

COUNCIL CORPORATE RISK REGISTER – PROGRESS REPORT

(Quarter 2 - Progress to 30th September 2019)

From Quarter 2 onwards, direction of travel arrows will indicate whether progress for that quarter is:

better  *worse*  *stayed the same*  since the last quarter

All changes made since Quarter 1 are **highlighted in RED**.


1.PREVENTION OF & PLACEMENT SUFFICIENCY FOR CHILDREN LOOKED AFTER – Lynn Berryman & Colin Cox		
There is a risk that	The Council is unable to implement adequate preventative measures to reduce the number of looked after children impacting on the sufficiency of appropriate placements.	
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.
The ineffective delivery of the CLA Recovery Plan and related programme of activities	<ul style="list-style-type: none"> A CLA Recovery Plan is in place and progress is reported monthly to the Placement Commissioning Board which is chaired by the Assistant Director Children and Young People and to the Children Looked After Recovery Board which is chaired by the Executive Director Economy & Infrastructure on a monthly basis. Key aims of the CLA Recovery plan in respect of this risk are working towards; <ul style="list-style-type: none"> An improved availability of local residential placements for children and young people in Cumbria An increase in the number of in-house foster carers Ensuring there are sufficient services to meet identified needs and these are based on greatest need. An increase in prevention based services leading to a reduction in the number of children looked after. Ensuring we use legal frameworks and guidance to ensure relevant contributions are made by other agencies to the cost of placements. The scheme of delegation for agreeing external placements as long term has been updated and a panel approach has been implemented. 	<ul style="list-style-type: none"> During Quarter 2, the Executive Director People held a half day Summit to review progress on the Children Looked After (CLA) Recovery Plan and thereafter the CLA Recovery Plan was updated with additional actions. A workshop took place in July with Health colleagues to explore and identify New Ways of Working and further workshops will follow to further develop new systems and processes of integrated working. The new Children Looked After Recovery Board had its first meeting under the new framework and has provided a progress update to CMT. During Quarter 3, a reporting mechanism will be introduced demonstrating how the CLA Recovery Plan is being monitored and controlled by the monthly CLA Workstream Board, chaired by the Assistant Director Children & Young People.
Unavailability of appropriate placements to match young peoples assessed needs	<ul style="list-style-type: none"> Assistant Director and Senior Management analysis and tracking of placements takes place at least monthly via Area Scrutiny Meetings and Legal and Placement Panels to ensure children are in the right placement, for the right length of time and that care planning and managerial oversight at every level addresses any delays. Monthly Placement Commissioning Board, chaired by AD Children & Young People, provides oversight and ensures the delivery of key work streams including; the Sufficiency of placement duty, the CLA Recovery Plan and the Regional Adoption Agency. Weekly Performance meetings at Assistant Director (AD)/ Senior Manager level tracking entrants, exits and moves of all CLA and associated costs. New sites have been agreed for internal residential provision of two new four bedded homes. The project plans are being managed by the Residential Development Group, chaired by the AD Highways & Transport. Cumbria Foster Carer recruitment campaign is in place with strong branding and community presence. The Fostering Service has been reshaped to ensure improved support to carers within their local area is ongoing. An Adoption Team is in place to reduce time that children are placed in foster care before being placed in their adoptive placements. 	<ul style="list-style-type: none"> Work as part of the move to Regional Adoption Agency will take place to look at best practice on the journey to adoption and how we implement in Cumbria. All actions identified by the review of all High Priority Children Looked After (CLA) cases will be monitored by the CLA Recovery Board and those in external residential provision are being tracked on a fortnightly basis by the relevant senior managers. The project plans to ensure the internal provision of two new four bedded homes are on track to deliver within agreed timescales. A Campaign for carers for complex children started in Quarter 1 and is ongoing. We continue to align improved understanding of CLA cohort with recruitment of carers so that the need leads the activity. We continue to strengthen our relationship with providers to work on being the commissioner of choice due to the competition of limited placements in the system. Work with Lancashire County, Blackburn with Darwen and Blackpool Councils in order to improve the commissioning and sufficiency planning of placements to increase stability and permanence for looked after children. It is hoped that this will lead to the identification of more collaborative ways of working between LAs and IFAs in order to explore how we can place more children locally in placements that meet their needs.

<p>Ineffective 'Signs of Safety' (SoS) practice model</p>	<ul style="list-style-type: none"> • 'Signs of safety' (SoS) project and implementation plan is in place with oversight and progress reported to the Workforce & Practice Board. • Regular external facilitated practice lead sessions takes place to provide leadership and ensure the model is being consistently applied. • Two dedicated practice development officers in place to support the delivery of the implementation plan to timescale. • District Implementation plans in place to deliver the county implementation plan on a local level. • Visits to other Local Authorities who have implemented SoS to learn from best practice and there is sharing of good practice examples with all staff on our share point site. • The audit framework will be adjusted to include Signs of Safety practice. • Two officers are in place to drive forward our signs of safety practice and support implementation across the County. 	<ul style="list-style-type: none"> • SoS steering group continues to meet on a monthly basis to drive progress and reports monthly to the Workforce Practice Board which is chaired by the AD Children and Young People to monitor the effective implementation of the plan. • Coaching sessions with our SoS consultant continue and the learning is embedded into practice through district based workshops supported by the SoS development officers. • SoS collaborative audit approach has been rolled out across the County to monitor the implementation of SoS. • A leadership event with a SoS consultant is being held in October to develop our leadership approach to embedding SoS practice.
<p>Ineffective delivery of an integrated early help/healthy child programme system</p>	<ul style="list-style-type: none"> • Partnership approach to designing new services is in place; service specification now complete for early help services and procurement underway. • A Voluntary Ex ante Transparency Notice (NEAT) has been issued for the clinical contract with Cumbria Partnership NHS Foundation Trust (CPFT). 	<ul style="list-style-type: none"> • Procurement of early help services will be undertaken by October. • New service specification and contract to be agreed with CPFT for clinical services by October. • Review of role of Children's Trust Board in overseeing the management of these services to be undertaken. • A new Child & Family Service will be in place by January 2020.
<p>Inadequate preventative measures and Services</p>	<ul style="list-style-type: none"> • Commissioned Edge of Care Service from Barnardos for 0-9 years age range delivered across the County. • Joint funded Safer Families Project in West Cumbria started in October 2018. • New integrated Multi Agency Team in West Cumbria to manage new demand differently started in June 19. • 9 family resilience workers are now in post and will support the prevention of children going into care. • There was agreement to implement a PAUSE (Creating Space for Change) Initiate County Wide, this is part of a National Charity Scheme to support vulnerable women to take control of their lives and prevent their children being taken into care after showing success in West Cumbria in the last 18 months. • Rated 'Outstanding' by Ofsted, Cumbria's Edge of Care outreach and respite services provided by Sedbergh Drive and Blackwell Road. • Cumbria Family Support Service is a voluntary service in place to offer practical and emotional support for children and families who are experiencing difficulties in Carlisle, Eden and West Cumbria. • District Senior Managers ensure that edge of care services prioritise those children potentially most at risk of coming into care within the following 3 months. 	<ul style="list-style-type: none"> • During Quarter 3 we will be exploring ideas for developing Adolescent support teams. • Recruitment for the PAUSE (Creating Space for Change) Programme County Wide has taken place and the service will commence from 1st November 2019.

Resulting in							
Main Impacts of risks to Customer & Council	Links to Council Plan Delivery Plan	Quarter 2 Risk Rating					
<ul style="list-style-type: none"> Additional placement moves and /or placements at a distance for children looked after. Overspend of the CLA budget. Reputational damage to the Council. Partial or total interruption to service delivery to customers leading to partial or non-delivery of corporate priorities. Failure to meet statutory requirements under the Care Act; to meet assessed social care needs and also to provide a sustainable care market. This has the potential intervention by external commissioner & reputational damage to CCC and NHS partners. 	1.10 Corporate Parenting Board will oversee the Children Looked After (CLA) and Leaving Care Strategy to be implemented and embedded - action plan to be developed - June 2019, reporting on action - Sept 2019. 1.11 New children, Young People and Families Health and Wellbeing service launched. 1.12 Refreshed CLA recovery plan to continue with impact to be evidenced and financial milestones met by March 2020. 4.5 Progress Children and Families Development Plan to further embed signs of safety to ensure practice and culture development. Amended plan end of June 2019, and to evidence more consistent practice at a 'Good' standard during 2019/20.	Q2 RISK RATING			20		
		Likelihood x impact			DOT		
		Previous quarter		Current quarter		End Yr Target	
		20		20			
4	5	4	5	20			

2. WORKFORCE CAPACITY, SKILLS, RELATIONSHIPS, SAFETY & WELLBEING – Paul Robinson & Dan Barton		
There is a risk that	The Council does not have the workforce capacity, skills or relationships to deliver the Council Plan or experiences a significant impact to the safety and welfare of the workforce.	
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk
Workforce Plan 2018-2022 not delivered.	<ul style="list-style-type: none"> Cabinet reviewed and agreed 2018/19 (Year 1) Workforce Plan progress and agreed prioritised actions for the 2019/20 (Year 2) Workforce Plan Delivery Plan. Action owners assigned and performance management arrangements in place with monthly monitoring through Organisational Change Senior Management Team with no actions RAG rated red at end Q2. Prioritisation exercise undertaken to ensure resources deployed to priority actions to ensure delivery alongside capacity challenges. Externally Provided Workforce (EPW) Strategy Group chaired by AD Organisational change to oversee 2019/20 Council Plan target closely managing the number and marginal cost of EPWs as per Council Plan target. Q2 performance has seen an increase in EPWs placing the target at risk and remedial actions are being followed within Directorates. 	<ul style="list-style-type: none"> All Workforce Plan Delivery Plan actions for Quarter 3 2019/20 continue to be performance managed through SMT, DMTs and reported through the performance framework to CMT and Cabinet. AD Organisational Change oversees progress at monthly SMT with regular updates discussed in Lead Member and Shadow Portfolio Holder 121 meetings. Monthly meetings between Senior Manager, Learning and Skills and Manager, Learning & Skills in place to ensure cohesion and monitor progress against allocated actions across multiple workstreams. Additional Workforce Plan focus relating to CQC Action Plan Workforce work stream. EPW Strategy Group continues to meet monthly chaired by AD Organisational Change. Innovation Fund and MTFP approved and proposal contained in the Budget proposal consultation, to increase internal capacity for learning and skills, and reduced reliance on externally procured training. Leadership & Management Programme launched at Managers Conference October 2018 continues to be rolled out and reviewed, with further cohort of 360 feedback in progress. Nominees for county wide 'Coaching Champions' programme in progress. Management Development programme and Team Leader programme to be rolled, with 2019 Leadership conferences and Excellence Awards planned and being finalised for delivery in Q3.
High staff absence levels	<ul style="list-style-type: none"> A focus on absence and attendance will continue across all areas, with monthly reporting to Directorate Management Team, Corporate Management Team and reported to elected members of Cabinet & Scrutiny Mgmt Board. Deep dive' absence clinics at Assistant Director and Senior Manager level in place to address longer term complex cases. The support of the Council's Employee Health & Wellbeing professionals and clinical physicians will continue. Scrutiny Performance Working Group received detailed update March 2019 with additional deep dive performance focus to Scrutiny Management Board in June 2019. Audit & Assurance Committee also receive regular risk updates to ensure controls remain in place to minimise absence risks. Workforce Plan 2018-2022 has a significant focus on staff wellbeing and engagement, with initiatives intended to positively affect attendance and staff wellbeing. Council achieved Better Health at Work 'Gold' Award and now have plans in place to strive for the maximum 'Continuing Excellence' accreditation. Winter Flu vaccination programme resulted in good take up rates and 2019 programme funded with rollout taking place. 	<ul style="list-style-type: none"> 2019/20 forecasted year end absence as at 30 Sept 19 at 12.4 WDL per FTE is a better position than Q1 forecast but worse than the 2019/20 target of 10 WDL per FTE. Increased performance management and accountability programme at all levels introduced overseen by Chief Executive with SMTs, DMTs, CMT, Organisational Development Board, Cabinet and Scrutiny Management Board continue to receive regular performance updates to ensure robust challenge. To ensure absence continues to be a top priority for all services, dedicated people management support to continue in high impact services. Scrutiny Management Board identified a number of agreed recommendations with the continuation of senior management input and oversight to 'hot spot areas'. Deep dive of stress related absence commissioned by CMT will continue throughout Q3 with a stress and resilience e-learning module introduced to help staff and line managers support wellbeing. New guidance on Menopause for both staff and line managers introduced to help support wellbeing and understanding within the workplace. Hepatitis B programme funding approved and training progressing and will be rolled out once vaccinations become available nationally. Health, Safety and Wellbeing programme will continue linked to agreed '<i>Th!nk Safe Be Safe</i>' brand and agreed messages of the month. Strengthened support and advice for staff reshaping as this has shown a correlation to absence rates.

	<ul style="list-style-type: none"> Health and Safety governance and increased profile an ongoing priority. 	
Ineffective Health, Safety and Wellbeing management	<ul style="list-style-type: none"> Responsibility for health and safety being refocused at all levels supported by corporate health and safety team providing competent person' support. Cabinet agreed the 2019/20 Corporate Health Safety and Wellbeing Policy Statement Sept 2019 and displayed on intranet and in all Council buildings. IOSH Leading Safely programme well attended by Elected Members, Trade Unions and Senior officer leaders. Health & Safety Committees across all directorates refreshed with Senior Officer and Trade Union co-chair arrangements in place and well attended. Corporate and Directorate level risk assessments reviewed to ensure resources focused on areas of higher risk. Health and Safety a standing agenda item at all DMT's and at CMT providing an opportunity to immediately escalate matters of significant concern. Corporate Mental Health programme progressing as planned. Th!nk Safe Be Safe brand well established with monthly messages of the month overseen by Lead Member, AD Organisational Change and Tus. Full programme of 33 operational health and Safety procedures re launched as per internal audit recommendations. Wider evidence being collated ahead of internal audit follow up audit which will take place in Q3 2019. 	<ul style="list-style-type: none"> Refreshed Health, Safety & Wellbeing governance arrangements embedding with events and communication programme continuing under the 'Th!nk Safe Be Safe' brand. Monthly safety and wellbeing messages will continue. Senior members, officers and trade union representatives that attended IOSH Leading Safely training courses now applying the learning. Additional capacity recruited to strengthen Fire health and safety in place with further plans progressing to further strengthen capacity to support schools. Corporate mental health programme will continue through Quarter 3 with innovative Fire Engine 'wrap' an example to market the programme. Higher risk service areas to refresh risk assessments and associated assurance statements with improvement plans if and when required. Better Health at Work Gold Award achieved in December 2018 and Council progressing actions to aim for the 'Continuing Excellence' criteria where resources allow. CMT have standing Health and Safety agenda item each week. Building health and safety events continue across the county during Q3 to aim to secure a greater number of first aiders, wire wardens and Evacuation Chair competent persons. Lone Worker App trial successfully evaluated and will be rolled as required front line teams via corporate mobile phone app. Trial of new digital app to report health and safety incidents and near misses at advanced stage.
Service Reviews negatively impact on capacity or delivery of services.	<ul style="list-style-type: none"> As part of strategic planning for 2019/20 and beyond, a programme of deep dive service reviews continues with regular planned meetings between management and recognised Trade Unions. Where any concerns are raised by staff or Trade Union representatives, they are considered and addressed as promptly as possible. 	<ul style="list-style-type: none"> Service Review activity will be closely managed through DMTs and CMT to ensure delivery of required change, whilst carefully managing the potential impact and implications on both financial and non-financial resources and the delivery of statutory services. All service reviews planned for Quarter 3 will follow agreed Management of Change process with regular updates to recognised Trade Unions and Portfolio Holders. Capacity and availability challenges being regularly reviewed to balance pace with risks.
Industrial Relationships between the Council and Trade Unions.	<ul style="list-style-type: none"> Service Reviews are closely managed in consultation with recognised Trade Unions using agreed management of change process. JCG and HR1 meetings will continue to be held corporately and within each Directorate in line with agreed framework. Refreshed Health & Safety Committees with Union co-chairs in place. Any issues of concern are discussed promptly and proportionately with a commitment to review any policies of concern to negotiate an agreed position with Trade Union colleagues locally and regionally wherever required. 	<ul style="list-style-type: none"> JCG and HR1 meetings will continue to be held corporately and within each Directorate in line with agreed framework and commitment to discuss any staffing related issues. Policy Group continues to meet to negotiate any revisions to policy. A trade union meeting planner introduced to help coordinate and plan effective use of trade union resources. This plan is held centrally and shared on a weekly basis with improved ICT options being explored with TU Branch Secretaries. Plans are in place for greater Trade Union involvement at earlier stages of initiatives to ensure greater co-production. If issues of concern are raised by Trade Union colleagues, then they are considered promptly through agreed escalation and dispute resolution procedures. Increased Health & Safety working. Both Officers and Trade Unions jointly committed to greater co-production and informal resolution of issues. An example is a joint approach to improved Health and Safety governance, visits and communications materials.

Resulting in; Main Impacts of risks to Customer & Council	Links to Council Plan Delivery Plan	Quarter 2 Risk Rating					
<ul style="list-style-type: none"> • Pace and change objectives from service reviews is not met. • Absence exceeds targets leading to capacity issues and increased costs due to shift cover requirements or Externally Provided Workforce (EPW). • Non delivery of identified workforce skills and apprenticeship targets. • Trade Union relationship challenges with increased numbers of grievances, formal disputes or industrial action. • Major injury, illness or fatality as a result of insufficient or ineffective health and safety arrangements. 	4.2 Deliver the actions in the 2019/20 Workforce Delivery Plan including maintain or improve on the Better Health at Work Gold Award standard. 4.3 Produce and implement a system wide Workforce Strategy with North Cumbria and South Cumbria Health and Care systems.	Q2 RISK RATING (Likelihood x Impact)			20		
		Previous quarter	Current quarter	End Yr Target	DOT		
		20		20		15	
		4	5	4	5		


3. DELIVER A FINANCIALLY SUSTAINABLE AUTHORITY – Julie Crellin		
There is a risk that	the Council's revenue & capital budget is insufficient to fund current services over the medium term	
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.
Slippage and non-delivery of existing savings	<ul style="list-style-type: none"> • Monthly financial monitoring and reporting via Directorate Management Teams and Corporate Management Team – with quarterly reporting to Cabinet. • Programme Boards eg. Promoting Independence Programme Board within Directorates to manage key projects linked to the Medium Term Financial Plan – and identify remediation activities where required. • Review of reserves on regular basis – to accommodate budget fluctuations in year. • Establishment of the Children Looked After Strategic Board chaired by the Acting Executive Director Economy & Infrastructure to review delivery of the Children Looked After Recovery Plan and associated delivery mechanisms. • Report delivered to CMT on 10th April detailing assurance framework for delivery of MTFP savings which includes service specific monitoring, involvement of DMT's, Transformation Boards, other boards (eg Demand Management Project Group) and CMT. • Report to go to CMT in Quarter 1 2019/20 updating progress of the CLA recovery plan, future actions to be delivered and corresponding updated financial projections for 2019/20 	<ul style="list-style-type: none"> • Monthly updates on savings delivery as part of the budget monitoring report and bi-monthly updates from Transformation Programmes on delivery of MTFP savings.
Overspending of budgets	<ul style="list-style-type: none"> • Monthly financial monitoring (as above) • Rigorous assessment and authorisation of significant areas of expenditure e.g. care packages for vulnerable children and adults. Implementation of revised financial decision making delegations by People Services in respect of commissioned care packages and support. • Operate risk based approach to deploy Finance team resources to assist budget holders in key areas of budget risk. • Children Looked After action plan in place to manage and reduce expenditure in this overspending area. • Improved budget monitoring process reducing the time taken for budget monitoring reports to be presented to CMT resulting in earlier corporate notification of the budget position and therefore earlier agreement of mitigating actions should they be required. • Cost and expenditure controls to be implemented across the Council by DMT's 	<ul style="list-style-type: none"> • Development of demand models within specific services areas to allow improved future forecasting of financial impacts. • Budget Planning providing oversight and challenge of the forecast budget outturn and in particular overspending areas and MTFP savings not being delivered.

Appendix 2




QUARTER 2 - REGISTER OF CORPORATE RISKS

Underachieving of income budgets	<ul style="list-style-type: none"> Monthly financial monitoring (as above) Quarterly meetings with District Council Technical Finance Officers – to review forecasts of Business Rates Income (and appeals) and Council Tax receipts. 	<ul style="list-style-type: none"> Undertake risk assessment of income recording in key areas of the business to ensure consistency of approach in recording income receivable. Further improvements likely to follow after assessment.
Uncertainty of local government funding framework	<ul style="list-style-type: none"> Horizon scanning by Finance of government announcements and funding/technical consultations – to ensure reasonableness of planning assumptions. Active participation in national groups e.g. Society of County Treasurers, North West ADASS Group (adult social care), LGA and CCN. Responding to Government announcements relating to Fair Funding and Local Government Finance Framework. Consideration of Spending Round announced 4th Sept 2019. Provisional Local Government Settlement evaluated when announced and budget model and gap updated. 	<ul style="list-style-type: none"> Continue to review and evaluate funding announcements that are made. Updated draft MTFP 2020-2025 reported to Cabinet in November 2019.
Increased demand for Statutory Services.	<ul style="list-style-type: none"> Activity and performance data is monitored alongside the financial forecast. Established Programme Boards have a remit to monitor and manage demand in key service areas, examples being the Children Looked After Placement Board and Promoting Independence Board 	<ul style="list-style-type: none"> Working group to be established to oversee modelling of future demand and the resulting financial impact. To be chaired by Deputy S151 Officer.


Resulting in

Main Impacts of risks to Customer & Council	Links to Council Plan Delivery Plan	Quarter 2 Risk Rating			
<ul style="list-style-type: none"> Reduced or non-delivery of services impacting on service users Significant budget overspends & unsustainable drawing on reserves Reputational damage to the Council Intervention by central government 	<p>4.7 All services delivered in line with their 2018/19 revenue budget as set out by Council in Feb 2019.</p> <p>4.8 A Total of £22.730 million of new savings to be delivered in 2019/20.</p> <p>4.9 Respond to outcome of Fair Funding and Business Rates Retention consultation determining impact on Council resources and future MTFP Planning.</p> <p>4.11 Deliver the enterprise projects within the Medium Term Financial Plan for 2019/20.</p>	<p>Q2 RISK RATING likelihood x impact</p>			<p>20</p>
		<p>Previous quarter</p>	<p>Current quarter</p>	<p>End Year Target</p>	<p>DOT</p>
		<p>20</p>	<p>20</p>	<p>15</p>	
		<p>4</p>	<p>5</p>	<p>4</p>	<p>5</p>

4. CARE NEEDS & CONTINUITY OF CARE – Jo Atkinson		
There is a risk that	the Council does not ensure eligible care needs are met or does not deliver continuity of care	
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.
<p>Home Care & Residential Care for service users over 65 years.</p> <p>Increased demand, market challenges and overall system challenges including insufficient capacity in the care market (including problems recruiting or retaining CCC staff and managers)</p>	<p>Alternative Delivery Models</p> <ul style="list-style-type: none"> ▪ Cumbria Care recruitment continues with 12 teams now recruited to. There still remains challenges in Eden and South Lakes. ▪ The Homecare framework was successfully procured at the end of August 2019. The SProc.net system supplied by adam Ltd has supported the development of an Any Qualified Provider (AQP) approach. There are currently 33 providers on the framework. ▪ The implementation of fixed hourly rates through the new framework will enable the focus to be on quality and delivery rather than price. The rate was calculated based on the UKHCA recommended rates and allows for travel costs through an urban, rural and extra rural rate. Additionally providers have been encouraged to pay staff the 'real' living wage through these new rates which should improve recruitment and retention figures. ▪ An Internal audit was carried out on Homecare with the audit close out meeting taking place in Q1. A list of Management actions have been identified to address all issues raised within the audit. 	<p>Alternative Delivery Models</p> <ul style="list-style-type: none"> ▪ Cumbria Care recruitment remains ongoing with vacancies identified in Allerdale and Eden and there will be a recruitment push in these areas. ▪ Management Information will be gathered through the SProc.net system to identify areas where providers are struggling to fulfil packages and support will be offered where needed. This management information will also enable Cumbria Care to focus their recruitment in these areas. ▪ The AQP is an open framework and providers will be able to join at any time if they meet the necessary criteria. One former framework provider is still to join the framework and this will be done during Q3
<p>Problems recruiting and retaining independent sector care staff and managers</p>	<p>Sustainable market</p> <ul style="list-style-type: none"> ▪ The Council continues to work closely with the Clinical Commissioning Group to develop more robust plans that will support developing a sustainable market. ▪ The introduction of a fixed hourly rate (which has been based on UKHCA recommendations) has been designed to enable providers to pay care staff the Real Living Wage which should, in turn, reduce pressures on the recruitment and retention of staff. ▪ Ongoing iBCF and winter pressures funding will continue to support the additional pressure 	
<p>Failure to deliver care services & deliver regulatory standards of the CQC.</p>	<p>Performance</p> <ul style="list-style-type: none"> • During the System Review in 2018/19 Q4, no concerns were raised by the CQC • The Quality and Care Governance officer's line management arrangements sit with the Senior Managers for Commissioning. This will ensure that information gathered regarding the quality of services is fed back into the commissioning cycle. • Multidisciplinary radar meetings are in place to receive and monitor early indicators of Quality concerns. This information is provided by the Quality & Care Governance Team. • Weekly meetings take place using a performance dashboard and exception report to address ongoing performance matters. • The Quality and Care Governance team conduct routine scheduled audits and monitor performance to improve standards on an ongoing basis. 	<p>Performance</p> <ul style="list-style-type: none"> ▪ A schedule of Directorate level quarterly performance monitoring reports will be in place to monitor a range of quality indicators to enable rigorous challenge. ▪ The Quality and Care Governance team will continue to conduct routine scheduled audits and monitor performance to drive ongoing improvements to standards.




<p>9Services may not provide vulnerable people with a safe and caring environment in which they are supported appropriately</p>	<p>Performance</p> <ul style="list-style-type: none"> • System controls are in place to provide assurance at a number of levels. These are designed to provide ongoing checks that people are supported appropriately and safely • Controls include: <ul style="list-style-type: none"> - Social work assessment and review - Independent advocacy - Alerts to LADO should any concerns be identified - Safeguarding process - Intelligence gathering to inform the early indicator (RADAR) process - Quality Improvement Process (multi agency) - Care and Treatment Reviews (CTR) and Care Education Treatment Reviews (CETR) - CTR and CETR include multiple agencies, families, independent advocates and experts by experience - Regular liaison with CQC 	<p>Performance</p> <ul style="list-style-type: none"> • Ongoing review to ensure the controls that are in place continue to be effective. 																					
<p>Resulting in</p>																							
<p>Main Impacts of risks to Customer & Council</p>	<p>Links to Council Plan Delivery Plan</p>	<p>Quarter 2 Risk Rating</p>																					
<ul style="list-style-type: none"> • Customer complaints. • Failure to meet statutory requirements under the Care Act; to meet assessed social care needs and also to provide a sustainable care market. This has the potential intervention by external commissioner & reputational damage to CCC and NHS partners. • Partial or total interruption to service delivery to customers leading to partial or non-delivery of corporate priorities. • Significant financial impact due to Increased number of Delayed Transfers of Care (DToC). 	<p>1.19 Continue to develop the Council's in house care services to improve efficiency, maintain and improve quality and respond to changing demands and market requirements. Publish a development plan 2019-22 for the Council's in house services.</p> <p>1.22 Develop and implement a plan for strengthening the front door to Adult Social Care to improve the management of demand in the system.</p> <p>3.3 Continue to encourage providers delivering services to and on behalf of the council to pay the Living Wage Foundation's Living Wage rate of pay to their staff, and adopt the principles of the Great Jobs Agenda</p> <p>3.5 Develop a 'grow your own' approach to address market issues, focussing for 2019/20 on:</p> <ul style="list-style-type: none"> - Developing Career Pathways, building on the Social Work Academy and Apprenticeships, including a graduate programme, for a minimum of two service areas by December 2019. 	<table border="1"> <tr> <th colspan="4">Q2 RISK RATING Likelihood x impact</th> <th>15</th> </tr> <tr> <th colspan="2">Previous quarter</th> <th colspan="2">Current quarter</th> <th>End Yr Target</th> <th>DOT</th> </tr> <tr> <td colspan="2">15</td> <td colspan="2">15</td> <td rowspan="2">15</td> <td rowspan="2"></td> </tr> <tr> <td>3</td> <td>5</td> <td>3</td> <td>5</td> </tr> </table>	Q2 RISK RATING Likelihood x impact				15	Previous quarter		Current quarter		End Yr Target	DOT	15		15		15		3	5	3	5
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15		15		15																			
3	5	3	5																				


5. LEARNING DISABILITY PARTNERSHIP ARRANGEMENTS – Jo Atkinson		
There is a risk that	The Council & Clinical Commissioning Groups (CCG's) are unable to commission services and develop plans for the small number of Individuals with complex support needs.	
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.
Not having assurances on financial resource transfer into the health and social care economy in Cumbria	<ul style="list-style-type: none"> ▪ Discussions continue to take place between the CCG(s) and Council regarding future joint working arrangements. ▪ Discussions continue to take place with CCG(s) to identify ongoing financial responsibilities. ▪ Senior Manager Commissioning in place to support ongoing work. ▪ An Additional Needs Framework is in place that includes more than 24 Support Providers. ▪ Interim arrangements are in place to manage new Continuing Health Care (CHC) packages until all policy and procedures are in place. Work is underway with CCG(s) to formalise arrangements. ▪ Work will continue to develop local policies and procedures that ensure organisations are operating within national frameworks and are discharging their statutory responsibilities. This will be undertaken through a small task and finish group. ▪ Work has started with North Cumbria CCG to develop a model of integrated commissioning and contracting with the Local Authority as the lead agency. 	<ul style="list-style-type: none"> ▪ Discussion continues to take place with both CCG (s) regarding the future commissioning and funding arrangements that had previously been undertaken through the Learning Disability Pooled Fund. Both CCG's have indicated their preference moving forward. ▪ A joint S117 process has been developed alongside a standard operating procedure. Work is underway to develop staff training. ▪ The interim Partnership Agreement remains in place. It sets out partner expectations in relation to joint working particularly in relation to S117 and Continuing Health Care. It also sets out the expectation in relation to funding in- patient provision in assessment and treatment services. ▪ A successful staff development day took place in February 2019 that included key staff from CCGs, CPFT and the Local Authority. Future meeting dates are being planned to further develop a joined up approach. ▪ An additional needs framework has been agreed through Cabinet – and is "live". The Framework includes 24 Providers, 10 which are new to Cumbria who can meet the needs of individuals who meet the criteria set out in "Transforming Care". A recent procurement using the Framework resulted in support being identified and procured for three individuals who are currently in patients. ▪ Regular leadership meetings are in place, which include leaders from the Local Authority, NTW and the CCGS. ▪ A Cabinet paper has been drafted that will be the starting point for an integrated commissioning approach with North Cumbria CCG
A lack of availability of suitable and affordable service and support providers. Limited capacity within existing service and support providers.	<ul style="list-style-type: none"> ▪ Work underway with existing providers supporting the development of their service offer. This includes linking in with regional and national training/workforce opportunities e.g. In Positive Behaviour Support. ▪ Additional needs framework has been procured with 24 Providers, 10 of whom are new to Cumbria. ▪ Recommissioning of the current supported living framework is underway. ▪ Using NHS England funding, support has been developed locally that supports providers to meet need at times of crisis. 	<ul style="list-style-type: none"> • Regular meetings with key Providers are in place. • Additional needs Framework is in place. • Commissioning and operational attendance at Learning Disability and mental health provider forums. • A summit took place on 11th October 2019, and focussed on what providers need from the local authority, CCGs and health colleagues to meet the needs of people with a learning disability. • The development of an enhanced community model in North Cumbria has strengthened the local system to support providers and prevent in patient admission. The learning from this will be used to support pan Cumbria Providers. • Funding has been secured to develop individual life planning as a tool in Cumbria. This is a person centred approach that provides a bespoke approach to identifying support. The first individual life plan has been developed and used to ensure a continued person centred approach. The second is being planned.

Resulting in							
Main Impacts of risks to Customer & Council	Links to Council Plan Delivery Plan	Quarter 2 Risk Rating					
<ul style="list-style-type: none"> Failure to meet statutory requirements leading to reputational damage to CCC and individuals not having their care and support needs met close to home. 	1.17 Work with health partners to improve the quality of joined up services for young people with Special Educational Needs and Disabilities. Implement improvement plan, implement appropriate contractual frameworks and continue to develop arrangements for complex cases.	Q2 RISK RATING Likelihood x impact			15		
		Previous quarter		Current quarter		End Yr Target	DOT
		15		15		10	
		3	5	3	5		


6. INFORMATION SECURITY ARRANGEMENTS – Paul Robinson & Iolanda Puzio		
There is a risk:	The Council will experience a significant information security incident.	
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.
Inadequate information security arrangements	<ul style="list-style-type: none"> ICT Plan 2018-22 in place with security a key element of 2019 Delivery Plan. Information Security Management System including all policies adhering to ISO 27001 principles is in place and proactively maintained. Suite of Information & System Security Policies accessible on In-touch. Annual Public Services Network (PSN), PCI DSS & NHS DSP compliance maintained and supported by the external IT Health Check (ITHC). Routine monitoring of ICT networks and systems in place. Vulnerabilities highlighted, addressed and managed through Service Now as a project task with exception reports to Senior Manager ICT and AD Organisational Change. Routine ICT system penetration tests to check system vulnerabilities – incorporated into the annual IT Health Check. Externally hosted systems including those “in the cloud” incorporated into the annual ITHC. Participation in National Cyber Security Centre (NCSC) free service initiatives including web check, public sector Domain Name System & Cyber Info Sharing Partnership continue. Ongoing assessment of cyber threat via cyber security partners; the NCSC, North West WARP including weekly threat reports and the NHS Cumbria Cyber Group in place. Council received 2nd highest LGA cyber-security rating of ‘Green / Amber’ in Oct 18 with a number of strengths recognised. Report concluded that the council is compliant with the UK Government’s ‘Minimum Cyber Security Standard’ and the NCSC’s cyber security lifecycle with all areas scoring green. ICT Service Continuity arrangements being refreshed and exercised. GDPR Phase 1 Action Plan chaired by AD Organisational Change complete with internal audit assessed as maximum ‘substantial assurance’ rating in June 2019. GDPR now in business as usual phase led by Monitoring Officer. Proactive engagement with national and internal Local Resilience Form (LRF) initiatives in place especially for cyber security risks. Annual PSN compliance certificate independently confirmed 12 July 2019. Internal audit confirmed second highest ‘reasonable assurance’ rating Jun 2019, with all recommendations to strengthen documented record keeping being progressed. 	<ul style="list-style-type: none"> GDPR Phase 2 action Plan in place with implementation led by Data Protection Officer and Chief Legal Officer (Monitoring Officer) following handover from AD Organisational Change who led Phase 1. Monthly Data Protection Working Group will drive developments and further embed data protection culture. Phase 2 of this project and the contribution of Statutory Officer Group is progressing led by the Chief Legal Officer. SIRO improvement group created with terms of reference agreed and regular meetings scheduled. The Data Security & Protection Toolkit (DSP Toolkit) replaced the current IG Toolkit with the Council’s submission compliant against the new toolkit 100 mandatory requirements and allows continued data sharing with Health partners. Requirements continue to be incorporated into ICT infrastructure technical projects. A number of systems now hosted externally in the cloud or on suppliers own premises and NCSC guidance now recommends that externally hosted systems are incorporated into the annual CCC IT Health Check. The cloud based systems categorised as highest risk were prioritised for inclusion and suppliers notified. All cloud hosted systems checked passed the ITHC successfully and this is now being included within all ICT systems contractual arrangements. Enhanced ICT Programme Monitoring in place with strengthened performance management and incident reports being implemented which will include outstanding vulnerability scanning tasks created by Information Security within <i>Service Now</i> for action. NCSC threat warnings now a mandatory agenda item on the ICT Management Board. ICT operational risk register reviewed on a quarterly basis and presented to the ICT Management Board chaired by AD Organisational Change. The 2019 annual PSN self-assessment signed by the Chief Executive and submitted. Remediation of the outstanding vulnerabilities continues. Cumbria County Council have been commended for their approach to the PSN accreditation process and risk management by the PSN assessor with project tasks created within Service Now to address all vulnerabilities highlighted within the report. Remediation project plan submitted to PSN as part of the annual accreditation process with any outstanding vulnerabilities being prioritised as per the plan. Weekly PSN exception reporting in place between CCC and PSN. Annual PSN 2019/20 certificate issued with effect from 12th July 2019. A planned programme of ICT system resilience health checks commissioned in Q4 commenced in Q1 2019/20 as the full migration of the Council Data Centre confirmed as decommissioned. Technical capacity is now refocused on system stability and resilience and will include increased security as well as performance. ICT Services are fully engaged with the Local Resilience Forum (LRF) and proactively engage with and promote all training and workshop events including those facilitated by CCC at HQ CFRS and national Cyber Resilience Pathfinder initiative. Q3 2019/20 work will continue to progress areas of the LGA cyber security report to aim to achieve all levels the top ‘green rating’ including Governance, Documented risk assessments, Structures and policies; Leadership, reporting and ownership; and Training and awareness. An LGA self – assessment portal will be made available during Q3 to enable progress to date on the initial submission. Q3 will see further development of the InTouch request portal to tightly control permission to any higher risk activity (eg electronic device use outside the United Kingdom border). All requests are rigorously risk assessed by the Information Security Team and submitted to SIRO for approval. The portal will be publicised and made available during Q3. All requests are submitted to SIRO for approval manually in the interim.

<p>Lack of Training , Awareness & Ongoing learning</p>	<ul style="list-style-type: none"> • Mandatory GDPR & Information Security e-learning course in place and routinely updated to reflect data breach investigations to address or prevent further occurrence. • GDPR training exception reporting highlights staff and members not trained however significant progress made in this area with GDPR training targets in place and monitored. • Statutory Data Protection Officer providing dedicated GDPR expertise, advice and support. • Information Security drop in sessions and workshops held as a joint approach with the Data Protection Officer and Records Management Team. • Manager self-service reporting tool in place to allow tracking of mandatory training, including Information Security and Data protection e-learning course. 	<ul style="list-style-type: none"> • ELT committed to ensure all Managers target those employees who are 'hard to reach' to ensure a minimum of 95% mandatory training completion with over 94% complete in 2018. Automatic reminders are sent to remind those employees who have not completed the on-line training course and further reminders are issued close to the expiry date of completed training. The new Information Security & Data Protection 2019 e-learning and toolbox training was successfully launched in Q1. As at 30 Sept 2019 (following implementation of auto system reminders), 93% of all employees have completed training within the last 12 months (an improvement from 42% completed at end Q1 and close to annual 95% target) . An updated training package is being developed for launch April 2020. • Ongoing Information Security and Cyber awareness programme will continue. Awareness and promotion site visits planned for the autumn on the build up to Information Security Week in November 2019. • The Council Senior Information Risk Officer continues to chair weekly meetings to consider Data Protection, GDPR and Cyber Security matters to ensure ongoing profile and prompt consideration of any issues. Two Deputy SIROs are now in place(Chief Legal Officer and AD Organisational Change) to ensure additional SIRO resilience and cover. Information Security Manager and Data Protection Officer attend SIR) meetings. • Communication campaign to progress further during Q3 to raise awareness around data breaches. • Premises floor walks will progress in Q3 to audit physical security practice and identify gaps and learning.
<p>Human error</p>	<ul style="list-style-type: none"> • Incident reporting framework, procedure & on line incident form in place & recently revised to meet GDPR requirements. • Weekly SIRO meeting & data breach reporting in place to enable effective response to breaches, tracking, learning and ICO referral assessments. • A communications campaign is ongoing to increase staff awareness, reminder training and data risk issues including breach causes and learning. • An Information Governance Scorecard is reported quarterly to Corporate Management Team. 	<ul style="list-style-type: none"> • Data breaches, near misses, causes and actions continue to be collated to central database to improve targeted action and learning sharing following weekly discussion at SIRO meeting and escalation to CMT if and when required. • Corporate Governance Group & Monitoring Officer created sub group to drive communications and cross Directorate Learning which will continue in Quarter 3 of 2019/20. • The data breach incident reporting form to allow external agencies and customers to submit reports is in development enabling all data breaches to be reported in a more efficient manner.

Resulting in; Main Impacts of risks to customer & Council	Links to Council Plan Delivery Plan	Quarter 2 Risk Rating																						
<ul style="list-style-type: none"> • Disclosure of personal data leading to personal distress, damage and embarrassment and potential liability claims. • Data breach leading to financial penalties & intervention by the ICO; fines of up to 20 million euros or 4% of Gross budget. • Partial or total interruption to service delivery to customers, suppliers or partners leading to partial or non-delivery of corporate priorities. • Significant reputational impact to the Council & partners • Reputational damage to the Council • Financial impact 	<p>4.4 Delivery the actions in the 2019/20 ICT Plan Delivery Plan and further progress ICT improvement programmes with key partners, particularly the NHS and Police.</p>	<table border="1"> <thead> <tr> <th colspan="4" data-bbox="1905 1024 2605 1108">Q2 RISK RATING likelihood x impact</th> <th data-bbox="2605 1024 2783 1108">15</th> </tr> <tr> <th data-bbox="1905 1108 2175 1192">Previous quarter</th> <th colspan="2" data-bbox="2175 1108 2418 1192">Current quarter</th> <th data-bbox="2418 1108 2605 1192">End Yr Target</th> <th data-bbox="2605 1108 2783 1192">DOT</th> </tr> </thead> <tbody> <tr> <td data-bbox="1905 1192 2175 1325">15</td> <td colspan="2" data-bbox="2175 1192 2418 1325">15</td> <td data-bbox="2418 1192 2605 1325">10</td> <td data-bbox="2605 1192 2783 1325" rowspan="2" style="text-align: center;"></td> </tr> <tr> <td data-bbox="1905 1325 2053 1451">3</td> <td data-bbox="2053 1325 2175 1451">5</td> <td data-bbox="2175 1325 2323 1451">3</td> <td data-bbox="2323 1325 2418 1451">5</td> </tr> </tbody> </table> <p>Risk score maintained in Q2 2019/20 as although information security controls strengthened and independently assessed</p> <ul style="list-style-type: none"> • GDPR : 'Substantial Assurance' Internal Audit opinion Jul 2019 • Cyber Security: 'Reasonable Assurance' Internal Audit opinion Jul 2019 • PSN : Annual independent Accreditation confirmed July 2019 <p>Overall it is felt prudent that a further period of time during Q3 will further embed these controls into operational practice to ensure a result in a lower number of data breaches being reported. The likelihood risk score will then reassessed in December 2019.</p>				Q2 RISK RATING likelihood x impact				15	Previous quarter	Current quarter		End Yr Target	DOT	15	15		10		3	5	3	5
Q2 RISK RATING likelihood x impact				15																				
Previous quarter	Current quarter		End Yr Target	DOT																				
15	15		10																					
3	5	3	5																					

7. COMMISSIONING STRATEGY - Jo Atkinson					
There is a risk that	The Council does not fully deliver its commissioning strategy for adult social care, reducing the demand for it's services and making best and effective us of it's resources				
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.			
The approach to prevention not being effective or not being demonstrated to be effective	<ul style="list-style-type: none"> Ongoing reshaping of Day Services following engagement with Local Area Committees to develop services in line with Commissioning Strategy and linked into the work through Thriving Communities as one of the Pathfinders 99% of homes in Cumbria now signed up to the new contracting arrangements. 	<ul style="list-style-type: none"> The rollout of remodelling of older adults day services on a district basis is now complete. Review work will continue in relation all other day service provision. Trade Unions will be engaged with regarding any potential future service changes. 			
The pace of review of Day Services not delivering expected outcomes	<ul style="list-style-type: none"> Ongoing reshaping of Day Services, including the review of existing packages to ensure they are appropriate. Continued development of policies to support the strengths based approach. 	<ul style="list-style-type: none"> Business case agreed for the recruitment of social work staff to carry out reviews on people who access day services, with some social workers now in place and carrying out reviews as part of other local area pilots. Recruitment is underway with some posts having been filled but not currently up to full capacity. Reviews are underway as part of the Promoting Independence programme and some of those people identified will be accessing day services. Additional priority cohorts of people that would likely benefit from the Promoting Independence programme will be identified. 			
The scale and pace of delivery of the Extra Care Housing (ECH) Programme	<ul style="list-style-type: none"> Two grant funding applications were awarded under Extra Care "grant programme". Competitions for developments on Council owned sites under the Development Framework have been awarded. Working site opened under framework received no appropriate bids. 	<ul style="list-style-type: none"> Grant Agreements will be finalised and milestone payments made. Development Agreements for Framework developments will be completed and detailed build schedules and milestones agreed. Further competitions under the Development Framework will be launched in other identified priority areas. Workington site to be revisited under the framework 			
Resulting in					
Main Impacts of risks to Customer & Council	Links to Council Plan Delivery Plan	Quarter 2 Risk Rating			
<ul style="list-style-type: none"> Financial impact due to the inability to reduce demand for services as well as not diverting service users away from residential or nursing care Reputational impact and Loss of confidence in the Council 	2.9 A refreshed County Council care and support commissioning strategy including extra care housing - draft strategy to be produced. 4.6 Joint council and NHS commissioning strategy across areas of mutual interest with a draft strategy produced.	Q2 RISK RATING			
		likelihood x impact			12
		Previous quarter	Current quarter	End Yr Target	DOT
		12	12	12	
3	4	3	4		

8. MANAGEMENT OF SIGNIFICANT CONTRACTS – Jo Atkinson		
There is a risk that	The Council has a failure in a 'significant contract'.	
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.
<p>Lack of timely closure of non-compliance issues, resulting in dispute escalation.</p> <p>Supplier/Market Failure to deliver the service required</p>	<p>Controls in place to maintain effective Contract Management – Performance, Risk Management & Internal Audit findings.</p> <ul style="list-style-type: none"> Quarterly reviews of both 'significant' and all other contracts takes place at DMT's. Quarterly Reports on 'significant contracts' are provided to CMT as part of the Business Assurance Framework. The Contracts Register is reviewed and risk assessed by directorate leads in relation to organisational impact, should the contract fail. Embedding clear governance to challenge underperformance promptly. Ensuring Audit recommendations receive prompt action. Ensuring Peer/Internal Gateway reviews, where appropriate/proportionate, are acted upon. Strengthening processes, such as contract Exemption and Modification requests, in relation to contract and corporate risks. Proactively identifying and risk managing gaps in contract documentation/procedures. Developing 'one team'/matrix management approach to problem-solving. Recording and taking actions on decisions, clearly and promptly. Seeking and acting upon legal advice promptly. Investing in commercial aspects of contractual relationships. Challenging underperformance, financial issues and/or timeliness promptly. A corporate approach/point of contact regarding initial early advice about managing contract disputes. 	<p>Effective assurance is being achieved through ongoing monitoring of Contract Management and compliance via Directorate Management Teams, with escalation to Corporate Management Team, as appropriate.</p> <p>Specific assurance is achieved with contractual issues/disputes, overall performance and timelines are discussed in Board meetings, where applicable, in advance of any potential escalation to DMT's/CMT.</p> <p>Evidence suggests increased assurance is being achieved as a result of more robust and timely follow-up of Internal Audit findings in general.</p> <p>Assurance that completion and sign-off of both Modifications and Exemptions are more robust and timely.</p> <p>Contract risks and mitigations are more openly 'pressure tested' in a corporate meeting each quarter, thereby providing improved assurance.</p> <p>Internal Gateway Reviews being used at key stages in commissioning, procurement & contract management processes for high value/reputational risk contracts, thereby improving assurance.</p> <p>External consultancy review undertaken by Grant Thornton (an innovation by the Council) in relation to assessment/compliance/savings across seven key contracts, with informal findings/recommendations on three of them discussed early November, and a formal written report due end November/early December. This report will increase assurance about the proactive management of the said contracts in relation to disputes; savings; non-compliance and performance matters.</p>
Lack of adherence to key Contractual terms/requirements	<ul style="list-style-type: none"> Sustainable Procurement Strategy Contract Procedure Rules Corporate Contract Management Workbook and Guidance Procedure Step by step guide to Commissioning, Procurement and Contract Management process, including links to Risk Management guidance Ensuring adequate Business Continuity arrangements are considered and in place, as required 'Speak up' arrangements in place to supplement 'Whistleblowing' policy. 	<p>Ongoing monitoring of effective Contract Management and compliance through Directorate Management Teams with escalation to Corporate Management Team as appropriate.</p> <p><i>(Comments as per above section).</i></p>
Lack of clarity on Contract Management roles and responsibilities	<p>Listed below are the top four most 'Significant Contracts' at Quarter 2. (As this is a 'live' process these will change in terms of contract risk and/or no longer be such, whilst new ones may be identified:</p> <ul style="list-style-type: none"> Connect (CNDR). Residential Care. Extra Care Housing. Renewi (Waste). <p>Roles and responsibilities are defined within the new Good Practice Contract Management Framework workbook.</p>	<p>In order to further strengthen capability at various business levels, a more tailored assessment is currently being undertaken by L & D, in addition to, a more robust oversight of contracts corporately. This will involve:</p> <ul style="list-style-type: none"> Continuing to embed roles and responsibilities during the commissioning/procurement/contract management lifecycle. L & D engaging with directorates to conduct a Training Needs Analysis for relevant Contract Management staff (Developing tailored training modules). Embedding individuals with appropriate skills, knowledge and experience. Ensuring Boards have the appropriate skills, knowledge and experience to improve the effectiveness of delivered services.

		Contract Management, Corporate Governance & Risk Management training delivered to establish baseline understanding of good Contract Management.							
Resulting in									
Main Impacts of risks to Customer & Council		Links to Council Plan Delivery Plan		Quarter 2 Risk Rating					
<ul style="list-style-type: none"> • Significant Contract(s) not demonstrating Value for Money. • Significant Contract commercial consideration costs • Significant Contract breaches and/or material breach, resulting in formal escalation of disputes/early termination of contract • Reputational damage to the Council. 		<ul style="list-style-type: none"> • The effective management of significant and other contracts is a cross-cutting risk and has an extensive impact on the delivery of the CPDP outcomes and deliverables. 		Q2 RISK RATING likelihood x impact		10			
				Previous quarter		Current quarter		End Yr target	DOT
				10		10		10	
				2	5	2	5		

9.SAFEGUARDING OF CHILDREN - Lynn Berryman & Fiona Musgrave																												
There is a risk that	there may be a serious failure in protecting children at risk of abuse or neglect																											
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.																										
Staff shortages: a lack of capacity or capability	Children <ul style="list-style-type: none"> Children's Workforce Strategy; staff shortages still exist in West Cumbria and shortages have been met in the North and South of the County. 	Children <ul style="list-style-type: none"> Staff shortages in West Cumbria continue to be addressed through proactive recruitment campaigns 																										
Policies, procedures & protocols not being clear, up to date, understood and adhered to	<ul style="list-style-type: none"> The Workforce & Practice Board provides management oversight. Children <ul style="list-style-type: none"> A Policy Framework is in place and continues to be updated using TriX. An Audit Quality Assurance Framework is in place. A supervision Policy is in place. Children's Practice standards have been developed and signed off. 	Children <ul style="list-style-type: none"> During Quarter 3, Children's Practice Standards will be launched and implemented with staff and a briefing delivered to Extended Leadership Team. 																										
training and supervision being ineffective or inadequate	Children <ul style="list-style-type: none"> The quality of Supervision in Children's Services is audited monthly via the Quality Assurance Framework. Performance measures for Supervision in Children's Services are in place and monitored on a monthly basis. 	Children <ul style="list-style-type: none"> The Children's Workforce training plan is under review. 																										
Breakdown of partner relationships.	Children <ul style="list-style-type: none"> Cumbria Local Safeguarding Children Board (LSCB), business plan and performance monitoring is in place to provide oversight, challenge partners and monitor partners individually and collectively. The new legislative framework for Children's Safeguarding Arrangements is being overseen by an "Executive Board" for the Statutory Safeguarding Partners. The plan for the new arrangements has been developed with the strategic partners ahead of the 29 June 2019 deadline, ready for implementation on the 29 September 2019, and building on the LSCB peer review with largely positive feedback. The new partnership arrangements, including rebranding, updating the website and refreshing policies and procedures have been communicated. 	Children <ul style="list-style-type: none"> New arrangements for the safeguarding partnership is under development. Development session to take place on 16th October for the new CSCP Board. 																										
Resulting in																												
Main Impacts of risks to Customer & Council		Links to Council Plan Delivery Plan		Quarter 2 Risk Rating																								
Children <ul style="list-style-type: none"> Serious injury or death to a child, young person or adult 		Children <p>1.9 Move to new board arrangements for Children's safeguarding. Board established, draft plan expected following peer review, plan by end of June 2019 - implement September 2019.</p>		<table border="1"> <tr> <th colspan="4">Q2 RISK RATING</th> <th>10</th> </tr> <tr> <th colspan="4">likelihood x impact</th> <th>DOT</th> </tr> <tr> <th colspan="2">Previous quarter</th> <th colspan="2">Current quarter</th> <th rowspan="2">End Yr Target</th> </tr> <tr> <td>10</td> <td>10</td> <td>10</td> <td>10</td> </tr> <tr> <td>2</td> <td>5</td> <td>2</td> <td>5</td> <td rowspan="2">➔</td> </tr> </table>	Q2 RISK RATING				10	likelihood x impact				DOT	Previous quarter		Current quarter		End Yr Target	10	10	10	10	2	5	2	5	➔
Q2 RISK RATING				10																								
likelihood x impact				DOT																								
Previous quarter		Current quarter		End Yr Target																								
10	10	10	10																									
2	5	2	5	➔																								

10.SAFEGUARDING OF ADULTS - Cath Whalley & Fiona Musgrave		
There is a risk that	there may be a serious failure in protecting adults at risk of abuse or neglect	
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.
Staff shortages: a lack of capacity or capability	<p>Adults</p> <ul style="list-style-type: none"> Following a recent reshaping it has been identified that the current Safeguarding Adult Manager does not have the staffing structure to support the development of safeguarding practice adult social care services. A review of current vacant posts has been undertaken to identify additional resource to support the Safeguarding Adult Manager. Use of the Academy approach is being used to bring in permanent staff An external recruitment campaign is in place to also bring in permanent staff. 	<p>Adults</p> <ul style="list-style-type: none"> Interim arrangements are in place until Christmas 2019 to strengthen capacity and support ASC teams to make timely decisions and good safeguarding practice, pending the implementation of the new ASC structure. This will be kept under review, pending implementation of the new structure. The new Adult Social Care structure includes the creation of a dedicated Safeguarding Service that will be responsible for responding to undertaking all safeguarding enquiries. This will ensure a consistent and timely response to all referrals. The investment in the ASC structure has created new Advanced Practice Lead roles that will support the embedding of strength based approaches, and practice, which will enable people to achieve their most independent outcomes. Valued strong links with the Social Work Academy to support recruitment to vacancies and if necessary a recruitment campaign will be launched once reshaping is complete and existing staff have had opportunity to secure roles within the new structure.
Policies, procedures & protocols not being clear, up to date, understood and adhered to	<p>Adults</p> <ul style="list-style-type: none"> Adult Social Care are currently exploring adopting the TriX system to support this area of work. 	<p>Adults</p> <ul style="list-style-type: none"> Within Adults, the Strategic Investment Group approved capital investment to enable Adult Social Care to adopt the TriX system and a project group is now being drawn together and lessons from the implementation in children's services will be used. A new Safeguarding Case File Audit process will be introduced to provide assurance that policies, procedures and protocols are effectively understood and adhered to. The results of the audit will be provided to the teams and service areas to assist them in identifying key areas for improvement and learning. There has been a recognition that performance in terms of adult safeguarding cases was not where we would want it to be. The service has undertaken a review of cases to ensure that people in Cumbria are safe, that processes are working appropriately and that we have plans in place to improve current performance. This review was reported to CMT in Quarter 3. Significant work has been undertaken and is ongoing to ensure that all safeguarding policies, procedures and guidance are reviewed, and accurately reflect practice requirements.
Training and supervision being ineffective or inadequate	<p>Adults</p> <ul style="list-style-type: none"> In Adult Social Care a new supervision tool is being developed to support staff development. Safeguarding Training is mandatory and compliance will be monitored. 	<p>Adults</p> <ul style="list-style-type: none"> The Safeguarding Passport has been refreshed and is applicable to all staff groups within Adult Services. The passport has been uploaded to iTrent to monitor compliance and engagement. Additional briefings to staff will be provided via the CSAB news update. Threshold guidance training has been undertaken throughout the county to all adult operational staff to assist in the consistent application of procedures. Practice Learning Hubs are undertaken in each division on a quarterly basis by the Safeguarding Service Manager to provide regular updates on any key policy or practice updates. The sessions also provide an opportunity for practitioners to reflect and discuss key practice issues relating to Safeguarding Adults - OMIT now redundant.

Breakdown of partner relationships.	<p>Adults</p> <ul style="list-style-type: none"> The Cumbria Safeguarding Adult Board has engaged in a number of Board Development Sessions commissioned by the new Independent Chair. Key partners to the Board are now also identified as Chairs to the Board Sub-groups to support engagement and agency ownership. Action plans have been developed and incorporated into the 2019-20 Strategic Plan. A new scorecard has been developed to increase assurance and oversight and reporting and monitoring arrangements are now established. 	<p>Adults</p> <ul style="list-style-type: none"> AD Adults presented the Adult Social Care Structure to CSAB. The decision to create a dedicated Safeguarding Service was well received by members. 																						
Resulting in																								
Main Impacts of risks to Customer & Council	Links to Council Plan Delivery Plan	Quarter 2 Risk Rating																						
<p>Adult</p> <ul style="list-style-type: none"> Serious injury or death to an adult Investigations carried out by - A safeguarding Adults review (SAR) or Serious Case review (SCR) Liability claims against the Council Reputational damage to the Council 		<table border="1"> <tr> <td colspan="4" data-bbox="1902 615 2605 699">Q2 RISK RATING likelihood x impact</td> <td data-bbox="2605 615 2825 699">10</td> </tr> <tr> <td colspan="2" data-bbox="1902 699 2178 783">Previous quarter</td> <td colspan="2" data-bbox="2178 699 2424 783">Current quarter</td> <td data-bbox="2424 699 2605 783">End Yr Target</td> <td data-bbox="2605 699 2825 783">DOT</td> </tr> <tr> <td colspan="2" data-bbox="1902 783 2178 909">10</td> <td colspan="2" data-bbox="2178 783 2424 909">10</td> <td data-bbox="2424 783 2605 909">10</td> <td data-bbox="2605 783 2825 909" rowspan="2">→</td> </tr> <tr> <td data-bbox="1902 909 2044 1035">2</td> <td data-bbox="2044 909 2178 1035">5</td> <td data-bbox="2178 909 2303 1035">2</td> <td data-bbox="2303 909 2424 1035">5</td> <td data-bbox="2424 909 2605 1035"></td> </tr> </table>	Q2 RISK RATING likelihood x impact				10	Previous quarter		Current quarter		End Yr Target	DOT	10		10		10	→	2	5	2	5	
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10		10		10	→																			
2	5	2	5																					

11. HEALTH & SOCIAL CARE INTEGRATION – Fiona Musgrave						
There is a risk that	The Council will not be able to maintain the pace required to deliver a fully integrated Health & Care Service aligned to ICC's in both North & South Cumbria.					
Caused by	Current controls & measures in place to manage the risk	Quarter 3 planned improvements to controls & measures to manage the risk.				
Competing priorities within CCC and the wider system.	<ul style="list-style-type: none"> Currently reviewing the integration arrangements building on the success of the Eden ICC arrangements and exploring opportunities for co-location of health and care services whilst maintaining current management arrangements to deliver against CCC MTFP's. Transfer of learning between North and South Cumbria ICC development to ensure more consistent delivery. Internal arrangements are in place to ensure direction of travel fits with organisational expectations, communication and engagement improves and the Integration agenda is being driven according to Council priorities. 	<ul style="list-style-type: none"> Work continues across North and South Cumbria to deliver Integrated Care Communities (ICC). Phase 3 of ICCs in North Cumbria commenced in September 2019 and will continue throughout Quarter 3. 				
Resulting in						
Main Impacts of risks to Customer & Council	Links to Council Plan Delivery Plan	Quarter 2 Risk Rating				
<ul style="list-style-type: none"> Failure to deliver a well- integrated service to our customers/the public. Failure to meet legislative requirements. Failure to deliver CCC CPDP outcomes/partnership outcomes. Reputational damage to the Council/Partnerships. 	1.1 Continue to work across North and South Cumbria to deliver Integrated Care Communities (ICC) with Phase 3 of ICCs in North Cumbria commencing September 2019, and in South Cumbria improve health and care referral pathways through the development and a co-ordination hub model.	Q2 RISK RATING likelihood x impact		8		
		Previous quarter	Current quarter	End Yr Target	DOT	
		8		8	8	→
		2	4	2		