

**Risk Register Owner: Alison Greenhill, COO**

Risks as at: 31/01/2026

RISK REF	RISK THEME / CATEGORY	LINK TO STRATEGIC RISK	RISK	CONSEQUENCE/EFFECT:	EXISTING ACTIONS/CONTROLS	RISK SCORE			RESPONSE STRATEGY / ACTION	FURTHER MANAGEMENT ACTIONS/CONTROLS			TARGET SCORE	COST	RISK OWNER	TARGET DATE	DATE ADDED TO ORR
						Impact	Probability	Risk		Impact	Probability	Risk					
<b>STRATEGIC AREA - City Development and Neighbourhoods</b>																	
1	POLITICAL ECONOMIC LEGAL	SRR 1.1 SRR 2.1 SRR 2.2 SRR 2.3 SRR 5.1	<b>Housing - Budget Pressures</b> - 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 - £1.07m 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. £6m of HRA budget pressures but still proposing a balanced budget - 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 & a further £50m of capital for 250 TA units in the GF budget for 26/27 PLUS additional funding of £1.8m for additional staffing and actions - 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, 31/05/2026 review	Sep-22
2	ECONOMIC SOCIO-CULTURAL LEGAL POLITICAL	SRR 2.1 SRR 2.2 SRR 2.3 SRR 5.1 SRR 1.1	<b>Homelessness - summary</b> We are a statutory service providing services to all residents of Leicester and those with Local connections to the city including any rough sleepers and those that are placed in the city as per Government requirements. Homelessness Services is facing significant pressures due to unprecedented demands (over 200% increase within the last decade) and Leicester like other LAs nationally continues to experience a housing crisis. External pressures including changes in Government policy and lack of funding and budgetary pressures further compound the situation i.e. Asylum pressures, LHA caps resulting in affordability issues, Landlords exiting rental market due to the introduction of the Renters Rights Act (RRA), losing Council stock due to RTB and lack of land or government funding to acquire and build housing. Reputational increases in legal challenges against the Council following homelessness decisions i.e. suitability of accommodation (TA or permanent offers) 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 / OHRs. Reputational, Governance & People Due to significant demands staff caseloads remain high, creating a risk of error, maladministration, or unlawful practice leaving us open to legal challenge and Ombudsman enquiries and public interest reports. This could potentially lead or contribute to a death in cases are mishandled. Households remaining in TA for longer periods as the housing register wait times increase and lack of PRS solutions. Households remain in B&B for longer due to lack of self-contained TA Funding - Multi-year homelessness settlements under a new formula remains insufficient to support the ongoing need to provide effective Homelessness services. Council budgets are having to provide uplifts which may become unsustainable and result in global impact of Council budgets leading to S114 Legislative changes significant changes in legislation i.e. Renters Rights Act being introduced in support of PRS tenants, but this is resulting in landlords exiting rental market and serving S21s reducing the availability of PRS solutions Budgets & Finance - Significant financial pressures due to cost of TA. Potential for a rise in LGSCO cases where recommendations may include financial compensation adding to already stretched budgets	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 due to lack of move on options. Risk of harm to households in worst case scenario 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. Inability to support Homelessness projects due to lack of funding meaning households in TA will be left with little or no support, further impacting their health, finances and lifestyle.	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, offering support and building team resilience Working collaboratively with partners and hosting events, workshops, identifying new approaches, initiatives Various Homelessness projects funding via HPG and HSF to support PRS move on, furniture packages and support for families in TA 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 launched with an associated action plan Increased service provision with extended opening times, and more face to face service provision i.e. DC, Libraries and JCP 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 Work to develop and improve various pathways i.e. Prison Release & hospital discharge protocol 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%. Maximising use of HomeCome stock and PRS solutions for this cohort The additional £45m to buy 276 units of accommodation, lease 125 units and add 25 staff. Investments are completed, waiting to launch singles and families total units. 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 Working 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 (SWEPP) and launched a winter shelter to reduce financial burden of significant use of B&B during cold weather (sub-zero temperatures) Launch of newly revised PRS strategy Introduced a Homeless Improvement Team to support the delivery of improvements within Homelessness services to negate the need for OR / SAR Training and support for staff from external consultants to minimise risk and error in the delivery of homelessness services	4	4	16	Treat	Homelessness strategy launched with further amendments to be made following the Government's roll out of Children and Homelessness Strategy (June 2026) Build new Social Housing & acquire houses to use as Social Housing (ongoing) £50m report pending approval at Full Council to enable further investment in PRS, TA acquisitions, resources within Homelessness Services (March 2027) Ongoing collaborative arrangements with a range of internal, external and VCS partners to continue support for homeless households (Ongoing) Ongoing review delivery of B&B Elimination Plan with MHCLG Advisors, completely eliminate the use of B&B (On-going) Launch of TA charging policy and a Temp Accommodation and procurement policy (March 2026) Promotion of PRS Schemes to manage and reduce expectations and pressures on social housing (On-going) Deliver PRS Growth report actions and prepare for the RRA and associated regulations (Ongoing) Launch 'one Hub' in support of Rough Sleepers or those at risk of rough sleeping and to reduce numbers of Rough sleepers (April 2026) Launch a newly revised Housing Allocations Policy (March 2027) Continue launching the self-contained TA Acquisitions, Breathe plus YOHO to reduce TA pressures and expenditure (Ongoing) Continue to identify patterns and trends particularly around complex needs and future plan to meet service needs (Ongoing) Continue building resilience across Homelessness services and support retention including appointing apprentices (Ongoing) Introduce performance management framework and quality audits to mitigate risks and errors to reduce legal challenges and reputational damage (August 2026) Maximize the use of the Crisis & Resilience Grant for Homelessness projects (March 2027) Utilise the Homeless & Rough Sleeping multi year settlement effectively and prioritise according to service need - 2027/ 2028/ 2029	3	4	12		Chris Burgin	Ongoing, individual dates shown for each item	Sep-23
3	ENVIRONMENTAL / ECONOMIC	SRR 5.1 SRR 2.3	<b>Neighbourhood and Environmental Services - Ash Dieback - Epidemic of Ash Trees</b> 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 a elevated platform to allow working at height was approved in the 2023/24 programme and introduced in 2024. Review 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, 172 felled in 2023/24, 380 felled in 2024/25 (YTD)	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. - Uplift in revenue budget to support management of ADB planned for 2026/27 to recruit an additional tree gang.	4	3	12	N/A	Sean Atterbury	Ongoing, 31/05/2026 review	Oct-19
4	SOCIO-CULTURAL POLITICAL / ECONOMIC	SRR 3.5 SRR 1.2 SRR 2.3	<b>Neighbourhood and Environmental Services - Decreasing availability of burial space</b> 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. - possibility to gain additional burial space by expanding the city boundary through LGR. - Meetings have been held with external partners	4	3	12	£150k + £6-10m	Sean Atterbury	Planning permission, 2026	Sep-22
5	ECONOMIC	SRR 2.3	<b>Neighbourhood and Environmental Services - Age and Condition of Infrastructure and assets</b> 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	Ongoing, 31/05/2026 review	Sep-23
6	ECONOMIC	SRR 2.3	<b>Neighbourhood and Environmental Services - Budgets</b> 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, 31/05/2026 review	Sep-25
7	ECONOMIC	SRR 2.2	<b>Planning Development and Transport - Recruitment and Retention of staff</b> 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. External consultants appointed where possible. - Organisational review of Transport Team underway - Succession planning for Transport & Highways in development. - Highways service Management Structure Review being business case being finalised with focus in retention and recruitment objective. Looking to commence review in February/March 2026 subject to approvals. - Highways Engineers have been moved onto the Transport Professional Career Grade Reviewing options for securing contractors including through frameworks	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	Ongoing, 31/05/2026 review	May-23
8	ECONOMIC	SRR 2.1	<b>Planning Development and Transport - Difficulty in securing suitable contractors.</b> 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	Ongoing, 31/05/2026 review	Jan-25
9	POLITICAL SOCIO-CULTURAL LEGAL	SRR 1.2 SRR 3.5 SRR 5.1	<b>Planning Development and Transport - Duty to Protect</b> - 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. - Corporate Protect and Prepare Group established to implement Martyr's Law and national guidance provided	5	3	15	Treat	- Consider inclusion of reference to CT measures in the revised Street Design Guide.	5	2	10		Andrew L Smith	Ongoing, 31/05/2026 review	Jan-23
10	POLITICAL	SRR 1.1	<b>Planning Development and Transport - Change in county council politics</b> - 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	Ongoing, 31/05/2026 review	Sep-25	
11	ECONOMIC	SRR 2.1 SRR 2.3	<b>Tourism, Investment &amp; Culture - Market sustainability.</b> Risk of market proving unviable arising from poor trading environment, poor trader mix, traders disengaging and changed customer behaviour.	Ongoing significant revenue budget pressure for the service as historic income targets remain and can't be met with current proposals. Manageable in 2025/26 and 2026/27 by cross subsidy but not sustainable longer term. If market can't be sustained there could also be a significant reputational risk for the council given the historical significance of the operation for the city.	Further revised scheme agreed for completion late 2026 or early 2027. Corporate funding agreed for 2025/26 and 2026/27 to manage during development.	4	4	16	Tolerate - keep under review	Need clarity on future plans and timescale for completion of development. To agree if additional funding can be deployed to support the scheme. To deliver the proposal quickly.	4	3	12		Peter Chandler	31/03/27	Jan-26

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						Impact	Probability	Risk		Impact	Probability	Risk						
<b>STRATEGIC AREA - Corporate Services</b>																		
12	TECHNOLOGICAL	SRR 4.1 SRR 4.3	Corporate Services - Loss of Key Divisional IT Systems / Data Compromised	<p>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.</p> <p>The data held within the current systems is not available, robust or accurate to allow adequate management reporting.</p>	<ul style="list-style-type: none"> <li>- Adverse effect on budget/finances.</li> <li>- Reputational damage.</li> <li>- Services cannot be delivered.</li> <li>- Current systems may not be able to support the required level of management information regarding performance, staff, electorate, media relationships etc.</li> <li>- Management decisions/process decisions/system improvements cannot be met.</li> </ul>	<ul style="list-style-type: none"> <li>- IT DRP is in place. Back-ups taken across systems in the division.</li> <li>- Business Continuity plans are in place and regularly reviewed to identify ways to continue service delivery should systems be unavailable.</li> <li>- 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</li> <li>- Ongoing awareness raising with staff about cyber security risks and lessons learned activity undertaken post cyber-incident..</li> <li>- Continue to operate desk top training exercises.</li> <li>- Completed assessment of critical systems using the Cyber Assessment Framework (CAF) as part of the Future Councils engagement.</li> <li>- Active-Active Data Centres implemented which will improve resilience for critical systems.</li> <li>- Implemented mandatory Cyber Security training.</li> <li>- Reflected increased risk of Cyber Attack in Corporate Strategic Risk Register.</li> <li>- 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.</li> <li>- Partially brought in high-availability following loss of a data centre or an internet pipe albeit at reduced capacity.</li> </ul>	4	5	20	Treat	<p>Peer to peer contact with other LGAs and 3rd parties on knowledge transfer to improve staff awareness of Cyber Security responsibilities and to share best practice in respect of cyber preparedness.</p> <p>Developing 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.</p> <p>Post cyber incident debrief and lessons learned event learning points to be discussed and so specific divisional learning can be identified.</p> <p>Majority of applications servers now shared across DCs awaiting installation of network equipment to improve capacity.</p>	4	4	16	Andrew Shilliam	2025/27	May-24	
13	ECONOMIC	SRR 2.2	Corporate Services - Shortages in terms of staff, capacity, key skills and knowledge	<p>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.</p> <p>Knowledge - the loss of some experienced individuals in HR specifically through retirement could have an impact on our operational resilience.</p> <p>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.</p> <p>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.</p> <p>Ageing workforce - risk of loss of critical knowledge, experience and expertise.</p> <p>Increase in demand arising from level of organisational change and need to deliver efficiencies/savings.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>- Increase in key person dependency and increased dependency on line managers to deliver a number of technical capabilities.</li> <li>- Lean staffing structures put pressure on staff.</li> <li>- Existing staff health and wellbeing may deteriorate, including morale.</li> <li>- Service demand cannot be met and members demands/expectations cannot be met.</li> <li>- Tasks are not completed/delivered and/or critical projects may be halted.</li> <li>- Statutory/regulatory requirements may not be adhered to and deadlines breached.</li> <li>- Reputational damage if service operations fall below requirements and/or decisions aren't adequate.</li> <li>- Adverse effect on finances because interim resource arrangements are more costly.</li> <li>- Specialist expertise and knowledge is not available to deliver the required duties.</li> <li>- Corporate memory diminishes when staff leave the Council.</li> <li>- Highly skilled technical roles cannot easily be filled</li> <li>- Perception of blame culture leads to senior and/or skilled staff leaving</li> <li>- Inadequate/inappropriate decisions are made by management, resulting on increased involvement by HR and/or other services in a reactive capacity.</li> <li>- Changes may not be made quickly and effectively and/or changes may be made prior to all parties consent.</li> <li>- Poor and risky management practices.</li> </ul>	<p>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.</p> <p>Divisional action plan being prepared so to address the key staff capacity, skills and knowledge based challenges confronting Corporate Services.</p> <p>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.</p>	4	5	20	Treat	<p>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.</p> <p>Use of DMU internships and other placement opportunities to add short-term capacity and to link with grow our own approach.</p>	3	5	15	Andrew Shilliam	Ongoing	31/05/2026	Sep-22
14	TECHNOLOGICAL	SRR 4.1	Corporate Services - Cyber Security	<p>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.</p>	<ul style="list-style-type: none"> <li>- Data hacked and released into public domain;</li> <li>- Reputational damage - seek alternative more expensive solutions;</li> <li>- Fines from ICO;</li> <li>- Staff stress increases;</li> <li>- Damage to identified individuals;</li> <li>- Denial of service / major service disruption</li> </ul>	<p>Enhanced technology defences.</p> <p>Targeted follow up's</p> <p>Built into new system standards from 3rd party applications (secure passwords, TLS).</p> <p>Daily back-up of systems.</p> <p>Maintain clear Major Incident Management processes.</p> <p>Understand RPO and RTO capability for recovering critical systems.</p> <p>Appointed Security Operations Centre Lead to review and respond to threat intelligence.</p> <p>Undertaking Cyber Security Gap Analysis in light of increased flexible and mobile working.</p> <p>Implemented solutions to respond to the new threat from Ransomware which could attack / compromise backup data.</p> <p>Implemented new XR End Point security.</p> <p>Completed NCSO Cyber Assessment Framework (CAF) as part of DLUHC Future Councils and develop a remediation plan.</p> <p>Amended SOC Playbook so they may unilaterally shutdown systems if a potential cyber security incident is identified.</p> <p>New Cyber Security Training, Simulation and Awareness campaign introduced.</p> <p>New SOC Appointed May 2025.</p> <p>Introduced Supply Chain controls to assess their Cyber Security - e.g. Minimum Cyber Essentials plus.</p> <p>Reviewed where we currently are against the NCSO Cyber Assessment Framework (CAF) as part of DLUHC Future Councils and developed a remediation plan.</p> <p>Reviewed technical skills of DDaT Security Team - Appoint into two security roles (09/25)</p> <p>All servers now compliant with Cyber Essentials</p>	4	5	20	Treat	<p>Continually Assess and implement new Technology solutions as appropriate to address any changing/new threats</p> <p>Monitor Staff Cyber Security Training and Simulation maturity (09/25).</p> <p>Continually ensure Cyber Security evaluation of partners is undertaken during procurements as part of DDaT playbook.</p> <p>Work with other LGAs and 3rd parties to improve staff awareness of Cyber Security responsibilities.</p> <p>Undertake Cyber Essentials assessment following change of criteria.</p>	3	4	12	Andrew Shilliam	Ongoing	Q1 2026	Jan-18
15	TECHNOLOGICAL	SRR 4.2	Corporate Services - As the Council moves to introduce new technologies (including some AI functionality), there may be unknown impacts that come about as a result of that adoption.	<p>Discrimination &amp; Toxicity</p> <p>Unfair discrimination and misrepresentation</p> <p>Exposure to toxic content</p> <p>Unequal performance across groups</p> <p>Privacy &amp; Security</p> <p>Compromise of privacy by obtaining, leaking or correctly inferring sensitive information</p> <p>AI system security vulnerabilities and attacks</p> <p>Misinformation</p> <p>False or misleading information</p> <p>Pollution of information ecosystem and loss of consensus reality</p> <p>Malicious actors &amp; Misuse</p> <p>Disinformation, surveillance, and influence at scale</p> <p>Cyberattacks, weapon development or use, and mass harm</p> <p>Fraud, scams, and targeted manipulation</p> <p>Human-Computer Interaction</p> <p>Overreliance and unsafe use</p> <p>Loss of human agency and autonomy</p> <p>Socioeconomic &amp; Environmental</p> <p>Power centralization and unfair distribution of benefits</p> <p>Increased inequality and decline in employment quality</p> <p>Economic and cultural devaluation of human effort</p> <p>Competitive dynamics</p> <p>Governance failure</p> <p>Environmental harm</p> <p>AI system safety, failures, &amp; limitations</p> <p>AI pursuing its own goals in conflict with human goals or values</p> <p>AI possessing dangerous capabilities</p> <p>Lack of capability or robustness</p> <p>Lack of transparency or interpretability</p> <p>AI welfare and rights</p> <p>Multi-agent risks</p>	<p>Reviewing AI Policy and Guidance.</p> <p>Utilising already in place processes e.g. DPIA.</p> <p>Ensuring comms are clear and appropriate governance is in-place.</p> <p>Ensure risk assessments are carried out for any existing or new AI.</p> <p>Maintain and ensure human oversight of any AI models implemented.</p> <p>Education of staff on AI.</p>	<p>Implement technical controls where available to ensure only approved corporate wide AI tools are available and used.</p> <p>Raise awareness and ensure individuals take responsibility of AI in non corporate tools..e.g. single piece of software</p> <p>Continued education of staff on AI.</p> <p>Who is going to oversee what is being produced by the AI, and if it is fit for purpose before release? Service safeguards. DK.</p> <p>How are we to deal with FOIA requests when someone asks about detailed use of AI? DK. This may or may not be the right place for this.</p>	4	5	20	Treat	<p>Investigate what tools are available to support implementing controls and associated costs.</p> <p>Information Governance to consider implementing a data classification scheme corporately.</p> <p>Improve the retention and disposal of data that no longer has business value or has exceeded its retention period.</p> <p>Managing risk through assessments.</p>	3	4	12	Andrew Shilliam	Review	31/05/2026	Jan-26
16	TECHNOLOGICAL	SRR 4.3	Corporate Services - Data loss occurring from staff behaviours presents information governance challenges.	<p>Insider Threats where potentially disgruntled staff or disciplined staff obtain data for malicious activity or personal gain.</p> <p>Physical threats where data is lost through hardware or loss of equipment e.g. unencrypted memory sticks.</p> <p>Human error where unclassified data is shared by accident.</p> <p>Loss of data due to a cyber threat/incident.</p>	<p>Utilise existing tools to prevent DLP where possible, noting we are limited to what we can implement.</p> <p>Utilise existing comms channels to raise awareness across the organisation.</p> <p>Managing risk through assessments.</p>	<p>Investigate what tools are available to support implementing controls and associated costs.</p> <p>Information Governance to consider implementing a data classification scheme corporately.</p> <p>Improve the retention and disposal of data that no longer has business value or has exceeded its retention period.</p> <p>Managing risk through assessments.</p>	4	5	20	Treat	<p>Investigate what tools are available to support implementing controls and associated costs.</p> <p>Information Governance to consider implementing a data classification scheme corporately.</p> <p>Improve the retention and disposal of data that no longer has business value or has exceeded its retention period.</p> <p>Managing risk through assessments.</p>	3	4	12	Andrew Shilliam	Review	31/05/2026	Jan-26

Risk Register Owner: Alison Greenhill, COO

Risks as at: 31/01/2026

RISK REF	RISK THEME / CATEGORY	LINK TO STRATEGIC RISK	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 4Ts (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate	FURTHER MANAGEMENT ACTIONS/CONTROLS			TARGET SCORE	COST	RISK OWNER	TARGET DATE	DATE ADDED TO ORR
						Impact	Probability	Risk		Impact	Probability	Risk					
17	TECHNOLOGICAL	SRR 1.1	Impacts that fall out of the LGR	<p>Merging two or more councils means untangling a web of disparate systems, applications, and infrastructure. Unlike a standard private-sector merger, LGRs carry the non-negotiable responsibility of maintaining statutory services. Council tax collection, social care case management, and waste services cannot simply be paused. The risk of service disruption, data loss, and budget overruns is significant.</p> <p>The complexity often manifests in several key areas:</p> <p><b>Multiple core systems:</b> Each council will have its own finance, HR, and housing systems. These may be from different suppliers, running on different versions, or be heavily customised, making direct integration difficult.</p> <p><b>Disparate contracts:</b> We potentially will inherit a portfolio of supplier contracts for everything from telephony and network connectivity to software licences. These will have different renewal dates, service levels, and break clauses, creating a complex supplier management puzzle.</p> <p><b>Legacy technology:</b> One of the biggest risks is underestimating the complexity of legacy systems. Many councils still rely on older, on-premises solutions that are difficult to support, secure, and integrate with modern cloud services. These systems often hold decades of critical public data.</p> <p><b>Cultural differences:</b> Ways of working, IT policies, and user expectations can vary significantly between councils. Forcing a single new model without careful change management can lead to resistance and productivity loss.</p> <p><b>Cyber Security:</b> can be overlooked in the early planning stages, but is a critical area to get right to ensuring continuity in : protecting data, maintaining compliance, and service continuity are essential throughout transition</p>	<p>Preparing early and having the right safeguards in place can make the difference between a seamless reorganisation and long-term issues that are costly to fix. Clearly, the initial planning stage is critical to any successful transition and requires a robust framework. A successful transition depends on acknowledging these challenges from day one and building a robust framework with a clear eyed view to manage them under a structured approach to navigate any transition, minimise disruption, and lay the groundwork.</p> <p>Attending DDaT LGR meetings Monthly with other councils for sharing/lessons learnt etc and also accessing toolkit they are compiling. Experiences discussed at the LGR DDaT Network meeting included One Website for all, new phone numbers and bringing the smaller Councils onboard or not. Integrating Customer Contact Systems (it would seem that a lot of councils use Netcall). Integrating Telephony systems or not. Many councils are now using or wish they had used LocalGov Drupal ( we go live with this 6th Feb )</p>	4	5	20	Treat	<p>A crucial early step is creating a comprehensive inventory of all IT assets, contracts, and systems across the resulting merging councils. This 'as-is' analysis provides the baseline for all future planning including the creation of a fallback strategy for resilience ( eg ensuring mitigations are in place covering the below as a minimum;</p> <p>-What happens if a system migration is delayed?</p> <p>- How will staff access critical data if the new network isn't fully operational</p> <p>-A clear plan for system fallback, data archiving, and temporary workarounds is non-negotiable.</p> <p>Agree governance Structure responsible for and to include:</p> <p><b>Setting a clear vision:</b> Defining what the future IT environment will look like and how it will support the new unitary authority's strategic objectives.</p> <p><b>Establishing milestones:</b> Breaking the transition down into manageable phases with clear, measurable outcomes. This allows for progress tracking and helps maintain momentum.</p> <p><b>Managing risk:</b> Proactively identifying and mitigating risks related to service continuity, data integrity, and security.</p> <p>Stakeholder communication: Keeping staff, councillors, and service users informed throughout the process to manage expectations and build confidence.</p> <p>A systematic approach to contract review is vital. This involves:</p> <p><b>Auditing all contracts:</b> Creating a central repository of all IT-related contracts, noting renewal dates, costs, and service-level agreements (SLAs).</p> <p>Identifying overlap: Pinpointing where multiple councils are paying for similar services.</p>	3	4	12	Andrew Shilliam	Review 31/05/2026 Ongoing	Jan-26	
18	ECONOMIC	SRR 2.3	Corporate Services - Loss of Income Opportunities	<p>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.</p> <p>The withdrawal of specific LCC traded services could create angst amongst 'customer base' and reduce appeal of other services.</p> <p>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>	<p>- Business development manager formally working on the City Catering offer now focused on improving our arrangements re the HR offer to schools.</p>	4	4	16	Treat	<p>Competitive analysis required of our HR traded services around model, price point, feedback/satisfaction, opportunities for further trade etc.</p> <p>Explore joint trading/account management arrangements - ensure that relevant functions continue to focus sufficiently on income opportunities and business development.</p> <p>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.</p>	4	3	12	Andrew Shilliam	Q1 2026 Sep-22		
19	ECONOMIC	SRR 2.3	Corporate Services - Ongoing Budget Pressures and Savings Impacting on Service Delivery	<p>Division unable to meet future level of savings required.</p> <p>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.</p> <p>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</p>	<p>Divisional outturn continues to report an underspend for 2025/26 for majority of the division with the, and vacancies being held/recruitment being appropriately controlled in the main divisional service areas - HR, DDaT, Comms &amp; Engagement, and Customer Services.</p> <p>New structure at the management level of HR created, which creates a leaner top tier.</p> <p>Recruited a new Communications and Engagement Manager internally, who will prioritise the organisational review required in service.</p>	4	4	16	Treat	<p>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.</p> <p>Competitive analysis of HR traded service.</p>	3	3	9	Andrew Shilliam	Q1 2026 Sep-22		
20	ECONOMIC	SRR 2.3	Corporate Services - Technology Costs:	<p>Potential shortfall of IT OpEx Revenue fundings to cover increasing costs of IT licensing, support and services in light of WoW, a migration to consumption-based licencing and cloud platforms</p>	<p>Reprofiling services funded from reserves into Revenues to provide forecasts.</p> <p>Worked with Finance to profile Reserves against anticipated spend.</p> <p>Consideration of funding options as part of medium-longer term budget planning.</p> <p>Reviewed options to rationalise MS licence estate.</p> <p>Implement role-based profiling for devices.</p> <p>Implemented zero-usage mobile phone policy.</p> <p>Created Capital Bid forecasting plan.</p>	5	3	15	Treat	<p>Consider a shared costing model to recharge services for new platform-based services.</p> <p>Rationalise and consolidate systems using Net call Libert platforms.</p> <p>Introduce role-based profiling.</p> <p>Force services to give up DD telephone lines.</p>	4	3	12	Andrew Shilliam	Ongoing 31/05/2026 review	May-24	
21	LEGAL	SRR 1.1	Corporate Services - Impacts Arising from Future Legislation 'Martyn's Law'	<p>- LCC fails to respond effectively to a terrorist attack and places staff and public lives in danger</p> <p>- LCC services which fall under the scope of the requirements are unprepared and could be subject to enforcement</p> <p>- Additional cost implications and pressure on budgets</p> <p>- Reputational impacts</p>	<p>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.</p> <p>Internal PROTECT and PREPARE group meetings ongoing which own the implementation of Martyn's Law, and are facilitated by the REBR Team Manager.</p> <p>1:1s conducted with all Service Areas to confirm likely in-scope premises and events and policy changes.</p> <p>Implementation plan publishes with governance arrangements.</p>	5	3	15	Treat	<p>Awaiting SIA guidance before completion of Martyn's Law Health and Safety Management Statement to include responsibilities, training and audit arrangements.</p> <p>Embedding likely training products within LCC IT structures to enable better recording of online national training.</p> <p>Target date provides 3 months to confirm compliance prior to legislation becoming live</p>	5	2	10	Andrew Shilliam	Ongoing Dec 26	Jan-23	
22	TECHNOLOGICAL	SRR 4.1	Finance - Unit 4 Finance System Implementation	<p>The council does not have a finance system that enables, payments, collection of debt, reporting or has sufficient controls.</p>	<p>1. Full project in place for Re-implementation</p> <p>2. Project Managers appointed</p> <p>3. Timeline in place, and full communication across the service 4. Governance structure</p>	5	3	15	Treat	<p>Continuous review against the project plan and oversight of the project.</p>	3	2	6	Amy Oliver	Ongoing 01/04/2027 review	Sep-25	
23	POLITICAL	SRR 1.2	Legal - Workloads & Pressure - Client Care	<p>- Timely legal advice from clients not sought.</p> <p>- Failure to comply with laid down guidelines.</p> <p>- Breach of regulations or law e.g. data protection.</p> <p>- Council found to act unlawfully</p> <p>- Challenges to procurement processes.</p> <p>- Cost implications from requirements not being followed/deadlines being missed/ not delivering value for money for Council.</p> <p>- Award made against council etc.</p> <p>- Staff demotivated</p> <p>- Negative Press/Reputation of Council</p>	<p>- Reviewing practices to be improve flexibility of approach.</p> <p>- Channel Shift.</p> <p>- Raising awareness - corporate messages.</p> <p>- Early engagement - feeding into deadlines.</p> <p>- Attending project boards.</p> <p>- Projects to look at new ways of working.</p> <p>- Improved use of technology e.g. Electronic Signatures/Virtual Hearings.</p>	4	4	16	Treat	<p>- Review of practices.</p> <p>- Increase comms program/training and awareness of current practices (deadlines with project plan).</p>	4	3	12	Kamal Adatia	Ongoing 31/05/2026 review	Jan-19	
STRATEGIC AREA - Social Care and Education																	
24	ECONOMIC	SRR 2.2	Children's Social Care and Community Safety - Workforce - availability	<p>Diminishing availability of experienced skilled social workers</p>	<p>- National shortage of qualified SWs impacting on local recruitment; recruitment challenges in other specialist roles e.g. psychiatrist, youth justice officers etc:</p> <p>- Increased reliance on agency staff to fill vacancies</p> <p>- Increased SW case loads</p> <p>- Increased budget pressures;</p> <p>- Lack of continuity of staff in roles</p>	4	5	20	Treat	<p>ASYE Programme Apprenticeship Programme</p> <p>Grow our own Programme</p> <p>International Recruitment Phase 2; Frontline programme; Career progression scheme</p>	4	3	12	Damian Elcock	Ongoing 31/10/2026 review	May-22	
25	POLITICAL & LEGAL ECONOMICAL	SRR 1.1 SRR 1.2 SRR 2.3 SRR 5.1	Education, SEND and Early Help	<p>Impact of post-16 SEND transport policy implementation following consultation and decision making</p>	<p>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.</p>	4	4	16	Treat	<p>Plans to mitigate and limit impact in place and considered in the planning stages. Most likely consequence is legal challenge.</p>	4	2	8	Sophie Maltby	Ongoing 31/05/2026 review	Jan-25	
STRATEGIC AREA - Public Health																	
26	TECHNOLOGICAL	SRR 4.1	Data	<p>- 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.</p> <p>- Distress to service users</p> <p>- Reputational damage to LCC</p> <p>- Potential financial burden or incorrect overspend for activity</p> <p>- Potential litigation claims for failure to deliver</p> <p>- Increased stress on LCC staff</p> <p>- Difficulties in workload management and timely production of existing reports and statutory functions as well as making capacity management difficult.</p> <p>- Impact on service delivery and response agility</p> <p>- Reduced data provision and indicators potentially being missed or identified later than they may have been delaying (or preventing) mobilisation.</p> <p>- 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.</p> <p>- 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</p> <p>- Delay in gathering local intelligence and information via a local health and wellbeing survey. Unable to pursue new topics of interest. Potential budget implications if service needs to be carried into next financial year</p> <p>- 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.</p>	<p>- Work-around arrangements in place with key organisations to share basic information</p> <p>- Working with wider network of organisations to establish data sharing protocols and file transfers</p> <p>- Engagement with information governance to ensure that any risks of data sharing are identified and managed.</p> <p>- Increased relationship building and engagement across system partners</p> <p>- Continued close communication and engagement with Integrated Care Board / Leicestershire Health Informatics Service (LHIS) regarding the issues surrounding data availability and access.</p> <p>- 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.</p> <p>- Close working relationship with IT, procurement, and information governance to establish and maintain data sharing agreements with services external to LCC</p> <p>- Additional resource added to data function</p> <p>- 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.</p> <p>- Close working with the successful provider and understanding of timeliness of delivery and suitability of fieldwork period.</p>	4	5	20	Treat / Tolerate	<p>- Ongoing engagement with information governance and partners to resolve existing and arising issues</p> <p>- Undertake an exercise to identify all organisations and data needs and perform gap analysis</p> <p>- 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).</p> <p>- 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</p> <p>- Agree a corporate LCC stance on NHS Patient Safety framework changes</p> <p>- The risk is scheduled for review by Public Health DMT prior to the April 2026 submission.</p>	5	3	15	Rob Howard	Review by 31/03/2026	Sep-22	

RISK REF	RISK THEME / CATEGORY	LINK TO STRATEGIC RISK	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 4Ts (see Process worksheet for definitions and further guidance): Tolerate, Treat, Transfer, Terminate	FURTHER MANAGEMENT ACTIONS/CONTROLS			TARGET SCORE	COST	RISK OWNER	TARGET DATE	DATE ADDED TO ORR
						Impact	Probability	Risk		Impact	Probability	Risk					
27	SOCIO-CULTURAL	SRR 3.2	<p><b>Health Protection</b></p> <p>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.</p> <p>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 immns 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.</p> <p>Low vaccination uptake increases the risk of future disease outbreak.</p> <p>Low screening uptake widens inequalities around late cancer diagnosis and treatment.</p>	<p>-Widening inequalities including increased vaccine preventable disease outbreak, increased TB rates, increased late cancer diagnosis and treatment.</p> <p>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.</p> <p>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.</p> <p>Ongoing and increasing vaccine hesitancy and mistrust in health systems reducing access to treatment for TB.</p> <p>Significant operational impact on division in the event of a scenario comparable to Covid 19.</p> <p>Potential serious impact on health and wellbeing of whole population, particularly those most vulnerable</p> <p>Static or widening health inequalities</p> <p>Needs increase over the longer term as a result of secondary impacts requiring increased (and sustained) resource and budget to tackle</p>	<p>Continued efforts to source additional funding to maintain a health protection team within the authority.</p> <p>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 (eg community wellbeing champions) and within the authority (eg comms and social care).</p> <p>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.</p> <p>Monitoring of at risk health areas to determine level of future need.</p> <p>Regular training offered to all public health staff to increase health protection knowledge.</p> <p>Horizon scanning to be aware of potential future health protection risks.</p> <p>Governance structures in place for assurance and monitoring via LLR Health Protection Board.</p> <p>Building relationships with Secondary Care to audit risk factors, and delivering prevention focused campaigns in the community.</p>	5	4	20	Treat	<ul style="list-style-type: none"> <li>- Continue with existing controls</li> <li>- Increase capacity of HP team to enable more robust resilient response to current and emerging issues</li> <li>- Review workplans in light of likely cuts to ICB.</li> <li>- The risk is scheduled for review by Public Health DMT prior to the May 2026 submission.</li> </ul>	4	3	12	Rob Howard	Review by 31/03/2026	Jan-23	
28	ECONOMIC	SRR 2.3	<p><b>Budget</b></p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>- 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.</p> <p>- 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.</p> <p>- 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.</p> <p>- 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.</p> <p>- 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</p> <p>- Risk of missing safeguarding issues impacting on council statutory duties resulting in: - Serious injury or loss of life - Legal challenge - Severe reputational damage</p> <p>- Potential redundancy costs arising from non-recurrent or unconfirmed funding.</p> <p>- Decisions regarding resource allocation without up to date data may overlook current insights and hinder ability to make precise spending decisions.</p>	<p>- Annual public health return to Central Government to demonstrate appropriate use of grant funding</p> <p>- Portfolio restructure, continual review of landscape and exploration of alternative funding streams to ensure we are positioned to meet upcoming needs</p> <p>- Decisions taken to deprioritise or close certain services in order to meet budgets and savings targets.</p> <p>- 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.</p> <p>- 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.</p> <p>- Internal governance to closely manage budgets and ensure intelligent and planned use of reserves over time to ensure maximum efficacy and sustainability</p> <p>- Political oversight / scrutiny</p> <p>- Identifying and articulating associated risks through spending review process</p> <p>- 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</p> <p>- Customer retention plans and actions put in place to reduce subscription cancellations from customers unable to use services which would impact income generation</p> <p>- Strong service / programme planning to cover possible funding scenarios, allowing for adaptations to be made at pace.</p> <p>- Volunteer network being built and grown through community champions workstreams</p> <p>- Budget monitoring discussions are held to track spending, prioritise resources, and identify potential overruns or shortfalls early to enable timely corrective action.</p> <p>- Business cases for use of small PH Grant increase were accepted allowing greater resilience for essential services.</p>	4	4	16	Treat / Tolerate	<ul style="list-style-type: none"> <li>- Secure additional revenue e.g. income generation through commercial opportunities.</li> <li>- Continue to explore a variety of potential local and national funding opportunities including commercial, government, academic, grant funding.</li> <li>- Investigate creation of a resource to help officers bid for funding with more guidance to increase consistency and success rate</li> <li>- Utilise in kind support / asset sharing where possible</li> <li>- 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.</li> <li>- Continued engagement and growth of various volunteer networks and community organisations.</li> <li>- Approval of a standard operating procedure by DMT and Clinical Governance Board has enabled Public Health staff to conduct blood pressure testing, helping to bridge budgetary pressures related to hypertension case finding.</li> <li>- The risk is scheduled for review by Public Health DMT prior to the May 2026 submission.</li> </ul>	4	3	12	Rob Howard	Review by 31/03/2026	Pre-2019	
29	ECONOMIC	SRR 2.2	<p><b>Staffing and recruitment - Internal</b></p> <p>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.</p> <p>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. This is further compounded by the requirement for staff in certain posts to receive targeted training, which is not necessarily available in line with induction and probation periods. For example, Healthy Conversations Programme Officers are required to hold an HCS training qualification, which is only available once a year.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>- 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.</p> <p>- 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.</p> <p>- Loss of key specialist skills, knowledge and expertise, and working relationships that are very difficult to replace due to national shortage of skilled workers</p> <p>- Significant loss of capacity means programme targets are delayed or not achieved, or need to be revised downwards to match ability to deliver.</p> <p>- 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).</p> <p>- Negative impacts on delivery of work and an inability to meet emerging objectives of individual services as well as divisional strategic objectives.</p> <p>- Reduction in ability to front run issues and adequately assess complex situations before being required to act.</p> <p>- Loss of in-year funding available if staff / initiatives cannot be put in place in a timely fashion.</p> <p>- Delay in advertising / filling vacant posts exacerbating capacity issues</p> <p>- Gap in leadership / delivery of public health functions</p> <p>- Capacity issues may lead to elements of work being deprioritised.</p> <p>- Potential loss of staff with significant experience, skills and knowledge.</p> <p>- Capacity remains impacted until staff are trained and hold the specific qualifications required for their role.</p>	<p>- Close management and oversight of individual workloads and projects</p> <p>- General training and development opportunities and organisational development utilised</p> <p>- Upskilling team - public health supporting staff to undertake a Masters in Public Health and for staff to follow work based public health training pathways</p> <p>- 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.</p> <p>- Early identification of potential staffing needs / vacancies with early engagement with HR to ensure timeframes to recruit are sensible</p> <p>- Capacity in across the team increased and analysis of need ongoing.</p> <p>- Team restructure undertaken to more efficiently redistribute capacity and portfolios</p> <p>- 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.</p> <p>- Recruitment concerns escalated</p> <p>- 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.</p> <p>- 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</p> <p>- 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.</p>	4	4	16	Treat	<ul style="list-style-type: none"> <li>- Continual audit of needs and skills against public health key skills framework to identify and fill key knowledge and skills gaps across division</li> <li>- 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.</li> <li>- Business continuity plan review and update regularly scheduled to ensure succession planning and key staff availability plan is adequate.</li> <li>- Ongoing identification of single points of failure and planning / documentation to mitigate risk of project lead unavailability</li> <li>- Consideration within service plans for posts and building in long time scales for recruitment as standard practice to be considered in forward planning</li> <li>- Continued monitoring of capacity needs and fixed term recruitments to mitigate issues where appropriate</li> <li>- Continued focus on employee wellbeing and provision of adequate support where necessary</li> <li>- 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.</li> <li>- Partnership working with DMU has provided temporary additional support through an acting-us Consultant, who brings valuable expertise to the department.</li> <li>- The risk is scheduled for review by Public Health DMT prior to the May 2026 submission.</li> </ul>	4	3	12	Rob Howard	Review by 31/03/2026	Sep-21	
30	ECONOMIC	SRR 2.2	<p><b>Staffing and Recruitment - External</b></p> <p>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.</p> <p>Disruption to workforce of NHS or other partners due to strikes or industrial action.</p> <p>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.</p> <p>Providers struggle to maintain staff levels due increasing payroll costs and budgetary pressures.</p> <p>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.</p>	<p>- Impact on front line service delivery of statutory functions</p> <p>- Knock-on impact on capacity and ability to deliver of non-participating staff impacted by strike action</p> <p>- Negative impact on service users</p> <p>- 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</p> <p>This could also present a risk of increase to the likelihood of serious incidents occurring leading to: - Serious injury or loss of life - Legal challenge - Severe reputational damage</p> <p>- 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</p>	<p>- Close monitoring and communication with commissioned services by Lead Commissioners and Group Manager</p> <p>- Scrutiny and support from contract management team</p> <p>- 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.</p> <p>- Ongoing work to make Leicester a more attractive location for Health Visitors to attract and retain skilled workers.</p> <p>- 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.</p>	4	4	16	Treat / Tolerate	<ul style="list-style-type: none"> <li>- Continual oversight of supplier business continuity plans and engagement on current pressures / concerns</li> <li>- Continual internal public health business continuity plans review ongoing with consideration given to response in the event of risks presenting</li> <li>- Ongoing close monitoring of suppliers and skill / workforce concerns</li> <li>- Supplier business continuity plans audit to be undertaken in rolling fashion</li> <li>- The risk is scheduled for review by Public Health DMT prior to the May 2026 submission.</li> </ul>	4	3	12	Rob Howard	Review by 31/03/2026	Jan-22	
31	ECONOMIC	SRR 2.3	<p><b>Commissioning</b></p> <p>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 falling 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.</p> <p>In the context of increasing costs and reduced or static budgets, providers have raised concerns about the limited budget available for contract extensions, and 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.</p> <p>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.</p> <p>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.</p>	<p>- 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.</p> <p>- 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.</p> <p>- Dependence 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.</p> <p>- 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</p> <p>- 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</p> <p>- Decreased morale and reputational damage to LCC</p> <p>- 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.</p> <p>- Underspend 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</p> <p>- Increased costs due to reduction in economy of scale due to moving from a joint to solo re-procurement</p>	<p>- Strong forward planning, bespoke procurement methods, and robust internal governance</p> <p>- Clinical governance board in place for improved oversight and robust governance framework to ensure that commissioned services are robustly reviewed and monitored.</p> <p>- Performance review group provides oversight, early issue identification, and escalation process</p> <p>- Both of the above boards are having ToR and framework re-assessed to ensure optimal oversight of services</p> <p>- Lead Commissioners and contracts team within Public Health undertake regular performance and quality reviews with continual engagement and communication with providers and partners</p> <p>- Timely briefing of lead members to highlight potential risks and consequences</p> <p>- Expertise within team to assess choices, identify and profile future need in a proactive fashion, and inform management briefings / options appraisals</p> <p>- Advocacy by LCC Director of Public Health with national bodies</p> <p>- 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</p> <p>- 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.</p> <p>- Close working with internal departments (legal / procurement / contract management / finance)</p> <p>- 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</p> <p>- 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.</p> <p>- 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.</p>	4	4	16	Treat / Transfer	<ul style="list-style-type: none"> <li>- Continue with existing controls;</li> <li>- Continue to joint commission where appropriate (internal with LCC, and external with county and regionally)</li> <li>- Continued exploration of new and novel approaches to commissioning including encouraging consortium applications and use of section 75</li> <li>- Continued monitoring and increased engagement of suppliers to pre-emptively identify potential issues</li> <li>- Regularly review Business Continuity Plans to ensure minimal service disruption in the event of supplier failure.</li> <li>- Use of small PH Grant increase to support and mainstream existing programmes could mitigate risk significantly.</li> <li>- The risk is scheduled for review by Public Health DMT prior to the April 2026 submission.</li> </ul>	4	2	8	Rob Howard	Review by 31/03/2026	Pre-2019	