CABINET

27 OCTOBER 2015

ANNUAL REVIEW OF RISK MANAGEMENT STRATEGY AND 6 MONTHLY REVIEW OF THE COUNCIL'S CORPORATE BUSINESS RISK REGISTER

Portfolio Holder:	Councillor Rupert Turpin, Business Management
Report from:	Richard Hicks, Acting Director of Regeneration, Community & Culture and Chair of Strategic Risk Management Group
Author:	Anna Marie Lawrence Performance & Intelligence Manager

Summary

In accordance with paragraph 4.1 of the Council's Risk Management Strategy, this report is to discuss the 6 monthly review of the Council's Corporate Business Risk Register and the annual review of the strategic risk framework.

1.   Budget and Policy Framework

1.1   The Risk Management Strategy underpins all aspects of Council work and is fundamental to the Performance Plan in terms of "giving value for money".

2.   Background

2.1   **Risk Management Strategy** - Cabinet undertook the annual review of the strategy on 28 October 2014 and agreed the strategy and officers' recommendations that no significant changes needed to be made at that time.

2.2   **The Corporate Risk Register** - was last reviewed by Strategic Risk Management Group on 20 January 2015, Extended Management Team (EMT) on 4 February 2015 and Cabinet on 14 April 2015. The following changes were made to the register at that time:

2.3   SR03b Finance the risk score remains the same however the vulnerability has been updated to reflect the current climate.

2.4   SR26 Children's Social Care, SR25 Adult Social Care, SR27 Government changes to Local Authority's responsibility for schools the risk score remains the same however the risk treatment actions have been updated to reflect current works being undertaken.

2.5   SR32 Medway Norse Implementation was removed from the strategic risk register, as Medway Norse is now operational. The risk action identified concerning not making the savings/income did not materialise in 13/14 or 14/15 and is being overseen at Board Meetings and six monthly reports to Overview and Scrutiny.

2.6   SR21 Procurement and tendering is removed from the strategic risk register, as procurement processes are now mainstreamed and are consistent. However there is a growing concern relating to risks surrounding contract management and perhaps this should be reflected in the risk register.

2.7   SR30 Better for Less (BfL) risk was down-graded from BII to DIII and was removed from the corporate risk register.

2.8   SR04 Performance Management the risk score remains the same however risk owners have been widened to include Directorate Management Teams (DMT) to reflect the last discussion of the risk at EMT in August 2014.

2.9   SR13 Equality and Diversity the risk score remains the same however the risk treatment actions SR1306 and SR1307 have been removed as they are now complete.

2.10   SR31 Public Health Transition the risk score remains the same however the risk treatment actions have been updated to reflect current works being undertaken.

2.11   An additional risk was added to the Corporate Risk Register for 'The Better Care Fund' for the Director of Children and Adult Services risk rating of CII.

2.12   **The Risk Management Audit 2013/2014** - confirmed that risk management arrangements were satisfactory; it identified medium priority recommendations:

2.13   The first recommendation, related to effective monitoring of risk through Assistant Director (AD) quarterly reporting. This has been addressed through Performance and Intelligence Managers for directorates issuing new service planning guidance including the need to identify risks as part of the annual service planning and the requirement to conduct service manager and AD quarterly reviews, with this information to be recorded on Covalent.

2.14   Ongoing consideration about how risk is recorded would be given as part of potential changes to the way risk is identified.

2.15   Directorate Management Teams to be responsible for the identification and management of risk to aid performance of directorate priorities. Resources and processes need to be identified and implemented to develop and maintain Directorate Risk Registers.

2.16 Following attendance at risk management training by the Performance and Intelligence Manager (RCC) –

    i.a)   a full review on the current Strategic Risk Management Framework to be completed to align Medway's Framework with current industry standards;

    i.b)   senior and service managers to be provided with training on risk. This should ensure that service plans and risk registers are completed and uploaded to Covalent.

3.   Advice and analysis

3.1   **Risk Management Strategy** - The Strategic Risk Management Group and Extended Management Team has reviewed the Risk Strategy, (Appendix A) and recommend that no significant changes need to be made at this time.

3.2   **Corporate Risk Register** - Risks owners have reviewed their risks and updated them taking account of the amendments made on 14 April 2015, those amendments highlighted YELLOW or stuck through in Appendix B and C are for consideration:

3.3   SR04 Performance Management and SR13 Equality and Diversity are removed from the Corporate Risk Register, as these are processes and not risks.

3.4   SR31 Public Health Transition is removed from the corporate risk register as the transition has been completed successfully and services incorporated into normal business.

3.5   SR28 Better Care Fund be removed from the Corporate Risk Register and all information be included in SR25 Adult Social Care Transformation.

3.6   SR32 Data and information be included in the Corporate Risk Register with a low risk scoring of DII as a result of new ways of working corporately and with partners.

3.7   **Risk Management Audit 2014/15** – whilst the audit confirmed that risk management arrangements are sufficient, it identified two recommendations.

3.8   A) Service managers should be reminded of the importance of identifying risks to service objectives, and mitigating actions, during the service planning process, and that these should be recorded in the service plan.

3.9   B) Risks identified in service / divisional plans should be monitored, and updated if necessary, as part of the AD quarterly reporting process.

3.10   Both recommendations have been addressed through Performance and Intelligence Managers for directorates issuing service planning guidance

including the need to identify risks as part of the annual service planning and the requirement to conduct service manager and AD quarterly reviews.

4.   Consultation

4.1   The Strategic Risk Management Group and risk owners have been consulted on the proposed amendments to the risk register. Members have been consulted on the Risk Strategy (see paragraph 6 below) and Corporate Risk Register via Business Support Overview and Scrutiny on 8 October 2015 (see paragraph 5 below) prior to Cabinet.

5.   Audit Committee

5.1   On the 24 September 2015 Members considered a report on the progress of the Council's risk management activities. The Extended Management Team had reviewed the Risk Strategy and recommended no changes be made at this time. A Member queried whether there were other risk strategies (possibly International Organization for Standardisation (ISO) accredited) that the Council could adopt that might be more effective, given the current one had been in place since the Council had been established. It was queried whether the fact that the Strategy was not ISO accredited was in itself a risk.

5.2   The Extended Management Team had considered whether the Strategy should be changed but concluded that, on balance, it was not the right time, given the Strategy was well embedded and a change was not at this point seen as a priority given other pressures. However, it was an aspiration for the future and Members accepted that their familiarity with it allowed for effective scrutiny.

5.3   The retention of the current Strategy was supported but officers were asked to establish how many other similar councils had adopted an ISO accredited risk strategy.

5.4   **Decision:**

5.5   The Committee agreed to note progress on the Council's risk management activities.

6.   Business Support Overview and Scrutiny Committee

6.1   At Business Support Overview and Scrutiny Committee on 8 October 2015 members considered a report regarding the six monthly review of the Council's Corporate Business Risk Register and the annual review of the strategic risk framework.

6.2   With reference to Risk SR03b (Finances) a Member referred to a recent announcement from the Chancellor regarding local government finance allowing councils to retain all the money raised from business rates. He asked that the narrative relating to this risk be updated to reflect the uncertainties, which now existed about how local government finance would be calculated.

6.3   A Member proposed that Cabinet should consider as a new risk the impact of the European Union (EU) referendum in terms of potential access by the Council to EU funding and the risk to existing programmes. Whilst he expected this to be a low level risk the Member indicated that if Cabinet did not agree to the inclusion of this risk he would like to understand the reasons why.

6.4   In response to questions about why the risks on public health transition and the Better Care Fund had changed, the Committee were advised that public health had now transitioned across to the Council and was therefore no longer a risk and the Better Care Fund was included in risk SR 25.05.

6.5   During the discussion a number of other comments and questions were raised as follows:

- The Strategic Risk Group would consider a comment from one member that the description of catastrophic risks as also being "showstoppers" was inappropriate and unhelpful
- The respective roles of the Business Support Overview and Scrutiny Committee and the Audit Committee regarding risk management would be clarified
- With regard to risk SR 25. 01, an undertaking was given to provide a written response on the question of how the Council was ensuring that clients fully understood how to use their personal budgets.
- With regard to risk SR26.06, an undertaking was given to provide a written response on what the projects were with start and end dates.
- Contract management remained on the register at risk SR21.04 as agreed at Cabinet 14 April 2015.

6.6   A discussion took place about the plans to create 17,000 new homes (SR 17 Delivering Regeneration) in the next 20 plus years. A Member commented that the Government should provide sufficient money to adequately house residents and large numbers of migrants coming to the area. Other Members referred to what they considered to be a housing crisis and pointed out the Council would be building some homes itself but it required the involvement of central government and other bodies to ensure more homes were built. A Member commented that there were risks and consequences associated with not achieving the target of 17,000 new homes and proposed that this risk should be added to the risk register.

6.7   **Decision:**

        The Committee agreed to:

        a) Note the Risk Management Strategy, as set out in Appendix A to the report.

        b) Note the Management Team's recommendations on amendments to the Council's Risk Register as detailed in section 3 of this report.

        c) Note the progress of the recommendations from the Risk Management Audit 2014/2015 as detailed in paragraph 3.10 of the report.

d) Request that the narrative for Risk SR03b (Finances) be updated to reflect the recent announcement from the Chancellor regarding local government finance allowing councils to retain all the money they raise from business rates, given the uncertainties which now existed about how local government finance would be calculated.

e) Ask Cabinet to consider as a new risk the impact of the European Union referendum in terms of potential access by the Council to EU funding and the risk to existing programmes.

f) Ask Cabinet to consider as a new risk within SR17 the consequences of not achieving the target of 17,000 new homes.

g) Provide a briefing note to all members of the Business Support Overview and Scrutiny Committee with regard to risk SR 25. 01 on how the Council was ensuring that clients fully understood how to use their personal budgets and risk SR26.06 details of the projects including start and end dates.

7.   Director's comments

7.1   The Chair of the Strategic Risk Management Group has reviewed the recommendations from the Business Support Overview and Scrutiny Committee and supports their inclusion.

7.2   Officers are currently working on the information requested by Audit Committee and this will be provided in due course.

8.   Financial, legal and risk implications

8.1   This report brings forward the annual review of the Strategic Risk Framework and six monthly review of the Council's risk register, which is integral to the Council's approach to risk management.

8.2   There are no direct financial or legal implications arising from this report although clearly the inability to control or mitigate risks could have a financial or legal impact.

9.   Recommendations

9.1   The Cabinet is asked to approve the recommendations from the Business Support Overview and Scrutiny Committee of 8 October 2015 as set out in paragraphs 6.7 (d-g)

9.2   The Cabinet is further asked to:

a)   approve the Risk Management Strategy, as set out in Appendix A to the report;

b)   approve Management Team's recommendations on amendments to the Council's Risk Register as detailed in section 3 of this report;

c)   note the progress of the recommendations from the Risk Management Audit 2014/2015 as detailed in paragraph 3.10 of this report.

10.   Suggested Reasons for Decision

10.1   The establishment of a corporate framework for risk management is recommended by CIPFA and SOLACE and will complement and support the work already being carried out within each directorate to manage risks.

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Appendices: Appendix A - Risk Management Strategy
                     Appendix B - Record of Amendments
                     Appendix C - Corporate Business Risk Register

Background papers
None

Medway Council
Risk Management Strategy

1.   Introduction

1.1   Risk management is an integral part of good governance. The Council recognises that it has a responsibility to identify and manage the barriers to achieve its strategic objectives and enhance the value of services it provides to the community.

1.2   This strategy incorporates and:

- promotes a common understanding of risk;
- outlines roles and responsibilities across the Council;
- proposes a methodology that identifies and manages risk in accordance with best practice thereby seeking to prevent injury, damage, loss and reducing the cost of risk.

1.3   The strategy sets out:

- a definition of risk and what is meant by risk management.
- actions that need to be taken.
- roles and responsibilities.

1.4   The strategy will be reviewed annually to ensure that it remains up-to-date and continues to reflect the Council's approach to risk management.

2.   The Benefits of Risk Management

2.1   The following diagram sets out the benefits that are associated with sound risk management.
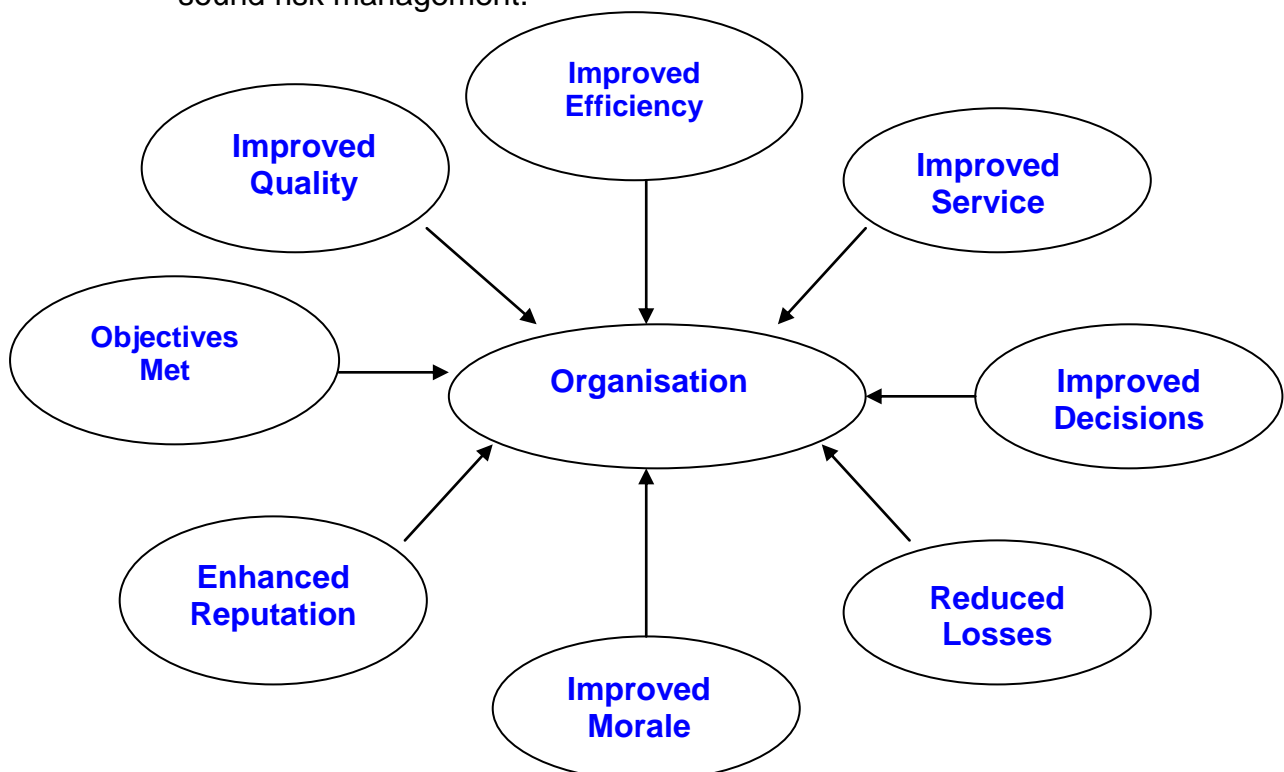
**Medway Council
Risk Management Strategy**

3. What is Risk Management?

3.1 Risk management is a focus on the risks facing the Council, making the most of opportunities (making the right decisions) and achieving objectives once those decisions are made.

3.1.1 The process of risk management can be illustrated through the risk management cycle:

Zurich Municipal Management Services
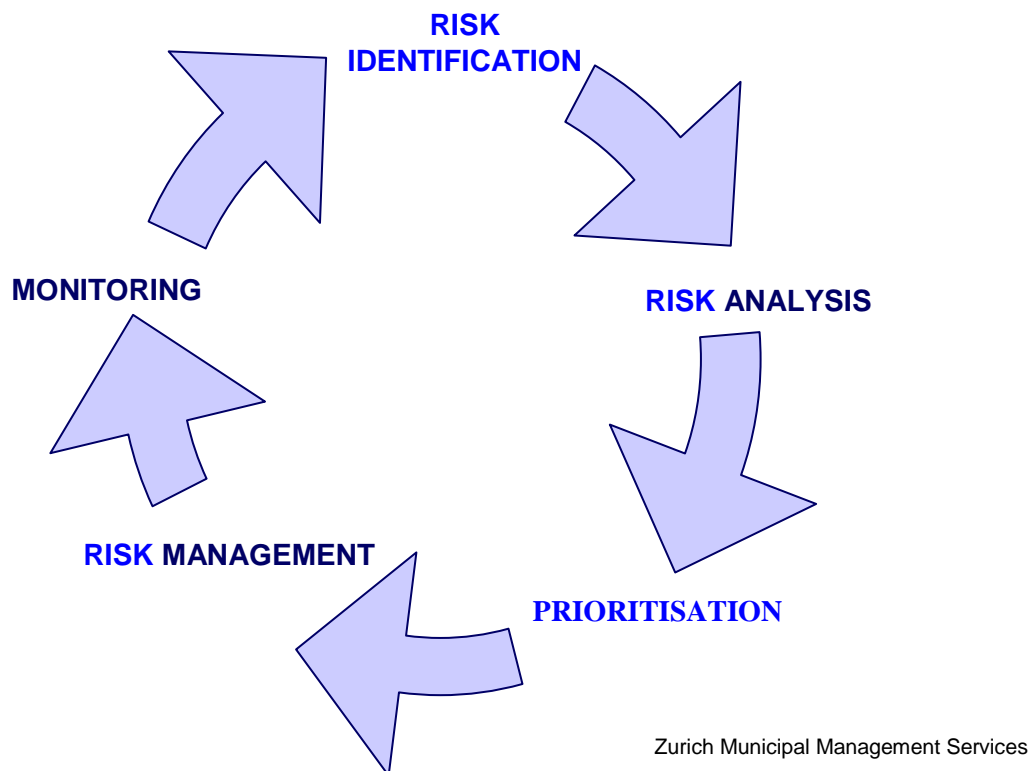
3.2 Risk helps to deliver performance improvement and is at the core of decision-making, business planning, managing change and innovation. It needs to be practised at both management and service delivery level. It enables the effective use of resources, secures the assets of the organisation and its continued financial and organisational well-being.

3.3 There are two types of risks:

direct threats (damaging events/issues) which could lead to a failure to achieve objectives. An example might be severe flooding in Strood affecting the local economy and residential properties.
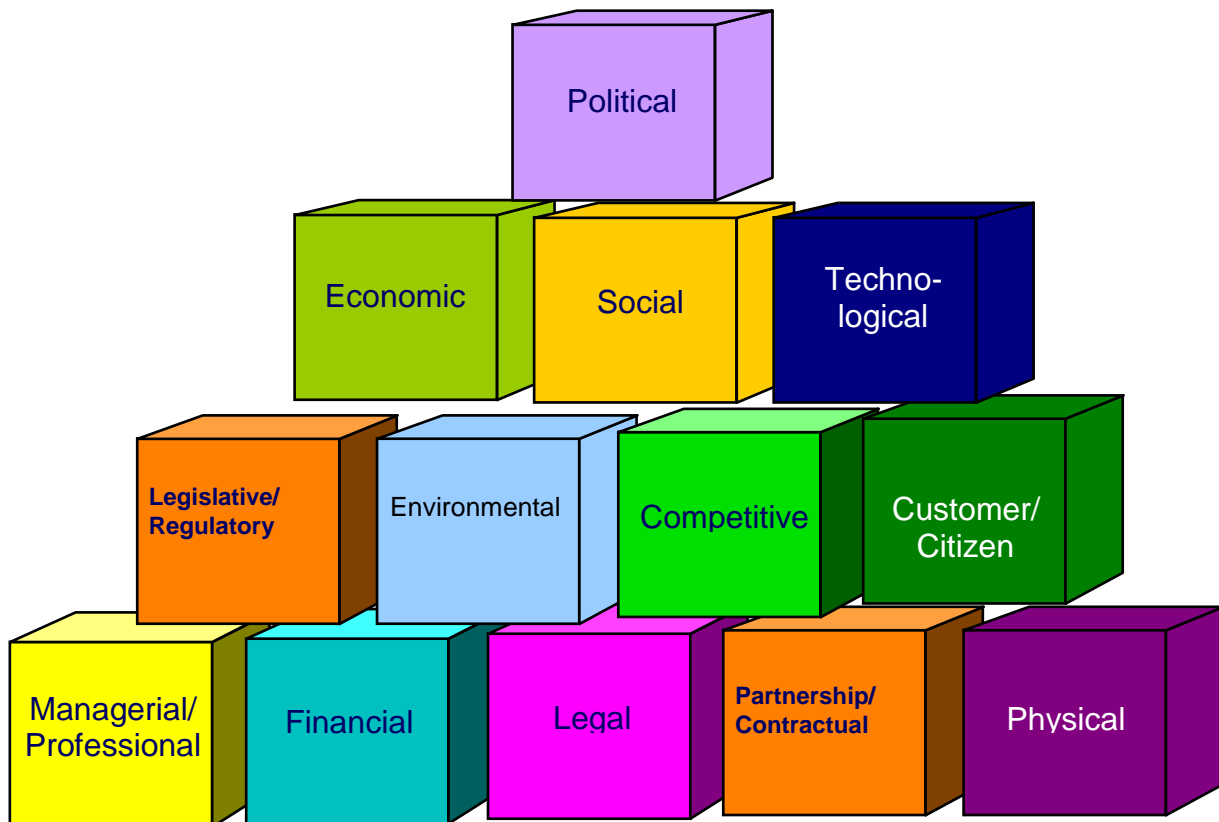
2

opportunities (constructive events/issues) which if exploited could offer an improved way of achieving objectives, but which are surrounded by threats. An example was the move to the new Corporate HQ with all ICT in one building. Having established a potential risk there is a need to work on a strategy to mitigate the risk. This particular risk has been successfully dealt with.

3.4 Business v Operation risks

Business/service risks: Those which have been identified as potentially damaging to the achievement of the Council's objectives and departmental/ service business plans. An example might be a major fire in a Council School.

Operational risks: Risks which managers and staff are likely to encounter in the day-to-day work situations. An example might be a loss of key staff.

3.5 Risk is a condition, an act, situation or event with the ability or potential to impact on customers, units/departments by either enhancing or inhibiting corporate/departmental performance, attainment of corporate/ departmental objectives or meeting customers and stakeholders' expectations. The Scope of Business Risk model below shows the number of areas that can be affected.

Political

Economic   Social   Techno-logical

Legislative/ Regulatory   Environmental   Competitive   Customer/ Citizen

Managerial/ Professional   Financial   Legal   Partnership/ Contractual   Physical

Zurich Municipal Management Services

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Medway Council
Risk Management Strategy

3.6   Risk are benchmarked against corporate goals:

a)   Impact: To what extent the issue, assuming it were to manifest itself to the degree defined in the consequences, would impact on the organisation's ability to achieve its vision, aims and priorities? These are measured as:

I   Catastrophic (Showstopper)
II   Critical
III   Marginal
IV   Negligible

b)   Likelihood: (resource allocation): Taking into account existing measures to manage issue (not those planned or not yet in operation), how likely is the 'impact' to occur within the timeframe of the corporate plan. These are measured as:

A   Very high
B   High
C   Significant
D   Low
E   Very low
F   Almost impossible

3.7   It may not be cost-effective to manage all risks – even significant ones. In these circumstances the Council may decide to tolerate the risk.

To help the Council make that decision, all risks will be categorised using the measures detailed at 3.6 and plotted against the Council's Strategic Risk Profile shown below:

	IV	III	II	I
A				
B				
C				
D				
E				
F				

The Council have agreed the tolerance line be drawn at CII (Significant & Critical). The Council will then decide what action to take to monitor such risks.

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Medway Council
Risk Management Strategy

3.8   Risks will be regularly monitored using service planning and AD Quarterly Reports and the Council's performance management system (Covalent). Risks above the tolerance line (CII) will be escalated to the next management level as detailed in Appendix 1.

3.9   Effective risk management includes regularly reviewing our emergency planning programmes and service continuity management to maintain a high standard in our response to potential crises. This means developing, implementing and maintaining an action oriented process for responding to any emergency, managing major incidents and recovering the service level to the local community.

4.   Roles & Responsibilities

4.1   The following details the roles and responsibilities for delivering risk management.

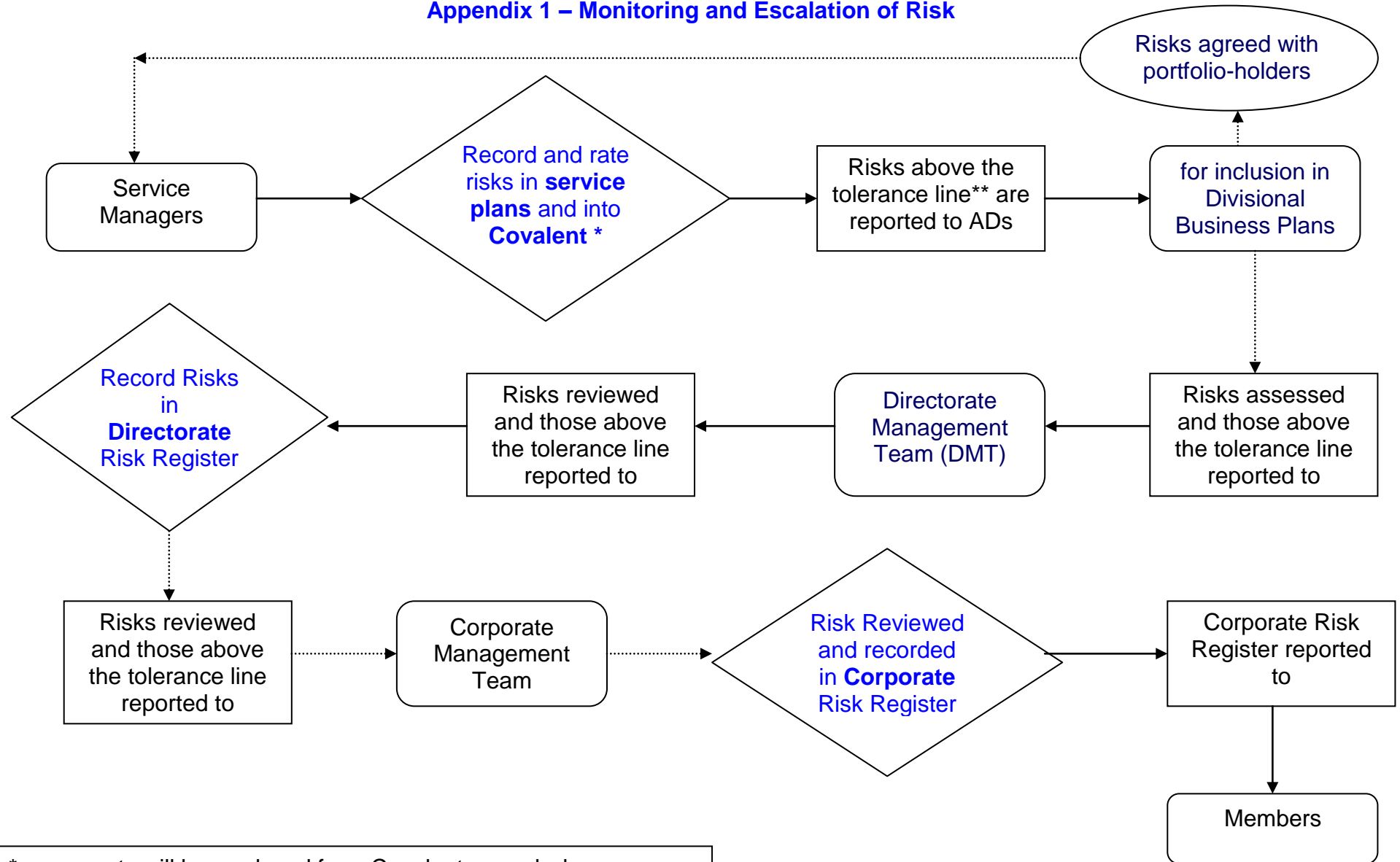| Who	Roles & Responsibilities
Members	• commit to the Risk Management Strategy. • review risks through the 6 monthly reports on key strategic risks and information contained in the Council Plan, Cabinet reports and AD Quarterly Reports.
Management Team (MT)	• review and manage the Council's key strategic risks every 6 months. • provide leadership and support to promote a culture in which risks are managed with confidence at the lowest appropriate level.
Strategic Risk Management Group (Membership shall be: A chairman who is a nominated director and appropriate representation from each Directorate with an overall responsibility for risk issues.)	• chair of group to sponsor risk management at MT (currently Director of Regeneration, Community and Culture). • ensure the Council's key strategic risks are reviewed, updated and presented to MT every 6 months. • regularly review the risk management and control process employed across the Council.

Medway Council
Risk Management Strategy

Who	Roles & Responsibilities
Strategic Risk Management Group	• review findings and recommendations of external auditors, internal audit or other relevant third parties in relation to risk management. • review the impact of any changes in the organisation on the risk management process and the response to these changes including the update of the risk register. • champion risk management, the practice, awareness and buy-in across the organisation. • provide strategic support to the development of service continuity plans and the emergency planning service.
Directorate Management Teams (DMT)	• ultimate responsibility for the management of all directorate risks and maintenance of a sound system of internal control within the directorate and across partnership working • review and monitor the effectiveness of the risk management actions relative to the significant key risks to the directorate on a quarterly basis. • reflect significant changes to business objectives and related risks and, where relevant, address them in the Directorate Business Plan.
Assistant Directors	• oversee the effective implementation of risk management within their service area within the agreed principles and framework. • discuss significant key risks and risk management actions with their portfolio holders and report on progress through the AD Quarterly Reports. • alert Directorate Management Team (DMT) if impact or likelihood of the risk increases.

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Medway Council
Risk Management Strategy

Who	Roles & Responsibilities
Service Managers	• identify risks for their service areas, assess them for likelihood and impact, propose actions to mitigate them and allocate responsibility for the controls mitigating the risk. • record them into service plans. • discuss significant key risks and risk management actions with AD and reporting progress through the AD Quarterly Reports. • alert their line manager if impact or likelihood of the risk increases.
Staff at all levels within the Council	• identify, assess and report risks within their service areas. • practice risk management in their day to day activities. • alert their line manager if impact or likelihood of the risk increases.

Medway Council Risk Management Strategy
Appendix 1 – Monitoring and Escalation of Risk

Risks agreed with portfolio-holders

Service Managers → **Record and rate risks in service plans and into Covalent *** → **Risks above the tolerance line** are reported to ADs** → **for inclusion in Divisional Business Plans**

Record Risks in Directorate Risk Register ← **Risks reviewed and those above the tolerance line reported to** ← **Directorate Management Team (DMT)** ← **Risks assessed and those above the tolerance line reported to**

Risks reviewed and those above the tolerance line reported to → **Corporate Management Team** → **Risk Reviewed and recorded in Corporate Risk Register** → **Corporate Risk Register reported to** → **Members**

* – reports will be produced from Covalent as and when required.
** - tolerance line is currently CII

SUMMARY OF CORPORATE RISK REGISTER – RECORD OF AMENDMENTS

Risk Ref	Rating Feb13	Rating Aug 13	Rating Feb 14	Rating Jul 14	Rating Jan 15	Movement	Risk Description	Owner	Portfolio Holder	Link to Corporate Priority	Link to Corporate Commitment
3b	AI	AI	AI	AI	**AI**	→	Finances	Chief Finance Officer	Alan Jarrett	Giving value for money	Value
26	AII	AII	AII	AII	**AII**	→	Children's Social Care	Director Children and Adults Services	Mike O'Brien	Children & young people having the best start in life	We will work with partners to ensure the most vulnerable children and young people are safe
9b	BII	BII	BII	BII	**BII**	→	Keeping vulnerable young people safe and on track	Director Children and Adults Services	Mike O'Brien	Children & young people having the best start in life	We will work with partners to ensure the most vulnerable children and young people are safe
25	BII	BII	BII	BII	**BII**	→	Adult Social Care Transformation	Director Children and Adults Services	David Brake	Adults maintaining their independence and live healthy lives	• We will work closely with our NHS and voluntary sector partners • We will ensure that people have choice and control in the support they receive • We will support carers in the valuable work they do
27	BII	BII	BII	CII	**CII**	→	Government changes to Local Authority's responsibility for schools	Director Children and Adults Services	Mike O'Brien	Children & young people having the best start in life	We will champion strong leadership and high standards in schools
~~28~~					~~CII~~	**NEW**	~~Better Care Fund~~	~~Assistant Director, Partnership Commissioning~~	~~David Brake~~	~~Adults maintaining their independence and live healthy lives~~	• ~~We will work closely with our NHS and voluntary sector partners~~
~~4~~	~~CII~~	~~CII~~	~~CII~~	~~CII~~	~~CII~~	→	~~Performance Management~~	~~AD Communications, Performance and Partnerships~~	~~Adrian Gulvin~~	~~Giving value for money~~	~~Value~~
~~13~~	~~BII~~	~~CII~~	~~CII~~	~~CII~~	~~CII~~	→	~~Equalities & Diversity~~	~~AD Communications, Performance and Partnerships~~	~~Andrew Mackness~~	~~Putting our customers at the centre of everything we do~~	~~Value~~

Last updated July 15

SUMMARY OF CORPORATE RISK REGISTER – RECORD OF AMENDMENTS

Risk Ref	Rating Feb13	Rating Aug 13	Rating Feb 14	Rating Jul 14	Rating Jan 15	Movement	Risk Description	Owner	Portfolio Holder	Link to Corporate Priority	Link to Corporate Commitment
17	BII	BII	CII	CII	**CII**	➜	Delivering Regeneration	Director Regeneration, Community and Culture	Rodney Chambers	Everyone benefiting from the area's regeneration	• We will secure a reliable and efficient local transport network • Support the provision of new homes and improve existing housing • Ensure that people have the skills to take up job opportunities
21	CII	CII	CII	CII	**CII**	➜	Procurement and Tendering	AD Legal and Corporate Services	Adrian Gulvin	Giving value for money	Value
~~31~~	~~CII~~	~~CII~~	~~CII~~	~~CII~~	~~CII~~	➜	~~Public Health Transition~~	~~Director of Public Health~~	~~David Brake~~	~~Putting our customers at the centre of everything we do~~	~~Value~~
2	DII	DII	DII	DII	**DII**	➜	Business Continuity & Emergency Planning	Director Regeneration, Community and Culture	Rupert Turpin	Putting our customers at the centre of everything we do	Value
32					**DII**	**NEW**	Data and Information	AD Legal and Corporate Services	Adrian Gulvin	Giving value for money	Value

CORPORATE RISK REGISTER

RISK MATRIX - STRATEGIC PROFILE FOR JULY 2015

	IV	III	II	I
A			26	3b
B			9b, 25	
C			4, 13, 17, 27, 28, 21, 31	
D			2, 32	
E				
F				

Likelihood (vertical arrow)

Impact (horizontal arrow)

Likelihood:

A   Very high
B   High
C   Significant
D   Low
E   Very low
F   Almost impossible

Impact:

I   Catastrophic (Showstopper)
II   Critical
III   Marginal
IV   Negligible

CORPORATE RISK REGISTER

SR 03b	Finances		Owner	Chief Finance Officer	Leader's Portfolio	Current Risk Score	A	I	Reviewed	July 2015
Link to Corporate Priority	**Giving Value for Money**									

Vulnerability			Trigger		Consequences					
The ongoing reductions in revenue support grant over the medium term, together with continued demographic pressures facing both services for children and adult social care means that the risks to the Council's budget remain significant. This is exacerbated by the uncertainty over future settlements. Government reform of the welfare system also continues at pace and the impact on vulnerable people and families brings with it risks to the Council in terms of the demand for services.			The Chancellors budget announced on 8 July 2015 confirmed the continued reduction in revenue support grant over the medium term, as well as announcing further changes as part of the programme of welfare reform. The grant reductions already feature in the Council's MTFP, but work is needed to evaluate the impact of the welfare reforms on the people of Medway and the consequent implications for the Council in terms of CTRS, housing, social care and welfare provision.		☐ Very difficult decisions around funding allocation ☐ Service cuts ☐ Quality of service compromised. ☐ Cutback in staffing on an already lean organisation ☐ VFM Judgement ☐ Negative local publicity. ☐ Damage to reputation.					

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 03b.01	Need to ensure effective response to the spending review, but also lobbying for greater local powers to raise revenues.	Chief Finance Officer	Co-ordinate responses with members, brief MP's, agree media campaign, solicit support from peer authorities/partnerships.	VFM Judgement - adequacy of financial planning, effective budget control. Increased devolution of tax raising powers to the Council.	On-going	Six monthly
SR 03b.02	Align priorities and activity of the Council to resource availability through MTFP process.	Corporate Management Team	Co-ordinate responses with members, agree media campaign, solicit support from peer authorities and partners.	VFM Judgement - adequacy of financial planning, effective budget control, balanced budget and adequacy of reserves.	September 2014 to February 2015 for 2015/2016 budget and council tax. On-going for 2016-2017.	Six monthly then monthly from September onwards
SR 03b.03	Create resources for investment priorities.	Corporate Management Team	- Track funding opportunities - Maximise asset values for disposal - Consider prudential borrowing	- External investment - Asset release - Revenue cost associated with prudential borrowing.	On-going	Six monthly
SR 19.06	Create schemes to deliver safety net provisions.	Chief Finance Officer	Support for the most vulnerable	Discretionary Housing Payments / Council Tax Support payment schemes.	Monitoring reports	Monthly

CORPORATE RISK REGISTER

SR 26	Children's Social Care		Owner	Director of Children and Adults	Children's Services Portfolio		Current Risk Score	A	II	Reviewed	July 2015
Link to Corporate Priority		**Children & Young People in Medway have the best start in life**									

Vulnerability	Trigger	Consequences
The continuing high demand for services for children in need, including the need for protection and looked after children puts pressure on the Council's resources. Increased expectations by Regulator in relation to standard of care and provision provided. Challenges in recruiting to key posts would impact on the Council's ability to deliver good quality and consistent practice.	Numbers of children in care and those with high level child protection needs increase. Increased caseloads impact on quality of work being undertaken with children in need, including the need for protection and looked after children. Partner agencies not fulfilling their role in supporting the most vulnerable.	- Budget pressures with consequences across the Council. – Limits ability to divert resources to early help which ultimately must be part of the solution to increasing numbers of looked after children and preventing children and young people from becoming subject to child protection plans. – Poorer outcomes for children and young people. - Impact on statutory responsibilities and regulatory judgement.

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 26.01	Recruitment & retention & workforce development strategy for children's social workers developed.	Children's Social Care (AD); Human Resources Service Team	Well trained & supported workforce.	Permanent staff numbers.	As per strategy and plan.	Reviewed monthly via Children's Improvement Board
SR 26.02	Implement improvement plan to strengthen quality of practice.	Children's Social Care (AD)	Improved outcomes for vulnerable children.	-Reduced drift -Less children subject to CP plans for 2 yrs plus -Improved educational outcomes for LAC -Voice of child clear and heard.	Children subject to CP plan 2 yrs plus. Educational outcomes LAC. Reduce delays in care proceedings.	CSCMT, CADMT & Corporate Parenting Board and Children's Improvement Board
SR 26.04	Implementation of the Children's Social Care Quality Assurance Framework	Deputy Director for Children and Adults	Good quality and consistent practice.	Learning and thematic Audits and other quality assurance tasks are completed as per the QA framework.	The learning points from completed auditing activity are aggregated so as to inform learning.	Reviewed bi monthly in line with QA framework schedule
SR 26.05	Strengthen MSCB.	Director of Children and Adults	Strengthened partnership arrangements for supporting vulnerable children.	Stronger focus on core business.	Multi agency attendance at CP conferences.	CADMT & MSCB
SR 26.06	Implementation of projects to better manage demand around edge of care and early help.	Partnership Commissioning (AD), Children's Social Care (AD)	Safely reduce C&YP entering and staying in the care system.	Edge of care response. Early help.	Reduced demand for CSC services.	Council plan monitoring CSCMT, CADMT, and Children's Improvement Board

CORPORATE RISK REGISTER

SR 09b	Keeping vulnerable young people safe and on track	Owner	Director of Children and Adults	Children's Services Portfolio	Current Risk Score	B	II	Reviewed	July 2015

Link to Corporate Priority	**Children & Young People in Medway have the best start in life**

Vulnerability	**Trigger**	**Consequences**
Changes in the demographics and in the legislative requirements affect SEN and YOT.	The Council is unable to address these issues with cost effective, innovative solutions.	☐ Poorer outcomes for children and young people. ☐ Budget pressures with consequences across the Council. ☐ Impact on statutory responsibilities and regulatory judgement.

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 09b.04	The additional demands of the SEND reforms and increase in the number of children with complex needs places significant pressures on the DSG High Needs Block	School Effectiveness and Inclusion (AD)	Improved outcomes for C&YP as per strategy. Ensuring service delivered within budgetary constraints.	Good management information to inform commissioning and robust challenge. Provision made within budget.	Less out of area SEN placements; more children being educated in mainstream schools with outreach; Increased local specialist provision.	SEN data is reviewed quarterly.
SR 09b.05	Ensure practitioners are equipped to be compliant with changes in the Youth Justice system and that monitoring systems are in place to track this. Development of intensive interventions that can be used as an alternative to custody - DfE bid submitted to research needs and most effective interventions to support young people on edge of offending. Alternatives to custody being developed and the functional family therapy (FFT) work.	School Effectiveness and Inclusion (AD)	- Lower numbers of first and repeat entrants to the YJS. - Lower number of custodial and repeat custodial sentences. - Effective analysis of data to inform practitioners input. - Ensuring service delivered within budgetary constraints. - Magistrates have confidence in interventions. Suitable placements are developed for vulnerable children which keep them safe and enable magistrates to impose an order as an alternative to secure remand.	Performance is monitored monthly (proxy figures) and quarterly (YJB information) 1: 1 meetings with Head of Service; business case for preventative support.	Grant provided by MoJ for developing alternatives to custodial remand is used effectively for innovative support and budget not exceeded by custody bill. Successful bid to DfE. Needs assessment was completed. We currently have an intern working with the Council to spec different alternatives to custody. That piece of work will be completed by end of April.	The improved outcomes, confidence of YJB and partners, and the security of the monitoring arrangements by the YOT management board indicate a strong service which can respond to any expected changes. Consequently, it is recommended that this risk be removed from the register
SR 09b.06	A comprehensive strategy in place to ensure that partner agencies work cooperatively to identify and deal with CYP	Deputy Director, Children & Adults	- Ensure that we have a comprehensive strategy in place for CSE and missing. - All professionals working	Comprehensive joint K & M LSCB strategy for CSE has been signed by the MSCB and missing protocols in place via CSC	The K & M CSE strategy is being reviewed to incorporate recent recommendations and findings to inform the CSE Strategic	Kent & Medway CSE Subgroup MSCB MASE Panel

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	who are identified as, or at risk of becoming, victims or perpetrators of CSE and missing. All professionals, voluntary groups and the wider community including hard to reach groups are aware of, and have an understanding of CSE and missing. Establishment of CSE Unit alongside police – multi agency co located to manage CSE in Medway		directly with CYP have an understanding and knowledge of CSE and missing; and develop appropriate skills. - Increase the awareness and understanding of CSE and missing by all professionals, voluntary groups, wider community including hard to reach groups. Improvement of identification, prevention, support disruption and prosecutions	Multi agency and single agency approved consistent training is completed by all staff. All child protection courses make direct reference to CSE and missing Awareness raising campaign agreed and implemented. Co location of social worker managed by CSE Operational lead within co location with police MASE Group and Risk management panel	action plan. Any review will be signed by the MSCB in the forward plan All relevant staff complete available CSE training. Case management systems capable of recording CSE cases. Analysis and identification of victims through data analyst within CSE Unit; social work pathways for identified victims; themes and early identification to safeguard young people in Medway	(Strategic) MSCB/Workforce development P & I /CSC AD MSCB MASE
SR 09b.07	A comprehensive strategy in place to ensure that partner agencies cooperate to identify and deal with CYP who are identified as, or at risk of becoming, victims or perpetrators of CSE, missing, have been radicalised or are at risk of radicalisation. Other professionals and community groups have an understanding and an awareness of the Governments Prevent agenda		An area wide group – Community Safety Partnership, Medway YOT Board and MSCB - co-ordinates and monitors Prevent work. Vulnerable young people are safeguarded and risks to the community are minimalized Medway agencies share information on vulnerable young people at risk of radicalisation.	Prevent training and awareness is provided to all key staff, schools and governors. Child Protection courses cover the risk of radicalisation Community groups are offered training to raise awareness of the Prevent agenda and to identify young people who might be at risk of radicalisation.	- By December 2015 - From January 2016 - From January 2016	By YOT Board or Community Safety Partnership and MSCB MSCB MSCB

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SR 25	Adult Social Care Transformation	Owner	Deputy Director, Children & Adults	Adult Services Portfolio	Current Risk Score	B	II	Reviewed	July 2015

Link to Corporate Priority	Adults maintain their independence and live healthy lives

Vulnerability	Trigger	Consequences
The local population of older people and disabled adults is increasing significantly - Joint Strategic Needs Analysis, POPPI and PANSI intelligence. New responsibilities for the LA resulting from the Care Act will increase pressure on Adult Social Care services. The ambition of the Better Care Fund (BCF) is to describe Medway's potential for the integration of Adult health and social care and then to deliver the agreed integration. The achievement of these ambitions represents a significant challenge to the local authority and our health partners (The Council only controls a small proportion of the system, alongside the CCG and Medway Foundation Trust). There is a risk that the changes needed across the system will take longer to implement than our current ambitions state.	Demographic impact. Care Act implementation in April 2015. The current timeframe for BCF is to have described the roadmap for integration by 31 March 2017. Whilst the overall national ambition for integration remains same, the priorities and timescales for delivery within that overall ambition may shift at a national level. Uncertainty around national policy and budget in relation to integration/NHS/Council	Potentially significant increase in spend on Adult Social Care. Potential impact on ASC resources. Potential risk around supporting wider health economy.

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 25.01	Personal Budgets giving people more choice and control. Commissioning sufficient capacity and a suitably wide range of services to meet need. Prevention, early help and re-ablement services. Close management oversight, and action as required, to manage the budget.	Deputy Director, Children & Adults	Best outcomes for people (as per their support plans) and best value for the Local Authority as statutory body and commissioner. A safe and stable local sector of providers that can meet our local needs and provide high quality care and support to older people, disabled adults and carers.	All clients are offered Personal Budgets/Direct Payments. Joint strategies and commissioning plans with NHS. The Provider Forum engages the sector and assists us to work in partnership in a meaningful and effective way. Monthly scrutiny of budgets at AMT and audits of practice and Personal Budgets/Direct Payments. Management action as required.	Personal Budgets performance as per KPI. Category Management project on high cost placements. End of year spend within budget. Dynamic Purchasing System.	Monthly. As per star chamber and procurement forward plan. Monthly at AMT and quarterly at CADMT. Gateway process as per procurement forward plan. Council plan monitoring –

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Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
	New responsibilities arising from Care Act, for example, providing assessments and services for carers and self funders.			Implementation of Care Act changes.		implementation of Care Act is a key project.
SR 25.02	Deprivation of Liberty Safeguards (DoLS) post Cheshire West judgement, resulted in a rapid increase in the number of applications for DoLS, challenging several parts of the system – administration, Best Interest Assessors, Advocacy services.

Risk of legal challenge and breaching statutory timeframes. | Deputy Director, Children & Adults | People in a care home or hospital are not deprived of their liberty illegally. | DoLS applications to Medway as a Supervisory Body are processed and assessments carried out within timeframes. | Setting up of Medway DoLS office – complete.

Communication to care homes and other relevant settings to ensure compliance with the Mental Capacity Act 2005.

Recruitment and training of the required number of Best Interest Assessors. | Breaches monitored weekly.

Updates to AMT.

DH Quarterly monitoring report.

DH annual statutory return. |
| SR 25.03 | Risk that the introduction of the Care Act 2014 will result in a significant rise in the cost of provision and implementation costs from April 2020. Still too early to tell what impact will be on current social care budgets or plans. | Deputy Director for Children and Adults | To be care act compliant in line with national timescales. | Introduction of a cap on the costs of care, means testing and new appeals process | Phase 2 of Care Act from April 2020 **Note:** The original implementation date for phase 2 was April 2016. The Care and Support Minister announced in July 2015 that the cap will now be delayed until April 2020. Full modelling and financial implications have not yet been undertaken.
The final statutory regulations and guidance are not however expected until October 2015. | We have undertaken an initial impact assessment of the effects of the Care Act, are carrying out further financial modelling and will continue to refine our assumptions as we develop our final Better Care Fund response. |
| SR 25.04 | Shifting of resources to fund new joint interventions and schemes might destabilise current service providers, particularly in the acute sector | Assistant Director, Partnership Commissioning | To describe Medway's potential for integration by nationally set timeframes | Working closely with MFT and CCG to bring in agreed programmes that will manage the channel-shift process | To describe the route-map for integration by 31 March 2017 **Note: We are working to national timescales that are currently under review and the council is one third of the triangular partnership so not** | A Transition Plan will be developed and implemented with Medway NHS Foundation Trust to ensure areas of concern are |

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					able to exercise overall control.	identified early and appropriate actions implemented in a timely fashion. Contingency plans put in place
SR 25.05	Operational pressures on the workforce will restrict the ability to deliver the required investment and associated projects to make the vision of care outlined in our Better Care Fund submission a reality, including workforce recruitment, skills analysis and change management.	Assistant Director, Partnership Commissioning	A review of the services within the "ring-fenced" / pooled budget will identify those services that require additional resource, additionally it will identify those services not performing or where need has moved forward.	The ambition for the partnership for 2016 and beyond needs to be developed in line with rapidly changing needs, central policies (yet to be formalised) and available resources.	To describe the route-map for integration by 31 March 2017 **Note: We are working to national timescales that are currently under review and the council is one third of the triangular partnership so not able to exercise overall control.**	Our 2014 schemes include specific non-recurrent investments in the infrastructure and capacity support of the overall organisational development including workforce.

CORPORATE RISK REGISTER

SR 27	Government changes to Local Authority's responsibility for schools	Owner	Director of Children and Adults	Children's Services Portfolio	Current Risk Score	C	II	Reviewed	July 2015

Link to Corporate Priority	Children & Young People in Medway have the best start in life

Vulnerability	Trigger	Consequences
Councils are accountable for the outcome of performance of all schools but have reduced levers to drive action and change. The Government's expectation is for all schools in special measures to become academies The OFSTED school inspection framework replaces 'satisfactory' with 'requires improvement'. Any school with 2 consecutive 'requires improvement' will be in a category.	A failing OFSTED inspection for a maintained school for which the Council has a statutory responsibility.	- Impact on children and families of being in a school that fails to provide quality provision. - Performance ratings as measured through Ofsted reports and Performance tables impact on parental and community confidence. - Financial consequences. - The DfE will expect that the school becomes a sponsored academy with further financial consequences to Medway including an expectation that the LA pays the legal costs for the transfer. - Damage to reputation. - Impact on statutory responsibilities and regulatory judgement. - Progress and progression for children & young people are impacted negatively.

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 27. 01	Analysis of school data is used to agree a school partnership rating so that appropriate support can be put in place.	School Effectiveness and Inclusion (AD)	Schools results in line with or exceed nationally expected progress measures.	- School Challenge and Improvement Team support schools to identify actions needed to improve pupil progress. - Data shows progress to be in line with similar schools nationally and then to be in upper quartile. - Implementation of School Improvement Strategy.	- Number of schools below floor threshold reduces - Number of schools in an OFSTED category reduces and remains low.	RAMP meetings with head and Chair of Governors. CADMT performance reports. Council Plan monitoring. School Effectiveness Strategic Board.

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SR 27.02	The proportion of schools in Medway with an OFSTED judgement requires improvement (3) is currently higher than national; and the proportion of schools with good ==and outstanding judgements== is currently lower than national.	==School Effectiveness and Inclusion (AD)==	Schools move up from requires improvement to Good and from Good to Outstanding.	- Core SCI training developed and delivered in a targeted way. - OFSTED preparation in place for Senior Leadership Team (SLT) and Governors. - NLES and LLEs linked to schools to give additional experience to draw on for delivering good and better practice. - Work closely with the teaching school alliances to develop leadership and improve the quality of teaching across subject areas.	OFSTED judgements place more schools in the Good or Outstanding categories.	SCI team meetings. OFSTED liaison ==and monitoring.== CADMT performance reports. Council Plan monitoring. School Effectiveness ==Strategic== Board.

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SR 28	Better Care Fund		Owner	Assistant Director, Partnership Commissioning	Adult Services Portfolio	Current Risk Score	C	II	Reviewed	June 2015

Link to Corporate Priority	Adults maintain their independence and live healthy lives

Vulnerability	Trigger	Consequences
The ambition of the Better Care Fund (BCF) is to describe Medway's potential for the integration of Adult health and social care and then to deliver the agreed integration. The achievement of these ambitions represents a significant challenge to the local authority and our health partners (The Council only controls a small proportion of the system, alongside the CCG and Medway foundation trust). There is a risk that the changes needed across the system will take longer to implement than the timeframe that our ambition	The current timeframe for BCF is to have described the roadmap for integration by 31 March 2017. Whilst the overall national ambition for integration remains same, the priorities and timescales for delivery within that overall ambition may shift at a national level. Uncertainty around national policy and budget in relation to integration/NHS/Council	Potential impact on ASC resources. Potential risk around supporting wider health economy.

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 28.01	Risk that the introduction of the Care Act 2014 will result in a significant rise in the cost of provision and implementation costs from April 2016. Still too early to tell what impact will be on current social care budgets or plans.	Assistant Director, Partnership Commissioning	To be care act compliant in line with national timescales.	Introduction of a cap on the costs of care, means testing and new appeals process	Phase 2 of Care Act from April 2016 **Note:** There will be a communication on the direction of travel before parliamentary recess (21 July). The final statutory regulations and guidance are not however expected until October 2015.	We have undertaken an initial impact assessment of the effects of the Care Act, are carrying out further financial modeling and will continue to refine our assumptions as we develop our final Better Care Fund response.

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SR 28.02	Shifting of resources to fund new joint interventions and schemes might destabilise current service providers, particularly in the acute sector	Assistant Director, Partnership Commissioning	To describe Medway's potential for integration by nationally set timeframes	Working closely with MFT and CCG to bring in agreed programmes that will manage the channel-shift process	To describe the route-map for integration by 31 March 2017 **Note: We are working to national timescales that are currently under review and the council is one third of the triangular partnership so not able to exercise overall control.**	A Transition Plan will be developed and implemented with Medway NHS Foundation Trust to ensure areas of concern are identified early and appropriate actions implemented in a timely fashion. Contingency plans put in place
SR 28.03	Operational pressures on the workforce will restrict the ability to deliver the required investment and associated projects to make the vision of care outlined in our Better Care Fund submission a reality, including workforce recruitment, skills analysis and change management.	Assistant Director, Partnership Commissioning	A review of the services within the "ring-fenced" / pooled budget will identify those services that require additional resource, additionally it will identify those services not performing or where need has moved forward.	The ambition for the partnership for 2016 and beyond needs to be developed in line with rapidly changing needs, central policies (yet to be formalised) and available resources.	To describe the route-map for integration by 31 March 2017 **Note: We are working to national timescales that are currently under review and the council is one third of the triangular partnership so not able to exercise overall control.**	Our 2014 schemes include specific non-recurrent investments in the infrastructure and capacity support of the overall organisational development including workforce.

CORPORATE RISK REGISTER

SR 04	Performance Management		Owner	Communications, Performance & Partnerships (AD), Directorate DMT's	Resources Portfolio		Current Risk Score	C	II	Reviewed	July 2015

Link to Corporate Priority	Giving Value for Money

Vulnerability	Trigger	Consequences
There have been in the past concerns that performance is not consistently managed across the Council. The Government has dismantled national corporate performance frameworks and relaxed service inspection and regulation with the notable exception of children's services. This has made the development of a effective Council wide performance management processes increasingly vital to ensure that key priorities are delivered efficiently and effectively, a 'one council' approach to improvement is in place, while risks to delivery are appropriately identified and managed.	The Council fails to embed a robust performance management system.	• The Council is not clear on what it wants to achieve so cannot demonstrate difference it is making to the public. • Customers do not receive the services they need. • Not getting Value for Money or able to evidence it. • Provides no evidence of outcomes from the organisations allocation of resources. • Does not prevent misallocation of resources due to flawed decision making. • Cannot inform future risk management (e.g. high risk external inspections). • Is unable to identify and capitalise on organisational best practice.

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 04.09	Review and develop existing Performance Management processes, whilst ensuring a robust and consistent approach across the Council.	Communications, Performance & Partnerships (AD)	An embedded performance management culture that makes evidence based decisions.	Consistent, effective performance management processes, across the Council.	July 15 – Q1 2015-16 Council Plan Monitoring Commences. Feb 16 -Council Plan Targets and Key Projects Agreed for 2016/17	Quarterly.

CORPORATE RISK REGISTER

SR 13	Equality and diversity	Owner	Communications, Performance & Partnerships (AD)	Corporate Services Portfolio	Current Risk Score	C	II	Reviewed	July 2015

Link to Corporate Priority	Putting our customers at the centre of everything we do

Vulnerability	Trigger	Consequences
Ensuring the Council complies fully with its duties under equalities legislation to carry out diversity impact assessments. Public sector spending cuts allied with the passing of the Equality Act 2010, increase the profile of equalities issues and the potential for claims, including court action, if DIA processes are not rigorous or given appropriate consideration in decision making. The effectiveness of DIAs is dependent upon services routinely gathering equalities data about the patterns of usage of their service and the difference they make and using data and intelligence to inform impact assessments.	A case is brought and the Council is found to have failed its duties under equalities legislation.	☐ Cost to go to a tribunal. ☐ Not meeting people's needs. ☐ Financial liability / court action. ☐ Seen as a poor employer. ☐ Loss of reputation. ☐ Adverse inspection for children and adults services.

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 13.05	New operating arrangements for performance and intelligence hubs created as strand of Better for Less are seeking to further mainstream equalities into customer insight and business planning.	Communications, Performance & Partnerships (AD)	Services routinely gather equalities information and carry out effective impact assessment to identify and deliver any necessary mitigations if potential adverse impact is identified.	New operating structures and procedures to continue to improve quality of equalities information collected and used.	New operating structures in place.	Quarterly with post implementation review in 12 months. Implementation complete – Review in July 2015 postponed due to loss of EAG chair. Recommendation to link budget DIA process with Star Chamber by Feb 2016.
SR 13.06	New processes to be developed to collate and assess the cumulative impact of budget decisions during the star chamber process.	Communications, Performance & Partnerships (AD) and Chief Finance Officer	Directorates routinely assess the potential equalities impact on budget decisions before proposals are submitted to Council.	New procedures are put in place for DMT's to follow while undertaking the annual budget setting process.	New operating procedures in place.	Corporate Management Team.

CORPORATE RISK REGISTER

SR 17	Delivering regeneration	Owner	Director of Regeneration, Community and Culture	Inward investment, strategic regeneration and partnerships Portfolio	Current Risk Score	C	II	Reviewed	July 2015

Link to Corporate Priority	Everyone Benefitting from the Area's Regeneration

Vulnerability	Trigger	Consequences
Medway's regeneration plans to regenerate the area with 30,000 people to Medway up to 20,000 jobs and 17,000 new homes in the next 20 plus years. There are challenges for the provision and maintenance of effective infrastructure. Particular areas of concern are flood protection, highways and water capacity. It is vital the benefits are felt by the population of Medway, so that the new jobs are not filled by only people from outside the area.	The Council fails to achieve the economic, social and infrastructure regeneration agenda.	☐ Regeneration projects not completed. ☐ Potential damage to Council's reputation. ☐ Not able to meet member, government and the public's expectations. ☐ Deteriorating physical and infrastructure assets. ☐ Investment wasted. ☐ Young people are not catered for in the 'new world'. ☐ Low skills base among some residents remains. ☐ Disconnect between skills and employment opportunities. ☐ Maintenance of low aspiration culture. ☐ Increased commuting and pressure on transportation. ☐ Negative impact on community cohesion.

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 17.01	Outline infrastructure needs identified.	Director of Regeneration, Community and Culture	Identification of inward investment priorities.	Progressing key regeneration sites and infrastructure plan jointly with KCC.	- Generation of funds to carry out the work and investors confidence; - 20 year development programme.	Quarterly
SR 17.02	Homes and Communities Agency (HCA) alerted to the impact of lack of funding and dialogue opened with External Partners.	Director of Regeneration, Community and Culture	HCA confirm any funding commitments and business plans for HCA sites Stewardship agreements completed for each HCA site.	Funding identified to continue regeneration.	Regeneration projects agreed with Members.	Quarterly
SR 17.04	Regular meetings with stakeholders including developers to lever in external funding and bring forward transformational programmes.	Director of Regeneration, Community and Culture	External financial arrangements to fund transformational programmes and deliver plans that are implemented on time and to budget.	Investors come forward for regeneration sites.	As detailed in individual delivery plans.	Quarterly

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Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 17.05	Working with the Local Enterprise Partnership to attract funds to Medway.	Director of Regeneration, Community and Culture	External financial arrangements to fund transformational programmes and deliver plans that are implemented on time and to budget. Create and protect long-term jobs in the private sector, and programmes which will deliver sustainable jobs.	Growing Places Fund (GPF): £4.4m Rochester Riverside; £2.99m Chatham Waterfront. TIGER (Thames Gateway Innovation, Growth and Enterprise) £20m for North Kent and Thurrock for business loans and grants. £4m for Strood Flood Defences (Public Works Loan Board). £29m Local Growth Funding from the Local Enterprise Partnership.	As detailed in individual delivery plans.	Quarterly

CORPORATE RISK REGISTER

SR 21	Procurement and Tendering		Owner	Legal and Corporate Services (AD)	Resources Portfolio		Current Risk Score	C	II	Reviewed	July 2015

Link to Corporate Priority	Giving Value for Money

Vulnerability	Trigger	Consequences
Strategic Sourcing Plans and standard procurements do not realise the savings predicted and included in budget projections. Contracts are not appropriately and consistently managed such that the potential for regular reviews and annual reductions are not taken.	- Budget pressures - Audit reviews reveal weaknesses.	- Council does not achieve value for money. - Damage to reputation. - Increased costs of purchasing services. - Not achieving cost efficiencies. - Overspend on budget allocation. - Failing to achieve Members' expectations.

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 21.01	Member chaired Procurement Board with the Council's Monitoring Officer responsible for the strategic procurement direction that meets every four weeks.	Legal and Corporate Services (AD)	To deliver the Procurement Strategy.	Procurement Board meets every four weeks.	On-going.	Every four weeks.
SR 21.02	Forward Procurement Plans in place for each category theme (people, place and corporate).	Category Management	Timely commencement of procurement ensuring contracts are in place.	Plans monitored by the Procurement Board every four weeks.	Taken over by Category Management team after "go-live" in December 2012.	Every four weeks.
SR 21.03	Strategic Sourcing Plans which are agreed with the relevant service and monitored regularly.	Category Management	Predicted savings that are sensible and achievable and the ability to take alternative action if under performance occurs.	Regular savings reports to the Portfolio Holder and to the Finance team.	Completed and due to be monitored in 2015/16.	Procurement Board strategic oversight with Category Management team day-to-day management.
SR 21.04	Building capacity in contract management including the use of external support.	Category Management	Good regular engagement with suppliers. Regular discussions about performance and savings.	Identification of contract management savings.	Commenced and to be reported throughout 2015/16.	Portfolio Holder strategic oversight with Category Management team day-to-day management.

CORPORATE RISK REGISTER

SR 31	Public Health Transition		Owner	Director of Public Health	Adult Services Portfolio		Current Risk Score	C	II	Reviewed	July 2015

Link to Corporate Priority	Putting our customers at the centre of everything we do

Vulnerability	Trigger	Consequences
The Council has had new public health responsibilities from April 2013 which involved the transfer of staff, contracts and functions from Medway PCT. Further transfer of public health responsibilities for 0-5 public health commissioning in Oct 15. Failure to realise benefits to population of Health and Social Care Act e.g. local authority impact on wider determinants of health.	Government cut to PH grant and Council financial constraints.	- Failure to meet statutory duties. - Worsening health status of population - Increase demand on health and social care - Risks to prevention and management of public health incidents. - Failure to implement Public Health programmes

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 31.02	Ensure effective use of PH grant and wider Council business to improve and protect health.	Director of Public Health	Agreement with partners on ongoing responsibility for payment.	Provision of evidence based cost effective public health interventions. Cross Council contributions delivered through Collaborative Working Agreements with Public Health.	Collaborative working agreements to be agreed by Q1.	On-going via PHOF and ADQs.
SR 31.03	Ensure safe transition of 0-5 public health commissioning responsibilities.	Director of Public Health	Effective transfer of commissioning responsibility.	Agreement on financial resource to be transferred, contracts novated, new commissioning arrangements embedded. Work with NHS England to co commission service prior to transfer.	Milestones as per national transition programme with NHS England. Allocation to be challenged by 16 Jan 15. Contract to novate from 1 Oct 15.	On-going.
SR 31.04	Develop plan to make in year cuts to budget.	Director of Public Health	Minimise adverse effect of cuts on public health outcomes.	Plan to cut expenditure from PH grant in line with Govt cut	ASAP – awaiting figure for cut post DH consultation	Budget monitoring and PHOF.

CORPORATE RISK REGISTER

SR 02	Business continuity and emergency planning	Owner	Director of Regeneration, Community and Culture	Business management (cross cutting) Portfolio	Current Risk Score	D	II	Reviewed	July 2015

Link to Corporate Priority	Putting our customers at the centre of everything we do

Vulnerability	Trigger	Consequences
Duties under the Civil Contingencies Act require councils to have an Emergency Plan. The Emergency Management and Response Structure may not be robust enough to respond to a major emergency. Every business activity is at risk of disruption from a variety of threats, which vary in magnitude from catastrophic through to trivial, and include pandemic flu, fire, flood, loss of utility supplies and accidental or malicious damage of assets or resources.	A significant adverse event occurs and the Council is found wanting or negligent in its planning and/or operational response	☐ Response to event is not rapid, adequate nor effective. ☐ Lack of clear communication lines ☐ Essential service priorities not clearly understood. ☐ Communication between agencies and the public is poor. ☐ Residents expect more from their Council ☐ Local press quick to seize issue. ☐ Comparisons made with other local authorities and resilience groups ☐ A death, or deaths, in the community ☐ Legal challenge under the 'Civil Contingencies Act 2004'

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR 02.01	Continue to develop the Council's Emergency Plan.	Director of Regeneration, Community and Culture	- Revised plan agreed by CMT - Continued engagement with Kent Resilience Forum - Staff trained in emergency response management	- Existing plan in place - Programme of on-going review of COMAH plans - Emergency response operations room in place.	- Draft plan update in place. - Relevant staff training during 2015.	On-going
SR 02.02	Business continuity plans completed to implement the actions.	Director of Regeneration, Community and Culture	All services will have an up-to-date and tested Business Continuity Plan.	- BCM Policy agreed. - BCM principles and project aims communicated to divisional management teams across the Council. - A Corporate Recovery Plan. - IT Recovery Plan in place. - Draft flu plans in place. - Winter preparedness plans in place.	Plans tested.	Quarterly reports to Strategic Risk Management Group

CORPORATE RISK REGISTER

SR 32	Data and Information		Owner	Legal and Corporate Services (AD)	Resources Portfolio		Current Risk Score	D	II	Reviewed	July 2015

Link to Corporate Priority	Giving Value for Money

Vulnerability	Trigger	Consequences
Moves to implement the Digital Strategy with innovative collaborations about "Big Data" open the Council to increased information risk particularly regarding personal and health data. Conversely not sharing information with partners and others minimises the Council's ability to improve service delivery and reduce costs.	- Budget pressures - ICO Audit reveals areas for improvement - Digital Strategy - Big Data project with academics	- Data loss leads to damage to reputation. - Not achieving cost efficiencies through Digital Strategy changes - Failing to achieve Members' expectations. - Failing to find new innovations

Code	Description	Managed By	Desired Outcome	Output	Milestones/PIs	Monitoring
SR32.01	Digital Strategy Officer Board includes the Senior Information Risk Owner	Legal and Corporate Services (AD)	To ensure that appropriate safeguards are in place for sharing information.	Privacy Impact Assessments (PIAs) ISAs and Standards Operating Procedures (SOPs) detailing roles and responsibilities.	On-going.	Regular
SR32.02	Information Sharing Agreement (ISA) for Kent	Legal and Corporate Services (AD)	Provides the basis for ISAs within Kent organisations and outside	PIAs, ISAs and SOPs and where appropriate Data Licence Agreements.	On-going	Kent ISA reviewed annually
SR32.03	Security and Information Governance Group	Legal and Corporate Services (AD)	Providing a corporate overview of all information risk across projects and initiatives	Minutes of SIGG meetings attended by representatives from Public Health, RCC and C&A Departments	On-going	Regular
SR32.04	Meetings between Senior Information Risk Officer and Caldicott Guardian on specific	Legal and Corporate Services (AD)	Good regular engagement to discuss risk areas	PIAs, ISAs and SOPs co-signed where relevant	Ad hoc as and when required.	Regular