to share burdens where possible. Full Council approved an additional £45m to buy 276 units of accommodation, lease 125 units and add 25 staff. - Utilisation of new large acquisitions (ZIP/Citygate towards move on accommodation for those in TA) - Working alongside Advisors from MHCLG to discuss best practice, promote B&B elimination ideas and access additional funding streams where available - Household Support Fund extended March 2025 to March 2026 supporting the prevention activities with over £1m towards Homelessness prevention activities - In process of launching the family TA units to move families out of unsuitable B&B into self contained accommodation -- Separate action plans to reduce the use of general needs TA for customers impacted by domestic abuse and separate risk assessments in place for this work. - Review of Severe Weather Emergency Protocol Provision (SWEP) and develop a sit up service to reduce financial burden of significant use of B&B during cold weather (sub-zero temperatures)	4	4	16	Treat	- Roll out of homelessness strategy actions (preventative) to enhance and expand on existing control; (ongoing) - Delivery of a new Board with partners to oversee these actions (September 24) - Enhanced communications strategy; - From year 25/26 funding Open Hands to support non-statutory cases with PRS solutions - Build new Social Housing & acquire houses to use as Social Housing (ongoing) - Review of the existing PRS strategy (Sept 24 to Dec 24 extended into 2025). - Continue to bid for available external funding - Delivery of the approved business case to deliver new housing outside of the HRA for the Council - Business case to buy 254 units of TA in GF and 125 leased properties for this cohort (ongoing to October 2025) - Development of a second business case to deliver additional acquired affordable housing above what is currently being delivered to meet this need. (October 25) - Work with Changing Futures to integrate & maximise their service offer for Homelessness clients - Ongoing review delivery of B&B Elimination Plan. - Creation of a Temporary Accommodation Policy that considers the balance of suitability of offer with financial cost, with a specific focus on out of area placements, and time-limited stays. - Organisational review - Following the service recovery plan, recommendations for reviewing structures and service delivery to continue to meet statutory responsibilities, and to operate more effectively in prevention & relief outcomes. - Make better use of powers in the LAs favour such as 'Non-Cooperation' for ceasing duty where reasonable to ensure we can enforce reasonable expectations on applicants, with regard to their responsibilities to work with us to resolve their housing situation pragmatically. - Continue to roll out improvement to the PRS Schemes and ensure Officers are able to communicate this effectively to reduce expectations and pressures on social housing. - Continue to develop closer working relationship with voluntary sector to be developed via joint working with the Charter and through the launch of the new Homelessness Strategy. - Deliver PRS Growth report actions - Contract to deliver MDC (Prevention Hub) by early 2026. Risk of Rough Sleeping assessment tool to be developed and piloted in Leicester and working closely with HTH to support non-priority need rough sleepers to find rented accommodation - Due to the gap St Mungos have left we are exploring EET provision from the new MDC hub once this is launched and established - Carrying out review of housing allocations policy to ensure best use of stock.	3	4	12		Chris Burgin	Ongoing, Individual dates shown for each item
3	ENVIRONMENTAL / ECONOMIC	SRR 5.1 SRR 2.3	Neighbourhood and Environmental Services - Ash Dieback - Epidemic of Ash Trees Caused by an introduced pathogen that most local ash trees are unlikely to have resistance to. It is anticipated that up to 95% of the tens of thousands of ash trees in the City will die. Perhaps 50% of the total will be the council's direct liability. Many trees are located on traffic routes or in areas of use and habitation. Dying and collapsing trees will present an injury and property damage risk, and present a hazard risk to staff during removal operations. Under normal conditions £135k per year is devoted to clearing similar problems across all species. It is anticipated this cost will multiply several times at the height of the epidemic.	- Injury to staff and residents, including highway users. - Damage to property including animal injury, buildings, parked and moving vehicles, various infrastructure and parks and street furniture. - Disruption to traffic routes and areas of high use during removal operations.	- Established teams, structures and systems will address problems in the early stages. These can be built on further as the problem starts to strain existing resources. There is no way to limit or control the establishment and spread of the pathogen as it is a windborne micro-organism. In essence management is a reactive process. - A capital bid of £130k for an elevated platform to allow working at height was approved in the 2023/24 programme and introduced in 2024. Launch of the Ash Die Back Action Plan and on-line educational page on LCC website now live to make residents/ public aware of Ash Dieback. 26 trees felled in 2021/22, 276 felled in 2022/23, 380 felled in 2024/25 (YTD) 172	4	4	16	Treat	- Effective and timely reactive responses, utilising existing revenue budget and prioritising the Trees & Woodlands work programme. - Continue to monitor spread of disease and record on a central register, removal of trees which reach category 3/4.	4	3	12	N/A	Sean Atterbury	Ongoing, 31/01/2026 review
4	SOCIO-CULTURAL POLITICAL / ECONOMIC	SRR 3.5 SRR 1.2 SRR 2.3	Neighbourhood and Environmental Services - Decreasing availability of burial space Burial space is limited in supply and may run out if further provision is not provided before existing capacity is reached. Rates of death and grave sales have increased above average over the past 5 years. Financial losses from lack of new burial space reducing cemetery income (estimated £1m plus per annum).	- Significant distress to families requiring a burial if no new burial plots are available. - Some faith communities do not permit cremation as an alternative. - Damage to LCC reputation and significant negative press and community tensions arising from failure to meet needs. - Reduction in service provision.	- Burial Space Strategy 2014 identified the need for a new cemetery. - Consultation with planners regarding Local Plan provision in the city and outside the city undertaken. - EBS Capital Projects team commissioned to commence a new cemetery by 2026/27. One site identified for feasibility to date, potential for others being investigated by EBS. - £150k budget for feasibility studies agreed. - Mitigation action to reduce demand for graves without a burial proposed, until point of need. - Feasibility of extra deep graves is being explored.	4	4	16	Treat	- Identify alternative site/s for new burial space. - Secure capital funding (c£6m -£10m) and planning permission for new cemetery construction. - Public consultation on future needs. Update - possibility to gain additional burial space by expanding the city boundary	4	3	12	£150k + £6-10m	Sean Atterbury	Planning permission, 2026
5	ECONOMIC	SRR 2.3	Neighbourhood and Environmental Services - Age and Condition of Infrastructure and assets Limitation to the ability to afford capital and leverage to potential borrowing this is likely to limit the ability to undertake critical end of life replacement. E.g. maintenance of neighbourhood centres, leisure centres and equipment, parks and open spaces fleets and street cleansing equipment, which has an adverse impact on service delivery, meeting customer expectations and achieving ambitious future income growth targets and FBR savings.	- Inability to run key services resulting in service closures or loss of provision of services	Condition surveys in place across the division, strategic assessments being undertaken, costs identified, key risks are costed. Client account plan in place, close working with EBS and Libraries and Communities Needs Assessment comprehensive review. - Currently have £1m to invest under capital programme.	4	4	16	Treat	Consolidate building to reduce overheads. Develop shared service plans for the division. Shared asset register Review divisional assets and ownership with a view to reduce	4	3	12	N/A	Sean Atterbury	1/01/2026 review
6	ECONOMIC	SRR 2.3	Neighbourhood and Environmental Services - Budgets Insufficient funding for services to operate effectively.	- Reduction of service level and performance - Viability of service to continue to operate - Loss of reasonable service provision to communities - Inability to deliver statutory functions - Reduced community cohesion - Increased likelihood of services being delivered by community groups being handed back to the Council, including return of Community Asset Transfers	- Ensuring effective financial governance is in place, including programme boards - Building a culture of financial transparency - Engagement to understand community impacts - LLR Partnership working - New ways of working have been implemented to encourage entrepreneurial opportunities - External funding opportunities are routinely explored, for example HLF, DEFRA, Forestry Commission, Home Office	4	4	16	Treat	- Strategic management and analysis, promoting systems leadership and understanding the consequential impact of actions across the division alongside opportunities for further reductions.	3	3	9	N/A	Sean Atterbury	Ongoing, 31/01/2026 review
7	ECONOMIC	SRR 2.2	Planning Development and Transport - Recruitment and Retention of staff to deliver key projects, programmes and strategies. Lack of qualified experienced staff in market. Pay levels not commensurate with other councils. Various external factors impacting e.g. Reed are not a built environment / transport specialist agency so interim staff difficult to source via this single supplier contract, external job market etc. Pressures within HR contribute further service delivery issues.	- Failure to deliver key project/programme - Financial implications. - Poor service level. - Additional pressures on overtime and agency use, increased complaints, reputation issues, stress levels and sickness .	- Service specific progress monitoring meetings with Director. - Prioritising recruitment and replacement of staff as soon as they leave. - Extend Graduate programme. - Comprehensive Planning Workforce Action Plan / Organisational Review consultation now concluded to address the recruitment and retention issues in the service- significant funding required where possible. - Organisational review of Transport Team underway - Succession planning for Transport & Highways in development - Highways service Review being developed with focus in retention and recruitment objective	4	4	16	Treat	- Escalation of risk reporting to higher management and political level. - Consultant and legal advice to minimise risk. Explore new options around capacity support other than via Reed - Expedite HR, Procurement, Legal and Financial processes.	3	4	12		Andrew L. Smith	1/01/2026 review
8	ECONOMIC	SRR 2.1	Planning Development and Transport - Difficulty in securing suitable contractors. Managing compliance with new Procurement Regulations constraints and timelines.	- Delay to projects and programmes; cost increases; funding slippage; potentially politically sensitive on high profile projects	Reviewing options for securing contractors including through frameworks	4	4	16	Tolerate / Treat	Alternative procurement options are being considered	3	4	12		Andrew L. Smith	1/01/2026 review

Appendix 3 - Leicester City Council Operational Risk Register																	
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Risks as at: 30/09/2025																	
RISK REF	RISK THEME / CATEGORY <i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i>	LINK TO STRATEGIC RISK <i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which</i>	RISK <i>What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?</i>	CONSEQUENCE/EFFECT: <i>What would occur as a result, how much of a problem would it be, to whom and why?</i>	EXISTING ACTIONS/CONTROLS <i>What are you doing to manage this risk now?</i>	RISK SCORE			RESPONSE STRATEGY / ACTION <i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i>	FURTHER MANAGEMENT ACTIONS/CONTROLS			TARGET SCORE	COST	RISK OWNER	TARGET DATE	
		https://leicestercitycouncil.sharepoint.com/sites/sec025/SitePages/Risk-management.aspx				Impact	Probability	Risk			Impact	Probability	Risk				
9	POLITICAL SOCIO-CULTURAL LEGAL	SRR 1.2 SRR 3.5 SRR 5.1	Planning Development and Transport - Duty to Protect - Failure to ensure counter terrorism measures are incorporated into the built environment where required in order to meet our new statutory duties under the Duty to Protect legislation, e.g. new public realm schemes incorporating hostile vehicle mitigation measures.	- Council could be deemed at fault if a terrorist incident occurred that could have been prevented by appropriate CT measures/features in the built environment and day to day highway network management activities.	- Maintaining regular catch up meetings with CT Police Team. - Establish single point of contact for schemes with CT implications within the public realm. - Project records to include reference to compliance / agreement of alternatives / non agreement and associated rationale with CT Police requirements. - Training sessions being delivered - Need to ensure requirement for CT measures is considered and record all decisions. - City Centre PPZ Security measures being delivered in liaison with CT Police Team. - NEW PPZ security bollard system went live on 13th May 2025. Monitoring in process and additional work at Cheapside identified.	5	3	15	Treat	- Consider inclusion of reference to CT measures in the revised Street Design Guide.	5	2	10			Andrew L Smith	1/01/2026 review
10	POLITICAL	SRR 1.1	Planning Development and Transport - Change in county council politics - new Reform UK minority cabinet have yet to outline key policies or approaches; large amount of work is cross-boundary, delivered in partnership, or relies upon tools and contracts that have been established and shared between the authorities	Could be severe - loss of access to tools required to deliver statutory functions related to planning, air quality, or road , impacts to the ability to deliver on projects	Early engagement with county officers at senior level to understand changes in direction, policy, or instruction issued by cabinet	5	3	15	Tolerate	Ongoing engagement Review/visit MoUs						Andrew L Smith	1/01/2026 review

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STRATEGIC AREA - Corporate Services																								
11	TECHNOLOGICAL	SRR 4.1 SRR 4.3	Corporate Services - Loss of Key Divisional IT Systems / Data Compromised Failure of a critical IT system or cyber attack affecting the division, systems such as HR system, Xpress, Agresso systems- staff may be unable to deliver their roles, duties etc. If this was to exceed to more than 2 days, this would significantly impact on service delivery and financial targets. The data held within the current systems is not available, robust or accurate to allow adequate management reporting.	<ul style="list-style-type: none">- Adverse effect on budget/finances.- Reputational damage.- Services cannot be delivered.- Current systems may not be able to support the required level of management information regarding performance, staff, electorate, media relationships etc.- Management decisions/process decisions/system improvements cannot be met.	<ul style="list-style-type: none">- IT DRP is in place. Back-ups taken across systems in the division.- Business Continuity plans are in place and regularly reviewed to identify ways to continue service delivery should systems be unavailable.- Desktop exercises to test plans in relation to ICT loss have been undertaken for the division to ensure plans are robust and plans revised as appropriate in light of the learning from these- Ongoing awareness raising with staff about cyber security risks and lessons learned activity undertaken post cyber-incident..- Continue to operate desk top training exercises.- Completed assessment of critical systems using the Cyber Assessment Framework (CAF) as part of the Future Councils engagement.	4	5	20	Treat	Implementing Active-Active Data Centres which will improve resilience for critical systems. Work with other LGAs and 3rd parties to improve staff awareness of Cyber Security responsibilities and to share best practice in respect of cyber preparedness. Implement mandatory Cyber Security training with OD. Develop a revised Digital Operating Model taking account of NSCS '10 steps to Cyber Security' framework and which will include measures to improve our organisational footing and resilience. Reflect increased risk of Cyber Attack in Corporate Risk Register. Post cyber incident debrief and lessons learned event learning points to be discussed and so specific divisional learning can be identified. Core infrastructure for active-active DCs are now in place and tested under DR scenario and outputs submitted to internal audit to close outstanding action. Will bring high-availability following loss of a data centre or an internet pipe albeit at reduced capacity. Majority of applications servers now shared across DCs awaiting installation of network equipment to improve capacity.	4	4	16				Andrew Shilliam	Ongoing, 31/01/2026 review						
12	ECONOMIC	SRR 2.2	Corporate Services - Shortages in terms of staff, capacity, key skills and knowledge Capacity - HR and DDaT teams specifically experiencing capacity challenges because of organisational support demands, loss of key personnel because of retirement mainly, and because of internal movement to other roles. Knowledge - the loss of some experienced individuals in HR specifically through retirement could have an impact on our operational resilience. Skills - specific technical skills such as ICT development posts are competitive to recruit to, and as we move towards a different structure within HR we may experience some disruption to advice provided as staff migrate to new roles. Key person dependency - continuing reductions in staff may lead to increasing reliance on fewer people, some of whom may not have critical knowledge/skills, creating additional pressures at times e.g. unplanned absence; inability to transfer knowledge and skills before key staff leave. Ageing workforce - risk of loss of critical knowledge, experience and expertise. Increase in demand arising from level of organisational change and need to deliver efficiencies/savings. There maybe an increased demand for support of which available expertise is limited or competing requirements/expectations. Therefore, support services such as HR and Comms may not be able to meet expectations or deliver to the right level of quality.	<ul style="list-style-type: none">- Increase in key person dependency and increased dependency on line managers to deliver a number of technical capabilities.- Lean staffing structures put pressure on staff.- Existing staff health and wellbeing may deteriorate, including morale.- Service demand cannot be met and members demand/expectations cannot be met.- Tasks are not completed/delivered and/or critical projects may be halted.- Statutory/regulatory requirements may not be adhered to and deadlines breached.-Reputational damage if service operations fall below requirements and/or decisions aren't adequate.- Adverse effect on finances because interim resource arrangements are more costly.- Specialist expertise and knowledge is not available to deliver the required duties.- Corporate memory diminishes when staff leave the Council.- Highly skilled technical roles cannot easily be filled- Perception of blame culture leads to senior and/or skilled staff leaving- Inadequate/inappropriate decisions are made by management, resulting on increased involvement by HR and/or other services in a reactive capacity.- Changes may not be made quickly and effectively and/or changes may be made prior to all parties consent.- Poor and risky management practices.	Corporate approach to workforce planning being implemented so divisions and services have a better understanding of weaknesses in their respective areas, and have targeted initiatives/actions in place to address. Divisional action plan being prepared so to address the key staff capacity, skills and knowledge based challenges confronting Corporate Services. Review of services + roles that might be well suited to creating pilot career pathways so we can attract new talent and address our aging workforce challenges.	4	5	20	Treat	Review of current rollout of corporate workforce planning framework so the organisation has better resilience. This has to include developing better visibility required over (1) POSTS, and (2) PEOPLE that we consider to be of a highly specialist skillset and that are considered to be both more difficult to recruit to (reasons required) and where the current postholders are flight risks. It also has to include consideration of the workforce profile and where we have specific issues around age, knowledge retention etc. Use of DMU internships and other placement opportunities to add short-term capacity and to link with grow our own approach.	3	5	15				Andrew Shilliam	Ongoing, 31/07/2026 review						
13	TECHNOLOGICAL	SRR 4.1	Corporate Services - Cyber Security Increasing profile and expertise of threat actors such that they are able to circumvent established defences and which therefore increases the vulnerability of LCC systems and data.	<ul style="list-style-type: none">- Data hacked and released into public domain;- Reputational damage - seek alternative more expensive solutions;- Fines from ICO;- Staff stress increases;- Damage to identified individuals;- Denial of service / major service disruption	Enhanced technology defences. Targeted follow up's. Built into new system standards from 3rd party applications (secure passwords, TLS). Daily back-up of systems. Maintain clear Major incident Management processes. Understand RPO and RTO capability for recovering critical systems. Appointed Security Operations Centre Lead to review and respond to threat intelligence. Undertaking Cyber Security Gap Analysis in light of increased flexible and mobile working. Implemented solutions to respond to the new threat from Ransomware which could attack / compromise backup data. Implemented new XR End Point security. Completed NCSC Cyber Assessment Framework (CAF) as part of DLUHC Future Councils and develop a remediation plan. Amended SOC Playbook so they may unilaterally shutdown systems if a potential cyber security incident is identified. New Cyber Security Training, Simulation and Awareness campaign introduced. New SOC Appointed May 2025. Introduced Supply Chain controls to assess their Cyber Security - e.g. Minimum Cyber Essentials plus. Reviewed where we currently are against the NCSC Cyber Assessment Framework (CAF) as part of DLUHC Future Councils and developed a remediation plan. Reviewed technical skills of DDaT Security Team - Appoint into two security roles (09/25) All servers now compliant with Cyber Essentials	4	5	20	Treat	Continually Assess and implement new Technology solutions as appropriate to address any changing/new threats Monitor Staff Cyber Security Training and Simulation maturity (09/25). Continually ensure Cyber Security evaluation of partners is undertaken during procurements as part of DDaT playbook. Work with other LGAs and 3rd parties to improve staff awareness of Cyber Security responsibilities. Undertake Cyber Essentials assessment following change of criteria.	3	4	12				Andrew Shilliam	Ongoing, 31/01/2026 review						
14	ECONOMIC	SRR 2.3	Corporate Services - Loss of Income Opportunities Commercial arrangements such as trading with schools are lost due to heightened market competition, rising costs and therefore increased prices, and due to a lack of staff resources and expertise to undertake marketing and business development. The withdrawal of specific LCC traded services could create angst amongst 'customer base' and reduce appeal of other services. Our reduced shopping basket of services provided to schools puts the remaining services at greater risk when it comes to other providers who may be able to provide multiple services.	<p>Reduced income opportunities against increasing budget pressures.</p> <p>Loss of available budget reallocations from the centre e.g. HRA.</p> <p>Reputational damage.</p> <p>Requirement to reduce headcount if service discontinues or reduces and potential associated costs of redundancy etc.</p> <p>Possible impact on the schools / Council relationship, which leads to greater appetite in schools to move away from our schools family.</p>	<ul style="list-style-type: none">- Business development manager formally working on the City Catering offer now focused on improving our arrangements re the HR offer to schools.	4	4	16	Treat	Competitive analysis required of our HR traded services around model, price point, feedback/satisfaction, opportunities for further trade etc. Explore joint trading/account management arrangements - ensure that relevant functions continue to focus sufficiently on income opportunities and business development. Assess the sensitivity of remaining traded services to schools because of the cessation of City Catering, and consider whether some account management activities need to be enhanced. Refocus our traded services into a key package/offer of 'support' that includes both services that we have to charge for and other services that they receive (at our cost) that are provided by LCC.	4	3	12				Andrew Shilliam	Ongoing, 31/01/2026 review						
15	ECONOMIC	SRR 2.3	Corporate Services - Ongoing Budget Pressures and Savings Impacting on Service Delivery Division unable to meet future level of savings required. The level of future savings required leads to unsustainable services/loss of services and support to the organisation impacting on the ability of the Council to operate effectively, lawfully and deliver particularly on its statutory obligations. Financial position of the Council and local government more generally will add increased pressure on the need to make substantial savings and therefore consequent impacts of this along with the impacts of the wider cost of living crisis and a weak national economy	<ul style="list-style-type: none">- Unable to generate additional income, e.g. via trading with schools to help sustain budgets. Potential for a significant budget income gap.- Savings are not delivered, division overspends and puts pressure on corporate budgets- Statutory requirements are not met resulting in risks to service users and legal/reputational issues- Impact on the quality and levels of services being provided.- Impact on staff health and wellbeing.- Vacant posts are not appointed, increasing pressure on the existing workforce	Divisional outturn was an underspend for 2023/24 for majority of the division with the exception of City Catering.	4	4	16	Treat	HR organisational review by calendar year end required so to realise first round of savings and to create a clearer and fit for purpose structure in HR, to remove numerous honoraria that are currently in place, and so we're ready to support the wider organisation as part of the likely need to restructure. 1:1 discussions around specific cost centres required, and opportunities to drive further reductions in mainly non-staffing expenditure as well as opportunities to increase income. Competitive analysis of HR traded services model and delivery. Clarity around model of delivery. Implement 'Corporate Services Financial Sustainability Board' so there are more controls around what we're doing to deliver savings.	3	3	9				Andrew Shilliam	31/01/2026 31/01/2026 31/01/2026						
16	ECONOMIC	SRR 2.3	Corporate Services - Technology Costs: Potential shortfall of IT OpEx Revenue fundings to cover increasing costs of IT licencing, support and services in light of WoW, a migration to consumption-based licencing and cloud platforms	<ul style="list-style-type: none">- A need to review service provision and potentially reduce the functionality and scope of services e.g. laptops versus desktops, reduced cyber security capabilities.	Reprofiling services funded from reserves into Revenues to provide forecasts. Worked with Finance to profile Reserves against anticipated spend. Consideration of funding options as part of medium-longer term budget planning. Reviewed options to rationalise MS licence estate. Implement role-based profiling for devices. Implemented zero-usage mobile phone policy. Created Capital Bid forecasting plan.	5	3	15	Treat	Consider a shared costing model to recharge services for new platform-based services. Rationalise and consolidate systems using Netcall Libert platforms. Introduce role-based profiling. Force services to give up DD telephone lines. Rationalise mobile phone estate.	4	3	12				Andrew Shilliam	Ongoing, 31/01/2026 review						
17	LEGAL	SRR 1.1	Corporate Services - Impacts Arising from Future Legislation 'Martyn's Law' - Council is unprepared to respond to the potential requirements of forthcoming legislation related to counter-terrorism and therefore falls in the duty to protect people	<ul style="list-style-type: none">- LCC fails to respond effectively to a terrorist attack and places staff and public lives in danger- LCC services which fall under the scope of the requirements are unprepared and could be subject to enforcement- Additional cost implications and pressure on budgets- Reputational impacts	Internal working group in place and has been meeting facilitated by the REBR Team Manager. Review of potential services/buildings in scope completed and a number of other services have been contacted to prompt consideration and preparations. A number of services have already embedded a range of actions including Planning in relation to relevant major development schemes and DMH in terms of staff preparedness and risk assessments.	5	3	15	Treat	'Working group to be brought back together by new REBR manager + organisational review and action plan required in response to the new legislation.	5	2	10				Andrew Shilliam	Ongoing, 31/01/2026 review						

Appendix 3 - Leicester City Council Operational Risk Register																
Risk Register Owner: Alison Greenhill, COO																
RISK REF	RISK THEME / CATEGORY Establish which category the risk falls into using PESTLE definition. See Process tab for more information	LINK TO STRATEGIC RISK Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which https://leicestercitycouncils.harepoint.com/sitepages/Risk-management.aspx	RISK What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?	CONSEQUENCE/EFFECT: What would occur as a result, how much of a problem would it be, to whom and why?	EXISTING ACTIONS/CONTROLS What are you doing to manage this risk now?	Risks as at: 30/09/2025			RESPONSE STRATEGY / ACTION Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate	FURTHER MANAGEMENT ACTIONS/CONTROLS	TARGET SCORE			COST	RISK OWNER	TARGET DATE
						Impact	Probability	Risk			Impact	Probability	Risk			
18	TECHNOLOGICAL	SRR 4.1	Finance - Unit 4 Finance System Implementation	The council does not have a finance system that enables, payments, collection of debt, reporting or has sufficient controls.	1. Full project in place for Re-implementation 2. Project Managers appointed 3. Timeline in place, and full communication across the service 4. Governance structure	5	3	15	Treat	Continuous review against the project plan and oversight of the project.	3	2	6		Amy Oliver	Ongoing, 01/04/2027 review
19	POLITICAL	SRR 1.2	Legal - Workloads & Pressure - Client Care Services within the Council are stretched with increased demands and pressures. Unrealistic deadlines at times can be set for major projects, procurement and contracts. There is a concern that whilst corporate policy is correct and general awareness of correct procedures/rules exists, it may not be implemented effectively within services.	- Timely legal advice from clients not sought. - Failure to comply with laid down guidelines. - Breach of regulations or law e.g. data protection. - Council found to act unlawfully. - Challenges to procurement processes. - Cost implications from requirements not being followed/deadlines being missed/ not delivering value for money for Council. - Award made against council etc. - Staff demotivated - Negative Press/Reputation of Council	- Reviewing practices to be improve flexibility of approach. - Channel Shift. - Raising awareness - corporate messages. - Early engagement - feeding into deadlines. - Attending project boards. - Projects to look at new ways of working. - Improved use of technology e.g. Electronic Signatures/Virtual Hearings.	4	4	16	Treat	- Review of practices. - Increase comms program/training and awareness of current practices (deadlines with project plan).	4	3	12		Kamal Adatia	Ongoing, 31/01/2026 review
STRATEGIC AREA - Social Care and Education																
20	ECONOMIC	SRR 2.2	Children's Social Care and Community Safety - Workforce - availability Diminishing availability of experienced skilled social workers	- National shortage of qualified SW's impacting on local recruitment; recruitment challenges in other specialist roles e.g. psychiatrist, youth justice officers etc; - Increased reliance on agency staff to fill vacancies - Increased SW case loads - Increased budget pressures; - Lack of continuity of staff in roles	- Developing a workforce recruitment and retention strategy including international recruitment	4	4	16	Treat	ASYE Programme Apprenticeship Programme Grow our own Programme International Recruitment Phase 2; Frontline programme; Career progression scheme	4	3	12		Damian Elcock	Ongoing, 30/04/2026 review

Risks as at: 30/09/2025																		
RISK REF	RISK THEME / CATEGORY Establish which category the risk falls into using PESTLE definition. See Process tab for more information	LINK TO STRATEGIC RISK Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which	RISK What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?	CONSEQUENCE/EFFECT: What would occur as a result, how much of a problem would it be, to whom and why?	EXISTING ACTIONS/CONTROLS What are you doing to manage this risk now?	RISK SCORE			RESPONSE STRATEGY / ACTION Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate	FURTHER MANAGEMENT ACTIONS/CONTROLS			TARGET SCORE			COST	RISK OWNER	TARGET DATE
		https://leicestershirecouncil.sherpoint.com/site/section25SitePages/Risk-management.aspx				Impact	Probability	Risk				Impact	Probability	Risk				
21	POLITICAL & LEGAL ECONOMICAL	SRR 1.1 SRR 1.2 SRR 2.3 SRR 5.1	Education, SEND and Early Help Impact of post-16 SEND transport policy implementation following consultation and decision making	Possible risk to life/reputational damage to the council/significant financial impact/legal challenges. Parents may not understand when they can apply if the policy has to change again. If the policy is challenged the overspent budget could contribute to s114 risk. Judicial review likely and may mean policy implementation is paused. Increase in parent complaints.	Current review of policy with review of independent travel training sufficiency to follow. System procurement to promote efficiency. Stakeholder communication re consultation and barrister guidance obtained. Policy now published and due to be implemented in next academic year unless prevented by JR.	4	4	16	Treat	Plans to mitigate and limit impact in place and considered in the planning stages. Most likely consequence is legal challenge.	4	2	8			Sophie Maltby	Ongoing, 31/01/2026 review	
STRATEGIC AREA - Public Health																		
22	TECHNOLOGICAL	SRR 4.1	Data LA requirements for data often not understood by external providers/national governing bodies which can cause delays in Information Sharing agreements or restrictions in data flows into public health for information required to deliver objectives. Self reported data that is difficult to verify for activity based contracts leads to uncertainty over financial position and potential over payments Updated NHS Patient Safety Incident Reporting Framework is incompatible with LLR Serious Incident Reporting Protocol negatively impacting data availability and workflow surrounding reporting of incidents. Risk that we lose sight of incidents / cases and are unable to assess provider quality and contract performance adequately. The English Devolution White paper which details the development of new Strategic Authorities and Mayoral responsibilities will involve reorganisation of local government, which may result in boundary changes which will impact Public Health Data sets.	Delay or complete stoppage in obtaining information will restrict understanding of the local population characteristics, health outcomes and health inequalities required to make timely decisions for service users. This may result in outdated data that is not useful for commissioning and partnership work. - Distress to service users - Reputational damage to LCC - Potential financial burden or incorrect overspend for activity - Potential litigation claims for failure to deliver - Increased stress on LCC staff - Difficulties in workload management and timely production of existing reports and statutory functions as well as making capacity management difficult. - Impact on service delivery and response agility - Reduced data provision and indicators potentially being missed or identified later than they may have been delaying (or preventing) mobilisation - Negative impact on our ability to both proactively and reactively manage NHS providers that we commission to deliver services due to reduction of oversight and visibility of issues arising in NHS providers for all of public health / LCC. Analysis and ongoing management of service quality is severely hampered without insight or access to incident data. - Obfuscation and extension of timelines for responses and investigations into serious incidents increase the likelihood of unsatisfactory outcomes for users as well as increased waiting times - Boundary changes will have data collection, analysis and trend implications, both locally and for online data sources. Data sets will require re-working to fit new boundaries.	- Work-around arrangements in place with key organisations to share basic information - Working with wider network of organisations to establish data sharing protocols and file transfers - Engagement with information governance to ensure that any risks of data sharing are identified and managed. - Increased relationship building and engagement across system partners - Continued close communication and engagement with Integrated Care Board / Leicestershire Health Informatics Service (LHIS) regarding the issues surrounding data availability and access. - Data sharing agreement recently secured with LHIS that will allow for direct access to anonymised GP data in order to better track performance and volumes. This is currently embedding with positive results on the payments aspect in terms of accuracy and assurance. Data streams for performance analysis are still being assessed to ensure accuracy and are expected to be available for use in the near term. An independent audit is underway to assess these workflows and processes. - Close working relationship with IT, procurement, and information governance to establish and maintain data sharing agreements with services external to LCC - Additional resource added to data function - Close working relationship with LPT as 0-19 provider with the aim of maintaining adequate management oversight with visibility of reports and attendance of weekly oversight meetings. Additional agreements have been built into the new Section 75 agreement with LPT to ensure robust governance is in place around serious incidents. This has been signed off by the Public Health Clinical Governance Group.	4	5	20	Treat / Tolerate	- Ongoing engagement with information governance and partners to resolve existing and arising issues - Undertake an exercise to identify all organisations and data needs and perform gap analysis - Ongoing horizon scanning of other services where NHS Patient Safety framework changes could become an issue (potential to effect all NHS services and generate complications when commissioning procurement of new services). - Continue to work with providers to understand implications of NHS Patient Safety framework changes on services, and liaise with multi-agency partners to plan a way of managing this. Continued close contractual oversight with LPT to ensure current level of visibility for 0-19 contract is maintained - Agree a corporate LCC stance on NHS Patient Safety framework changes	5	3	15			Rob Howard	Ongoing, 31/01/2026 review	
23	SOCIO-CULTURAL	SRR 3.2	Health Protection Public health protection capacity is limited to a consultant lead and single infection prevention control specialist (IPC). Three additional staff members (TB, screening and immunisation) are on temporary short term contracts using external time limited funding. The IPC role remains a single point of failure and is currently the only IPC support provided for care homes in the city. Projection for TB rates show an increasing trend and Leicester currently has the highest rates in England. Screening and immunisation uptake in Leicester is generally significantly lower than the national average and is a key contributor to health inequalities within the city. Vaccine preventable disease outbreaks continue to occur, particularly in areas of deprivation. ICB funding for both TB and screening and immis inequality work in the future is highly likely to be cut and/or managed regionally rather than locally. The lack of a permanent health protection team within the council impacts on a) our ability to respond to infectious disease outbreaks - working with our communities and local schools, driving up vaccination uptake, providing IPC support and advice to care homes and the care sector; b) improving the standard and quality of IPC procedures in the care sector ; c) develop meaningful and ongoing relationships with our communities to address vaccine hesitancy, low vaccination and screening uptake; d) work with communities and organisation stakeholders to raise awareness and knowledge, and reduce stigma around TB and so increasing access to testing and treatment; e) be prepared and have capacity to deal with a potential future pandemic. Low vaccination uptake increases the risk of future disease outbreak. Low screening uptake widens inequalities around late cancer diagnosis and treatment.	-Widening inequalities including increased vaccine preventable disease outbreak, increased TB rates, increased late cancer diagnosis and treatment. Reduced ability to respond adequately to disease outbreaks leading to increased transmission and health impacts on the population. Reputational damage to the authority if outbreaks are poorly managed. IPC service objectives unable to be met leading to increased risk of outbreak in vulnerable settings, increasing potential for individual harm, reduced IPC standards leading to poor quality care and reputational damage to the authority. Pressure on sole member of staff to provide an unreasonable level of cover for one person. Ongoing and increasing vaccine hesitancy and mistrust in health systems reducing access to treatment for TB. Significant operational impact on division in the event of a scenario comparable to Covid 19. Potential serious impact on health and wellbeing of whole population, particularly those most vulnerable Static or widening health inequalities Needs increase over the longer term as a result of secondary impacts requiring increased (and sustained) resource and budget to tackle	Continued efforts to source additional funding to maintain a health protection team within the authority. Close working relationships with system partners including UKHSA and the ICB to pool resources where appropriate; use of internal resources including teams within public health (e.g. community wellbeing champions) and within the authority (e.g. comms and social care). Support/supervision of IPC staff member to manage workload; service objectives set within context of limited capacity. Training offered to social care staff to increase IPC knowledge. Monitoring of at risk health areas to determine level of future need. Regular training offered to all public health staff to increase health protection knowledge. Horizon scanning to be aware of potential future health protection risks. Governance structures in place for assurance and monitoring via LLR Health Protection Board.	5	4	20	Treat	- Continue with existing controls - Increase capacity of HP team to enable more robust resilient response to current and emerging issues -Review workplans in light of likely cuts to ICB.	4	3	12			Rob Howard	Ongoing, 31/01/2026 review	
24	ECONOMIC	SRR 2.3	Budget Reductions to the Public Health Budget means operating within increasingly tight financial envelopes. Continued reductions could force termination of services to ensure priority services remain available. If the authorities financial position continues to degrade then increasing financial pressures contribute to the likelihood that increased levels of funding are taken away from the public health -budget to support general council budgetary pressures. Uncertainty over non-recurrent or unconfirmed recurrent funding coupled with ambitious targets leads to reduced delivery and higher probability of project failure. Long term sustainability of initiatives is brought into question meaning economies of scale or efficiencies derived from long term planning cannot be capitalised on.	- Public health non-statutory programmes are reduced in size or allocated resource, or closed down altogether creating long term impacts and poorer health outcomes for citizens. This is beginning to present in some areas e.g. tier 2 weight management service has been decommissioned with no replacement provision. . - Reputational damage, and reduced credibility and trust of both public health and LCC in communities and voluntary organisations which is difficult to recoup hindering ability to reach specific groups in the city for interventions. - Levels of public health grant diverted to other council areas may draw attention and scrutiny from government and result in an audit of grant spend and possible claw back. - Reduced ability to deal with emerging public health emergencies, uncertainty in our ability to respond flexibly to unpredictable emerging needs and to ensure stability and sustainability of programmes. - Increased demand on other public services (primary or secondary health care / Social Care / Leisure Centres) leading to knock on stress to other council services and budgets - Risk of missing safeguarding issues impacting on council statutory duties resulting in - Serious injury or loss of life - Legal challenge - Severe reputational damage - Potential redundancy costs arising from non-recurrent or unconfirmed funding. - Decisions regarding resource allocation without up to date data may overlook current insights and hinder ability to make precise spending decisions.	- Annual public health return to Central Government to demonstrate appropriate use of grant funding - Portfolio restructure, continual review of landscape and exploration of alternative funding streams to ensure we are positioned to meet upcoming needs - Decisions taken to deprioritise or close certain services in order to meet budgets and savings targets. - Employing new commissioning, monitoring, and delivery model for key services to streamline and identify adverse effects. Public health invite and engage with audit services annually as good practice to identify inefficiencies and areas for process improvement. - Bids for funding being written and submitted across the team as opportunities arise, external funding streams or grants utilised to fullest extent to relieve budget pressures as far as possible. - Internal governance to closely manage budgets and ensure intelligent and planned use of reserves over time to ensure maximum efficacy and sustainability - Political oversight / scrutiny - Identifying and articulating associated risks through spending review process - Clinical Governance Process in place for review of providers, performance, and to sense check direction of travel to ensure optimum delivery quality and value for money - Customer retention plans and actions put in place to reduce subscription cancellations from customers unable to use services which would impact income generation - Strong service / programme planning to cover possible funding scenarios, allowing for adaptations to be made at pace. - Volunteer network being built and grown through community champions workstreams. - Budget monitoring discussions are held to track spending, prioritise resources, and identify potential overspends or shortfalls early to enable timely corrective action.	4	4	16	Treat / Tolerate	- Continue with existing controls - Secure additional revenue e.g. Income generation through commercial opportunities. - Continue to explore a variety of potential local and national funding opportunities including commercial, government, academic, grant funding. - Investigate creation of a resource to help officers bid for funding with more guidance to increase consistency and success rate - Utilise in kind support / asset sharing where possible - Cross organisational opportunity review of priorities and resources ongoing through partnership programmes and system level board pathways. Public health consultant employed to stimulate engagement throughout and across the system. - Continued engagement and growth of various volunteer networks and community organisations. - Business case to outline justification and need for ringfencing reserves to mitigate / respond to any further public health emergencies, and to deal with longer term impacts of covid as they arise.	4	3	12			Rob Howard	Ongoing, 31/01/2026 review	

Risk Register Owner: Alison Greenhill, COO														Risks as at: 30/09/2025					
RISK REF	RISK THEME / CATEGORY <i>Establish which category the risk falls into using PESTLE definition. See Process tab for more information</i>	LINK TO STRATEGIC RISK <i>Which Strategic Risk does the risk link to? Where relevant, refer to the SRR to establish which</i>	RISK <i>What is the problem; what is the cause; what could go wrong? What is it that will prevent you from achieving your objectives?</i>	CONSEQUENCE/EFFECT: <i>What would occur as a result, how much of a problem would it be, to whom and why?</i>	EXISTING ACTIONS/CONTROLS <i>What are you doing to manage this risk now?</i>	RISK SCORE			RESPONSE STRATEGY / ACTION <i>Select from the 4T's (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate</i>	FURTHER MANAGEMENT ACTIONS/CONTROLS			TARGET SCORE	COST	RISK OWNER	TARGET DATE			
		https://leicestercitycouncil.sharepoint.com/sites/sec025/SharedDocuments/RiskManagement.aspx				Impact	Probability	Risk		Impact	Probability	Risk							
25	ECONOMIC	SRR 2.2	Staffing and recruitment - Internal A key risk here is retention of Consultant in Public Health staff. One consultant recently left to take up a post within the NHS, where staff with equivalent qualifications and experience can earn approx. £20k to £30k more per annum. An emerging recruitment crisis across a variety of sectors creates difficulty, both within public health and our commissioned services or system partners, in securing sufficient staff with the appropriate skills and experience to meet public health challenges. Unsuccessful recruitment or approval to recruit delays for existing and new posts places capacity and timeframe pressures on ongoing delivery and rollout of new initiatives that would benefit from proceeding at pace. In addition key staff retiring, going on maternity leave, leaving the division or moving into new posts within the division creates disruption, the risk increases if there are multiple departures simultaneously. Potential risks to wider public health aims or outcomes if there are significant losses in other LCC service areas. Capacity increase within the public health division is being outpaced by the broadening of scope and increased need that is resulting from current societal context - this is exacerbated by financial pressures and difficulties in recruitment. LCC Pay Scales pay less for professional posts than other LAs in their region. This means that flight to authorities that pay more is also a real risk. e.g. Northants lead commissioner earns £12k p.a. more than LCC. PH manager in Notts earns £10k p.a. more.	<ul style="list-style-type: none">- This is currently presenting with a number of senior roles being vacated and needing to be filled creating capacity and continuity pressures. While our existing plans, investment into staff and wider training, and support networks have significantly lessened the impact gaps in post are creating additional pressures.- Increased demand on remaining capacity impacting on team morale. The health and wellbeing of existing staff is impacted resulting in individual burnout or increased staff turnover.- Loss of key specialist skills, knowledge and expertise, and working relationships that are very difficult to replace due to national shortage of skilled workers- Significant loss of capacity means programme targets are delayed or not achieved, or need to be revised downwards to match ability to deliver.- Cover for posts splits capacity between existing workstreams negatively impacting both.- Backfilling posts on a fixed-term basis offers less stability than permanent cover.- If demand and workloads are consistently high for extended periods existing staff do not gain a breadth of public health experience. This could result in an under skilled workforce, or increased turnover as further development is sought after by individuals (with associated difficulty in sourcing adequate replacements for posts).- Negative impacts on delivery of work and an inability to meet emerging objectives of individual services as well as divisional strategic objectives.- Reduction in ability to front run issues and adequately assess complex situations before being required to act.- Loss of in-year funding available if staff / initiatives cannot be put in place in a timely fashion.- Delay in advertising / filling vacant posts exacerbating capacity issues- Gap in leadership / delivery of public health functions- Capacity issues may lead to elements of work being deprioritised.- Potential loss of staff with significant experience, skills and knowledge.	<ul style="list-style-type: none">- Close management and oversight of individual workloads and projects- General training and development opportunities and organisational development utilised- Upskilling team - public health supporting staff to undertake a Masters in Public Health and for staff to follow work based public health training pathways- Specific courses identified and allocated to appropriate staff. Mandatory and suggested training framework created and rolled out across the team.- Reviewed and managed across the division to ensure all staff are in compliance with minimum training requirements and are encouraged to develop skills and knowledge as required.- Early identification of potential staffing needs / vacancies with early engagement with HR to ensure timeframes to recruit are sensible- Capacity in across the team increased and analysis of need ongoing.- Team restructure undertaken to more efficiently redistribute capacity and portfolios- Increased team awareness at all levels of importance of self care, with support offered necessary. Ongoing team building events / exercises in place to aid wellbeing and an internal pastoral support scheme has been implemented to ensure support pathways are available to those who require it.- Recruitment concerns escalated- Contracts staff are being trained and developed across the whole Public Health portfolio in order to reduce single points of failure and reduce impact of staff loss. This approach is also encouraged across commissioning teams. Handover plans are being developed for the HIAP portfolio.- Ongoing development of the PH workforce development action plan to provide high quality internal divisional opportunities for learning and professional and career development to support retention of staff- Review options to replace the market supplement arrangements for Consultants in Public Health (the only staff in the council on these supplements according to the Pay report 24/25) with an appropriate alternative grade that recognises the highly trained and specialist nature of these roles.	4	4	16	Treat	<ul style="list-style-type: none">- Continual audit of needs and skills against public health key skills framework to identify and fill key knowledge and skills gaps across division- Produce a public health workforce strategy including succession planning. Task and Finish group working on this and we are linking in with regional and national Public Health workforce planning initiatives.- Business continuity plan review and update regularly scheduled to ensure succession planning and key staff availability plan is adequate.- Ongoing identification of single points of failure and planning / documentation to mitigate risk of project lead unavailability- Consideration within service plans for posts and building in long time scales for recruitment as standard practice to be considered in forward planning- Continued monitoring of capacity needs and fixed term recruitments to mitigate issues where appropriate- Continued focus on employee wellbeing and provision of adequate support where necessary- Centralising of important data and guides detailing workflow processes ongoing to minimise impacts of loss of key staff and knowledge and to increase pace of training new staff.- Partnership working with DMU has provided temporary additional support through an acting-up Consultant, who brings valuable expertise to the department.	4	3	12			Rob Howard	Ongoing, 31/01/2026 review		
26	ECONOMIC	SRR 2.2	Staffing and Recruitment - External A national skill shortage and recruitment crisis in conjunction with Leicester being a challenging area in comparison to neighbouring areas creates difficulties in securing appropriately trained professionals within commissioned services and / or partner organisations - in particular Public Health Nurses and Health Visitors, as well as sexual health specialists. Disruption to workforce of NHS or other partners due to strikes or industrial action. Significant staff loss coupled with recruitment difficulties within commissioned services reduce capacity to the extent that statutory functions or contractual terms are not adequately maintained. Providers struggle to maintain staff levels due increasing payroll costs and budgetary pressures. ICB has to reduce running costs by approx.. 30% which will likely result in substantial redundancies. This will have an impact on the reach of public health projects, prevention and health inequalities as there will be fewer people in the ICB to work on these areas.	<ul style="list-style-type: none">- Impact on front line service delivery of statutory functions- Knock-on impact on capacity and ability to deliver of non-participating staff impacted by strike action- Negative impact on service users- The ability of our commissioned services to provide adequate safeguarding is reduced, leading to an increased risk of support needs not being identified or met, or an increase in likelihood of serious incidents occurring. This could also present a risk of increase to the likelihood of serious incidents occurring leading to:<ul style="list-style-type: none">- Serious injury or loss of life- Legal challenge- Severe reputational damage- Increased strain on existing staff leading to increased turnover, loss of embedded knowledge and experience, and fatigue impacting quality of work. Risk of entering a negative feedback loop (pressure causes staff loss, staff loss causes further pressure etc) further increasing difficulties in securing trained professionals	<ul style="list-style-type: none">- Close monitoring and communication with commissioned services by Lead Commissioners and Group Manager- Scrutiny and support from contract management team- Commissioned children's service has introduced a skill mix framework to alleviate Health Visitor pressures whilst maintaining adequate safeguarding. This involves splitting post duties and allocating less skilled work to appropriate staff to ease pressure on caseloads and health visitors.- Ongoing work to make Leicester a more attractive location for Health Visitors to attract and retain skilled workers.- Providers to be queried over planned response specifically around occurrence of strike action and widespread loss of staff and holding of adequate BCP's to manage incidents. How will delivery be maintained / how will affected service users be captured and engaged etc.	4	4	16	Treat / Tolerate	<ul style="list-style-type: none">- Continual oversight of supplier business continuity plans and engagement on current pressures / concerns- Continual internal public health business continuity plans review ongoing with consideration given to response in the event of risks presenting- Ongoing close monitoring of suppliers and skill / workforce concerns- Supplier business continuity plans audit to be undertaken in rolling fashion	4	3	12			Rob Howard	Ongoing, 31/01/2026 review		
27	ECONOMIC	SRR 2.3	Commissioning Reduced budget for services impacts on financial viability to suppliers at the tender stage who may deem package to be unviable leading to a lack of bids reducing competition or tender failing altogether. Suppliers may also not bid on tenders due to staff / skill shortages leaving them unable to meet requirements. This is exacerbated by tight financial envelopes and increased costs due to inflation. In the context of increasing costs and reduced or static budgets, providers could become unsustainable without an uplift or adjustment to the funding received from public health. In conjunction with the below concerning partner organisations and Risk 8 this increases the likelihood that suppliers will serve notice on contracts or be unable to deliver. Services commissioned on activity based contracts are difficult to predict in times of uncertainty and risk under / over provision each of which come with financial and logistical challenges and risks. Partner organisations we joint commission with are restructured or undergo a change in policy resulting in changes which negatively impact our work / agreements or ability of supplier to deliver services. Partners opting to leave or disengage from working agreements adds additional pressures to teams and services.	<ul style="list-style-type: none">- Providers could become unsustainable and serve notice on contracts without an uplift or adjustment to the funding received from public health. Loss of existing contractors due to inability to reconcile increased costs within static or reducing financial envelope.- Failed tenders. Capacity required to assess and alter the specification / tender and go to market again, Disruption to, or reduced / ceased delivery of statutory services. Potential legal and governance implications for LCC if delivery ceased.- Dependent on service, retendering may be extremely difficult given the increased complexity of the landscape as well as the budgetary and time constraints we would be under. Risk of being without a service which would come with legal / governance implications, or having to pay inflated costs for interim delivery.- Our offer may not be attractive to new providers during tenders creating a risk of failed procurement or reduced competition and sub-optimal suppliers being awarded contracts to fulfil needs leading to sub-standard delivery- Loss or alteration of service provision and impact on community who require service leading to poorer outcomes, increased sickness rates and impact on NHS as demand increases for other services- Decreased morale and reputational damage to LCC- Funding gap leads to other programmes needing to be terminated to balance the budget. Immediate reduced provision and range of services to city residents with unknown long term impacts.- Underspenders result from reduced activity that do not reflect underlying / actual budget pressures that will resume when pre-existing baseline is re-established. Budget is reduced or removed based on lower activity costs creating business critical issues when this occurs- Increased costs due to reduction in economy of scale due to moving form a joint to solo re-procurement	<ul style="list-style-type: none">- Strong forward planning, bespoke procurement methods, and robust internal governance- Clinical governance board in place for improved oversight and robust governance framework to ensure that commissioned services are robustly reviewed and monitored.- Performance review group provides oversight, early issue identification, and escalation process<ul style="list-style-type: none">- Both of the above boards are having ToR and framework re-assessed to ensure optimal oversight of services- Lead Commissioners and contracts team within Public Health undertake regular performance and quality reviews with continual engagement and communication with providers and partners- Timely briefing of lead members to highlight potential risks and consequences- Expertise within team to assess choices, identify and profile future need in a proactive fashion, and inform management briefings / options appraisals- Advocacy by LCC Director of Public Health with national bodies- Provider negotiations - providers have continued to be paid regardless of performance due to the pandemic to ensure the suppliers (and the wider delivery chain) stay afloat<ul style="list-style-type: none">- Based on joint analysis between the sexual health service provider (MPFT) and public health regarding financial pressures, continuity funding at 100% of the contract value will be issued and services amended to ensure viability and effective delivery, particularly to identified vulnerable populations. Additional monitoring and ongoing analysis will continue to be conducted.- Close working with internal departments (legal / procurement / contract management / finance)- Services jointly commissioned where possible / appropriate to increase efficiencies relating to economies of scale and cross border activity as well as available resource to mitigate issues- Relationships built and maintained with partnership organisations to retain collegiate working environment and aid flow of information. Public health consultant employed to stimulate engagement throughout and across the system.- Supplier business continuity plans review and audit ongoing to ensure continual sight of level of supplier resilience. Internal audit of this area by County colleagues is ongoing.	4	4	16	Treat / Transfer	<ul style="list-style-type: none">-Continue with existing controls;-Continue to joint commission where appropriate (internal with LCC, and external with county and regionally)- Continued exploration of new and novel approaches to commissioning including encouraging consortium applications and use of section 75- Continued monitoring and increased engagement of suppliers to pre-emptively identify potential issues- Regularly review Business Continuity Plans to ensure minimal service disruption in the event of supplier failure.- Use of small PH Grant increase to support and mainstream existing programmes could mitigate risk significantly.	4	2	8			Rob Howard	Ongoing, 31/01/2026 review		