

Appendix 2 - Leicester City Council Operational Risk Register

Risk Register Owner: Andy Keeling, COO

Risks as at: 31 October 2015

| Risk What is the issue: <i>what is the root cause/ problem – what could go wrong</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 | Risk Score with existing measures (See Scoring Table) | | | Further management actions/controls required | Target Score with further controls (See Scoring Table) | | | Cost | Risk Owner | Review Date |
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| STRATEGIC AREA - Adult Social Care | | | | | | | | | | | | |
| 1. Adult Social Care & Safeguarding - Integration agenda. Risks associated with large programme of change in challenging financial context. | Failure against national commitments on integration. Services are not aligned; Financial risk; Conflict between priorities of organisations; Transformation programme targets are not met. | High visibility at partnership forums; Support to frontline staff to maintain operational relationship management; Communication strategy for transformation in context of integration includes partners. | 4 | 4 | 16 | Establish clear partnership arrangement to agree and deliver Integrated Care in Leicester; maximise Better Care Fund (BCF) opportunity. | 3 | 3 | 9 | | Ruth Lake | BCF plan complete; implementation planning through 2014/15 |
| 2. Adult Social Care & Safeguarding - Operational Capacity. Risk of legal challenge / fines from being unable to meet the additional demands arising from Cheshire West judgement on DOLS. Risk re capacity to effectively scope the new DoLS cases; challenge from practice in care homes in applying DoLS via urgent applications in inappropriate circumstances | Breach of legislation; financial liability re ICO; breach of confidence in the Council | Manager briefings to ensure legal requirements understood; scoping of high risk cases to understand new DOLS cases; prioritisation of action on cases; monitoring of incoming pressures for DOLS team and use of independent BIA capacity; engagement with legal services re COP applications and pressures. Additional resources agreed for recruitment via budget setting | 4 | 4 | 16 | Tracking of anticipated legal guidance on application of case law in practice; consideration of additional resources to support scoping exercise as this has not been completed due to lack of resources / competing priorities. Meeting with legal services to assess position / agree actions to mitigate risk 24 March. Issue to be escalated to Leadership Team. Further work via NHSE MCA project and HOS to address care home practice which is exacerbating the volume and timescales risks | 4 | 3 | # | | Ruth Lake | 31/03/16 |

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| | | | | | | | | | | | | |
| 3. Adult Social Care & Safeguarding - Failure to deliver satisfactory Intermediate care capacity. Ineffective partnership working with Leicester City NHS results in failure to implement new Intensive Care unit. | Failure to deliver intermediate care priorities and make efficiency targets; capital/reputational/ political risks. | Strategy and redesign work to establish cross-economy commitment to intermediate care models | 4 | 4 | 16 | Engage with Health & Wellbeing Board as it establishes; establish programme board with Care Commissioning Group input | 3 | 3 | 9 | | Ruth Lake | Work will be ongoing throughout 2014 to 2016 |
| 4. Adult Social Care & Safeguarding - Meet Health & Safety (H&S) expectations in regulated provision. Fail to maintain safe water systems in all units; Failure to maintain essential health and safety in intermediate care provision. | Ill health or death to residents and/or staff or visitors from water borne infections or poor H&S practices. | Water hygiene monitoring practice in place | 5 | 3 | 15 | Ensure all registered managers go on required training and fully understand the requirements for temperature checking, flushing regimes, tap cleaning etc. and can closely monitor those carrying out these tasks. | 5 | 2 | # | | Ruth Lake | 31.03.2016 |
| 5. Care Services & Commissioning (ASC) - Implementation of the 5 Year Leicester, Leicestershire and Rutland (LLR) Better Care Together Plan carries high financial and political risk | Financial impact/legal challenge | An LLR Programme Board has been established that includes health and social care chief officers | 5 | 4 | 20 | An LLR Programme Board has been established that includes health and social care chief officers | 3 | 3 | 9 | | Tracie Rees | 01.01.2019 |

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| 6. Care Services & Commissioning (ASC) - Failure to carry out effective statutory consultation will result in financial and reputational damage to the council. | Council could face legal challenge through judicial review | Consultations being run as a dedicated project overseen by a senior manager with some temporary additional resource. Ensure time is built into each review, development of all strategies etc. to allow for consultation | 5 | 4 | 20 | Stakeholder engagement strategy in place and we always seek advice from legal services and corporate consultation team. Legal services sign off all consultation materials and agree the approach and methodology. Officers to seek guidance from the corporate consultation team when needed | 4 | 3 | # | Pot Multi £M | Tracie Rees | 31.05.2016 and ongoing |
| 7. Care Services & Commissioning (ASC) Quality of care in the Independent regulated services including; residential homes, domiciliary care and supported living providers falls below standards | Detriment (harm) to individuals, groups or the Council (financial or reputational) | High level Audit processes in places via Adult Social Care contracts and assurance team. This is in addition to Care Quality Commission inspections. | 5 | 4 | 20 | Quality Assurance Framework to be used to support identified failing providers. | 5 | 3 | # | | Tracie Rees | 31/03/2016 and ongoing |
| 8. Care Services & Commissioning (ASC) - Delivery of LD day services using large percentage of agency staff. | Reduced quality, safeguarding, staff sickness, safety | Reed opening up the market, developing induction days and tools, benchmarking training and using the Swedish Derogation rule for consistency. | 4 | 4 | 16 | Monitor and engage with Reed to ensure development measures are undertaken. Monitor quality of agency staff | 2 | 3 | 6 | | Tracie Rees | 31.03.2016 and ongoing |

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| 9. Care Services & Commissioning (ASC) Review of Residential Care. Financial risk - largest area of spend and danger of inappropriate models of care. | Continued escalation of spend; inappropriate placements | Project Board in place; extensive research, analysis and engagement | 4 | 4 | 16 | Robust governance through project board, Commissioning Board and Lead Member Briefing | 3 | 3 | 9 | Current spend £44 M gross | Tracie Rees | 31/03/2016 and ongoing |
| 10. Care Services & Commissioning (ASC) Non compliance with our duties under the Equalities Act. Failure to adequately identify and address (where possible) equality impacts of proposed actions. | Council could face legal challenge through judicial review | Equality impact assessments (EIA) are built into service reviews, strategy developments and decision making which help to identify equality impacts and actions to be taken. | 5 | 3 | 15 | Ensure all staff are fully aware of when to use EIA's and build this into their routine work (when necessary). Training to be offered through Better Care Together. | 5 | 2 | # | Pot Multi £M | Tracie Rees | 31/03/2016 and ongoing |

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| STRATEGIC AREA - City Development and Neighbourhoods | | | | | | | | | | | | |
| 11. Housing - Impact of Welfare Reform on Housing Rents Account (HRA) rental income collection. Universal Credit (UC) is to be fully implemented in 2017 . | Under UC, claimants will receive all their benefits, including housing costs element the, directly themselves, monthly in arrears. They will have to pay their FULL rent out of this. The biggest challenge to the HRA will be to collect the full rent from those working age claimants whose housing costs are no longer paid directly to the Landlord (LCC) as they are now. Higher numbers of tenants in rent arrears leading to loss of rental income will adversely affect the HRA income. Could lead to greater number of evictions. Further welfare cuts in 2015. Summer budget will reduce tenants income. | On-going promotion of Clockwise accounts with tenants. Focus STAR team support on those affected. maximise the number of tenants claiming DHP for bedroom tax affected cases. Identified tenants who are over-occupying in order to help with down-sizing. Promotion/awareness to tenants of Discretionary Housing Payments (DHP). Income Management team strengthened. Amended Allocations policy to assist downsizing | 4 | 4 | 16 | Development of Northgates IT system (phase 2) to support paperless direct debits. Executive have agreed to consult on the introduction of mandatory direct debits or Clockwise accounts for New tenants. Consultation ends early November. Proposed changes to internal business processes to re-introduce pre-tenancy determinations interviews to collate financial information prior to tenancy sign up. Need for further new processes in IMT | 4 | 3 | # | | Ann Branson | 30.11.2015 and ongoing |

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| <p>12. Housing - Risk of Legal challenge, liability and reputational consequence if properties are not adequately maintained. Greater financial investment needed in the future.</p> <p>Rent reduction of 1% per annum for next 4 years will threaten budget for maintenance.</p> | Poor living conditions, H&S risks to tenants, properties falling into disrepair. Reputational risk | <p>On-going capital investment (25 year strategy and planned maintenance programmes). On-going day to day responsive repairs service. Minimum standard for property re-letting. In house Quality Control team.</p> <p>Continue to review more effective ways of maintaining the stock.</p> | 5 | 3 | 15 | Reviewed October 2015. No further copntrols necessary. | 5 | 3 | # | | Ann Branson | 31.03.2016 |
| <p>13. Investment- Delay and compensation event claims are received leading to extensive costs.</p> | Contingency held to address unforeseen issues may be overspent | All claims are monitored and are challenged using internal and external resources. Continued dialogue with the Finance Team to monitor the financial position. | 5 | 4 | 20 | Review meeting established with the contractor and information being sought to substantiate claims with the assistance of a programme analyst and specialist advisors To date information has not been forthcoming from the Leicester and Leicestershire Economic Partership. To date claims have been settled where they are justified and claims with inadequate information or inaccuracy rebutted. | 4 | 3 | # | Contingency provision is over subscribed | Mark Lloyd | 30.04.2016 and ongoing |

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| 14. Investment - Raising educational achievement -The discontinuation of PCP (reduction in capital investment) and the continuing need to accommodate pupil increases. | A Statutory duty is not met | Delivery of Basic Need Programme to address pupil placements required by September 2015. | 4 | 4 | 16 | Continued assessment & development across the Primary School estate. | 4 | 3 | # | Staff time | Mark Lloyd | 30/09/2015 then review 6 monthly |
| 15. Investment - Schools Capital. Raising educational achievement. | Reduction in capital investment in schools with ageing school stock and deteriorating condition Potential to not meet statutory building requirements. Reputational damage to the council. | Develop long term strategy across the Primary School estate | 4 | 4 | 16 | Develop long term strategy across the primary and retained secondary school estate is now underway, Condition surveys being undertaken in order to formulate a 3 year programme of works for Planned Capital Maintenance. | 4 | 2 | 8 | Staff time | Mark Lloyd | 30/09/2015 then review 6 monthly |
| 16. Investment - Maintaining Income (Capital and Revenue) on behalf of the Council | Economic downturn affecting budget | Void and arrears monitored Monthly . | 4 | 4 | 16 | Send rent demands, reviews and renewals on time - collect rent on time. Manage tenants in arrears. | 3 | 4 | # | Staff time | Mark Lloyd | 30.04.2016 and ongoing |

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| | | | | | | | | | | | | |
| 18. Investment - Health and Safety-Limited up to date H&S awareness - no corporate mandate to establish staff minimum requirements | Risk of injury to self or others - and reduced capability to write up site/LCC exposed to risk. orders/tasks with consideration to H&S - LCC liability exposed | general H&S awareness has been addressed - H&S audit complete - Need to determine "minimum" H&S standards to achieve competencies - i.e "Passport to Work" or CICS schemes Awareness training (Workshops) - for those attending site | 5 | 5 | 25 | Corporate governance on H&S training - appropriate to needs | 5 | 5 | # | TBC | Mark Lloyd | Dec-15 |
| 19. Investment - Lift Condition Assesment - Asset Capture and | Lack of forward planning in terms of planned maintenance and programming change of assets | Continued failure of assets - run to failure - ad hoc capital required to make good - less reliable assets and more entrapments. Lift users may be compromised in terms of access/egress/mobility - as per the Beatty Ave experience | 5 | 5 | 25 | Establish Capital programme based on criticality and pre-survey collation of data. Re let Lift Maintenance contract informed by condition survey. | 5 | 5 | # | TBC | Mark Lloyd | 3 year plan |

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| <p>20. Local Services and Enforcement - LACK OF ADEQUATE RESOURCE CAPACITY</p> <p>Increase in the demand led services, along with the reduction in head count could mean that there are insufficient resources to deliver the required service levels.</p> <p>During times of change, staff are not always aware of the changes being made, such as the recent relocation requirements, needs and plans etc, resulting in confusion etc.</p> | <p>- Teams already at a minimum and extra workloads are unsustainable.</p> <p>- As demand-led services increase, workload and public expectations increase.</p> <p>- Likelihood of key person dependency as teams reduce further (fewer people in key roles).</p> <p>- Potential risk of non-compliance or breaches/lack of a substantial control environment.</p> <p>- Service delivery requirements not met.</p> <p>- Staff wellbeing may be harmed.</p> | <p>- Existing prioritisation arrangements are in place.</p> <p>- Policies and procedures are in place.</p> <p>- Processes are in place.</p> | 4 | 4 | 16 | <p>- Review of succession planning is to be conducted.</p> <p>- Need to assess the service demand against the resource availability to understand impacts and generate action plans.</p> <p>- Develop further prioritisation arrangements.</p> <p>- Continually assess through performance appraisals and individuals one-to-ones.</p> | 3 | 3 | 9 | | John Leach | 31/03/16 |

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| 21. Local Services and Enforcement REDUCTION IN INCOME GENERATION PROGRAMMES With reductions in public demand in building, parking, licencing, income generated by the Council may be significantly reduced and income generation/revenue targets may not be met. Also, 'one off' income programmes are set as recurring within the budgets/accounts; impacting further on future financial targets. | - Budgets are not adhered to. - Income streams continue to reduce (e.g. Building Regs) due to the economic climate. - Targets remain the same or increase, against income sources and staff reductions. - One off income is disclosed as recurring, increasing the savings gap. | - Budgets are in place and alternative savings option appraisals are performed and saving plans are implemented. - Policies and procedures are in place. - Adhoc business development arrangements are in place. | 3 | 5 | 15 | - Need to review income targets for recurring and 'one off' income with finance to resolve on-going issues. - Enhance the business development resources/opportunity. - Budget strategy review. - Service review/impacts. - Further marketing and promotional projects. | 3 | 4 | # | N/A | John Leach | 31/03/2016 Ongoing |

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| 22. Local Services and Enforcement RESOURCE & CAPACITY - INCREASED WORKFORCE AGE PROFILE Specialist skills and knowledge within the team may be lost due to future retirement programmes. Furthermore, national surveys have identified a lack of aspiration in individuals (younger generation, female workforce and some ethnicities) wishing to join the Council within these roles. | - Teams already at a minimum number and extra workloads may be unsustainable. - Likelihood of key person dependency as teams reduce further (fewer people in key roles). - Potential non-compliance with legislation/regulation. - Potential stress-related absence/claims. - Quality of service delivery may be affected. | - "Step up" - work experience utilise. - Graduate project officers. -Training & Mentoring -Knowledge sharing | 3 | 5 | 15 | - Succession planning review is required. - Continue to enhance and develop the apprenticeship scheme. - Commence positive promotion of the work/career in this area. - Seek funding for apprenticeship. - Ensure knowledge sharing takes place. -Training/ Mentoring/ Structuring. | 3 | 4 | # | N/A | John Leach | 31/03/2016 Ongoing |

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| STRATEGIC AREA - Corporate Resources and Support | | | | | | | | | | | | |
| 23. Delivery, Communications and Political Governance - UNPLANNED ELECTION EVENT The service may struggle to manage a number of unplanned, additional elections, as well as a number of different type of elections e.g. House of Lords, Referendums etc. | - Elections not performed appropriately/challenges received. - Reputational damage. - Adverse effect on finances. - Media coverage. - Public complaints. - Increase in resource requirements. - Could lead to increased expectations on the existing trained core team; who hold relevant and detailed knowledge. - The potential repetition of impacts and pressures that arose during 2011 elections. | Returning officer and nominated deputies are in place. - Insurance is in place. - Many elections can be planned and have set dates. - May 2015 elections enabled newer members of the core team to develop further skills and experience in specific aspects of the elections process | 4 | 4 | 16 | '- Develop skills and expertise across the wider electoral services team. - Ensure that there is a robust planning support structure in place. Develop a potential 'business continuity plan' to build resilience and stability. - Use external or peer support where feasible e.g. from other local authorities. - Consider training/up-skilling a pool of contingency staff. - Review further as a management team. (Actions required to maintain risk score). | 4 | 4 | # | | Miranda Cannon | 31.03.2016 and ongoing |

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| <p>24. Delivery, Communications and Political Governance - LEGAL CHALLENGE Increased legal challenges may heighten the need to ensure that processes are effective, efficient, communicated in a uniform manner and that managers and staff follow explicit guidance. Equalities Impact Assessments (EIAs) are likely to become an increasingly targeted area for Legal Challenge.</p> | <p>- Communications are not appropriate (present the right information, performed in a uniform manner, not consistently worded, communicated or the tone are appropriate), leading to legal challenge. - Equalities Impact Assessments cannot address all potential areas of legal challenge on Public Sector Equality Duty grounds. - Lack of legal expertise/appropriate resources. - Potential for legal challenge/judicial review by providers, staff, service users, etc. - Reputational damage/media exposure. - Unplanned adverse effect on budget/finance - Resource intensive to defend legal challenges/judicial reviews.</p> | <p>Equality Impact Assessments (EIAs) are performed to help ensure the Council meets the Public Sector Equality Duty (PSED). - On-going reviews of outcomes of other PSED challenges inform our approach to demonstrating compliance with our PSED, and lessons from these shared / communicated and used to revise our approach where appropriate. - Processes and procedures in place. - Staff are aware of duties, responsibilities and relevant considerations required to demonstrate compliance with PSED. - Expert support eg HR, equalities, consultation, CPMO in place with supporting guidance. Equalities e-learning module developed and being rolled out. - EIA process (what needs to be considered when) and EIA templates recently reviewed and revised.</p> | 4 | 4 | 16 | <p>- Continue to review external practice eg from other Local Authorities and partners, which have been deemed as best practice and implement locally as appropriate. - Ensure the correct resources, with the relevant skills and experience are allocated to roles. - Ensure HR support is available. - Implement agreed actions in relation to strengthening evidence based decision making including use of data and research</p> | 4 | 3 | # | | Miranda Cannon | 31.03.2016 |

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| 24. Delivery, Communications and Political Governance - LEGAL CHALLENGE - Continued | <ul style="list-style-type: none"> - Unrealistic public/political expectations. - Procurement process may be challenged. - Legal challenges focus on process rather than content. | <ul style="list-style-type: none"> - Equality checklist for different stages of capital projects being developed so that equalities considerations at each stage are recorded and signed off - Council EIA template being used for Health & Well Being Board reports and also for Better Care Together reports, standardising our approach with partners particularly in Health sector. - Work underway to further develop internal skills and capacity in relation to robust evidence based decision making | | | | <ul style="list-style-type: none"> Mandatory equalities e-learning package being scoped and developed - EIA e-learning module being developed - Consider these actions as one element of a wider package of support for evidence-based policy making and service development, linking in with divisional actions to promote the sharing of intelligence, strengthen practice around option appraisal, consultation and evaluation, and provide practical help with cost-benefit analysis (e.g. researching the scope of a problem, the reasons for intervention, and good practice solutions). | | | | | | |

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| <p>25.Information and Customer Access Information Governance compliance Key areas of risk are: flexible working practices which expose data to new risks, inappropriate disclosure of personal data, insecure and excessive information sharing externally and internally, lack of universal participation in Information Governance training, lack of awareness of the compliance and enabling role of Information Governance and failure to comply with the Regulation of Investigatory Powers Act 2000. (Also see corresponding risks around Data Protection and Freedom of Information compliance.)</p> | <ul style="list-style-type: none"> - Data may be lost or shared inappropriately. - Potential legal challenge. - Breaches in regulation/legislation, which may incur fines, reputational damage and negative media coverage. - Local breaches are not reported to the Information Governance Team until a compliant arises. There may be a number of unreported information governance breaches which are unreported and being managed at a local level. - Subject Access Requests: this area has failed in compliance in 2013, and could fail again in the future. | <ul style="list-style-type: none"> - Policies and procedures in place e.g. security, retention and disposal. - Devices are encrypted. - Staff are briefed on Information Governance compliance and asset management. - Improvement plan identifies necessary procedural updates etc. - Good liaison with Information Commissioner's Office and increased visibility and compliance. - Regular reports to Directors on the importance of Information Governance compliance. - Staff are required to complete Information Governance training on induction and all staff were asked to complete training in 2013. | 4 | 5 | 20 | <ul style="list-style-type: none"> - Requirement for all to complete annual Information Governance awareness training should be enforced. - Introduce a self-service Information Governance health check for Managers to check their team's compliance and identify their own improvement actions. - Information Governance issues to be addressed more consistently in contracts outside IT Procurement (where this is systematic). | 4 | 3 | # | | Alison Greenhill | 31.03.2016 |

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| Risk What is the issue: <i>what is the root cause/ problem – what could go wrong</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 | Risk Score with existing measures (See Scoring Table) | | | Further management actions/controls required | Target Score with further controls (See Scoring Table) | | | Cost | Risk Owner | Review Date |
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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 25.Information and Customer Access Information Governance compliance - Continued | | - Leicester City Council submissions to the NHS Information Governance (IG) Toolkit provide a health check on Information Governance policies and systems. - Self service IG Healthcheck tool for managers has been drafted. Next stage is testing. NB staff turnover and high rates of change are increasing the Council's exposure to risk here. | | | | - Need for services facing high staff turnover to prioritise Data Protection and security training to maintain capability levels. NB: in a changing context, controls need to evolve and be constantly refreshed to maintain the risk exposure at the current level and prevent it from increasing. Therefore, no reduction in risk exposure is anticipated. | | | | | | |

Appendix 2 - Leicester City Council Operational Risk Register

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Risks as at: 31 October 2015

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| <p>26. Information and Customer Access Staff: Capacity, capability and recruitment Capacity: There are insufficient resources to meet increase in demands, such as business application outage, application failure etc., due to an already lean structure. Teams are being worked increasingly hard including weekends and out of hours. Staff Retention: With a buoyant market place for the team's skills, staff may seek career progression outside the Council. Formal career progression opportunities may not be available internally. Recruitment: Department requires highly skilled people but applicants may be less likely to apply for jobs at the Council as it may not be seen as the employer of first choice.</p> | <p>Unable to attract high calibre, skilled individuals. - Lack of adequate succession planning in some areas, leading to increased key person dependency vulnerability. - Vital skills and expertise are lost e.g. Lync, data warehouse. - Vacancies create more workload pressures and impact on the wellbeing of the remaining staff. - Staff more likely to elsewhere as the market picks up, especially as Job Evaluation means people are already being asked to do more for less. - Unable to meet service demand and service Level Agreement and to deliver core services. Reputational damage.</p> | <p>- On-going review with HR to ascertain options. Options such as graduate recruitment being investigated and implemented where appropriate. - Training, motivation, internal career development to retain and develop staff. - Market increments for key posts (</p> | 4 | 4 | 16 | <p>Consider up skilling/cross skilling the Team to increase scope of roles etc. - Work with HR to address particular concerns. - succession planning, shaped by skills matrix. - Apprenticeships and graduate schemes for regular input of new talent/skills. - Capture and more proactively manage service demand. - Implement formal out of hours procedure. - review technology architecture to remove any unnecessary complexity and reduce dependency on hard to source skills</p> | 3 | 4 | # | | Alison Greenhill | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 26. Information and Customer Access - Continued Key person/team dependency: Reliance on key people/teams, for e.g. Transformation Team, Finance (Agresso) to deliver the service may leave, or could be on long term absence. Structure/Role coverage: There is no formal out of hours service in place to support services, which operate out of Council hours, such as evenings and weekends. Some needs met by goodwill. | | | | | | - Review existing support contacts to ensure we understand what maintenance support is offered and that we're making best use of these arrangements. - Embed new senior management arrangements. | | | | | | |
| 27. Information and Customer Access Finance and budget - impact on ability to meet Council requirements On-going pressure to reduce costs within the council which is impacting on the service capacity. | - Continued cuts lead to not enough people to deliver the service - Service demand may not be met - Targets and deadlines may be missed, e.g. delivery of new programmes and business solutions. - Loss of front line productivity across the Council as services are not available when needed. | - Engaging with the review of IT services to ensure there is a clear understanding of the services provided and the potential impacts of major service cuts. - Raise profile and demonstrate value of the team and the need for specialised resource. | 4 | 4 | 16 | - On-going existing actions. | 4 | 4 | # | | Alison Greenhill | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| <p>28. Information and Customer Access Information Security The information and IT security environment is changing rapidly, altering the risk profile and requiring constant adjustment of controls e.g. Challenges of cloud computing, use of mobile devices for flexible working, bring your own device). It is challenging for central IT and information services to evolve infrastructure, policy, practice and guidance to keep up, and for the wider employee base to adapt their working practices to keep the organisation's information secure. In addition, requirements for national Code of Connection compliance also change over time, placing new security demands on the organisation. Failure to stay on top of security risks presents the risk of information security breaches.</p> | <ul style="list-style-type: none"> - Information security breaches in which personal and/or sensitive Information is compromised. - potential for Data Protection monetary penalties, negative press coverage, reputational impact. - Impact on individuals (employees, service users, citizens) of their Information being compromised, including distress or damage such as identity theft and reputational impact. - Reduced trust in the Council, impacting on its ability to deliver key services - Lost productive time due to IT downtime | <ul style="list-style-type: none"> - IT security provisions - encryption, firewalls, virus protection, Secure Socket Layer connections where needed, access control. - Security standards, policies and procedures, maintained, proactively communicated and published for universal access. - Dedicated security roles undergoing professional development. - Assurance routes via 1. Work to obtain and maintain Public Service Network accreditation, 2. Internal audit, 3. Information Governance Toolkit. - Information and IT security are integral to IT procurement exercises, to ensure that software and hardware offer good security. - Technical Information Security Group to raise security issues, address concerns, track implementation of internal audit recs. - New approach to report on uptake of Data Protection training to support managers in compliance - targeting Children's Services first. | 4 | 4 | 16 | <ul style="list-style-type: none"> - Keep controls up to date to respond to evolving threats. - Increase manager awareness of the negative impact of staff change etc. on security awareness and capabilities. - Adjust security provisions to meet the next year's Public Service Network requirements. <p>NB: in a changing context, controls need to evolve to maintain the risk exposure at the current level and prevent it from increasing. Therefore, only a limited risk exposure is anticipated.</p> | 4 | 3 | # | | Alison Greenhill | 31.03.2016 |

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|--|--|---|--|-------------|------|--|---|-------------|------|------|------------------|-------------|
| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 29. Information and Customer Access Capacity and Service Reporting Across the estate, the utilisation of application and network related hardware may not be fully understood. | <ul style="list-style-type: none"> - Reputational damage - Service delivery may not be met - Effect on available resources i.e. budget and staff if unplanned upgrades required - Negative effect on productivity - Affects ability to plan | - none noted currently (Tools are available but not being used) | 3 | 5 | 15 | <ul style="list-style-type: none"> - Maximise use of available tools - Develop framework/guidelines for operating procedures | 2 | 4 | 8 | | Alison Greenhill | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| <p>30. Information and Customer Access Demand and change management</p> <p>There is no clear demand pipeline especially around project related activity, which means it is difficult to plan staffing, prioritise and manage workloads etc. There is no Target Operating Model, so that service level expectations/outputs and deliverables are not always clear and not delivered upon under a uniform agreement across the business. In some instances, the least relevant priority is dealt with rather than the most significant. This is exacerbated as there is currently no consistent way to capture and manage Business Application support and demand. ICT cannot provide the additional flexibility, complexity and time/resources required by rising customer expectations.</p> | <ul style="list-style-type: none"> - Improvements are not made to processes and procedures. - Inefficient and/or ineffective operations are in place. - Internal reputation impacts. - Demand may not be met. - Service delivery affected. - Incidents are not appropriately identified and rectified. - Increased reliance on IT staff rather than departmental self-sufficiency. - Increased demand on ICT resources. - Supplier response times and deadlines to rectify fixes/changes are lengthy and not always a priority. | <ul style="list-style-type: none"> - Tactical improvement actions and plans have been identified and are in the process of being implemented. - Gateway process in place - Organisational restructure has been suggested and is being considered. - Business Continuity Management arrangements under review. | 3 | 5 | 15 | <ul style="list-style-type: none"> - Implement holistic Disaster Recovery Plan. - Confirm roles and responsibilities. - Ask services to involve the customer services team in the planning/phasing/releasing of information etc. - Intended focus on more long term and forward planning. - Consider establishing a demand team (as part of the Methods review) | 3 | 5 | # | | Alison Greenhill | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 31. Information and Customer Access Demand and change management - Continued | <ul style="list-style-type: none"> - Contract arrangements do not include performance targets, turnaround times SLA information etc., the Council is unable to hold them to account. - Data could be lost/unable to be restored - Delays in projects, tasks and assignments. - Adverse effect on budget. | | | | | <ul style="list-style-type: none"> - Unlikely to be able to influence this risk in the near future as fundamental organisational change is required, so management actions are to maintain status quo and prevent the risk worsening. | | | | | | |

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|--|---|--|--|-------------|------|--|---|-------------|------|------|------------------|-------------|
| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| <p>32. Information and Customer Access Impact on record keeping from use of shared drives and email Information on line of business systems including the Council's EDRMS can be more robustly managed than that on email and shared drives. Email has become the predominant means of business communication BUT this means that records of Council activities and decisions are stored in Outlook rather than systems where they can be sufficiently protected, findable and available as Council records. Shared drive management is also problematic . Many teams do not have a mature shared drive structure in place, and structures are sprawling. Some officers do not have access to shared spaces, only to individual Home drives.</p> | <p>-Excessive IT overhead from backing up and keeping available huge volumes of data, a proportion of which is redundant. - Business impact of not seeing the wood for the trees, where documents and files are accumulated to excess without consistent filing practices, naming conventions and disposal routines, and where defunct materials are still cluttering up drives. - Potential inability to access corporate records in personal storage locations without the presence of specific members of staff. - Potential loss of corporate records when employees leave the organisation and have used personal not corporate filing.</p> | <p>- Policies in place (e.g. Information Management Policy, Records Retention Schedule). - ICT induction briefly addresses email management and filing systems. Being reviewed now so there are stronger messages about managing content. - Information Management Team advising teams on an ad hoc basis re good records practice. - Guidance written on a shared drive refresh process - being tested with Children's Centres. Will enable a scaling up of assistance to services. - Draft guidance in place for driving down email volumes. In testing.</p> | 3 | 5 | 15 | <p>- Enterprise Content Management project to enable teams to review their saved content, to organise it and to cut it back to the necessary. - Relaunch of Information and Records Management policies. - Rollout of information management training for managers. - Improved induction training for information management. - Integration of IM skills into wider courses where appropriate. - Create a self service information and records healthcheck helping services to prioritise addressing weak areas (Jan-Mar 2015).</p> | 3 | 4 | # | | Alison Greenhill | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 32. Information and Customer Access Impact on record keeping from use of shared drives and email - Continued Even where well designed filing structures are in place, electronic disposal of records at the end of their lifetime is usually not taking place, leading to accumulation of materials. | <ul style="list-style-type: none"> - The accumulation of past materials impedes effective working on current issues. - Potential for the Council to be unable to locate the evidence it may need for its decisions and actions. - Increased overhead of responding to Freedom of Information requests. | | | | <ul style="list-style-type: none"> - The success of the above controls is conditional on effective communications and strong buy-in cascaded across the organisation from senior management down. - Progress is also currently impeded by limited staff resources in Information Management. Restructure underway to increase skilled capacity. | | | | | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| <p>33. Legal - Key areas of risk are: flexible working practices which expose data to new risks, inappropriate disclosure of personal data, insecure and excessive information sharing externally and internally, lack of universal participation in Information Governance training, lack of awareness of the compliance and enabling role of Information Governance and failure to comply with the Regulation of Investigatory Powers Act 2000. (Also see corresponding risks around Data Protection and Freedom of Information compliance.)</p> | <p>- Data may be lost or shared inappropriately. - Potential legal challenge. - Breaches in regulation/legislation, which may incur fines, reputational damage and negative media coverage. - Local breaches are not reported to the Information Governance Team until a compliant arises. There may be a number of unreported information governance breaches which are unreported and being managed at a local level. - Subject Access Requests: this area has failed in compliance in 2013, and could fail again in the future.</p> | <p>- Policies and procedures in place e.g. security, retention and disposal. - Devices are encrypted. - Staff briefed on Information Governance (IG) compliance and asset mgmnt. - Improvement plan identifies necessary procedural updates etc. - Good liaison with Information Commissioners Office (ICO) and increased visibility and compliance. - Regular reports to Directors on the importance of IG compliance. - Staff are required to complete IG training on induction and all staff were asked to complete training in 2013. - Leicester City Council submissions to the NHS Information Governance Toolkit provide a health check on IG policies and systems.</p> | 4 | 5 | 20 | <p>- Requirement for all to complete annual IG awareness training should be enforced. - Introduce a self-service IG health check for Managers to check their team's compliance and identify their own improvement actions. - IG issues to be addressed more consistently in contracts outside IT Procurement (where this is systematic). - Need for services facing high staff turnover to prioritise Data Protection and security training to maintain capability levels. NB: in a changing context, controls need to evolve and be constantly refreshed to maintain the risk exposure at the current level and prevent it from increasing.</p> | 4 | 3 | # | | Kamal Adatia | 31/03/2016 Ongoing |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 33. Legal - Continued | | - Self service Information Governance Healthcheck tool for managers has been drafted. Next stage is testing. NB staff turnover and high rates of change are increasing the Council's exposure to risk here. | | | | Therefore, no reduction in risk exposure is anticipated. | | | | | | |
| STRATEGIC AREA - Education and Children's Services | | | | | | | | | | | | |
| 34. Children's and Young People- Improvement - Changing for the better LCCIB Improvement Plan -Budget Pressures on the divisional budget | Services to vulnerable children, young people and families would be reduced and affect safeguarding of children, and potentially have an adverse impact on delivering the Leicester City Council Improvement Plan | Deliver savings as part of the reviews taking place across LCC, including Education & Children's with clear explanations of the potential risks and impact. Deliver savings to meet the budget pressure within the CYPF Division | 5 | 4 | 20 | Identify further projects to ensure delivery of savings, assess impact and agree any further mitigating factors | 4 | 4 | # | | Claire Pyper | 31.03.2016 and ongoing |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| Requirements to reduce public sector funding affect the Council's ability to fund key areas of improvement work | Workforce continues to be in flux and subject to high turnover, which impairs consistent service and increases risks for vulnerable children and young people. Insufficient funding in local authority and partner services to deliver improvement work and maintain level of Early Help and statutory services. | Priorities for short and long term funding of improvement work are being considered by senior managers and elected members. Proposed savings in Early Help services are currently being developed in consideration of Leicester City Council 2015/18 budget. Impact on services to Children young people and families is being assessed as part of savings proposals. Pressures on the Out of Authority placement and increase in Looked After Children (LAC) numbers beyond allocated budget. Funding of two PA's for over 16's and retention payments for social workers and team managers in front line teams already agreed. Advanced Practitioners appointed | | | | Further consideration of other identified improvement areas to be discussed. Further areas of the Resource Plan under consideration Quality Assessment post to be advertised in September | | | | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| | | | | | | | | | | | | |
| Increase in number of children looked after results in overspend, compensatory savings have to be made in other services | Reduced Early Help Services, resulting in less early intervention and higher numbers of children and families escalating to higher levels of need, putting additional strain on Children's Social Care budget. | Targeted work to safely and appropriately reduce the numbers of children in care and monitor the numbers of children requiring high cost externally commissioned placements. Further work to be carried out to consider future commissioning arrangements for young people who are victims of CSE. | | | | Examination of existing controls, including social work practice, decision making, work to address young people on the 'edge of care', placement commissioning and exits from care. | | | | | | |
| Cost of agency social workers, including staffing over capacity, and interim staff working on improvements results in overspend, compensatory savings have to be made in other services | Increase in overspend, due to the higher costs of agency workers; and additional staff to carry out improvement work, reduce caseloads and ensure capacity to carry out key jobs is in place | Workforce Strategy sets out plans to attract permanent staff to Leicester and retain incoming and existing staff. Strategy includes progression and workforce development. Regular monitoring of staff appointments to agency posts. | | | | Continued work on recruitment, retention and induction. Focus on recruitment of permanent Team Managers. | | | | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| Permanent staff absence (sick leave, maternity leave, disciplinary action) results in higher costs because of the need to pay agency worker | Regular monitoring of staff performance, and absence. | Continuing to take a robust approach to managing staff absence and reduce the amount of time that is lost due to sickness. | | | | Children in Need (CIN) Attendance management-briefings for all CIN managers at induction and dedicated HR support put in place to support management of absence management | | | | | | |
| Staff leave, resulting in the need to fill posts with agency workers | Additional expenditure on agency staff. Loss of experience and continuity. | Workforce Strategy developed and being implemented. Use of agency staff to fill vacant positions while permanent recruitment takes place. National and regional problem of availability of experienced social workers and Team Managers is impacting on LCC. | | | | Ensure progression in place for experienced workers following appointment of new Team Managers. Individual discussions with staff wanting to progress, or dissuade them from leaving. | | | | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 35. Children's and Young People - Safeguarding Staff fail to recognise and act to safeguard and mitigate the risks of significant harm to children | No interventions where action needs to be taken, interventions that do not make enough difference to children's lives, an increased risk of significant harm, and/or an avoidable child death. | Agreed improvement plan in place, being implemented and monitored, including all Ofsted recs <ul style="list-style-type: none"> • Additional short term CIN Team in place to increase capacity • Early Help Offer re-launched with training for staff/ partners • Thresholds documents re-launch • Weekly CIN Performance meetings to look at key performance areas and spot checks on identified areas • Team Manager training to reinforce management oversight • Distribution of agreed Service Standards across the Children's Workforce • External audit of Ofsted cases • Workforce Development Programme with aim of attracting workers to Leicester City, retention programme, growing own social workers and stabilising workforce • Revised supervision and case recording policies * External auditors feedback on cases with recommendations for improvement | 3 | 5 | 15 | Further Implementation of the Leicester City Children's improvement plan including: <ul style="list-style-type: none"> • Quality Assurance work by external auditors used to drive up practice and management standards, and enable managers to carry out realistic, robust audits • Principal Social Worker to be appointed to improve practice standards • Outcomes of, and learning from, Serious Case Reviews to be communicated to staff, including recommendations on practice and management work with partner organisations to ensure application of the LLR thresholds, reduce inappropriate contacts and referrals and ensure sufficient detail is given to enable robust decision making. * Appointment of 9 Advanced Practitioners (non-case holding) to take on supervisory and quality assurance functions across CIN and LAC | 3 | 4 | # | | Claire Pyper | 31.03.2016 and ongoing |

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|---|---|---|--|-------------|------|--|---|-------------|------|------|------------|-------------|
| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| Practitioners and managers do not work to required standards | Poor quality, inconsistent service to children, young people and their families, and increased risk of significant harm | <p>Weekly performance meetings in CIN</p> <ul style="list-style-type: none"> • Quality Assurance work by external auditors in conjunction with social workers and team managers, with immediate corrective action for cases identified. • Reports produced on 'Practice Analysis with results of the Quality Assurance work. • Workshops for all social workers and team managers on the outcome of the Practice Analysis in June 2015 • Workforce Development Programme in place <ul style="list-style-type: none"> * Briefings and rollout implementation of the Service Standards, Supervision Policy and Guidance and the Performance and Quality Assurance Framework * External auditors feedback on cases with recommendations for improvement * Feedback to CIN Service about outcomes of Ofsted support visit with actions to address areas identified as needing improvement * Induction programme in place | | | | <ul style="list-style-type: none"> • Implementation of the improvement plan including: • Use established frontline (practitioner) Group as 'Champions' • Practice and performance quarterly workshops for all staff • Continued implementation of the Workforce Improvement Plan including recruitment, retention and induction of agency and permanent staff and action to reduce imbalance of agency Team Managers to permanent Team Managers <ul style="list-style-type: none"> * Equipping social workers with appropriate mobile technology * Business Analysis of the critical area (CIN teams) | | | | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| Abuse or injury to children and young people in the City. | Children would be unsafe living with their parents. Where known to Children's Social Care or Early Help, services would not have protected them. Where a child suffered significant harm or death, there could be a Serious Case Review, with outcomes published nationally. | Implementation of Improvement Plans at Operational and Strategic Level. Recruitment of staff. Staff training. Supervision and management oversight. | | | | | 3 | 3 | 9 | | | |

Appendix 2 - Leicester City Council Operational Risk Register

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| <p>Child Sexual Exploitation:</p> <p>Non-recent cases of CSE where police investigation and/or victims statements demonstrate local authority involvement or culpability in failing to protect victims.</p> <p>Current work on CSE where local authority/partnership working have failed to protect young people from perpetrators</p> | <p>For non-recent and current</p> <p>Reputational risk in a high profile area</p> <p>Allegations against staff or former staff</p> <p>Media coverage</p> <p>Claims against the Council</p> | <p>For non recent cases. Local authority engagement with police in non-recent investigations.</p> <p>For current work. CSE Strategy and Action Plan in place across Leicester, Leicestershire and Rutland Leicester Safeguarding Children Board.</p> <p>Training for local authority and partner agency staff provided through the LSCB and single agency training.</p> <p>Communications Planning.</p> <p>Liquid Logic workspace in place from July 2015. Problem profile (perpetrator information) being put into place by the police.</p> <p>Performance Framework being established. LCC considering budget allocation to establish a CSE team in conjunction with Leicestershire.</p> | 3 | 5 | 15 | <p>CSE Team to be established. Audit work being carried out on young people who are 'missing' or subject of CSE, to be completed by October 2015 and actions considered. Plans for a multi-agency team across Leicester, Leicestershire and Rutland to work on CSE</p> <p>Work to ensure more robust approach</p> | 4 | 4 | # | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| Publication of Serious Case Reviews for cases that occurred in 2013/14 | Impact on staff morale, engagement with vulnerable families, partner confidence and public reputation | Serious Case Reviews not yet published, first set due for approval December 2015; second set in January/February 2015. LSCB partner agreement and media engagement about the messages to be released. Themes and actions arising from pre-publication messages already included in Improvement Plan, or being communicated separately to staff. | 3 | 5 | 15 | Work through LSCB groups to disseminate messages from the Serious Case Reviews. | | | | | | |
| Increased demand for service following the publication of the Ofsted report; or due to increasing population of the City | Higher numbers of contacts and referrals diverts core role of social workers to increase time pressures to potentially affect quality of work with children at higher risks of neglect and/or abuse. | Regular checks on demands for Early Help and Children's Social Care through performance information | 3 | 5 | 15 | Continue to monitor, raise with partners through LSCB Examine through Children's Trust and consider multi-agency solutions Encouraging schools to buy in Family Support work | | | | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| Abuse or injury to children in a range of care placements | Children would be unsafe and have experienced significant harm while in the Council's care. | Ensure maintenance of robust safer recruitment processes and Local Authority Designated Officer arrangements. | 3 | 5 | 15 | No further controls identified. Compile and monitor critical Young people identified as being at risk of CSE | | | | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| <p>36. Children's and Young People - Workforce - Staff fail to recognise and act to safeguard and mitigate the risks of significant harm to children - Insufficient high quality workforce at practitioner and manager levels including:</p> <ul style="list-style-type: none"> • Turnover/retention of agency staff • Poor quality agency staff • Current Permanent staff leaving • Difficulty in recruiting permanent staff to Service Manager, Team Manager and Social Worker posts due to pressure to perform to required standards • Practical problems that affect day to day work • Leicester not able to attract staff while 'inadequate' | <p>De-stabilisation of workforce and a ripple effect from CIN Teams to other teams in social care. New agency staff struggle to pick up cases that have been through several interim social workers causes stress to new staff</p> | <p>Retention package has been approved</p> <ul style="list-style-type: none"> • Additional CIN team in place to reduce pressure points across the 9 CIN teams • Workforce Improvement Plan in place • Implementation of recruitment and retention aspects of the Workforce Strategy and Improvement Plan • Health check by Liquid Logic Original Suppliers • Contact with Other LAs successfully using Liquid Logic <p>*Workforce Project Officer working in collaboration with the service to recruit agency and permanent staff *Non-compliant or poor quality agency staff asked to leave *Capability/disciplinary action in relation to permanent staff *Exit interviews with departing staff *Dedicated HR support to CIN to progress capability/disciplinary action</p> <p>Mobile phones and laptops being supplied to staff. Search for new accommodation under way.</p> | 5 | 4 | 20 | Continued work to implement Service Standards, address key areas of staff performance through management action, follow up findings from Performance and Quality Assurance reports | 4 | 4 | # | | Claire Pyper | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| Insufficient high quality workforce in support services resulting in key support functions not being carried out including Business Support, Liquid Logic report writing, Liquid Logic training and floorwalking | Key tasks underpinning Improvement Plan not carried out, or delayed due to lack of staff | Continued recruitment of key staff including consideration of secondments * Business Analysis of the critical area (CIN teams) *Roll out of mobile technology to staff | | | | Recruitment of an additional trainer for Liquid Logic, and further work to recruit report writers. Consideration of Business Support functions in business analysis work | | | | | | |

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| 37. Children's and Young People - Liquid Logic - Liquid Logic's children's recording system does not work effectively to ensure business processes, support good practice or evidencing children are appropriately safeguarded | Practitioner/manager training does not enhance system use Resistance among some staff hampers the use of the system Due to increased demand for social care requirements from the BAS team (ICT for Liquid Logic), the early help reporting roll out in September is at risk. Change is not embedded and the system is unable to discover where things are going wrong & progress is not being maintained * Turnover of staff prevents effective use of the system * Shortage of training not enabling effective use of system * ICT support for use of system is hampered by insufficient report writers and trainers * Inconsistent use of system leads to errors in recording and performance of system | <ul style="list-style-type: none"> • Health check by Liquid Logic in August 2015 with recommendations communicated in September 2015 * Consequence of Healthcheck remedies will be delayed implementation of LL Version 11 to February 2016 * POD group meets monthly and focusses on LL issues raised by front line staff and managers * Aide memoires issued to staff to assist with use * Training and helpline in place * Priority list in place for LL reports • Contact with Other LAs successfully using Liquid Logic * New staff undergo induction programme including Liquid Logic training. * Floorwalker support ended in May 2015 | 5 | 4 | 20 | <ul style="list-style-type: none"> • Actions taken with provider: <ul style="list-style-type: none"> - Prioritisation and implementation identified through the Health check and for V11 High level project plan to be developed. Recruitment of Liquid Logic report builders and training of others in Performance team to undertake query and report building in Liquid Logic • Task and finish group for Care Plans • Communication Strategy and plan is being developed and used Health check and Implementation of V11 need to be linked to drive efficient use of the system. Single route for agreement of all future work. Trainers under single management. Role of champions to be reviewed. | 4 | 4 | # | | Claire Pyper | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| Early Help module system implementation is delayed with governance arrangements not in place, training not available, partners not participating. | Lack of confidence in Early Help Assessment. Partners not engaging in Liquid Logic training or using the system. Partners not signing Information Sharing Agreement therefore information cannot be shared or partners do not take on the LP role. | Project board meets fortnightly reviewing risks and progress, Risk Assessment in place, data protection guidance drafted, options being explored to include EHA as part of the ISA for LSCB partners. | | | | Allocation of trainers and BAS report writers to the Early Help system through deployment of existing resources and temporary recruitment of additional staff. Discussion at the LCCIB and the Early Help Group of the Children's Trust Board about how to increase the allocation of Lead Practitioners in partner agencies due to take place October 2015. | | | | | | |
| 38. Children's and Young People - Inspections - Impact of poor outcomes from Ofsted Inspections. | Poor quality, inconsistent service to children, young people and families. Additional expenditure for improvement work. External scrutiny from Ofsted and DfE. Potential difficulty in attracting staff. Reputational damage to the Council. | Ofsted inspection of Children's Social Care under the Single Inspection Framework took place in January/February 2015, report published March 2015, judgement of 'inadequate'. Inspections and monitoring visits of Children's Residential Homes are carried out regularly and tracked through the 'Residential Improvement Plan'. Preparation work in place for inspection of Children's Centres. | 3 | 5 | 15 | Performance and Quality Framework in place. Regular monitoring of performance and quality of service. Meet key targets set by the Improvement board | 4 | 2 | 8 | | Claire Pyper | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| <p>39. Children's and Young People - Early Help - Failure of services and processes to identify and meet the needs of vulnerable young people. Extent and gearing of department budget cuts for 2012-15 compromises operations and generates a higher safeguarding failure.</p> | <ul style="list-style-type: none"> • The number of children and young people vulnerable to poor outcomes increases resulting in reduced life chances, subsequent high reliance on specialist high cost services and potentially death. • Poorer outcomes overall, children's plans priorities compromised, loss of education, reliance on higher cost services, death etc. Reduced management and admin cover will reduce the capacity of existing staff to complete the data analysis required to identify and track families/children at risk of poor outcomes. * Partners are not engaged with Early Help or contribute to the offer | <ul style="list-style-type: none"> - Early Help and Prevention protocol in place underpinned by the Early Help and Prevention Strategy. - Launch of the EHA, resources and website (Mar 15) - Training programme and comms plan in place - Initial stakeholder analysis completed (Jan 15), more detailed one underway (May 15) - Partnership Performance Framework drafted and EH reports for SEG that evidence impact and progress - CC & FS business care project group meets fortnightly to ensure the implementation of recommendations are on track - Health Check underway with cyp, families, staff and partners (May/June) results to be published Aug 15 Increase Traded Family Support services within schools | 4 | 4 | 16 | <p>Embedding the Early Help Assessment with all service providers including schools. Deployment of newly redesigned Family Support role.</p> <p>Complete identified work post implementation of the review . Task and Finish group to be set up to oversee the implementation of the recommendation of the Business case</p> | 3 | 4 | # | | Claire Pyper | 31.03.2016 and ongoing |

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| 40. Children's and Young People - School Attendance - Failure to address children not attending school | Children out of school on an 'unauthorised' basis could be at risk of safeguarding harm, or becoming a victim or perpetrator of crime. Legal action against LA possible for failure to fulfil statutory duty of enforcement of regular school attendance (s.437-446 EA 1996) | EWS holds regular Pastoral Referral meetings with all schools, using threshold list of pupils to identify any pupil attending below 95% & then determines appropriate action. Education Welfare services now integrated under one division . | 3 | 3 | 9 | Regular supervision of EWO managed caseload to identify where legal action against parents is appropriate. | 2 | 2 | 4 | | Claire Pyper | 31.03.2016 |
| Failure to identify and address Children not receiving education (CNRE) cases | Child(ren) could be at risk of safeguarding harm, for which LA could face litigation for failure to fulfil its statutory duties. (s.11 Children act 2004 & s.436A EA 1996) and potential claims re failure to develop to full potential due to loss of access to educational opportunities. | ONE team data officer specifically appointed to effectively identify, track and locate whereabouts of YP and refer onto EWS for more in depth investigation work where necessary. | | | | Work within LA monitored on a termly basis by the Attendance Strategy Group. | 2 | 2 | 4 | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 41. Children's and Young People - Placements for children and young people who are looked after - Inability to recruit and retain foster carers | Insufficient internal foster care placements leading to greater use of Independent Fostering Agencies and greater cost to the Council. | Targeting resources to focus on mainstream foster carers. Foster carer allowances report to be considered by DMT to review payment. Foster carer scheme for teenagers to be considered as part of an 'invest to save' bid. | 4 | 4 | 16 | Consideration of raising foster care allowances to national requirement. Consideration of teenage fostering scheme. | 3 | 4 | # | | Claire Pyper | 31.03.2016 |
| Inability to find sufficient suitable residential placements for children and young people with complex needs | Insufficient/unsuitable residential care that does not meet children and young people's needs and leads to higher costs for the council and poor outcomes for children and young people. Council's statutory responsibilities as a Corporate Parent are not fulfilled | Management decision making. Placement Commissioning service. | | | | Proposals for invest to save for young people 'on the edge of care'. Increased use of Wigston Lane for young people moving into independence. | | | | | | |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| | | | | | | | | | | | | |
| 42. Children's and Young People - Access to records - Delay in the process in dealing with subject access requests & police disclosures | ICO fines and negative LA public attention | Clear action plan in place and situation monitored by senior managers. New manager in place. | 3 | 2 | 6 | Plans to increase the number of staff to ensure backlog situation does not reoccur | 3 | 2 | 6 | | Claire Pyper | 31.03.2016 |
| 43. Children's and Young People - Elected Members - Failure to engage Elected Members and secure their commitment to delivery of the Improvement Plan | *Partial improvements which will not secure the improvements required for Leicester City Children's Services to improve from Inadequate. *Escalation of DfE intervention *The risk of harm, neglect and/or abuse for children and young people is increased. | <ul style="list-style-type: none"> • Lead Member for CYPF is Board Member. • Lead Member is briefed on a weekly basis. • Lead Member sends progress updates to members * Regular 1-1 meetings between Strategic Director and City Mayor | 2 | 4 | 8 | * The Improvement Plan is regularly scrutinised by Elected Members, via Children's Scrutiny arrangements. Corporate Parenting Forum has revised terms of reference and is considering key areas of performance related to LAC * Training will be delivered to CYP members from November 2015 | 2 | 4 | 8 | | Claire Pyper | 31.03.2016 and ongoing |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| | | | | | | | | | | | | |
| 44. Learning Quality and Performance Leicester City Council reputation / relationships with schools are hindered by the delay in resolving snags and defects items with schools. | Low school engagement in sharing and / or celebrating impact of Building Schools For Future (BSF). Complaints from schools are likely to increase. High project staff turn over impact on schools confidence in LCC resolving snags and defects. | BSF School's in phase 3 to 6 identified as high risks are indicated on internal CPMO report with mitigating actions. | 5 | 5 | 25 | Resource management between property and education to be agreed. Children's Capital Governance to be reviewed to ensure resolution to snags and defects is reported and managed through the system. Clarity to schools provided on escalation route for snags and defects concerns. | 5 | 5 | # | staff time | Jane Winterbone | 31.03.2016 and ongoing |
| 45. Learning Quality and Performance - Leicester could be subject to a targeted Ofsted inspection with multiple inspections across schools followed by Local Authority (LA) inspection. | LA can provide evidence to support positive outcome but resource demands would be significant. Major issue about credibility of service which could increase the number of schools changing to academy status | School improvement reserve budget | 4 | 4 | 16 | Positive response to recommendations identified in peer review completion of a detailed Self Evaluation Form (SEF) leading to a revised school improvement Framework Close work between LA Officers, Department of Education & Ofsted representation to manage RI/SM schools Action plans in place for new teams in the raising achievement service linked to SEF | 3 | 4 | # | | Jane Winterbone | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| | | | | | | | | | | | | |
| 46. Learning Quality and Performance (LQP) - Children's Capital Investment Delayed capital projects disrupts educational improvements in schools | The schools overall time and capacity to focus on educational improvements is reduced and/or comprised building issues and disruption. | LQP services to be targeted where necessary to provide additional educational support and guidance in build delay works. Resolution to relationship and reputational management with BSF schools yet to be finalised. | 4 | 4 | 16 | CPMO reporting to be reestablished between property and childrens to provide regular update to resolve issues. | 3 | 2 | 6 | Staff time | Jane Winterbone | 31.03.2016 and ongoing |
| 47. Learning Quality and Performance School closure required due to significant health and safety snags and defects works incomplete in capital projects. i.e. heating, ventilation, water and fire system failures | Statutory education days in schools for Children and Young People not met | Building Review Groups (BRG) have now ended with BSF schools - further clarity on contract management to be discussed with property. | 4 | 4 | 16 | Resource management plan of snags and defect resolution to be supported in BSF post handover. | 4 | 4 | # | Staff time | Jane Winterbone | 31.03.2016 and ongoing |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 48. Learning Quality and Performance - Loss of contractual BSF knowledge and Intelligence through high staff turnover in project teams leading to poor decisions and non contractual compliance | Resolution to issues delayed. Reactive handover with no record of change, agreement or clarity for schools. BSF staff now in redundancy process and to be brought to an end by March 16. | School have been asked to request BRG reports from BSF project team so that they can take ownership in prioritising issues / actions against education needs. Awaiting final list of issues and snags from property. | 4 | 4 | 16 | Resource management plan of how schools will be supported in BSF post handover to be developed between property and education. | 4 | 5 | # | staff time | Jane Winterbone | 31.03.2016 and ongoing |
| 49. Learning Quality and Performance - Schools in Ofsted categories or below floor standard converted to academies by order of the secretary of state. | Schools no longer Local Authorities (LA) schools; impact on overall schools budget and reputation of authority. Difficult to maintain an overview of Children /young people that the LA continue to be responsible for. | School improvement strategy and LA support plans. School2School partnership are in place. Performance dialogue meeting between School Improvement Advisor and school leadership teams for every school in the City. Support and challenge is provided in inverse proportion to need. | 3 | 5 | 15 | Targeted support packages in place for schools in scope for conversion. Half termly progress checks through team around the school meetings Whole school reviews for those schools that are Requires Improvement or in Special Measures - Regular reports submitted to Divisional Management Team re current position | 3 | 4 | # | | Jane Winterbone | 31.03.2016 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 50. Strategic Commissioning and Business Development - Safeguarding/ teaching and learning workforce programmes are ineffective and Local Authority has insufficiently trained staff to deliver and manage the range. | Stress management failings, lacks capacity and competency. Potential adverse impact on inspection outcomes. | Work Life Balance policies, and supporting wellbeing website www.childrensworkforce.gov.uk / supporting wellbeing Learning Training & Development Plan refreshed – new Department priority and focus on qualification and safeguarding training. | 4 | 4 | 16 | Management to implement health and safety and wellbeing policies and seek advice and support to mitigate risk of undue stress in the workforce New corporate team to actively engage in implementing workforce strategy and limited strategy and plans. | 4 | 3 | # | | Frances Craven | 01.03.2016 |

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|---|--|--|--|-------------|------|---|---|-------------|------|------|--------------|-------------|
| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| STRATEGIC AREA - Public Health | | | | | | | | | | | | |
| 51. Public Health - Data Access and Sharing - 1. Unresolved issues in national guidance on this matter. 2. Pseudominised Hospital Episode Statistics data for 10 years has not yet been released to us. 3. No current access to birth and deaths (temporarily withdrawn) and risk will be there depending on how long Office of National Statistics takes to approve permissions. 4. Regarding data from General Practitioners (Systemone) the requirements for a data agreement with all data owners. This process is complicated and detailed. | Offer a limited services in terms of core offer and other analyses required. | Audit Information Governance within Division to support move to Information Governance Toolkit Level 3 Division of Public Health is at Information Governance Toolkit Level 2. Awaiting national decisions ether within the Department of Health, NHS England, Health and Social Care Information Centre and or the Information Governance Officer. Application made for births and deaths data. Current access through GEMCSU has not yet been activated for testing. | 4 | 4 | 16 | More timely data being released nationally on line (aggregated - does not support analysis at lower level). Maintain Information Governance Toolkit Level 2 and work to Level 3. Awaiting national decisions either within the Department of Health, NHS England, Health and Social Care Information Commissioner and/or the Information Governance Officer (secondary care data). Follow up application to Office of National Statistics. Arrangements in place for the sharing of NHS data for certain public helath commissioned services via risk stratification data extract information agreements being drawn up for specific projects (for primary care data). Continue to chase | 4 | 3 | # | | Ruth Tennant | 31/03/16 |

Appendix 2 - Leicester City Council Operational Risk Register

Risk Register Owner: Andy Keeling, COO

Risks as at: 31 October 2015

| Risk What is the issue: <i>what is the root cause/ problem – what could go wrong</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 | Risk Score with existing measures (See Scoring Table) | | | Further management actions/controls required | Target Score with further controls (See Scoring Table) | | | Cost | Risk Owner | Review Date |
|--|---|--|--|-------------|------|--|---|-------------|------|------|--------------|-------------|
| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 52. Public Health- Capability and Capacity- Recruitment of staff with special knowledge and expertise | Potential future succession planning issues. Less effective commissioning of specialist programmes Contracts are procured without the correct expertise/knowledge resulting in corrective action of legal costs. Incurring of additional costs through a need for agency and temporary staff to provide cover for work areas | Adherence to Local Government Association/Public Health England guidance relating to recruitment of staff Job description written in a relevant way to attract target applicants. Pay scales broadly similar to National Health Service/market force. Job evaluation complete Engaged with HR colleagues to understand and put in place steps to shape our recruitment offering to entice high calibre, relevant etc candidates in future recruitment and enable successful succession planning An interim a market supplement will be applied for to ensure posts can be advertised closer to former NHS levels. In the longer term a higher substantive banding or the role will be sought. | 4 | 4 | 16 | Seek grading scheme beyond market supplements. | 4 | 1 | 4 | | Ruth Tennant | 31.03.2016 |

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| Risk What is the issue: <i>what is the root cause/ problem – what could go wrong</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 | Risk Score with existing measures (See Scoring Table) | | | Further management actions/controls required | Target Score with further controls (See Scoring Table) | | | Cost | Risk Owner | Review Date |
|---|--|---|--|-------------|------|---|---|-------------|------|------|--------------|-------------|
| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 53. Public Health The failure to adress the issues tha will facilitate a smooth transition of HVS from NHS to LA Agreement has been reached with NHS England regarding the level of resource to be transferred. However, there are still some ambiguities e.g.. FNP licence fee. Furthermore, there is also a lack of performance data from the provider and an issue regarding the commissioning of registered versus resident population. | Possible reputational risk through the LA being forced to reduce service levels to meet unfunded costs Registered versus resident population: may give rise to safeguarding issues as families could possibly be inadvertently missed | - Health Visiting Transfer Group with LA has considered the issue and worked with NHS England to clarify scope and funding. Performance framework negotiated with provider re Health Visiting contract. Lead to be recruited and Action plan to be developed. Commissioning for Quality and Innovation (CQUIN) monies attached to delivery (£104K from NHS England, £104K from LCC). Ongoing meetings with NHS England and provider Discussion between NHS England and FNP National Unit to clarify ambiguities regarding FNP licence fee. Estate costs are currently being reviewed | 4 | 4 | 16 | Review of Health Visiting, Family Nurse Partnership and School Nursing (Healthy Child Programme 0-19 years) currently being undertaken for reprocurring services within budget. Awaiting response through NHS England Area Team or directly from NHS England nationally at this stage. Task group being set up across LLR to discuss a progressive action plan on moving from a registered to resident population HVS is included in the 0-19 year old service review currently underway | 4 | 3 | # | | Ruth Tennant | 31.12.2015 |

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Risk Register Owner: Andy Keeling, COO

Risks as at: 31 October 2015

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 54. Public Health - Integrated Sexual Health Service Provider (Staffordshire, Stoke on Trent Partnership) unable to continue to deliver the contracted services due to an apparent financial shortfall between the contract value and delivery costs. | Provider could give notice before end of contract forcing early reprocurement Quality of service could be compromised Potential financial, legal and reputational risk to the Council | Leicester City and Leicestershire and Rutland County Councils have a joint partnership management group who are work closely with the provider. | 4 | 4 | 16 | Continued meetings with other commissioners, legal advice sought, action plan awaited from provider action plan awaited from provider by end of November 2015 | 4 | 3 | # | | Ruth Tennant | 30.11.2015 |

Appendix 2 - Leicester City Council Operational Risk Register

Risk Register Owner: Andy Keeling, COO

Risks as at: 31 October 2015

| Risk What is the issue: <i>what is the root cause/ problem – what could go wrong</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 | Risk Score with existing measures (See Scoring Table) | | | Further management actions/controls required | Target Score with further controls (See Scoring Table) | | | Cost | Risk Owner | Review Date |
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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| <p>55. Public Health- Clinical Governance - There is currently a lack of clinical governance at a corporate level within the Local Authority. The Director of Public Health (DPH) has an assurance role, however, the depth and levels of assurance allowing them to discharge their duties is currently unclear. In addition, to perform a robust assurance programme over all of the DPHs accountabilities would require significant investment/resource.</p> | <p>Potential risks to patients and the public. Possible failure of external reviews/appraisals. Increase in costs. Uncertainties about existing arrangements.</p> | <p>'Clinical Governance Group (Public Health, SC Contracts and Assurance, Audit and Assurance) continuously reviews existing CG arrangements, emerging issues/incidents and provider quality reports , and develops robust approach to CG. -Internal PGD (patient group direction) policy in place and used for all new/review PGDs Current public health contract inventory has been risk-prioritised for potential CG issues. 'There are existing arrangements with stakeholders/providers; such as CCG , LPT etc who are required to deliver clinical governance assurance. Public health contracts are monitored through existing contracts and quality schedules. Draft report for QSG completed</p> | 5 | 3 | 15 | <p>Continual on-going stakeholder engagement and development of existing and future relationships. Incident reporting protocol through the single point of contact at LCC will be implemented later this year, to ensure robust reporting of all incidents, including safeguarding Progress report to be made to Quality Surveillance Group. The new Quality Assessment Framework (QAF), to be implemented later this year, will apply to all new and existing LCC contracts and will include robust and consistent CG process of assessment and monitoring, which is enforceable through contract</p> | 4 | 3 | # | | Ruth Tennant | 31.03.2016 |

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Risks as at: 31 October 2015

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 56. Public Health- Potentially having to deliver a £1.7 million in year saving | Non/ reduced delivery of services Cutting contracted services mid year Potential financial, legal and reputational risk to the Council | Review of current cost pressure areas has been undertaken and areas for possible cost savings is underway Assessment of proposals to work within the potentially available budget | 4 | 5 | 20 | Review budgets and PH contracts to identify possible savings Review directorate priorities and potentially allocate funding from lower priority areas. | 5 | 3 | # | | Ruth Tennant | 30.11.2015 |

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| | | | Impact | Probability | Risk | | Impact | Probability | Risk | | | |
| 57.Public Health-CLAIMING PROCESS FOR GP PROVIDERS- The clinical systems used by GP providers to claim payment for public health commissioned services are insufficiently robust to ensure payment accuracy | Service quality could be compromised due to unreliable clinical coding Performance management could be compromised by inaccurate count data Provider loss of confidence in the payment system where there is a disparity between claims and payment Potential financial, legal and reputational risk to the Council | Alternative spread sheet based payment claim system has been introduced Working with contracts team and CCG to provide a verification system for claims External audit of clinical services delivered by GP practices underway for the NHS Health Check Programme | 4 | 5 | 20 | Continue with the audit of specific cases and involve NHS and city council audit and risk staff as necessary; Ensure all steps and actions are documented; Issue of letter to particular 'problem' practices and inform practices in general warning of claiming accuracy and the city councils stance on this Bring forward plan for routine programme of audits; DMT to ensure that there are adequate resources for audit longer term; Regular reports to DMT and DPH. Continue to work with LCCCG and LCC contracts team to support the implementation of robust claiming mechanisms | 4 | 4 | # | | Ruth Tennant | 31.12.2015 |