CUMBERLAND COUNCIL STRATEGIC RISK REGISTER PROGRESS REPORT

PROGRESS TO 31 AUGUST 2024

Direction of Travel since the last review Period:

Green	Target risk score has been achieved.
Amber	Risk score on schedule to reach target by the target date but not all actions complete.
Red	Risk score may not be reduced to the target by the target date.
↑	Improvement in the scores from one reporting period to another.
=	Indicates no change.
↓	A deterioration in the scores from one reporting period to another.

Further Planned Activities RAG rating at time of review

Green	Due to be completed by Target Date.
Amber	Query over whether action will be completed by Target Date.
Red	Implementation overdue.

All changes made since the last review period are **highlighted in RED**.

01. Cyber Security Arrangements – Director of Business Transformation and Change

There is a risk the Council will experience a significant cyber security incident

Caused by

1. Inadequate technical information security arrangements   Cross ref to Risk 20 Information Governance

Key controls to manage the risk:

- The LGR themed programme has now been superseded by an ongoing Disaggregation Programme of work.
- Routine scanning of ICT networks and systems remains in place for historic County Council estate to highlight system vulnerabilities. An exceptions report is produced for Senior Manager ICT.
- Both Cumberland Council (CC) and Westmorland and Furness Council (WFC) participate in National Cyber Security Centre (NCSC) initiatives including web check, public sector Domain Name System, Cyber Info Sharing Partnership, etc.
- Ongoing assessment of cyber threat via security partners; the NCSC, Northwest Warning, Advice and Reporting Point (WARP) including weekly threat reports. NHS Cumbria Cyber Group in place.
- A new NHS Data Security and Protection (DSP) has been successfully completed and published for the County Council estate.
- A Cumbria wide multiagency Local Resilience Forum (LRF) Cyber Security Subgroup remains in place to enable a rapid and coordinated response to any vulnerability incident.
- Also, an in-house Cyber Response Team remains in place who have the specialist skills to rapidly respond to all cyber alerts.
- Where global vulnerabilities are identified, additional monitoring and assurance reporting is promptly implemented.
- All sovereign councils are Public Sector Network (PSN) complaint.
- A technical design authority (TDA) and change advisory board (CAB) is being established within ICT. The TDA approves of all new ICT technical design proposals, whilst CAB reviews and approves all changes to existing software applications and infrastructure.
- Two new My NCSC accounts have been created, migrating the legacy authority accounts, to provide a single point of contact for the NCSC in the event of an incident. This provides access to the NCSC dashboard for CC and WFC.
- Ongoing work on implementing residual PSN requirements.
- Work to secure Cumberland tenant, in line with NCSC best practice, has been completed.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
The shared CC and WFC ICT Security Manager continues to co-ordinate assessments and support the management of ICT and cyber security arrangements for the 2 new Unitary Councils.	Information Security Manager	Health check assessments have been completed. Output of assessments received and work continues on remediation plan. Current PSN certificates for sovereign councils will	70%	31/12/24	

		expire but approval has been given from Cabinet Office to work towards one submission for Cumberland Council by the end of year.			
Utilise Government funding to implement additional layers of protection.	Information Security Manager	Workshops for additional threat protection software and proof of concepts have been completed. Recommendations will be actioned going forwards. Further meetings held with Department for Levelling UP, Housing and Communities (DLUHC). Reviewing their action plans.	60%	31/10/24	
Working with external consultants on Cloud security posture. Recommendations will then implemented and a programme of ongoing improvement developed.	Innovation and Technology Manager Service Manager – ICT Operations	External consultants identified (Phoenix). Workshops have been completed and a migration work plan, with detailed delivery concepts, have been received and the prioritisation of legacy authority migration is being finalised. Proof of Concept to be completed by the end of September. Work to secure Cumberland tenant, in line with NCSC best practice, has been approved and has been completed.	50%	31/03/25	

Caused by

2. Inadequate organisational measures

Key controls to manage the risk:

- Cyber Security Incident Response Plans remain in place at each respective sovereign council.
- Governance arrangements established during Quarter 1 2023/24 includes alignment of timed annual submission (June) of:
  - Information Commissioner's Office (ICO) Accountability Framework
  - PSN Submission
  - NHS DSP Toolkit
- An Information and Cyber Security audit has been conducted by Cumberland, which included the sovereign County ICT infrastructure. Mitigating actions have been implemented as required.
- Cyber security has been incorporated into Anti-terrorism policies.

- NCSC Cyber Security workshop held April 24 to raise Council cyber security awareness.
- Additional staffing resource capability has been added to the Information Security Team.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
ICT Disaster Recovery and Service Continuity arrangements to be reviewed.	Innovation and Technology Manager Service Manager – ICT Operations	Organisation business continuity forum in place. Baselining current arrangements. Draft reports are being created. Recovery from a cyber security incident will be built into service level business continuity planning. Liaising with resilience unit and Business Continuity Board.	20%	30/09/24	
Review the mandatory training policy and the application of the policy.	Information Security Manager	Newly identified activity. Identifying appropriate working group members to review current provision.	5%	31/10/24	

Caused by

3. **Failure to adequately maintain appropriate security standards during aggregation/ disaggregation due to the pace of change and the complexity of ICT systems**

Key controls to manage the risk:
- Cumberland and sovereign change authority boards in place.
- Programme Management Office (PMO) within ICT hosted services to prioritise project requests.
- Relevant transformation projects are subject to PMO risk management process.
- Unified change authority board established.
- A review has begun into additional cyber security resource with the assistance of the PMO.

4. **Failure to adequately prevent spear phishing incidents**

Key controls to manage the risk:
- Increased visibility within the email system to alert users of potential spear phishing attacks.
- SharePoint site in place to raise awareness to potential spear phishing and fraud.
- Workshops will be rolled out to Members and ELT to raise awareness on cyber security and spear phishing.
- Implemented additional safeguards within the sovereign County estate.

Independent assurance of key risk controls

- Annual Public Sector Network (PSN), PCI DSS & NHS DSP compliance maintained and supported by the external IT Health Check (ITHC).
- Annual PSN certificate issued with effect from 25 May 2023.
- Routine ICT system penetration tests to check system vulnerabilities continue to be carried out on the County Council estate as part of the annual ITHC. This proactive invite tests the externally hosted systems including those "in the cloud".
- Internal Audit of cyber security has been undertaken.
- NCSC monthly mail security check.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**
• Cyber incident leading to partial or total interruption to service delivery to customers, suppliers or partners leading to partial or non-delivery of corporate priorities and having a reputational impact.	• Delivering excellent public services.	(see risk rating table below)

RP 03 RISK RATING impact x likelihood			25
Previous period	**Current period**	**End Yr Target**	**DOT**
25	25	15	=
5 | 5	5 | 5		

Commentary on current risk rating:

The likelihood risk score has increased due to the geo-political situation and the increased risk from state sponsored actors. Globally a significant risk which the Council continues to focus on. Risk rating follows national cyber security recommendations. Forthcoming local and general elections risks potential electoral subversion and cyber-attacks. Risk score will be reviewed after the general election.

16. Increasing demand on Children's Services – Director of Children and Family Wellbeing

There is a risk that Children's Services will be unable to deal with further increases in demand

Caused by

1. Ineffective monitoring of the demands on service provision

Key controls to manage the risk:

- The service has developed good financial and performance management systems which are now firmly embedded in the Service and these are used across various Boards and Meetings:
  - o Improvement and Development Plan.
  - o Improvement Board.
  - o Monthly Performance Clinic.
- External Scrutiny and Support including arrangements under the Children's Safeguarding Partnership to review and scrutinise multi-agency performance.
- Work ongoing with Performance Service colleagues to implement the service needs in relation to quality and timely information.

Caused by

2. Inadequate children/ foster home sufficiency to meet the needs of our cared for children and care experienced

Key controls to manage the risk:

- Edge of Care children are regularly reviewed to ensure that our services are working with the right children to prevent unnecessary entry to care.
- Legal and Placement Panel is in place to agree any planned entry of children into care and provides authorisation to undertake court proceedings.
- We have an ongoing proactive fostering recruitment campaign.
- Last 3 years have opened 2 new residential homes, giving 8 more homes for our children and two independent flats.
- Currently all fostering and residential services are shared and hosted in Cumberland. This means we are maintaining more choice for the children in both councils.
- Director and Assistant Director (AD) have completed Cared For reviews for all children in external residential homes and independent fostering homes, to be assured our children are living in the most appropriate home to meet their needs. Also reviewed kinship arrangements.
- Sufficiency Strategy in development and liaising with Commissioning colleagues for procurement options.
- Report established on new entrants into Care to allow further analysis.
- Transformation meetings held weekly for project support from PMO.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
We continue to review children/ foster home sufficiency and are developing plans on how this can be further met internally in the future.	AD for Children and Families	Transformation plans: • Children's Homes (15% complete) Agreement for external consultant feasibility study. • Cared For children review completed and will become a business as usual practice. External consultants looking at feasibility of properties / land. Delegated authority at Director level has been given to progress purchase and renovation of new homes.	80%	31/03/25	
We are continuing to progress further commissioning work with Northwest Local Authorities in a joint approach to meet our sufficiency demands.	AD for Children and Families	Commenced market engagement with the assistance of commissioning colleagues.	75%	31/12/24	
There are ongoing fostering recruitment campaigns to attract foster carers within Cumbria to meet our sufficiency needs.	AD for Children and Families	Regional hub established with other Local Authorities to attract and recruit foster carers. Continuing development of the Mockingbird model with Blackpool, Blackburn, Lancashire, and Westmorland Furness, to attract and retain foster carers, with funding from DFE.	90%	31/10/24	

Caused by

3. **Family** Help offer is ineffective in preventing Children's needs escalating to need statutory social work intervention due to the demand on the service creating a waiting list for access to support, insufficient capacity within the team and a shortage of qualified staff within the commissioned 0 – 19 child and family support services

Key controls to manage the risk:
- We currently have an existing:
  - Family Help (FH) Strategy.
  - FH Panels.

- Robust contract management is in place for the commissioned for the Child and Family Support Services.
- Working within the Cumberland operating model to support the internal FH team with capacity.
- Advanced Practitioner (AP) for Designated Safeguarding Lead (DSL) supervision working across the FH team and the safeguarding hub to add capacity.
- Meeting with commissioners, AD, senior manager, public health and 0 -19 child and family support services to discuss and agree options in relation to staffing and waiting lists.
- Transformation Board has been set up and is a joint member and officer board to drive forward this agenda and is chaired by the lead member.
- A new management structure for FH has been recruited to, with the AD and 2 Senior Managers starting in Jan/Feb 24.
- Review of external Commissions for Children's Services with systems dependency for early help and prevention has been undertaken by AD for Family Help, Prevention and Youth Justice.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Review the Journey of the Child through the Family Help System. Recommendations for the system change will be confirmed in the Preventative Strategy.	Interim AD for Family Help, Prevention and Youth Justice	FH and Wellbeing going through significant root and branch transformation. Preventative strategy due for SLT review in May 24, and Executive approval in June 24. Preventative Strategy draft 5 has been reviewed by SLT and will be reported to Executive in July.	35%	30/06/24	
Review the multiple entry routes for children in need of early help within the Hub and outside the Hub, and review the Family Help data management systems to allow the collation of data to the standards required by inspectorates, e.g. Ofsted.	Interim AD for Family Help, Prevention and Youth Justice AD of Digital Innovation and ICT Assistant Chief Executive - Strategy, Policy and Performance	Family Help and Safeguarding Hub Leaders are reviewing and re-designing Safeguarding Hub to: • Have one early help referral form, to enable quick identification of children needing early help. • Have one entry route for all children who need help via the Safeguarding Hub to allow the journey of the child to be tracked.		30/04/24	

| | AD of Strategy and Policy | IT support has been sought to promptly introduce the Family Help form as a wraparound to the ICS system (to avoid disaggregation delay).

Children's Services have paid for a above establishment postholder in the Systems Team, to begin a planned extension of the early help data management system to key partners.

An urgent request of Assistant Chief Executive - Strategy, Policy and Performance and AD of Strategy and Policy re data required for inspection; temporary work around being identified. Confirmation has been received that temporary and agency support is being provided by Assistant Chief Executive team, to support inspection need. | | | |
| Review the 0-19 delivery model and the Children and Family Support Services (CFSS) delivery model. | Interim AD for Family Help, Prevention and Youth Justice

Senior Consultant, Public Health

Commissioning Manager | Systems risk identified in the 0-19 contract overseen by Public Health and in the CFSS contract overseen by FH. Immediate contract management of the risks identified in these contracts has been undertaken with the providers and will be formalised in the contract management in 24/25. Family Wellbeing Transformation Board received an analysis proposal on the impact of the CFSS contract (on 20.03.24). Subsequent SLT discussion has agreed a dedicated task and finish group to review the contractual options. Indicative | | 31/03/25 | |

| | | performance suggests that new contract management changes for CFSS contract is reducing waiting times for children and families receiving support, but the most recent audit (22nd April 24) demonstrates inadequate operational practice.

Preparations for urgent changes to the 0-19 delivery model and provider; and the CFSS delivery model are underway. Executive approval secured for 4th June 24.

The Preventative Strategy will summarise these systems changes. | | | |

Caused by

4. Lack of relevant skills and experienced staffing capacity to meet increasing demand

Key controls to manage the risk:

- Children's Workforce Strategy (CWS) in place to address staff shortages across all areas particularly for experienced social work staff and social work qualified team managers.
- Staff shortages across Cumbria continue to be addressed through proactive recruitment campaigns.
- The Workforce and Training Plan has been reviewed and signed off for the service. This plan includes a proactive recruitment campaign and ongoing Continual Professional Development to enhance staff retention levels and staff satisfaction.
- The Aspiring Team Manager program is still in place.
- Social work academy approach embedded for newly qualified social workers to join the workforce. We have recruited newly qualified social workers via our Academy Approach. This approach will be further developed.
- Grow your own – social work apprenticeship scheme in place.
- The Aspiring Advanced Practitioner program was finalised and made available from late November and is now continuing in our core offer.
- Overseas recruitment campaign has recruited 16 Social Workers starting from January 24.
- Revised Academy approach has started.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
CWS to be reviewed and fed into Improvement Board to oversee the action plan	AD for Quality and Safeguarding	Information from the CWS fed now into Improvement Board. Further development with HR and OD Business Partners.	70%	30/09/24	
We continue to experience an increasing level of demand and at the same time a reduction in staffing levels and the availability of both Permanent Staff and Externally Provided Workforce (EPW). This is both a Regional and National issue.	AD for Quality and Safeguarding	Overseas recruitment with qualified Social Workers from South Africa. Development of Social Work Academy (16 posts recruited to and 9 have commenced), alongside more targeted recruitment campaign and Apprentice Social Work opportunities. Development of a Social Work recruitment micro site. 5 more Social Work recruits recently appointed and looking to recruit up to a further 20.	70%	31/07/24	
The review of our progression program for social workers, advanced practitioner and team managers will commence in Q2/3.	AD for Quality and Safeguarding	Principal Social Worker will review progression programme for career pathways. 5 Social Workers have progressed through the pathway to Enhanced Social Worker status. Two permanent Team Managers appointed in the Academy. Writing a formal policy on progression routes within children's social care.	80%	31/07/24	

Caused by

5. Increasing demand on services due to increased complexity of needs

Key controls to manage the risk:
- Child Exploitation Team in place since April 23 and this is showing impact.
- Emotional Health and Well Being team work with children and their families and support staff in understanding and meeting children's needs.
- Domestic abuse team in place.

- We have considered our options around adopting No Wrong Door as a model and at this current time we have decided that we do not have the capacity to pursue this further.
- Increased collaborative working within the Council and with Partnerships.
- Cumbria Safeguarding Children Partnership (CSCP) Neglect Strategy has been refreshed and launched.
- Oversight provided by Improvement Board.
- Family Wellbeing Transformation Board to redesign the way we deliver prevention and Family Help services.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
A review of all complex care packages will be undertaken.	AD for Children and Families	Consultant commissioned to complete review of Cared For children complex needs packages, with a focus on joint funding. Transformation plans: • Children's Homes (15% complete) Agreement for external consultant feasibility study. • Cared For children review completed and will become a business as usual practice. External consultants looking at feasibility of properties / land. Setting up meetings with Health partners to establish joint funded packages for Cared for Children through ICB. For Children with additional and complex needs the current savings accrued for 24/25 stands at circa £900k. The forecast full year position is the 24/25 Transformation Related Budget Target of £1.944m will be achieved – subject to any significant unanticipated changes in demand or individual needs for children.	70%	31/10/24	

Funding for Child Exploitation team currently temporary grant funding. Review required of structure for main stream funding.	Interim AD for Family Help, Prevention and Youth Justice		0%	30/09/24	

Caused by

6. Deterioration in our ability to meet regulatory standards

Key controls to manage the risk:

- Preparation for Inspection group is now in place to provide Leadership and Management for effective engagement with external assessment bodies for the purpose of inspection and review activity.
- We completed a current Self-Assessment in Q2 23/24.
- We had our Ofsted annual conversation in Q2 23/24.
- Our fortnightly and monthly performance meetings led by the AD ensure that we track meeting regulatory standards, and this is also monitored within our monthly audit schedule.
- The LGR Child Exploitation review took place during Q1 2022/23. The final report has been received and an action plan developed.
- A full Ofsted Inspection of the Council's Local Authority Children's Services (ILACS) was completed over September/ October 2022 and report published November 22.
- An ex-Ofsted inspector has undertaken an extensive review of practice in terms of preparation for an FH Joint Targeted Area Inspection (JTAI). Findings and learning will be taken forward and relevant actions included in the updated Quality and Development Plan.
- Participated in North West ADCS peer challenge, were other local authorities scrutinise our self-evaluation in preparation for Ofsted's annual conversation.
- Implementation of the updated quality and development plan is scrutinised by the Improvement Board.
- Quality Assurance (QA) framework in place April 24.

Independent assurance of key risk controls

- Ofsted Annual Conversation – July 23
- Ofsted Inspecting Local Authority Children's Services (ILACS) – Sept/ Oct 2022

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**

• Lack of children/ foster home sufficiency. • Increase in allocated children for Social Workers and not being able to appropriately allocate children. • Increase in the number of cared for children. • Impact on Budget.	• Improving Health and Wellbeing. • Addressing inequalities. • Delivering excellent public services.

RP 03 RISK RATING impact x likelihood				25
Previous period		**Current period**		**End Yr Target**	**DOT**
25		25		20	=
5	5	5	5		

Commentary on current risk rating:

Scores have remained high due to the financial pressure for the Council and the significant impact on the outcomes for children and young people. Mitigations are being put in place but will take time to embed. Long term transformation is being undertaken under significant budgetary pressures whilst facing increased service demand. Ofsted annual conversation has taken place and questions were asked about financial and sustainability within Children's services and the impact for children and families. Significant progress has been made in a climate of fiscal pressure.

03. Safeguarding of Adults – Director of Adult Social Care and Housing

There is a risk that there may be a serious failure in protecting adults at risk of abuse or neglect and the local authorities statutory Safeguarding Adults duties are not met

Caused by

1. Reconfiguration of the service as a result of LGR

Key controls to manage the risk:

- Cumberland service structure and key personnel in place.
- Adult Social Care TriX system in place.
- Safeguarding Adults Policy, Procedure and supporting Guidance in place.
- Cumbria Safeguarding Adults Board (CSAB) multi-agency Safeguarding Adults Procedure and Guidance in place.
- Performance is reported on a weekly basis within Safeguarding Adults Service and Adult Social Care and Housing (ASCH) Leadership Team meetings.
- Risk issues raised at weekly ASC Leadership Team meetings to identify early mitigations planning.
- Weekly partnership meetings provide the assurance of the appropriate escalation of specific safeguarding concerns.
- Current Standard Operating Procedures (SOP) updated to support arrangements from wider operational ASC teams to allocate safeguarding concerns across all teams.
- Safeguarding sub-group established to provide a reporting line to ASCH Leadership Team.
- Pressures paper completed and interim changes made to SOP within social work and occupational therapy teams to prioritise workflow.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
New operational framework in development across ASCH. This will inform future operational structures.	Director – Adult Social Care and Housing (ASC&H)	High level operating framework emerging with managers and partners. Procurement approved and commenced to identify business partner to support operational review. Engagement sessions with ELT and Team briefings.	30%	30/09/24	
Local Government Association peer review improvement plan will be developed, including stabilisation of current Operating Model for safeguarding.	AD Operations	LGA safeguarding action plan developed and being implemented. LGA improvement plan in draft pending full report. Improvement Board to be	90%	30/09/24	

		established and Terms of Reference have been agreed with SLT.			

Caused by

2. Increase in demand for Safeguarding referrals

Key controls to manage the risk:

- ASC training standards in place to define mandatory training.
- The Practice Learning Group (PLG) in place and overseen by the Principal Social worker.
- Safeguarding Threshold tools in place.
- Supervision Policy and tool in place.
- Principal Social Worker and Advanced Practice Lead Team available for support on specific casework.
- Safeguarding adults audit in place.
- Weekly Safeguarding service interface meeting with North Cumbria Integrated Care (NCIC) health partners.
- Weekly Safeguarding interface meeting with Cumbria Police safeguarding hub.
- Police access to Integrated Adult System (IAS) to screen appropriate referrals to adult service in place.
- ASC Safeguarding Adults Service in place.
- Current Standard Operating Procedures (SOP) updated to support arrangements from wider operational ASC teams to allocate safeguarding concerns across all teams.
- Safeguarding Training programme established by Safeguarding Adult Service Manager, in collaboration with our Organisational Development Team.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Ongoing review by ASCH Senior Operational Leadership team of key intelligence trends of safeguarding referrals to understand key drivers and the source of referrals to be able to match service response.	Senior Manager – Learning Disabilities, Mental Health and Safeguarding	By end of Q2 a collective data set will be in place which includes NHS and Fire Service partners. PQA Board held and reporting will be developed for Q2.	80%	30/09/24	
	Senior Manager – Learning Disabilities, Mental Health and Safeguarding	Safeguarding Adults Collection (SAC) return. Adult Social Care Performance data completed by Performance Analyst and operationalised.	100%		

Review support sessions delivered to partners to ensure compliance with multi-agency safeguarding Adults threshold tool.	Service Manager - Safeguarding	Staffing pressures on the operational service area are presenting a challenge with regards this activity. There is opportunity to re-direct some of this activity to CSAB partners who are signed up to using the tool (examples being health partners who are the largest referrer to the Council). This would increase capacity for Council support to be provided to in-house services such as Cumberland Care. Review will take place from a multi-agency prospective by a task and finish group through CSAB. Paper to be authored and will be reviewed by CSAB Board around role of multi-agency triage document and pressures on Adult Social Care. Paper to be supported by DAS. Policy sub-group to review the multi-agency tool.	25%	31/12/24

Caused by

3. Failure to respond to organisational safeguarding concerns

Key controls to manage the risk:
- Multi-agency Quality group meetings in place – Radar.
- Quality Improvement Team established.
- Homes closure protocol in place.
- Domiciliary Care Provider failure protocol in place.
- An organisational safeguarding concerns procedure module is active and can be implemented for any large scale concern.

Caused by

4. Failure of responding to Safeguarding Adults Reviews (SARs)

Key controls to manage the risk:
- Practice Learning Group.

- SARs Learning sessions in place.
- Leadership Check and Challenge event.
- Learning Group under CSAB.
- New governance arrangements in place (Jan 24).

Caused by

5. New board arrangements are not successful

Key controls to manage the risk:

- The 2023/25 CSAB Business Plan has been published.
- AD for Quality and Resources chairs the Performance and Quality Group to provide oversight and reports to the CSAB in order to monitor issues, embed learning and deliver training as required.
- CSAB continues to receive assurance from all partners about Safeguarding pressures and they report on any concerns for escalation up to the Board.
- Statutory officer is a member of the CSAB and there is an independent Chair in place.
- Senior Managers for Safeguarding are members of the Learning and Development, SAR, and Quality and Performance sub-groups. Communications leads from partner agencies also in attendance.
- Additional funding from statutory partners agreed to enable the provision of additional infrastructure to the Board.

Caused by

6. Deprivation of Liberty Safeguards service fails to ensure that the individuals Human Rights are protected

Key controls to manage the risk:

- Applications are triaged for priority status against the Association of Directors of Adult Social Services (ADASS) priority tool.
- High priority applications responded to within available resource.
- Regular data cleansing is undertaken to ensure waiting list accuracy.
- Internal Best Interest Assessors (BIA's) on rota system utilised.
- Additional funding approved from MSIF and utilised to increase capacity to respond.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Increase number of locality BIA's to join rota.	Senior Manager Safeguarding Adult Partnership & Adult Customer Support Services	The Senior Manager and Professional Lead AMHP & BIA have liaised with UCLan re provisionally reserving places for their BIA training in Feb & May 2025. An expressions of interest email has	5%	31/08/25	

		been sent to all ASC Operational teams. To date 5 practitioners have expressed an interest in taking up training. A further e mail seeking interest will be circulated in September.			

Caused by

7. Delays in the assessment or reassessment of deprivations of liberty

Key controls to manage the risk:

- Regular liaison with the legal team to ensure cases are correctly responded to and cases due for Court are monitored.
- Managing Authorities are prompted to report any changes in circumstances.
- Regular review of Internal records held in respect of short authorisation & reasons to support timely allocation of work.

Independent assurance of key risk controls

- 2022 Peer review of the Adult Safeguarding Partnership – the findings from this review have been fed into the new Business and Strategic Plans and continue to inform Local Government Reorganisation discussions and the future of the Partnership following April 2023.

Resulting in: Main Impacts of the Risk	Links to Council Plan Delivery Plan	Review Period 03 Risk Rating
- Foreseeable and avoidable harm is suffered by a vulnerable person; - Serious injury or death to an adult; - Investigations carried out by a Safeguarding Adults review (SAR); - Litigation (criminal and civil) and liability claims against the Council; - Reputational damage; - Reduced ability of those affected to achieve full potential/ impact on future economy/ increased demand for adult services; - Possible effect on future insurance costs due to liability and claims history; - Impact on staff morale; - Exploitation, domestic abuse, radicalisation, modern day slavery;	- Improving Health and Wellbeing. - Addressing inequalities. - Delivering excellent public services.	(see risk rating table and commentary below)

RP 03 RISK RATING

RP 03 RISK RATING impact x likelihood			**20**
Previous period	**Current period**	**End Yr Target**	**DOT**
20	**20**	**10**	**=**
5	4	5	4

Commentary on current risk rating:

Local Government Association peer review held May 24 and an improvement plan will be developed, including stabilisation of current Operating Model.

The backlog in Safeguarding around managing the people waiting for a decision on whether a Section 42 enquiry has been significantly reduced during this review period.

• Organisational abuse (e.g. older people in care homes); • Isolation of vulnerable groups.		

08. Deliver a Financially Sustainable Authority – Chief Finance Officer

There is a risk that the Council's revenue and capital budget is insufficient to fund current and future services

Caused by

1. Uncertainty of local government funding framework including short term one year settlements

Key controls to manage the risk:

- Continue to monitor Government funding announcements and respond to consultations as appropriate.
- Horizon scanning by the Policy team.
- Active participation in specialist advisory services and national groups, e.g. Society of County Treasurers, North West Association of Directors of Adult Social Services (ADASS) Group, Local Government Association (LGA) and County Councils Network (CCN).
- Networking.
- Modelling budgets and Medium Term Financial Strategy (MTFS) financial implications of policy developments.
- Funding announcements continue to be monitored and reviewed. The implications of the Autumn Statement are included in briefing notes to Corporate Management Team (CMT) and Members.
- Consultation with Department for Levelling Up, Housing and Communities (DLUHC) Financial Sustainability team continues, to ensure that the "Cumberland voice" is heard during consultations and lobbying exercises.

Caused by

2. Demographic changes and increasing demand, complexity and costs of statutory services

Key controls to manage the risk:

- Rigorous assessment and authorisation of significant areas of expenditure, e.g. care packages for vulnerable children and adults.
- Budget monitoring process reporting monthly via Directorate Management Teams (DMT) and to Senior Leadership Team (SLT), focused upon the agreement of mitigating actions to control spending within approved budgets.
- High cost placements within Children's and Adults services have been reviewed and will continue to be closely monitored. Savings plans will be built into the MTFS and corresponding controls and reporting requirements will be established.
- Programme Management Office (PMO) work plans are in place to achieve MTFS savings proposals.
- 2024/25 budget setting process has reviewed the level of demand on key services.
- Transformation Programme Boards monitor ongoing financial pressures and savings in service base budgets and the management mitigations to control approved budgets.
- Assurance Board meets on a weekly basis to monitor the long term delivery of savings and ongoing demand pressures within the MTFS.
- Director's Performance Clinics monitor corporate KPIs, including financial data.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

Scenario planning building into MTFS.	Senior Manager – Finance (Deputy Section 151 Officer). Group Accountant	Scenario planning initiated and running in line with the embedding of Transformation Programme.	75%	31/03/25	
Further develop budget monitoring module within the financial system and roll out Service training for budget monitoring.	Senior Manager – Finance (Deputy Section 151 Officer)	Timetable being established to roll out the training for 24/25. Reporting will be developed each Quarter.	50%	30/09/24	
Improve performance monitoring.	Chief Finance Officer (Section 151 Officer)	Consultation with Chartered Institute of Public Finance and Accountancy (CIPFA) on how to achieve benchmarking data for a newly established unitary authority.	25%	31/03/25	
Establish an independent review panel to provide a challenge role. NOTE – implementation of this control will improve the control environment across a range of causes.	Chief Finance Officer (Section 151 Officer)	Terms of Reference have been completed after consultation with CIPFA. Membership of the Improvement Panel has been discussed with Executive and LGA and CIPFA. Improvement Panel has now been established with Terms of Reference and first meeting scheduled.	90%	30/09/24	

Caused by

3. Inflationary pressures increasing costs of services

Key controls to manage the risk:

- Contingencies established for 2023/24 and 2024/25 budgets.
- Temporary recruitment freeze in place for non-essential roles until the organisational structure and budget position is finalised.
- Inflationary pressures reviewed for key contracts and high spend areas within the 2024/25 budget proposal. Risk based approach implemented for the different inflationary pressures.
- 2024/25 budget setting process has enhanced scenario planning of key high demand / high inflation areas such as Cared for Children, Adult Social Care, School Transport, etc.
- National lobbying by Society of County Treasurers (SCT)/ CCN to raise awareness of inflationary pressures on Local Government is ongoing.

Caused by

4. Insufficient reserves

Key controls to manage the risk:

- Budget monitoring includes impact on reserves.
- Watching brief on the statutory override relating to Dedicated Schools Grant (DSG) deficit.
- Reserves continue to be reviewed as part of outturn reporting and reported to Executive on a quarterly basis.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Further reviews of General and Earmarked Reserves to be carried out by SLT to ensure that the level of reserve funding is clearly understood, minimum reserve levels identified and potential available funds made available to deliver an end of year balanced budget.	Chief Finance Officer (Section 151 Officer)	General and earmarked reserves have been reviewed as part of 24/25 budget setting process. Further work required on earmarked reserves. Minimal levels of reserves will be monitored on an ongoing basis through Programme Boards, etc., and embedded into budget monitoring reports.	50%	30/09/24	

Caused by

5. Inadequate financial appraisal of capital projects

Key controls to manage the risk:

- Appraisal of capital projects included within the governance framework of the PMO.
- Finance staffing resources reviewed to provide sufficient capacity to support the Capital Programme.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Rigorous assessment of significant capital schemes through the establishment of finance sub-groups, e.g. for Carlisle Southern Link Road (CSLR).	Senior Manager – Finance (Deputy Section 151 Officer)	Existing capital programme reviewed. New schemes will undertake a rigorous assessment. Legacy schemes will also be further reviewed to reduce borrowing requirement.	35%	31/03/25	
Finance and PMO will work to clarify the necessary governance arrangements around the Capital Programme.	Senior Manager – Finance (Deputy Section 151 Officer)	Review being undertaken of reporting and monitoring processes to further develop Q2 and Q3 monitoring. Existing Capital Programme re-profiled and will be	75%	30/09/24	

		reported to Executive report in September.			

Caused by

6. Revenue implications of capital projects are not clearly understood

Key controls to manage the risk:

- Strategic Planning Panel (SPP) membership and terms of reference developed to support capital, transition and transformation projects.
- Quarterly Capital Budget monitoring process in place to report to SLT and Executive. Will be further developed during 24/25.
- Chief Finance Officer (Section 151 Officer) briefs lead officers and members on national announcements and potential cost increases as a result of adverse global events, with lobbying for national response through LGA and SCT as appropriate.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Training to be provided to officers involved in developing capital bids.	Senior Manager – Finance (Deputy Section 151 Officer)	Training provided to Capital Programme and PMO teams, to highlight the distinction between revenue and capital financial requirements to capitalise spend. Will further develop revenue guidance into the governance of the capital bids process.	25%	31/03/25	

Caused by

7. Changes in demand on revenue generated from fees and charges

Key controls to manage the risk:

- Monitoring includes the financial performance of fees and charges.
- Fees and charges policy in place and reviewed in budget monitoring process. Some fees and charges harmonised during 24/25 budget setting process.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Service planning will review fees and charges.	Senior Leadership Team	24/25 service planning will develop further reviews of fees and charges as	50%	30/09/24	

		part of Transformation agenda, i.e. full cost recovery, etc. Fees and charges are being benchmarked with other comparable local authorities. Transformation programme will undertake a review of how to increase income from fees and charges.			
Complete the harmonisation of fees and charges.	Senior Leadership Team	Finalising the review. Outstanding harmonisation requires changes to the related service delivery model for the remaining areas.	75%	31/03/26	

Caused by

8. Slippage and non-delivery of existing savings

Key controls to manage the risk:

- Oversight and ownership from the whole of the Council to manage the pressure.
- SPP will review the achievement of savings, identify slippages in achieving targets and implement corrective actions.
- Transformation Programme Boards and Assurance Board monitor updates on savings delivery as part of the budget monitoring reports considered by DMTs and SLT. Remediation activity identified where required (part of deep dive of transformation projects).
- Quarterly review of savings delivery as part of budget monitoring and to inform MTFS work.
- Profiling of savings delivery over subsequent years incorporated into 24/25 budget setting process.

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Establish a plan to implement the actions from the CIPFA review.	AD of Programme Management Office	Initial CIPFA report received and discussions held with CIPFA/ SLT and Executive. Action plan / response will be reported to Council in September. Second CIPFA review is currently taking place.	50%	30/09/24	
Establish the independent review panel to provide a challenge role.	Chief Finance Officer (Section 151 Officer)	Improvement Panel has now been established with membership and Terms of Reference in place. First meeting scheduled.	50%	30/09/24	

Caused by

9. Non collaborative working arrangements results in decision making without understanding financial implications

Key controls to manage the risk:

- Business partners in place and aligned to Services.
- SPP has membership across service areas to assist collaborative working.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Develop awareness of collaborative working practices and the understanding of the governance arrangements around decision making.	Chief Finance Officer (Section 151 Officer)	Strategic planning process has started for the 25/26 Budget planning. Finance structure has been established. Work continues to further embed existing financial governance arrangements.	60%	31/03/25	

Caused by

10. Failure to utilise capitalisation Exceptional Financial Support to drive through the transformation programme

Key controls to manage the risk:

- Exceptional Financial Support (EFS) application submitted to Government.
- Working with Government and CIPFA on an external review.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Development of governance activity and use of funding, such as Capitalisation directive. Review financial implications of activities funded through EFS, to ensure value for money and appropriate challenge where necessary.	Director of Business Transformation and Change	Governance framework established for nine programme boards, including the terms for the use of funding and monitoring requirements. Assurance Board established and meeting weekly to monitor progress of agreed transformation activity, including investment of EFS and savings targets.	70%	30/09/24	

| Implement the Minded to Letter and the related conditions as assigned in response to EFS application. | Chief Finance Officer (Section 151 Officer) | After consultation with CIPFA and LGA the Improvement Panel has now been established with membership and Terms of Reference in place. First meeting scheduled. | 50% | 31/03/25 | |

Caused by

11. Constraints on ability to increase revenue from Council Tax

Key controls to manage the risk:

- Modelling on Council Tax (CT) base including collaboration with relevant departments.
- Review policies on discounts and exemptions.
- Harmonised CT rates and discounts from Vesting day.
- Review of CT discounts, Empty homes and Second homes premiums undertaken as part of consultation for 24/25 budget setting process.
- Enforcement activities to recover outstanding debts.

Caused by

12. Business rates retention

Key controls to manage the risk:

- Modelling on base including collaboration with relevant departments including monitoring of appeals.
- Review policies on discounts and exemptions.
- Enforcement activities to recover outstanding debts.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Review forecasts of Business Rates income, appeals and significant material changes of circumstances.	Chief Finance Officer (Section 151 Officer)	Regular review of forecasts will be established during 24/25.	25%	30/09/24	

Caused by

13. Submission of a formal equal pay claim by the Trade Unions

Key controls to manage the risk:

- Claims against the Council are assessed on a case by case basis to fully establish the circumstances involved in each claim.

- Instructions given to King's Counsel and an external legal firm to advise.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Robust defence will be developed and submitted, with the case being kept under review and emerging evidence monitored to determine best course of action.	Chief Legal Officer (Monitoring Officer)	Defence to claims by GMB and Unison submitted to Employment Tribunal. Next step will be to await directions from Tribunal. Claim will be reviewed following receipt of witness statements and further evidence. Hearing date not anticipated until late 2025.		31/12/25	🟩

Independent assurance of key risk controls

- Working with Government and CIPFA on an external review.
- Planned Internal Audit reviews.
- External Audit Value for Money assessment.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**
- Failure to deliver a balanced budget resulting in a Section 114 notice. - Inability to fulfil statutory obligations, the cessation of discretionary services and the reduction in service standards. - Inability to meet corporate priorities. - Reduced or non-delivery of services impacting on service users and customer satisfaction. - Significant budget overspends and unsustainable drawing on reserves. - Reputational damage. - Intervention by central government. - Division between members and officers, and between political parties.	- Improving Health and Wellbeing. - Addressing inequalities. - Local economies that work for local people. - Environmental resilience and climate emergency. - Delivering excellent public services.	(see rating table below)

RP 03 RISK RATING impact x likelihood			20
Previous period	Current period	End Yr Target	DOT
20	20	15	=
5	4	5	4		

Commentary on current risk rating:

Council is aware of its current financial position and mitigations are being discussed in deep dive reviews of service pressures and further controls will be put in place.

After consultation with CIPFA and LGA the Improvement Panel has now been established with membership and Terms of Reference in

• Impact on staff morale and loss of key staff. • Inability to effectively deliver future operating model.		place. First meeting scheduled to review the action plan resulting from the CIPFA recommendations. Second CIPFA review is currently being undertaken.

06. Workforce capacity, strengths, skills and relationships – Chief Executive

There is a risk that the Council does not have the workforce capacity, values, skills or relationships to deliver the Council Plan or statutory services

Caused by

1. **Workforce planning does not deliver the required skills and capacity**

Key controls to manage the risk:

- Senior statutory appointments of Monitoring Officer and S151 Officers.
- Senior Leadership Structure in place.
- Externally Provided Workforce (EPW) being managed within each specific Directorate as part of their regular performance management.
- Practice leads in Children and Adults and a Social Work Academy model that supports practice resilience and retention.
- Leadership and Management Model in place, including coaching and mentoring.
- Delivery Framework and Strategic Programmes in alignment with corporate values/ behaviours/ culture. Encompasses various review processes, including a new approach to appraisal, leadership and management and engagement strategy.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Understand the profile of the organisation through confirmation of budgets and establishment structure.	Workforce Planning and Employee Relations Manager	Implementing Org View to identify the profile of the organisation. Working in partnership with Finance to headcount and allocate associated budgets.	60%	31/03/25	
Work continues to draft the Human Resources and Organisational Development Strategy.	Assistant Director (AD) of Human Resources and Organisational Development (HR & OD)	As of the end of April the Recruitment and Retention and OD strategies are in place. The remaining 4, Workforce planning, Equality, Wellbeing and HR Systems are all in draft stage and will be in place by the end of September.	90%	30/09/24	
Establish a workforce sharing agreement with North Cumbria Integrated Care Trust (NCIC) for the purpose of supporting provision of care and support in North Cumbria.	AD of HR & OD	A workforce sharing agreement is in place. Effective Partnership working needs to be in place and embedded. Draft agreement to be further developed for sign off by AD.	75%	31/03/25	

Development of employability pathways, i.e. Traineeships.	Workforce Planning and Employee Relations Manager	Recruitment and Retention strategy in place. The careers aspiration partner is now in place to drive this forward with the support of the newly appointed Early Careers and Apprenticeship Manager (recruitment process being finalised).	40%	30/09/25
Increasing the diversity profile of applicants and workforce.	Workforce Planning and Employee Relations Manager	Recruitment and Retention strategy in place. Required data sets being established. Careers aspiration partner is now in place to lead on this piece of work. Equality, Diversity and Inclusion (EDI) Strategy will be signed off by the end of September.	30%	31/03/25
Management review of the volume of possible single points of failure within the workforce, experience and knowledge to establish succession planning.	Workforce Planning and Employee Relations Manager	Leadership and Management Model established. Research in Directorate career pathways and future forecasting of demand in job roles, etc. will be undertaken. The Workforce plan is in draft form and will be finalised in September.	40%	31/03/25
Work continues to implement the Recruitment and Retention Strategy to establish Cumberland Council as an employer of choice.	Workforce Planning and Employee Relations Manager	Recruitment Team established to develop employer brand. Wellbeing strategy being completed. Working with external partner to develop Our Future Cumberland and establish the council as an employer of choice.	50%	31/12/24

Caused by
2. High levels of staff sickness absence

Key controls to manage the risk:

- A proactive management approach to managing sickness absence.
- Agreement to conduct a deep dive review of high levels of absence facilitated by Assistant Director of Human Resources and Organisational Development (HR and OD).
- Return to Work interviews used to assess the support needs of staff.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Developing detailed absence management reporting.	HR Advice, Policy and Change Manager	Overall statistics produced monthly at AD service level as a starting point. Reporting will be developed to streamline the process. Requirement for HR system migration. Started engagement with Trade Unions to develop the Positive Well-being and Absence Management policy and process.	80%	31/03/25	
Targeted support for management in absence hotspot areas, with drop in sessions from the management advisory support team.	HR Advice, Policy and Change Manager	Targeted support within areas with highest absence levels. Proposal to pilot an approach to prevent and reduce sickness absence in those areas. SLT have approved the pilot and in the process of securing a physio to work with the care sector.	80%	31/03/25	
Develop a Positive Well-being and Absence Management policy for Cumberland Council, with a refocussed approach from sickness absence management to health and wellbeing.	HR Advice, Policy and Change Manager	This work has commenced and will be incorporated into review of Positive Well-being and Absence Management policy, in conjunction with Wellbeing Strategy by the end of September 2024.	60%	31/03/25	
Develop the HR system into an integrated HR and Payroll system to allow agile self-service, management reporting, etc. Roll out the on-boarding of district payrolls.	Workforce Planning and Employee Relations Manager	Starting process to on-board legacy authority payroll systems onto ex County system. Separate PAYE numbers will be used for two unitary authorities and Fire service. Planning stages have commenced for implementing a new system. There have been delays in onboarding District payroll systems and so currently working to a March 2025 timeframe.	40%	31/03/27	

Caused by

3. Impact on services caused by industrial action

Key controls to manage the risk:

- Business continuity planning.
- Horizon scanning for potential industrial action.
- Positive relationships established with Trade Unions and Legal colleagues to address industrial action and disputes as they arise.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Work with Services to develop business continuity arrangements to cover possible industrial action.	AD of HR & OD	In development to have service specific continuity plans.	10%	31/03/25	🟩

Caused by

4. Need to recruit to a number of vacancies within our disaggregated Services

Key controls to manage the risk:

- Recruiting to new posts for those recently disaggregated services.
- Prioritisation of recruitment being carried out for disaggregated services with DMT and SLT approval. HR support given during the planning for disaggregation to identify recruitment needs.

Caused by

5. Loss of key resources within the Human Resources and Organisational Development (HR&OD) Team

Key controls to manage the risk:

- Approval given to fill a number of vacancies within service.
- Restructure of HR & OD service completed April 2024.
- Recruitment to the revised HR & OD structure has been completed and appointments have been made.

Caused by

6. Current disaggregation of the Apprenticeship Team could cause loss of experienced staff with organisational knowledge, etc.

Key controls to manage the risk:

- Recruitment process finalising for Early Careers and Apprenticeship Manager.
- Informal agreement for knowledge sharing whilst disaggregation takes place.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Effective working relationship between disaggregated Managers will be established to ensure knowledge sharing is extensive.	Workforce Planning and Employee Relations Manager	Current working relationships in place.	10%	31/03/25	

Independent assurance of key risk controls

- External partner working to develop Our Future Cumberland.
- Proposed Internal Audit review of the control environment will be undertaken by agreement at a future date.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**
- Inability to meet statutory and regulatory requirements due to lack of capacity. - Non delivery of services or financial savings. - Non delivery of prioritised workforce skills and apprenticeship targets. - Trade Union relationship challenges with increased numbers of grievances, formal disputes or industrial action. - Lack of service resilience for emergency planning. - Loss of expertise and corporate memory. - High recruitment costs. - Impact on morale, culture and team performance.	- Improving Health and Wellbeing. - Addressing inequalities. - Environmental resilience and climate emergency. - Delivering excellent public services.	

Review Period 03 Risk Rating table:

RP 03 RISK RATING impact x likelihood		15	
Previous period	**Current period**	**End Yr Target**	**DOT**
15	15	15	=
5	3	5	3		

Commentary on current risk rating:

When merging 4 Councils together it comes with an element of high risk through organisational change to the employees involved. This has resulted in:

- There was a fourfold increase in number of recruitment requests, however a process improvement project has been implemented to address this situation.
- Under TUPE arrangements currently working to the separate HR policies and payroll systems of the legacy authorities (2025 timeline for payroll aggregation). Time will be required to implement new

		HR recruitment policies and management training.
		• Lack of Council brand awareness in the employment sector has impacted on recruitment, including those sectors already difficult to recruit to. Engagement has increased to develop the employee brand of the Council.
		Resources in place to address future process improvement for the service.
		We will continue to disaggregate from Westmorland and Furness hosted service, e.g. OH and Apprenticeships, and a new Cumberland HR team will continue to be established.

12. Unsustainable demand and inability of Health and Social Care to keep people sufficiently safe – Director of Adult Social Care and Housing

There is a risk that with increasing demand outstripping operational capacity and despite significant effort, targeted resources and finances being diverted to those people with greatest need and at highest risk, the Health and Social Care System is unable to keep all Adult Social Care customers sufficiently safe and supported and this is in relation to operational assessment and Occupational Therapy (OT) staff as well as the provision of care and support

Caused by

1. Increasing and unsustainable numbers of individuals requiring health care and support

Key controls to manage the risk:

- System wide strategic engagement.
- Cumbria Safeguarding Adults Board (CSAB).
- Safeguarding sub-group - Performance Quality and Assurance.
- Weekly Adult Social Care (ASC) leadership team meetings in place to drive actions that will support and maintain services across common themes of Demand Management, Workforce and Market Sustainability. Supported by Performance Dashboard showing the demand, unmet need and pressures across ASC. Directorate Management Team meetings (DMT) will have a monthly focus on performance.
- Weekly system integration meeting which looks at health and adult social care activity.
- Monthly Care Quality and Governance Board.
- Hosting arrangement in place for the Urgent Care Team, with connectivity to Lancashire and South Cumbria NHS Foundation Trust (LSCFT) and the South Integrated Care System (ICS) due to Millom.
- Pan-Cumbria Crisis Care Pathway multiagency process.
- Pan-Cumbria strategic meetings in relation to Section 12 Doctor capacity.
- Pan-Cumbria No Beds / No Doctor / Director of Adult Social Care (DAS) Notification Letter (Approved Mental Health Professional (AMHP) related activity).
- North Cumbria Mental Health, Learning Disabilities and Neurodiversity board constituted.
- Daily patient flow and patient vision meetings.
- Long length stay meetings.
- Identification and risk assessment of people with unmet needs in the community.
- Weekly Outcomes Forums.
- Process in place to review and triage new and existing people to the service.
- Review undertaken of activity to right size packages of support to release capacity back into the market.
- Monthly ASC Assistant Director (AD) in person staff engagement events with Trade Union (TU) representation to support staff wellbeing.
- International recruitment process established to improve social work workforce vacancy position. Supported by successful recruitment locally. Cohort 01 starting 09th Sept 24 and Cohort 02 start date to be agreed.

- Quality assurance sub group will report to DMT on a monthly basis to monitor preparedness for Care Quality Commissions (CQC) assessment (December 2025).
- Engaging and supporting the development of prevention and demand management through the pre-front door and front door work.
- Market development within domiciliary care.
- Digital pilots – Ethel Care.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Ongoing activity to identify areas of pressure with social work and occupational therapy teams to prioritise workflow.	AD Operations	Pressures paper completed. Pressures escalated during Senior Operational Leadership Team (SOLT) meetings.	100%		
		DMT have reviewed pressure paper actions and recommendations. Has been further reviewed in light of LGA peer review.	100%		
		Transformation plan and priorities are pending after the session held on 09/07.	50%	31/08/24	
		Sickness and absence returns completed on a weekly basis by operational managers.	100%		
		Developing Waiting Well procedure.	50%	31/12/24	
		Workstreams in place with NHS partners to improve discharge to assess processes and manage flow.	100%		
		OT pilot around reducing waiting lists is live.	100%		
International recruitment planned to improve care workforce vacancy position.	AD Service Provision	Award to be made to agency provider. Sponsorship requests have been submitted to Home Office. PMO plan in place. Dissemination of funds to external market. Having to re-apply for sponsorship licence which has delayed recruitment.	70%	30/09/24	

		Policies and procedures have been drafted and are with legal to be approved along with training staff. Aiming for 1st September 2024.		
Develop base line data to assess levels of demand.	Performance Manager	DMT dashboard developed (including section on demand). Corporate KPIs agreed. Agreed targets to be developed for team level performance data. Management audit to review data quality being undertaken. Senior data analyst resource appointed to support Adult Social Care. Due to start early July.	75%	31/08/24
Actions and learning from Local Government Association peer review will be implemented.	Director of Adult Social Care and Housing	Report has been received and being reviewed by DMT. An improvement plan will be presented to SLT for sign off 3rd Sept.	75%	31/08/24
Promote technology enabled care	AD Housing, Quality and Resources	Draft plan developed and signed by SLT. Technology Enabled Care Board has been established.	10%	31/03/27

Caused by

2. Increase in demand for review and assessment activity, lack of capacity for effective integrated service delivery

Key controls to manage the risk:
- Use of interim Externally Provided Workforce (EPW) to fill vacancies during recruitment process.
- Social Care Workers recruited against Social Work vacancies to create capacity.
- Ongoing recruitment campaign to fill outstanding vacancies in the ASC structure, including a review of recruitment strategies and measures.
- Introduced a new guidance document on reviews.
- Guidance on meeting urgent need.
- Assessed Support Year in Employment (ASYE) review is completed and the Apprenticeship schemes have been launched to support increased recruitment of external applicants and the development of the Social Care Academy.

- Additional resource for OT through the Better Care Fund (BCF) in place and is delivering additional assessment capacity. OT Pilot (proportionate assessment).
- Review programme undertaken for priority people with overdue reviews to ensure package of support is still appropriate.
- Shared workforce agreement in place.
- International recruitment process established to improve social work workforce vacancy position. Supported by successful recruitment locally.
- Reconfiguration of roles and reviewed workflow arrangements.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Develop different approaches to complete an assessment, i.e. telephony, online, etc.	AD Housing, Quality and Resources	Developing a digital and technology 3 year work plan. Plan is 100% complete and has been signed off by SLT. Will be taken to Board for review.	25%	31/03/27	
New operational framework in development across ASC and Housing. This will inform future operational structures.	AD Operations	High level operating framework emerging with managers and partners. Procurement process started to identify business partner to support operational review. Engagement sessions with ELT and Team briefings.	20%	30/09/24	
International recruitment planned to improve care workforce vacancy position.	AD Service Provision	Award to be made to agency provider. Sponsorship requests have been submitted to Home Office. PMO plan in place. Dissemination of funds to external market. Having to re-apply for sponsorship licence which has delayed recruitment. Policies and procedures have been drafted and are with legal to be approved along with training staff. Aiming for 1st September 2024.	85%	30/09/24	
Development of the Cumberland People workforce strategy which should align to the Integrated Care Board (ICB) strategy.	OD, Training and Wellbeing Manager	Developing Adult Social Care and Housing plan of which workforce is a subsection. Exploring plan with ELT,	40%	30/10/24	

		external partners and local universities for local skills mix. Workforce Development Strategy, Plan on a Page and Training Plan developed for CFW Directorate. This methodology has now been shared with ASCH leadership for further input and sharing with partners.to scope out a similar contextualised approach for ASCH.			

Partnership and Integration

Key controls to manage the risk:

- From 1st April 2023 Cumberland Council will work with both the North and South Integrated Care Systems (ICS) and Integrated Care Boards (ICB) to ensure the collective resources and expertise of all organisations are used to plan, deliver and join up Health and Care across Cumbria.
- Manage the changing demands and differences between the North and South ICB's and the resource required to support this.
- Work with partners to develop more integrated service delivery models and increase capacity.
- The Health and Care Bill was published on 6 July 2021, setting out key legislative proposals to reform the delivery and organisation of health services in England, to promote more joined-up services and to ensure more of a focus on improving health rather than simply providing health care services.
- Representation from Cumberland Council on the relevant Boards and Committees of the ICB.
- Review of integrated care communities priorities and relaunched governance.
- A&E delivery programme in place to assist with efficiency.
- Framework in place to monitor the performance of the BCF schemes and aid future decision making.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Undertake a review of the schemes in BCF in terms of their efficiency and effectiveness to meet demand in capacity.	Senior Manager – Strategic Planning, Review and Commissioning	Review of 2023-24 BCF schemes completed as part of 2024-25 planning requirements. Full review of BCF activity to be completed during 2024-25.	50%	31/03/25	

Caused by

3. Increase level of demand on high end need/ more complex cases

Key controls to manage the risk:

- Workforce management plan & availability of skilled staff for face-to-face interaction.
- System wide strategic engagement & working with Health colleagues.
- Hospital Interface and engagement in Cumberland.
- Hosting arrangement in place for the Urgent Care Team, with connectivity to Lancashire and South Cumbria NHS Foundation Trust (LSCFT) and the South Integrated Care System (ICS) due to Millom.
- Pan-Cumbria Crisis Care Pathway multiagency process.
- North Cumbria Mental Health, Learning Disabilities and Neurodiversity board constituted.
- Transfer of Care Hub is now established in the North Cumbria to support timely discharge from hospital. Discharge funding is in place to support Discharge to Assess.
- Market Sustainability and Improvement Fund to support more complex needs.
- Multi agency mental health, learning disability and neuro-diversity group established.
- Re-set Integrated Care Communities and Executive Group.
- Through the Better Care Fund we have resourced intermediate care and respite services.
- A&E Delivery Board Work streams established.
- Complex Needs Board established with the ICB.
- Quality and Assurance Service Area developed to support practice development to ensure we are Care Quality Commission compliant.
- STEP Pilot.
- Further development of intermediate care to reduce on-going need following a hospital stay.
- Two implementation modules for Right Care Right Person now complete.
- Engaged with the market and people who use services to co-produce future models of care.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Future Supported Housing Strategies.	AD Housing, Quality and Resources	Supported Housing Needs Study has appointed a business partner and studies are progressing. Mid-point review scheduled for 13th Sept.	50%	31/10/24	

Caused by
4. Increase in demand for lower-level needs, especially mental health needs

Key controls to manage the risk:

- Community catalysts adding value to non-regulated care.

- Triaging of new referrals to prioritise need.
- Signposting of lower-level need to Prevention services - Health and Wellbeing Coaches and third sector provision, online resources.
- BCF funding for alternatives to regulated care.
- OT pilot around reducing waiting lists is live.
- Review of Community Catalysts undertaken.

Caused by

5. Increase in demand as a result of NHS winter pressures such as discharge, strike action and step up in elective programmes

Key controls to manage the risk:

- System integration group.
- Winter plans in place.
- Representation at A&E delivery board.
- Process for operational pressures escalation levels (OPEL).
- Work streams established through the A&E Delivery Boards to respond to pressures.
- Schemes developed through the BCF to support system flow.
- Part of the County Council Network research involving Newton Europe to understand discharge pressures.
- Complex case and extended discharge weekly forum.
- Reviewed schemes in BCF in terms of their efficiency and effectiveness to meet demand in capacity.
- Robust system leadership in place.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Develop standard operating procedures for D2A pathways including escalation	AD Operations	System discharge improvement steering group. SOPs for pathways 1 in draft but require finalisation through the steering group.	25%	30/09/24	
Development of intermediate care at Burnrigg and the standardisation of approach across Cumberland.	AD Service Provision	Intermediate care beds established at Burnrigg. Ongoing work to establish standardisation approach across Cumberland. A multi-agency working group has been established to scope and design intermediate care offer for Cumberland. A visit to the Liverpool Intermediate Care Hub has taken place.	70%	31/03/25	

Caused by
6. Lack or uncertainty of future funding

Key controls to manage the risk:

- Funding was agreed with health partners to identify resources to implement measures in the ASC Plan.
- Continue to horizon scan for future funding opportunities.
- Set out three priority areas for ASC and Housing for transformation.
- Care Act funding reforms have been delayed until November 2024. Horizon scanning in place to review impact of delayed funding reform.
- Joint Commissioning Board established to co-ordinate an oversee system spend.
- Agreement across the system on spend in the Better Care funding for 24/25, iBCF and Winter Pressures money.
- Continue to raise awareness and escalate concerns through Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) and the County Council Network.
- Finance Business Partners attend SMT/DMT to provide assistance and to help with future budget setting.
- ASCH Efficiency Board established to monitor and track progress against transformational and efficiency targets.

Caused by
7. Sustainability of the care market

Key controls to manage the risk:

- A robust multi-agency approach is in place around provider failure or for those providers who are struggling.
- Market Sustainability and Improvement Fund in place. Workforce and capacity plans in place.
- Continue to incentivise the market to pay the real living wage.
- Established a joint commissioning board with the ICB.
- Improved engagement with our NHS ICB colleagues.
- Engagement with residential providers being undertaken.
- New Home Care framework established with greater emphasis on quality and growing the local market.

Caused by
8. Lack of national awareness and government support

Key controls to manage the risk:

- Continue to raise awareness and escalate concerns through Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) and the County Council Network.
- Continue to actively engage with the County Council Network.
- Escalate concerns as appropriate to the Department of Health and Social Care.
- Local Government Association Peer Review to be held May 24.

Independent assurance of key risk controls

- Peer review in Cumberland for Care Quality Commission readiness.
- Internal Audit of care provision planned.
- Commissioned review of in house provision.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**
- People may be at risk of harm in the community with unmet needs. - People will deteriorate whilst waiting for an assessment of the care and support they need resulting in increased need, which will negatively impact their health and wellbeing. - May lead to earlier entry to residential care or the unnecessary or premature admission to hospital. - People are delayed in hospital whilst waiting for provision. - Cost as a result of missed opportunity to reable/ achieve maximum level of independence. - Less opportunity for the service to take people with higher levels of need who would benefit from reablement, resulting in premature requirement for long term formal care. - Legal challenge from the inability to perform statutory duties with regard to assessment and reviews, or from people being adversely affected whilst waiting for care provision. - Increased risk of complaints and adverse media attention. - Budget pressures from the need to recruit and retain EPW's.	- Improving Health and Wellbeing. - Addressing inequalities. - Delivering excellent public services.	(risk rating table and commentary below)

RP 03 RISK RATING — impact x likelihood

RP 03 RISK RATING impact x likelihood				15
Previous period		**Current period**	**End Yr Target**	**DOT**
20		15	15	↑
5	4	5	3	

Commentary on current risk rating:

Rating reflects the continued pressures on demand and the growing concerns around the sustainability of providers. NHS pressures are contributing to increases in service demand. There is a need to further develop base line data for current demand levels, etc. to provide a clearer picture going forwards. There is increasing fragility within sectors of the market with an increased reliance on an Overseas workforce. Have recently undergone LGA peer assessment and an extensive action plan has been put in place following this review.

ASC continues to face continued demand for services but the actions undertaken during the year have mitigated the risk of the service being overwhelmed.

• Budget pressures and long-term costs associated with premature admission to formal services including residential care. • Increasing pressure and workload experienced across all ASC service areas. • Increased work-related stress leading to an increase in staff absence, low staff morale and staff leaving the service.		

17. Culture – Chief Executive

There is a risk that a failure to deliver the Operating Model within the culture, values and behaviours of the Council will negatively impact on the delivery of services and the Council Plan

Caused by

1. **The Council Plan has been developed without adequate consultation with staff and key stakeholders, e.g., citizens, members, community groups, etc.**

Key controls to manage the risk:

- All staff events to communicate Council values and Operating Model.
- Visible leadership and communications. Employee Engagement Plan approved by SLT (March 24).
- Question and Answer (Q&A's) Teams sessions and frequently asked questions.
- Some community liaison and focus groups.
- Change Champions network feedback to Senior Leadership Team (SLT), Extended Leadership Team (ELT) and Directorate Management Teams (DMT).
- Regular meetings with Trade Unions (TU) maintain effective relationships.
- Roll out of all workforce in person induction events to raise awareness of Council values and Operating Model.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Collaboration and co-design with staff diversity groups to focus on equality, diversity and inclusion (EDI).	Organisational Development, Training and Wellbeing Manager	Shine Diversity Group has won the Diverse Cumbria Awards for the Public Sector category. Direct reporting to Chief Executive has also been established. Stakeholder engagement and workshops undertaken around co-design and employee voice within the staff diversity group networks. Strategy completed. Awaiting sign off by SLT.	90%	31/03/25	
EDI Workforce Strategy.	Organisational Development, Training and Wellbeing Manager	Strategy has been developed within an established working group, with key stakeholders. Strategy will align with equality objectives from Public Health and Communities. Quarterly meetings	90%	30/09/24	

		scheduled with Chief Executive. Strategy completed and awaiting sign off by SLT.			
Change Champions involved in major transformation projects.	Organisational Development, Training and Wellbeing Manager	Established, but needs further embedding into Directorate transformation projects. Change Champions conference to be held in November and will review their role within directorates. ADs will mentor Change Champions on key issues within their specific directorates.	60%	31/01/25	

Caused by

2. Delegated authority for decision making is not clearly defined

Key controls to manage the risk:

- Constitution.
- Schemes of Delegation – will be reviewed and embedded as part of service restructures and the transformation programme.
- Ethical governance training programme.

Caused by

3. Lack of a comprehensive organisational structure means formal hierarchical lines of authority are not clearly defined

Key controls to manage the risk:

- Interim measures in place to establish lines of authority.
- Some legacy middle management structures are unchanged.
- Corporate values embed empowering delegation based on trust.
- AD development programme and 'Being a Cumberland Manager' programme will be launched February 24
- Rolling programme of Team development sessions and leadership training for Managers. including transformational leadership module.
- Service restructures underway for key priority transformation programmes, linked to organisational design 'Our Future Cumberland' programme.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

Organisational design 'Our Future Cumberland' programme to develop career paths and organisational structure.	Assistant Director (AD) of Human Resources and Organisational Development (HR/OD)	Phase 1 In progress. Consultants have been appointed and data collection started. Communications and employee engagement plan has been developed and key messaging has begun. Directorate deep dives meetings scheduled and in progress.	70%	31/03/25	
Work started to identify and review barriers to empowerment and active listening to employee voice.	Organisational Development, Training and Wellbeing Manager	Employee Engagement Plan agreed with SLT and incorporates the role of Change Champions and employee engagement methods, e.g. internal comms, etc. Management workshops provided in June. Staff Diversity Networks and Trade Unions are included in the discussions and co-design. A wider communications plan around employee engagement will be developed. Rolling training programme, likely to take the shape of Directorate Roadshows, will be delivered by training partners on the vision values. This will dove tail into the transformation programme and ongoing service reviews.	70%	31/03/25	

Caused by

4. **Corporate management are unaware of who holds 'unwritten influence' within the Council, e.g., people who have incredible amounts of influence and whose contributions carry the most value, who can be looked to for decision-making power, while acknowledging some of the political elements that may be in play**

Key controls to manage the risk:

- Change Champions network directly feedbacks to Chief Executive, SLT, ELT and DMTs.
- Visible leadership from SLT and key Members.
- TU relationships including direct feedback to Chief Executive.
- Historic awareness of known influencers within teams.
- AD development programme and 'Being a Cumberland Manager' programme will be launched April 24.
- Rolling programme of Team development sessions and leadership training for Managers, including transformational leadership module.
- Employee Engagement Plan.

- Workforce induction and New Employee induction (April 24) will embed the Operating Model and corporate values.

Caused by

5. Organisational control systems, including financial, quality and performance systems, are not aligned across the whole of the Council's services and estate

Key controls to manage the risk:

- Constitution, Codes of Conduct (incorporating Nolan principles), policies and frameworks have been developed in line with values.
- Baselining work undertaken on service delivery.
- Current systems are being reviewed and new systems commissioned.
- Key Performance Indicators (KPIs) in place for core training, i.e. health and safety, data protection, etc. Some service area KPIs remain in place.
- Ethical governance training programme.
- Business partnering.
- HR and OD Strategy.
- Risk Management Framework presented to all AD teams.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
KPIs and dashboard in development to report on Core Essential Training.	Organisational Development, Training and Wellbeing Manager	Essential training packages in place, but establishing coverage of reporting. New Learning Management System (LMS) being procured, which will allow enhanced data analysis once in place from July. New KPI will be developed to monitor Appraisal completions.	75%	31/10/24	

Caused by

6. Strategic and operational decision making is not based on the culture and values of the Council

Key controls to manage the risk:

- Constitution, Codes of Conduct (incorporating Nolan principles), policies and frameworks established have been developed in line with values.
- Change Champions network feedbacks back to Chief Executive, SLT, ELT and DMTs.
- New appraisal process in place at Director/AD level includes evidence of embedding corporate values.

- New appraisal process for all staff, embedding corporate values, rolled out February 24. This will include reporting mechanisms for the continuous loop back on the embedding of corporate themes.
- Senior leadership development reflecting culture and values in decision making.
- Roll out of all workforce in person induction events to raise awareness of Council values and Operating Model.
- AD development programme and 'Being a Cumberland Manager' programme will be launched April 24.
- Rolling programme of Team development sessions and leadership training for Managers, including transformational leadership module.
- Employee Engagement Plan and Staff Diverse Networks, which feedback to SLT, are in place.
- 'Decision making' sessions provided to Managers and Change Champions May /June 2024.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
HR/OD policies to be reviewed in line with corporate values.	AD of HR/OD	Ongoing review of priority policies.	35%	31/03/27	
Coaching and Peer mentoring programme being developed.	Organisational Development, Training and Wellbeing Manager	In trail with specific service areas (PMO). Procured additional external support. Roll out planned from October.	80%	31/03/25	

Caused by

7. **Management have not established clear organisational goals and performance objectives within their departmental teams and so staff do not take accountability for their performance and development**

Key controls to manage the risk:

- Relatively stable teams – with historical known accountability.
- Each legacy authority have a HR process and support still in place during transition.
- Performance clinics around KPIs and performance targets.
- E-Learning programme for core training and development.
- Apprenticeship options available.
- New appraisal process in place for all staff, includes evidence of embedding corporate values and reporting mechanisms for the continuous loop back on the embedding of corporate themes. Also incorporates guidance on holding meaningful and regular One to One meetings.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

Career pathways.	HR and OD Leads	Organisational design 'Our Future Cumberland' programme. Career pathways will be embedded into Workforce planning. Early Careers role has been appointed to as part of workforce planning. Aspiring Manager programmes to complement succession planning will be launched in September. HR and OD have collective focus on hard to recruit roles.	50%	31/03/26	
Learning Academy for Social Care.	Director of Adult Social Care and Housing. Director of Children and Family Wellbeing	Commenced mapping out the end to end process. Children Social Work strength based recruitment has commenced into the Social Work Academy. Early results are positive. Childrens Social Work Academy management structure and budget in place.	50%	31/03/26	

Caused by

8. Lack of a clear plan to communicate the organisational goals, objectives and acceptable behaviours and work routines to services and staff

Key controls to manage the risk:

- Clear corporate culture in place which defines its values and staff roles within the culture.
- Officer Code of Conduct (incorporating Nolan principles).
- Visible leadership from SLT and key Members.
- Question and Answer (Q&A's) Teams sessions and frequently asked questions.
- Induction for new staff in place.
- Online induction available for staff during Local Government Reorganisation (LGR) transition.
- DMT meetings held regularly.
- Change Champions recordings helping to embed values and behaviours.
- Roll out of all workforce in person induction events to raise awareness of Council values and Operating Model.
- Clear Equality and Inclusivity Strategy.
- Corporate communications provide consistent messages to staff. Internal marketing and communications materials extol the corporate values and reinforce the culture.

- Regular meetings with staff Diversity Networks.
- Employee Engagement Plan approved by SLT (March 24).
- Combined Impact Assessment (CIA) in place to help officers think about how their policies, strategies, projects, procurements, commissioning and services might impact on our communities and to identify ways to reduce inequalities wherever possible.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Equality Strategy following the Diverse by Design Principles.	Organisational Development, Training and Wellbeing Manager	HR and OD leads restructure completed. Strategy will be developed within an established working group, working with key stakeholders, including Public Health and Communities. EDI Strategy completed and has undergone stakeholder engagement. Awaiting SLT sign off.	90%	30/09/24	
Workforce Wellbeing Strategy.	Organisational Development, Training and Wellbeing Manager	Working with key stakeholders, including Public Health and Communities, Trade Unions, Change Champions and staff Diversity Networks, to develop the strategy. Flexible leave being developed to allow staff volunteering opportunities within their communities. Staff benefits programme being further developed. Strategy completed and has undergone stakeholder engagement. Awaiting SLT sign off.	90%	30/09/24	
Employee Engagement Communications Plan.	Organisational Development, Training and Wellbeing Manager. Assistant Director of Communications	Initial review of requirements being undertaken to develop relevant priorities. Aligning the leadership visibility plan and OD SLT employee engagement plan into a single holistic plan.	50%	31/10/24	

Establish an effective communication method, i.e. Heads Up, to provide key information for Managers.	Organisational Development, Training and Wellbeing Manager. Assistant Director of Communications	Requirement acknowledged and in early development to establish key content for communication. Currently compiling list of all Managers.	40%	31/10/24

Caused by

9. Lack of a clear plan to promote the values, achievements and success stories of the new organisation internally and to the wider community

Key controls to manage the risk:

- Change Champions network feedback to SLT, ELT and DMT. Continued development of podcasts on success stories and achievements.
- Management Show and Tell sessions.
- Corporate communications provide consistent messages to staff. Internal marketing and communications materials extol the corporate values and reinforce the culture.
- Roll out of all workforce in person induction events to raise awareness of Council values and Operating Model.
- Manager Workshops / Conferences.
- Community Panels and Community Networks.

Caused by

10. Staff do not know, understand, trust or connect to the strategic direction of the Council and so do not reflect the culture, values and behaviours through their day-to-day work

Key controls to manage the risk:

- All staff events to communicate Council values and Operating Model.
- Visible leadership from SLT and key Members.
- Change Champions network feedback to SLT, ELT and DMT.
- Learning Management System (LMS) – My Learning. New system being procured.
- Health and wellbeing at the heart strategies.
- EDI strategies.
- Pulse survey.
- Management Show and Tell sessions.
- Question and Answer (Q&A's) Teams sessions and frequently asked questions.
- Induction for new staff in place.
- Essential eLearning training packages in place.

- Workforce induction and New Employee induction (April 24) will embed the Operating Model and corporate values.

Caused by

11. Corporate branding and dress codes are not aligned across the whole of the Council's services, estate and communication methods

Key controls to manage the risk:

- Posters, case studies and staff recognition scheme focused on specific values.
- Corporate branding rolled out for uniforms, vehicles, sites and presentation templates.
- Cumberland website.
- Temporary internal intranet site established. Will be further developed by the Digital team.
- Managers ensure dress code branded uniforms available and worn (where applicable).
- Corporate branding guidelines shared with other organisations and incorporated into New Employee induction.

Caused by

12. Failure to promote a culture that encourages and supports opportunities to consider new ways of working / service delivery

Key controls to manage the risk:

- Visible leadership from SLT and key Members.
- Change Champions network feedback to SLT, ELT and DMT. Continued development of podcasts on success stories and achievements.
- Evaluation process developed under Kirkpatrick model.
- Corporate communications provide consistent messages to staff, including stories.
- Better Health at Work and health advocates supporting wellbeing at the heart.
- Leadership and management standards driven by Operating Model.
- Management away days to cover corporate values and new ways of working.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Better Health at Work award and Wellbeing agenda.	Organisational Development, Training and Wellbeing Manager	Working towards Bronze award. Evidence gathering in progress.	40%	31/05/25	

Caused by

13. Remote working has eroded the traditional interactions, collaborations and linkages between and across departments and teams

Key controls to manage the risk:

- Blended approach to development delivery.
- Change Champions network feedback to SLT, ELT and DMT.
- Digital upskilling / hybrid.
- Corporate communications provide consistent messages to staff.
- Conversation cafes / peer groups.
- Resources to support remote working and connectivity.
- SLT leading by example.
- Rolling programme of Team development sessions and leadership training for Managers, including transformational leadership module.
- Action learning sets and cross service development programmes.

Caused by

14. Members do not know, understand, trust or connect to the strategic direction of the Council and so do not reflect the required culture, values and behaviours

Key controls to manage the risk:

- Regular information sharing with Members.
- Monthly meetings between Monitoring Officer and Group Leaders to discuss any areas of concern.
- Rolling Members' training programme includes sessions on conduct, standards, roles and responsibilities.

Caused by

15. Lack of analysis and reporting on the reasons staff leave the Council's employment

Key controls to manage the risk:

- Leavers process in place which includes the requirement to undertake an Exit interview.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Review the current Leavers process.	AD of HR/OD	The Service Improvement Manager is working with colleagues in the Resourcing Team to review the leavers process and develop a process for exit interviews. This information will then be used to aid recruitment and retention.	10%	31/03/25	
Develop the use of existing data for reporting and analysis.	AD of HR/OD	The Data Analyst has produced robust and detailed sickness data and is looking at options with regards to how we can	15%	31/07/25	

		best report on people data in the future. The timescales for this will be dependent on the onboarding of the sovereign council payrolls onto the ex-county council payroll, as at present a significant amount of time is required to produce data as four systems are in use.		
Develop Manager training to ensure Exit interviews are routinely undertake and reported to HR, etc.	AD of HR/OD	The Service Improvement Manager is working with colleagues in the Resourcing Team to review the leavers process and develop a process for exit interviews. This information will then be used to aid recruitment and retention. Once the process is established, training will be implemented.	10% 31/03/25	

Independent assurance of key risk controls

- Internal Audit review included in 2023/24 Audit Plan.
- External Audit.

Resulting in: Main Impacts of risk	Links to Council Plan Delivery Plan	Review Period 03 Risk Rating
- Ineffective service delivery to customers, suppliers or partners leading to partial or non-delivery of corporate priorities. - Poor staff morale resulting in high staff turnover. - Loss of opportunity and ability to meet corporate priorities. - Public do not perceive any benefits to LGR resulting in lack of engagement, failure to meet public expectations and increasing legal challenge.	- Improving Health and Wellbeing. - Addressing inequalities. - Local economies that work for local people. - Environmental resilience and climate emergency. - Delivering excellent public services.	See rating table below

RP 03 RISK RATING impact x likelihood				15
Previous period		Current period	End Yr Target	DOT
15		15	15	=
5	3	5	3	

Commentary on current risk rating:

Due to the significant impact of change affecting many aspects of the new Council as a result of LGR it is accepted that a range of activities are required to reduce the impact of this risk. Significant levels of activity have

		taken place during 23/24 and further deliverables are scheduled for 24/25, i.e. embedding the organisational design and new ways of working in Directorates, and a major employee engagement plan. The potential Impact of the risk is still ongoing due to the significant changes throughout the Council and the budget saving priorities. Corporate values and Operating Model are golden threads throughout all current programmes and new policies, including the new workforce strength based appraisal. Rolling training programme within directorates delivered by training partners on the vision values. This will dove tail into the transformation programme and ongoing service reviews.

05. Strategic Policy Framework – Assistant Chief Executive: Strategy, Policy and Performance

There is a risk that the existing strategic policy framework does not allow the Council to deliver on its aspirations, as set out in the Council Plan, or to meet statutory requirements

Caused by

1. Multiple and conflicting current policy frameworks inherited from legacy authorities

Key controls to manage the risk:

- Mapping exercise of policy framework undertaken pre Vesting Day.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Assessment of the existing policy framework continues, to understand the current framework and further identify the implications of conflicting policy positions which do not meet the aspirations of the Executive.	Policy and Scrutiny Manager	Initial mapping of current position has been completed. Working with Directorates to agree pipeline of strategy and policy development.	50%	30/09/24	
Harmonisation of the policy framework continues, including prioritisation to meet statutory requirements.	Policy and Scrutiny Manager	Clear understanding of statutory requirements for harmonisation. Working with teams to ensure these are met and to agree programme of harmonisation activity.	40%	31/03/25	
Clear governance arrangements to be put in place to review and replace legacy guidance and policies.	Policy and Scrutiny Manager	Governance arrangements covered in policy and strategy guidance document. Draft document has been consulted with Legal and has been completed. Starting to test out on pieces of policy development.	80%	30/09/24	

Caused by

2. Lack of a consistent approach to strategy and policy development

Key controls to manage the risk:

-

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Work continues to finalise the strategic oversight, guidance and tools for the implementation of the policy framework and ensure processes are communicated and embedded in accordance with the operating model.	Policy and Scrutiny Manager	Draft document has been consulted with Legal and has been completed. Work to embed underway to ensure understanding across the organisation.	60%	30/09/24	

Independent assurance of key risk controls

-

Resulting in: Main Impacts of the Risk	Links to Council Plan Delivery Plan	Review Period 03 Risk Rating

Resulting in: Main Impacts of the Risk	Links to Council Plan Delivery Plan	Review Period 03 Risk Rating
• Ineffective decision making impacting on the delivery of the Council Plan. • Member's ambitions are not delivered. • Reputational damage. • Intervention by central government.	• Improving Health and Wellbeing. • Addressing inequalities. • Local economies that work for local people. • Environmental resilience and climate emergency. • Delivering excellent public services.	(see table below)

RP 03 RISK RATING impact x likelihood				12
Previous period		Current period		End Yr Target	DOT
12		12			
4	3	4	3	12	=

Commentary on current risk rating:

Draft guidance completed. Roll out over the summer period to ensure statutory requirements are met and an effective streamlined policy framework is put in place.

15 Public Health Emergency – Director of Public Health and Communities

There is a risk that a further pandemic or major public health incident will cause significant harm and/or business continuity challenges

Caused by

1. **Insufficient resources to adequately respond**

Key controls to manage the risk:
- Flexible and responsive public health workforce and wider experienced staff as an additional resource.
- Good connectivity with UK Health Security Agency (UKHSA). Ongoing engagement over longer-term strategic arrangements.
- Mutual aid across relevant neighbouring local authorities.
- Utilise staff from across the council.

Caused by

2. **Lack of a plan to respond to an incident**

Key controls to manage the risk:
- Health Protection Oversight Group in place.
- Arrangements in place for a co-ordinated multi agency response.
- Local Resilience Forum (LRF) Pandemic flu plan in place.
- Council Major Incident Plan in place.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Review and update the LRF Pandemic plan.	Joint Emergency Management and Response Team	Initial review of LRF Pandemic plan conducted and will be given further consideration in light of the Covid 19 inquiry report.	20%	31/12/24	
Strengthening the memorandum of understanding with UKHSA.	Consultant in Public Health	Review underway. Awaiting sign off with UKHSA.	90%	30/09/24	

Caused by

3. **Inadequate capacity/ knowledge/ skills to provide an effective response to a major disruptive event**

Key controls to manage the risk:
- Health and Wellbeing at the heart of Cumberland policies.
- Integrated public health and protection team.

- Qualified and experienced public health leadership in place.
- Clear duty rota is in place with adequately trained and experienced staff at strategic and tactical level.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Business continuity planning is being reviewed strategically across services.	Health, Safety and Business Continuity Manager	Business Continuity Board meeting held on 24/01/24. Policy statement agreed, TOR for BC agreed, standard Business Impact Analysis (BIA) template also agreed. SharePoint site being established and all information will be passed to Directors to carry out all critical BIAs within their Directorate with a deadline of 4 weeks.	40%	30/04/24	🟥
Develop broader public health skills across the workforce.	Consultants in Public Health	Ongoing project. Initial eLearning module on Public Health has gone live on the Council's new Learning Management System and its completion will be a mandatory requirement for staff.	20%	31/03/26	🟩
Further training to increase the qualified strategic response cohort is being arranged.	Joint Emergency Management and Response Team	Training programme being rolled out and a further Multi Agency Gold Incident Command (MAGIC) course has been run. Further MAGIC courses have been scheduled.	50%	31/03/25	🟩
Exercise the pandemic plan locally.	Joint Emergency Management and Response Team				

Caused by

4. Inadequate individual collective resilience

Key controls to manage the risk:

- Health and Wellbeing at the heart of Cumberland policies.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Human Resource policies to be refreshed to incorporate new ways of working.	AD for Human Resources / Organisational Development (HR/OD)	The Management of Change Policy has been confirmed with Trade Unions Discussions have taken place with Trade Unions to agree the priority order for HR policies to be reviewed. This will be an ongoing piece of work that will take several years. The first policy being reviewed is attendance management.	20%	31/03/27	
Review the provision of Occupational Health support for the Council.	AD for HR/OD	The OH service is hosted by W&F. A paper with regards to the options on the future delivery model for OH has being developed and with CLT for approval. Paper to SLT end September for a decision on the preferred model going forward.	50%	30/09/24	

Caused by
5. Ineffective Data Integration

Key controls to manage the risk:

- The legacy of previous data integration allows for the re-establishment of processes.
- The local data system remains in place and available for use should an immediate outbreak response be required.

Caused by
6. Inability to influence people's behaviour to ensure compliance with National and Local guidance/ restrictions

Key controls to manage the risk:

- Nothing in place beyond mainstream Environmental Health regulations, as there are no national restrictions.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

Incorporate potential approaches within the revised Pandemic Plan.	Joint Emergency Management and Response Team	Initial review of LRF Pandemic plan conducted and will be given further consideration in light of the Covid 19 inquiry report.	20%	31/12/24	

Independent assurance of key risk controls

- Professional regulation of Public Health staff.
- Qualifications required for key staff roles.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**
• Mortality and harm. • Introduction of lockdown restrictions. • Service disruption. • Reputational damage. • Financial and legal liabilities. • Further socio/economic impacts.	• Improving Health and Wellbeing. • Addressing inequalities. • Delivering excellent public services.	(see risk rating table below)

RP 03 RISK RATING impact x likelihood			12
Previous period	**Current period**	**End Yr Target**	**DOT**
12	12	12	=
4	3	4	3

Commentary on current risk rating:

Known that a further pandemic will occur at some point but the severity and timeframe are not known. Controls are embedding and so greater confidence now in ability to manage business processes in the context of a substantial public health related disruption.

18. Opportunity Risk - Programme Management Office – Director of Business Transformation and Change

There is a risk that the opportunities for transformation, transition and reform for the new Cumberland Council are not adequately exploited to achieve efficiencies and economies of scale and that the Council does not meet its objectives

Caused by

1. Failure to plan, define, prepare and implement a transformation programme

Key controls to manage the risk:

- Programme Management Office (PMO) governance framework to capture and prioritise PMO activity.
- Collaboration with Directors and Members to understand their ambitions and interdependencies of each service area.
- Business partners working with Directors and Directorate Management Teams (DMT) to understand planned transformation activity.
- Established Assurance and Efficiency Board to provide additional governance and assurance to programme development, delivery and oversight.
- LGA funded external support was provided by Local Partnerships in January to March 2024 to review prioritisation, sequencing, critical path analysis and interdependencies of transformation programmes.
- Resourcing requirements identified for the prioritisation matrix and transformation programme plan.
- All transformation programmes communicated to officers, staff, colleagues through managers conferences, internal communications and regular newsletters, as well as to Members through briefings to Executive and Overview and Scrutiny Members.

Caused by

2. Failure to take advantage of the opportunities arising due to lack of capacity

Key controls to manage the risk:

- PMO resourcing plan approved by Senior Leadership Team (SLT) for short and medium term.
- Interim PMO structure established to balance the resource requirements of ongoing projects and work programmes.
- Recruitment exercise taking place, to add permanent additional capacity. Contractual arrangements have been finalised so that those staff previously on fixed term contracts through LGR process are now permanent employees.
- Blended approach for recruitment, development and retention of staff. Further resourcing in subsequent phases is to come from within the Council, with reference to KPMG Activity Analysis.
- Engaged with ODWT to access further learning and development opportunities including APM qualification for Project Managers.
- Recruitment of additional Project Managers and Programme Support officers following growth approval taking place in June and July 2024 to add capacity and make available resources to support key transformation programmes. Appointments made following recruitment with new team members due to start in posts in summer/autumn.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

Permanent structure will be established post harmonisation.	Assistant Director - PMO	This is dependent on the outputs of the Pay and Grading review and implementation as well as any deliverable outcomes of the KPMG activity analysis.	40%	31/03/25	

Caused by

3. Cultural and systemic inertia within legacy authorities

Key controls to manage the risk:

- Early engagement and change management discussions via business partners' relationships with DMTs.
- Work has been undertaken with Organisational Development (OD) to embed culture within transformation programme.
- PMO Change Champions presenting benefits of transformation programme.
- Worked with ICT colleagues to establish design principles and architecture to remove barriers to transformation programme.
- Design Authority concept and principles agreed by SLT at May's Strategic Programme Panel and integrated into assurance framework.

Caused by

4. Failure to invest in sufficient resources to transform services

Key controls to manage the risk:

- Additional resource available through the £40m capitalisation allowance in 2023/2024 and the £41m capitalisation allowance for 2024/25.
- PMO governance framework includes SLT, Strategic Programme Panel and Assurance and Efficiency Board to provide governance and assurance, monitoring, oversight and reporting functions for the utilisation and governance of the use of the capitalisation allowance.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Implementing the conditions and controls required by DLUHC in respect of the 2024/25 capitalisation allowance.	Assistant Director - PMO	Received confirmation of capitalisation allowance and conditions. Regular meetings with DLUHC have been arranged to implement independent panel and other monitoring arrangements. Additional finance funding in place. Finance and governance colleagues are in discussions to establish the independent panel to review the use of capitalisation allowance, with	85%	30/06/24	

| | | representatives from CIPFA facilitating independent panel requirements. | | | ■ |

Independent assurance of key risk controls

- Internal audits of PMO function.
- Government funded capital projects are subject to formal returns to ensure compliance with governance and deliverables.
- Transformation programmes funded by the capitalisation allowance will be subject to independent review and formal returns to ensure compliance with governance and deliverables.

Resulting in: Main Impacts of the Risk	Links to Council Plan Delivery Plan	Review Period 03 Risk Rating

Resulting in: Main Impacts of the Risk	Links to Council Plan Delivery Plan
- Failure to deliver public service reform resulting in lower levels of public satisfaction, higher cost model and lack of ability to recruit/ retain talent. - Impact on budget, service standards and reputation. - Poor service outcomes and negative staff morale. - Failure to improve service delivery and outcomes for the community. - Missed opportunities for efficiency and service improvement. - Duplication and inefficiencies remain within service provision.	- Improving Health and Wellbeing. - Addressing inequalities. - Local economies that work for local people. - Environmental resilience and climate emergency. - Delivering excellent public services.

Review Period 03 Risk Rating

RP 03 RISK RATING impact x likelihood				12
Previous period		Current period		End Yr Target	DOT
12		12		12	=
4	3	4	3		

Commentary on current risk rating:

Transformation programme has been defined and is in active delivery to address current and in-year financial pressures as well as long term strategic objectives. Failure to resolve current financial challenges will adversely impact our ability to achieve transformational benefits.

20. Information Governance – Director of Resources
There is a risk of deliberate or unintentional loss/ disclosure of personal, sensitive, confidential, business critical information or breach of information governance legislation
Caused by
1. **Inadequate technical information security arrangements**
Cross reference to Risk 1 Cyber Security Arrangements.
Caused by
2. **Inadequate organisational measures**

Key controls to manage the risk:

- Core policies were made available for Cumberland Council (CC) for Day 1:
  - Data Protection
  - Information Security.
- A Data Breach Reporting Policy, Process, Procedure and FAQs were in place for Day 1 and published.
- Data Loss Prevention functionality continues to be active as part of Microsoft 365 for legacy County Council estate, enabling the information security team to monitor all external emails for sensitive information and provide challenge when deemed to be inappropriate.
- An agreement across all legacy authorities was in place to ensure internal Information Asset Registers are maintained and kept up to date pending a wider review for consolidation.
- Cumberland Privacy Notice templates in place for both Hosted and Disaggregated Services.
- The Retention and Disposal Schedule and quick user guide were published during May 2023.
- Senior Information Risk Owner (SIRO) weekly meetings established.
- SIRO Quarterly Performance Review meetings established, and terms of reference developed, to include review:
  - Data Protection
  - Information Governance
  - Information security
  - Workforce Development and Learning.
- Quarterly SIRO Reports being developed, to include:
  - Trends Analysis
  - Lessons learned
  - Agree employee communications based on trends
- All Quarterly reports will inform the annual SIRO Report.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Harmonisation of suite of Information Governance policies and procedures across legacy authorities.	Information Governance and Data Compliance Officer (Data Protection Officer)	Data Protection Policy harmonised for day 1. Freedom of Information (FOI) Policy reliant on harmonisation of FOI service. Proposal for imminent service harmonisation are underway. CCTV and Clear Desk policies to be addressed. Joint working group to be established with Information Governance, Information Security, Records Management Service, Property and Facilities Management to work on a harmonised Clear Desk policy.	25%	31/03/25	
Information Asset Management was reviewed and incorporated into the Data Assurance Delivery Plan for Day 1. All sovereign councils have Information Asset Registers (IAR's) that are differing in quality and format and a recommendation has been made to consolidate IARs.	Information Governance and Data Compliance Officer (Data Protection Officer)	Information Asset Registers to be harmonised and this is reliant upon ICT disaggregation along with input from all services. Will possibly require external input. Cumberland's information asset register is currently pulled from the legacy authorities.	25%	31/03/25	
Information Commissioner's Office (ICO) Accountability Framework Self-Assessment tool will be undertaken.	Information Governance and Data Compliance Officer (Data Protection Officer)	Initial year 1 assessment has been carried out with former County Council DPO and Information Security Manager. Input from Records Management and Information Security Managers. Year 1 results were published in SIRO Annual Report for 2023-24. Of 325 relevant questions, 144 were assessed as fully meeting ICO Expectations (44%): 162 Partially meeting expectations (50%): and 19 Not meeting ICO expectations (6%). The nineteen questions where the Council is assessed as 'not meeting ICO expectations' are across four of the ten thematic areas. The results to these	50%	31/12/24	

		questions do not cause any concern and the response to the questions has been assessed as not meeting ICO expectations simply due to fluidity of systems, processes and services during this transformation stage and clearer pictures across those nineteen questions are to be established in year two. A Year 2 plan is to be developed with a focus on areas Partially/Not meeting expectations. Development of the plan has been delayed due to DPO availability in last quarter. Target date for plan now revised to December 24.			

Training, Awareness and Ongoing Learning

Key controls to manage the risk:

- A package including key points, eLearning and Data Breach Reporting Process was launched to employees on 1 March 2023 to ensure data protection and information security remains a priority and employees have adequate support tools.
- As a priority, all employees were to successfully complete the mandatory Information Security and Data Protection eLearning course during Quarter 1. This must be renewed annually.
- National Information Security month undertaken in March 24.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Information and Data Protection training, awareness and staff communications will continue to ensure all learning from incidents are adopted into best practice, achieving professional qualifications and a culture of continuous professional development. eLearning package for 2024-25 is under development.	Information Governance and Data Compliance Officer (Data Protection Officer)	Current 2023-24 course will run until 30/06/2024. New Learning Management System being launched on 01/07/2024 and the current course will be included as a core essential. Completions figures will run from July 24 - July 25. New Learning Management System was launched on 01 July 24 with Info Security & Data Protection course included as a	75%	31/12/24	

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
		mandatory core essential course. Development of reporting tools to allow monitoring of completion figures now underway. Bringing all staff data from 4 previous authorities into a single system is required with visibility of completions by staff available to Managers. Staff communications are issued at regular intervals for awareness as the learning from data breaches and phishing attacks are identified.			
The Council will start planning for the next Information Security Awareness Month.	Information Security Manager	Awareness scheme will be run during October 24.	50%	31/10/24	

Human Error

Key controls to manage the risk:

- Incident reporting framework, procedure and online incident form in place for Day 1.
- The SIRO continues to chair weekly and quarterly meetings to consider Data Protection, General Data Protection Regulation (GDPR) and Cyber Security matters to enable effective response to breaches, tracking, learning and ICO referral assessments.
- Quarterly SIRO meetings also review methods to raise awareness across service areas.
- Data breaches, near misses, causes and actions continue to be collated into a central database, with each issue being evaluated to identify further targeted action and further shared learning.
- All issues discussed at weekly SIRO meetings, service teams are escalated to Senior Leadership Team (SLT) as required.

Caused by

3. Inadequate Surveillance Camera Arrangements

Key controls to manage the risk:

- The Biometrics and Surveillance Camera Commissioner issues a Local Authority Survey on a bi-annual basis. The last survey completed for the County Council estate was during Sept 2022. The Data Protection Officer has been nominated as the Senior Responsible Officer (SRO) for this work, to ensure that the Council is compliant with its duties in this area.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

The governance approach for this area of work requires to be formalised in readiness for the rationalisation of properties / other assets.	Information Governance and Data Compliance Officer (Data Protection Officer)	Work with Facilities Management, Property Services and enforcement to establish procedures / governance / ownership is ongoing. Stakeholder group will be established.	25%	31/03/25	
Work is ongoing across all legacy authorities to identify. Due to current resourcing this will be a long-term project: − CCTV installations − signage requirements for variation − current documentation & responsible officers.	Information Governance and Data Compliance Officer (Data Protection Officer)	Work with Facilities Management, Property Services and enforcement to establish procedures / governance / ownership is ongoing. Itemised record of camera assets is being developed to assist annual reviews.	30%	31/03/25	

Caused by

4. Termination of Public Sector Network (PSN) standards by the Cabinet Office limiting options for securely sharing with some Public Sector organisations

Key controls to manage the risk:

- All sovereign councils are Public Sector Network (PSN) complaint.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Ongoing work on implementing residual PSN requirements.	Information Security Manager	All sovereign Council's now have an PSN certificate in place. Agreement has been reached between Cabinet Office (PSN) and both CC & WAFC in relation to PSN compliance. Both councils are consolidating their PSN submissions from seven into two during 2024. The 2024 cycle has begun with quotations being received to complete the 2024 ICT health check, including penetration testing of the sovereign Cumbria, Carlisle, Copeland, Allerdale and the new Cumberland ICT infrastructure and externally hosted	65%	31/12/24	

| | | "cloud" based systems. The consolidated ICT HC will then be submitted to PSN no later than the end of October 2024.

The ISM continues to provide fortnightly updates to AD Digital Innovation and ICT.

The ITHC is now complete with work underway on the remediation and PSN submission. | | | |

Caused by

5. Continuous and growing risk of cyber-attacks and malware

Cross ref to Risk 1 Cyber Security Arrangements.

Caused by

6. Failure to adequately maintain appropriate security standards during aggregation/ disaggregation of systems and the transfer of sensitive data between authorities

Key controls to manage the risk:

- Inter Authority Agreement.
- Project managers covering disaggregation of services will complete Data Protection Impact Assessment (DPIA). Information Governance and Data Compliance Officer (Data Protection Officer) will assist as and when required.

Caused by

7. Inadequate data sharing practices

Key controls to manage the risk:

- Data Protection Policy in place.
- Privacy Notices in place.
- Information Governance and Data Compliance Officer (Data Protection Officer) assists project managers and service leads when service specific privacy notices are required or a review of existing one is needed.
- Data sharing practices in place. Information Sharing Gateway (ISG) is used to capture new data sharing agreements and will be used to transfer ongoing agreements from the legacy County Council account which is managed by the former CCC DPO.
- Data sharing training provided to officers upon request as disaggregation of services and data sharing develops.

Caused by

8. Improper disposal of data (physical and electronic records and tangible copies of data)

Key controls to manage the risk:

- The Retention and Disposal Schedule and quick user guide were published during May 2023.
- Corporate communication to staff June 2023 highlighted the revised Retention and Disposal Schedule.
- Awareness raising visits to corporate sites undertaken summer 2023 by the Records Manager, the Information Security Manager and the Data Protection Officer.
- Records Management module of mandatory Information Security and Data Protection eLearning course (April 23).
- Records Management awareness included in corporate communications (Feb 24).

Caused by

9. **Records management processes are inadequate resulting in no clear lines of responsibility, inefficient retention practices, lack of classification, lack of retention schedules and documents being retained for longer than required (potentially being in breach of Data Protection legislation)**

Key controls to manage the risk:

- Records Management (RM) Policy, Retention and Disposal Schedule, and RM guidance available on the corporate intranet site, including Retention Schedule quick user guide; Departmental disposal log template; Managing your records; Decluttering and disposal of records; Depositing records; Revised record request form reflecting Council structure; RM service contacts and Guidance on scanning records.
- Retention Schedule amalgamated during the LGR process and involved the Data Assurance work stream leads from legacy authorities.
- Corporate communication to staff June 2023 highlighted the revised Retention and Disposal Schedule.
- Records Management module of mandatory Information Security and Data Protection eLearning course.
- Awareness raising visits to corporate sites undertaken by the Records Manager, the Information Security Manager and the Data Protection Officer.
- Systems Development Team (former County Service) manage social care records for Adults and Children on Liquidlogics Adult Social Care System (LAS) and Children's Social Care System (LCS) respectively, including retention controls and record types (classification).
- Regular confidential waste disposals of County Legacy records carried out by Records Management Service, in liaison with relevant Services and in line with the Retention and Disposal Schedule.
- Advising Services on decluttering their paper and electronic records in accordance with the Retention Schedule.
- Scanning projects are underway with individual service areas to scan current paper records for storage on electronic systems so that they can be managed with retention controls.
- Corporate communication issued end Feb 24 to highlight retention, de-cluttering and scanning records.
- Scanning projects are underway to scan current paper records for storage on electronic systems so that they can be managed with retention controls. This will be an ongoing project.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

Planning for disaggregation of Records Management Service (RMS), which is scheduled over the next 5 years.	Service Manager - Records Management Service. Project Manager	Decision taken by Joint Exec Committee on 30/07/24 for RMS to be longer term hosted for a further 5 years.	0%	31/07/29
Former district records that are still within their retention periods, should be sorted by the relevant Service and transferred to RMS. To date, a rough estimate of the records held has been carried out.	Service Manager - Records Management Service	Decision taken by Joint Exec Committee on 30/07/24 for RMS to be longer term hosted for a further 5 years and to accept former District records. RMS are working on former Allerdale District Council records from August to November 2024 – sorting the records, destroying those past retention as confidential waste, and transferring records within retention to RMS.	5%	31/03/27
Once RMS and ICT services are disaggregated, research should be undertaken on the purchase and implementation of an Electronic Document and Records Management System (EDRMS) as a long term project.	Service Manager - Records Management Service Service Manager - ICT Operations	Decision taken by Joint Exec Committee on 30/07/24 for RMS to be longer term hosted for a further 5 years. This activity cannot be started until after disaggregation.	0%	31/07/29

Independent assurance of key risk controls

- Annual Public Services Network (PSN), PCI DSS & NHS DSP compliance maintained and supported by the external IT Health Check (ITHC).
- Annual PSN certificate issued with effect from 25 May 2023.
- An Information and Cyber Security audit is being conducted by Cumberland, which includes the sovereign County ICT infrastructure.

Resulting in: Main impacts of the Risk	Links to Council Plan Delivery Plan	Review Period 03 Risk Rating
- Disclosure of personal, confidential or corporately sensitive/ business critical information, leading to personal distress and potential liability claims. - Data breach leading to financial penalties and intervention by the ICO.	Delivering excellent public services. Enabling service which provides support to other service areas to deliver excellent public services.	See rating table below

RP 03 RISK RATING impact x likelihood				12
Previous period		Current period		End Yr Target	DOT
12		12		12	=
4	3	4	3		

		Commentary on current risk rating:
- Cyber incident leading to loss or disclosure of personal, confidential or corporately sensitive/ business critical information; - Reputational damage. - Reduced trust from/ in partners and stakeholders. - Breach of GDPR legislation bringing about ICO regulatory fines. - Operational and resource issues, e.g. service interruption - where focus has to be taken away from service delivery to dealing with the breach. - Withdrawal of service from partners and stakeholders. - Loss of partner data where the council is the data processor - subsequent potential liability claims and the impact on partner's reputation.		Policies and procedures are in place and will continue to be embedded across the council. The asset ownership of CCTV installations is being established and related policies and procedures are being embedded. Reviews continue of held records and data sharing practices across the legacy authorities.

22. Hosted Services – Director of Business Transformation and Change

There is a risk that the hosted services established under the Local Government Reorganisation programme fail to provide the standard of deliverables expected

Caused by

1. Insufficient governance or contract management arrangements

Key controls to manage the risk:

- Inter Authority Agreement (IAA) (contract/SLA) between all organisations to establish a 'shared vision' about the objectives and support the basis on which programme / service deliverables have been developed.
- Clear governance arrangements for the monitoring and development of the contract/SLA agreements.
- Collaboration between councils to share the risks and benefits associated with the service.
- Assessment of the impact on service users and staff.
- Hosted Services working groups.
- Covered by IAA Joint Officer Board / JDG Terms of Reference.
- Performance and financial management frameworks have been developed.
- Performance monitoring approach for long-term hosted services agreed. Quarter 1 performance data reporting to Joint Executive Committee on 9 September. Future reporting will be on a quarterly basis.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Project risk management for the individual hosted services being developed by the Programme Management Office (PMO).	PMO Programme Manager	Risk registers are in place for disaggregation projects but not for long term hosted services. This will be the responsibility of the host authority SRO and reported through existing channels in both councils.	50%	Ongoing	

Caused by

2. Lack of clear contract, terms of reference or service level agreement

Key controls to manage the risk:

- Ensure all Service Schedules within the IAA are being delivered as set out in the agreement.
- IAA Deed of Variation and Service Schedules in place for each Hosted Service.
- Performance reporting measures established for each Hosted Service.
- Hosted Service performance levels are reviewed on a quarterly basis by Joint Officer Board and Joint Executive Committee

- Terms of Reference for each disaggregation governance board is in place and reviewed regularly

Caused by

3. Inability of councils to agree on the scope, timeframe and scale of the hosted service

Key controls to manage the risk:

- Agreed within Service Schedule.
- Any changes to the proposed timeframe of the Hosting to follow the agreed governance via the Joint Disaggregation Group (JDG), Joint Officer Board (JOB) and Joint Executive Committee (JEC).

Caused by

4. Differences in operating systems and organisation cultures

Key controls to manage the risk:

- Service Schedule (IAA), SLA/TOR.
- Regular engagement with enablers.

Caused by

5. Difference in ambition of two unitary Senior Leadership Teams

Key controls to manage the risk:

- Service Schedule (IAA).
- Covered by IAA Joint Officer Board / JDG Terms of Ref.

Caused by

6. Unclear division of responsibilities and liabilities

Key controls to manage the risk:

- Hosted Services working groups.
- Service Schedule (IAA).
- Covered by IAA Joint Officer Board / JDG Terms of Ref.

Caused by

7. Lack of independent performance monitoring

Key controls to manage the risk:

- Hosted Services working groups.
- Service Schedule (IAA).
- Performance reporting measures established for each Hosted Service and performance levels are reviewed by the Joint Officer Board and Joint Executive Committee.

Independent assurance of key risk controls

- Ongoing Audit consultancy exercise to assess the governance arrangements for hosted services.
- Future audit of the governance arrangements for hosted services included in 2034/24 audit plan. Number of hosted services will be audited during 2023/24.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**
- Poor service delivery. - Services not being delivered equally on behalf of both authorities. - Lack of audit trail accessible to each authority. - Failure to achieve value for money. - Reputational damage.	- Improving Health and Wellbeing. - Addressing inequalities. - Local economies that work for local people. - Environmental resilience and climate emergency. - Delivering excellent public services.	(see risk rating table below)

RP 03 RISK RATING
impact x likelihood — **12**

Previous period		Current period		End Yr Target	DOT
12		12		12	↑
4	3	4	3		

Commentary on current risk rating:

Risk and governance arrangements have been established and embedded. Discussions with PMO to understand ownership of the current risk exposure continues due to the departure of the previous PMO Programme Manager.

02. Management of 'Significant' Contracts and Partnerships – Director of Business Transformation and Change

There is a risk the Council has a significant failure in a contract or partnership.

'Significant Contracts' are defined as those few, but important contracts, critical to the Council's Business Objectives, financial stability and or reputation, such as:

- Contracts critical to the Council's delivery of its statutory duties.
- Contracts that pose significant risk (reputational and/or financial) and/or would have a significant impact in the event of relationship breakdown or supplier failure.
- Contracts that, in the context of the Directorate budget, and its ordinary contracts, are of significant value.

Caused by

1. Inadequate and inconsistent contract management

Key controls to manage the risk:

- Contract management (Key Performance Indicators (KPI's)/critical success factors/other obligations, etc.) built into commissioned contracts in an appropriate and proportionate manner.
- Named service lead/contract manager.
- Contracts Register risks assessed/monitored in relation to organisational impact, should the contract fail markedly so.
- Contract Procedure Rules and robustly applied within the AD's team, and all directorates being advised and 'educated' in its application.
- 'Step by step' guide to Commissioning, Procurement and Contract Management process implemented (linked to Risk Management Framework).
- Proactive and proportionate contract management in place, such that compliance is routinely monitored and actively managed.
- Developed a collaborative business partnership approach with Directorate Management Teams (DMT's) and Assistant Director Teams (Service management teams (SMT's), thereby allowing for early management/escalation of issues.
- Contract Management Handbook in place.
- Inclusion of anti-corruption and Modern-Day Slavery clauses in contract documents, aligned with the Anti-Fraud, Bribery and Corruption Policy.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Develop corporate reporting and governance arrangements.	AD of Commissioning and Procurement	System in place and directorate Leads asked for updates, in line with routine quarterly corporate meetings.	90%	31/12/24	
'Significant' issues with contracts, by definition, will be escalated via the Risk Management	AD of Commissioning and Procurement	As above.	90%	31/12/24	

Framework process, via DMT's, to ensure timely resolution.				

Caused by

2. Lack of timely closure of non-compliance issues, resulting in dispute escalation

Key controls to manage the risk:

- Proactive management of contracts including performance and risk management, and via Board meetings, where appropriate.
- Formal pre-contract meetings to define the contract delivery and monitoring arrangements.
- All contracts include a dispute resolution/escalation clause, which should be used, where appropriate.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Investing in commercial contract aspects/training on contractual relationships.	AD of Commissioning and Procurement	Contract Management Handbook in place. Supplementary, wider Procurement related training planned for all key staff (by Procurement and Legal teams), to coincide with implementation of new Procurement Act, expected in late October 2024.	75%	31/10/24	

Caused by

3. Volume, level and capability of staffing resource resulting from LGR and macro risk environment

Key controls to manage the risk:

- The AD team structure has been strengthened through a re-structure in order to create two additional Service Managers (Procurement and Commissioning), plus four Procurement Lead officers (People; Place Corporate/Enabling and one focusing on corporate Social Value and spend analysis). Several other additional posts in both teams have been appointed to.
- From day one, aligned staffing resource to corporate priorities, through application of the business partnering model at both DMT and SMT levels.

Caused by

4. Lack of transparency on historical contracts

Key controls to manage the risk:

- Relatively high level of transparency pre/post LGR process, as a baseline, but still pockets being addressed through SMT/DMT meetings.

- Some fifteen months into the new Council, a much better understanding, resulting in proactive discussions with Lead Officers in particular categories of spend about historical contracts and/or visibility of such.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Developed an enhanced Contract Register which will be updated quarterly. (Requires more visibility in some categories of ex- District contracts).	AD of Commissioning and Procurement	Continue to liaise with all directorate contract Leads, specifically those areas where we have discovered some gaps/less movement post Vesting Day. Key category areas are Property related contracts and some in Economic Development/Regeneration. Work ongoing, but position is much improving.	90%	30/09/24	

Caused by

5. Failure of hosted contract priorities

Key controls to manage the risk:

- Inter authority agreement.
- Service Schedules.
- Established governance structure in place.
- Established early, lead-in pre and joint planning arrangements, which provided clear terms of reference/timescales/outcomes, etc. On-going piece of work, as dependant on individual and/or categories of contracts, and timelines for disaggregation, etc.

Caused by

6. Supplier/market failure to deliver the service required

Key controls to manage the risk:

- Regional working groups.
- Fair Cost of Care Plan.
- Market Sustainability Plan.
- Sufficiency Statement.
- Optimising the application of Social Value clauses in contracts.
- On-going work to further develop 'early' supplier engagement by market sector/category management, i.e. ahead of planned Supplier engagement events.

Independent assurance of key risk controls

-

Resulting in: Main Impacts of the Risk	Links to Council Plan Delivery Plan	Review Period 03 Risk Rating

- 'Significant' Contract(s) not demonstrating Value for Money.
- 'Significant' Contract(s) under performance/service disruption.
- 'Significant' Contract(s) longer-term commercial/'whole life' consideration costs.
- Increased volume of Contract breaches and/or 'material' breach, resulting in the escalation of disputes and the potential for early or immediate termination of contracts.
- Statutory obligations not met.
- Customer/service user complaints increasing in an acute manner.
- Reputational damage to the Council.
- Diversion of scarce resources to address problems in another market category.

- Improving Health and Wellbeing.	
- Addressing Inequalities.	
- Local economies that work for local people.	
- Environmental resilience and climate emergency.	
- Delivering excellent public services.	

Including targets/details set out within both of its Transformation and Savings programmes of work.

RP 03 RISK RATING impact x likelihood			10
Previous period	**Current period**	**End Yr Target**	**DOT**
10	10	10	=
5	2	5	2		

Commentary on current risk rating:

Current controls and mitigations have been reviewed and adequately control the risk exposure.
Further planned activity will strengthen the control environment, although the current risk scores reflect a fairly robust strategic process, when followed/actioned.

04. Safeguarding of Children – Director of Children and Family Wellbeing

There is a risk that there may be a serious failure in protecting children at risk of abuse or neglect

Caused by

1. Staff shortages cause a lack of capacity to meet statutory duties

Key controls to manage the risk:

- Children's Workforce Strategy (CWS) in place to address staff shortages across all areas particularly for experienced social work staff and social work qualified team managers. CWS Board established (January 24) to oversee the improvement plan.
- Staff shortages across Cumbria continue to be addressed through proactive recruitment campaigns.
- Social work academy approach embedded for newly qualified social workers to join the workforce.
- Grow your own – social work apprenticeship scheme in place.
- The Aspiring Team Manager and Advanced Practitioner program ongoing.
- Overseas recruitment campaign approved by Senior Leadership Team.
- Overseas recruitment campaign has recruited 16 Social Workers (due to start from January 24 onwards).
- Revised Academy approach has been implemented.
- Senior Management positions have now been filled.
- Contract for the provision of Externally Provided Workforce (EPW) awarded March 24. Recruitment process for NSQW underway and recruitment of 13 NSQWs are being processed.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Reviewing the approach for the progression of Social Workers.	AD Quality Assurance and Safeguarding	Work will start to review progression through the Academy in the next 6 months. 5 Social Workers have been progressed to the next band, which will assist with staff retention. Two permanent Team Managers appointed in the Academy. Successful recruitment campaign completed and 13 NSQW will start in September.	50%	30/09/24	

Caused by

2. Staff lack capability due inadequate supervision and management oversight

Key controls to manage the risk:

- Quality Assurance (QA) Framework in place to ensure clear expectations and monitoring of these being met. Quality and Development Plan completed and covers the expectations of Supervision. Audit of framework scheduled during 24/25.
- Children's Workforce Strategy in place.
- The Workforce and Training Plan in place.
- Learning from the 'Quality of Supervision' survey has been progressed and an updated Supervision Policy was launched in Quarter 1.
- Refreshed Supervision Training, in line with the updated Supervision Policy, has been completed.
- An Audit of Supervision takes place annually.
- Practice standards launched in Oct 23 to provide clear expectations for management oversight and supervision.
- QA framework completed and plan of audit scheduled for the forthcoming year.
- Workforce Strategy and Recruitment and Retention Strategy updated to align with Cumberland Council policy.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Support and Coaching offer to be developed to strengthen supervision and management oversight.	AD Quality Assurance and Safeguarding	We will strengthen the offer to managers with a bespoke training and coaching offer, update the supervision policy and provide practice workshops. Supervision Policy, Practice guidance and a new form in place to support and strengthen practice. Coaching and mentoring of Team Managers has started from July.	70%	31/01/25	
Undertake a review of training needs analysis with staff.	AD Quality Assurance and Safeguarding	Ongoing with Organisational Development.	10%	31/12/24	

Caused by

3. Policies, procedures and protocols not incorporating relevant regulations and not being clear, up to date, understood and adhered to

Key controls to manage the risk:
- A Policy Framework is in place and continues to be updated post vesting day using TriX.
- Audit Quality Assurance Framework in place to ensure ongoing regulatory compliance to all Policies and procedures.
- Improvement and Development Plan – including monthly Children's Improvement Board meetings with AD to monitor performance and to ensure meeting expectations and subsequent actions. Forward plan has been developed.
- Practice standards in place.

- QA Framework has been reviewed and updated.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Ensure all policies are aligned to Cumberland aspirations.	AD Quality Assurance and Safeguarding	Work has started to review relevant policies in relation to inspection preparation.	40%	31/03/25	

Caused by

4. Safeguarding partnerships are not robust enough to respond to the safeguarding process (identification through to investigation and report)

Key controls to manage the risk:

- Cumbria Safeguarding Children Partnership (CSCP), business plan and performance monitoring are in place to provide oversight, challenge partners and monitor partners individually and collectively. Oversight is provided by an independent person.
- CSCP plan for 2023-26 (1 April 2024) prioritises neglect, harms outside the home and learning from practice. Governance for annual reporting in place.
- As part of our ongoing compliance of Working Together (WT), we have refreshed the model for delivering Independent Scrutiny of the CSCP. The Independent Scrutineer has most recently undertaken a deep-dive to review the effectiveness of embedding learning from practice and an action plan has been developed.
- Continue with the stability of the well-established Pan Cumbria CSCP and provide assurance over both new unitary areas of Cumbria.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Review and implement Working Together 2023 (published 15 December 2023 with a year to implement all changes (December 2024)).	AD Quality Assurance and Safeguarding	Work has commenced to review WT 2023. This is ongoing.	40%	31/12/24	

Independent assurance of key risk controls

- 2019/20 – Internal Audit of Recruitment and retention of social workers in Children's Services.
- Ofsted Inspection Report was received in November 2022 (as Cumbria County Council) and this is being used to develop a plan and will form part of the Children's Quality and Development Plan. Annual Ofsted conversation as Cumberland Council and feedback letter received. Improvement Board in place to support the journey to inspection.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**

- Foreseeable and avoidable harm is suffered by a child.
- Serious injury or death to a Child or young person.
- Investigations carried out by a Safeguarding Practice Review (SPR).
- Litigation (criminal and civil) and liability claims against the Council.
- Reputational damage to the Council.
- Reduced ability of those affected to achieve full potential/ impact on future economy/ increased demand for child services.
- Possible effect on future insurance costs due to liability and claims history.
- Impact on staff morale.
- Exploitation, domestic abuse, radicalisation, modern day slavery.
- Organisational abuse (e.g. children's care homes).
- Isolation of vulnerable groups.

- Improving Health and Wellbeing.
- Addressing inequalities.
- Delivering excellent public services.

RP 03 RISK RATING impact x likelihood			10
Previous period	Current period	End Yr Target	DOT
10	10	10	=
5	2	5	2		

Commentary on current risk rating:

Impact is very high and will always remain this high, but the likelihood is at 2 due to the mitigations in place.

10. Addressing environmental resilience and the climate emergency – Director of Place, Sustainable Growth and Transport

There is a risk that failing to prepare for and adapt to Climate Change will adversely impact on the health and wellbeing of our people and especially our most vulnerable residents

Caused by

1. The lack of a fully comprehensive climate change strategy to respond to the risk and challenges of Climate Change

Key controls to manage the risk:

- Cumberland Member led Climate and Nature Advisory Group (CNAG) meeting monthly with a forward plan.
- Regular assessment of risks and opportunities (Cumbria Community Risk Assessment (CCRA), 3-Monthly Outlook for Emergency Planning, Horizon Scanning).
- Internal Cumberland cross-service / directorate officer Climate and Natural Environment network to consider risks and opportunities.
- Climate and Nature Strategy (CNS) and programmes in place.
- Cumbria Local Resilience Forum (CLRF) Community Risk Assessment work with Joint Emergency Management and Resilience Team (JEMRT).
- Corporate Risk Assessments have been reviewed using the new Local Climate Adaption Tool (LCAT).
- Cumbria Climate Risk Assessment commission (UKCP18 drivers) has been developed with partners.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Review Directorate Operational Risk Assessments with the new Local Climate Adaption Tool (LCAT) and learning from Cumbria Climate Risk Assessment.	Climate and Natural Environment Manager	Directorate risks will be reviewed, alongside engagement with strategy, once a central repository for operational risk registers is established. This is currently under discussion.	0%	31/03/25	🟩

Caused by

2. The lack of an adopted 'organisational' Cumberland Council plan for adaption and mitigation

Key controls to manage the risk:

- Harmonising existing legacy council's plans and strategies has been completed.
- Carbon and Energy Management Plan (CEMP) has been prepared with interim targets linked to national 5 year Climate Change Risk Assessment framework. Management strategies written into:
  - Asset Management Strategy/Plan.
  - Fleet Strategy.
  - Procurement and Commissioning approach.

- People (Workforce) Strategy.
- Action planning (Service Planning) linked to priority Service Plans (cross-referenced), through the internal officer network.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Establish a carbon baseline (2023/24) for Cumberland Council.	Decarbonisation Manager	A modelled draft baseline based on budgeted spend and carbon factors has been completed. A final baseline based on actuals is being concluded following release of outturn report.	50%	31/08/24	
Develop our approach to adaptation.	Climate and Natural Environment Manager	Initial partnership discussions on the scenarios (RCP 6.0 and RCP 8.5).	0%	31/03/25	

Caused by

3. The lack of a clear framework for 'place-based plan(s)' for adaption and mitigation

Key controls to manage the risk:

- Harmonising existing legacy council's plans and strategies.
- Lead Local Flood Authority (LLFA) with responsibility to manage the risk of flooding from local sources (ordinary watercourses, surface water and groundwater) and develop and apply a local flood risk strategy.
- Category 1 Organisation, with compliance to the Civil Contingencies Act (2005) and other relevant emergency regulations, to manage the delivery critical services and support the wider community during incidents.
- Community Panels and Community Networks priorities have informed the Climate and Nature Strategy. This will guide our place-based approach alongside the Place Boards. We will use this approach to influence our partnerships.
- Climate and Nature Strategy will be used to engage/influence:
  - Local Nature Partnership.
  - Local Nature Recovery Strategy.
  - Zero Carbon Cumbria Partnership (ZCCP) Sectors & Themes as a source of information.
  - Strategic Food Framework/ Food Cumberland Partnership.
  - Cumbria Local Resilience Forum / Health and Wellbeing Board / Cumbria Strategic Waste Partnership (CSWP) / Transport for the North.
  - Action planning linked to the 8 Community Panel Investment Plans.
  - Significant Cumberland-wide actions in the Council Plan Delivery Plan.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Explore place-based data and evidence to inform adaptation.	Climate and Natural Environment Manager	Place-based meetings with local groups begin in September 2024.	0%	31/03/25	

Caused by

4. Lack of awareness and understanding of how the Council is/ should be working to achieve net zero

Key controls to manage the risk:

- Carbon and Energy Management Plan (CEMP) has been prepared with targets and net zero approaches to work towards.
- Training courses related to Climate Change are available for staff, including:
  - Climate Change (e-Learning).
  - Carbon and Climate Literacy for Local Authorities (virtual event).
  - Climate science and solutions for Cumbria (virtual event).
- Carbon Literacy Training (CLT) – first cohort is for Elected Members –October 2023.
- Regular newsletters to subscribers, growing our engagement network.
- Change Champions.
- Induction events completed to ensure Officer engagement.
- 'Climate and environmental resilience' presentation delivered at Change Champions event on 9/11/23.
- Officer representation at Zero Carbon Cumbria Partnership (ZCCP) and the Strategic Oversight Board (SOB) to support the Portfolio Holder. The SOB Terms of Reference (6 February 2024) have been amended to enable this.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Planning additional rounds of CLT for Members and officers.	Climate and Natural Environment Manager	First Cohort completed in October 2023. Next round being planned for when the strategy has been adopted.	50%	31/12/24	
Adoption of Carbon and Energy Management Plan and the content therein.	Decarbonisation Manager	Draft CEMP updates underway. Target July Executive.	50%	31/07/24	
Direct liaison with Services raising awareness and advising on net zero activities.	Decarbonisation Manager	Early collaboration with Port of Workington, Property/Assets, Fleet and HR.	10%	31/03/25	

Publishing strategy and plans on the website	Climate and Natural Environment Manager Decarbonisation Manager	Once call-in period has passed content will be updated on the website.		04/10/24	

Caused by

5. Lack of capacity and capability across the Council and with partners to achieve environmental resilience and tackle the climate emergency

Key controls to manage the risk:

- Decarbonisation Manager in place to drive and oversee improvement actions across Council services.
- Communications and engagement support is provided through the business partnering model.
- LSE engaged in a brief to support programme development and advise on 'investability'.
- Climate Change risks incorporated into health & wellbeing within the Health Determinants Research Collaborations (HDRC).
- Role of LA Coordinator, externally funded (tNL) and previously hosted by W&F Council, has been ended. The tasks of horizon scanning and a supporting a pipeline approach to the rounds of annual funding have now been incorporated into existing ZCCP role(s).
- Food Consumption & Waste Subgroup (Food Framework Partnership)/ Task and Finish Group in place to explore external funding opportunities.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Continue to assess capacity and capability, alongside the assessment of risk and opportunity.	Climate and Natural Environment Manager	'Essential only' posts are being progressed. Where possible existing internal and partner capacity and capabilities are being called on to deliver key projects and develop the strategy.	50%	31/10/24	
Establish the basis of an all-staff engagement and communications campaign with Change Champions.	Climate and Natural Environment Manager	Will follow on from the final strategy, linked to Workforce Strategy and reviewed learning/awareness raising materials.	5%	31/12/24	
Significant programmes will be identified in the CMP/ Asset Management Strategy and Plans, then developed into business cases.	Climate and Natural Environment Manager	Business case to be made for capital investment alongside PSDS Round 4 October 2024. EOI submitted to NW Net	10%	31/10/24	

	Decarbonisation Manager	Zero Hub - Non-Domestic Buildings for collaborative work.			
Commercial solar farms (income generating) are being considered by Corporate Assets.	Decarbonisation Manager	Commercial investments dependent on Asset Review and Asset Management Plan. A case for 'insetting' is made in the Carbon and Energy Management Plan.	25%	30/10/24	
Aligned to the Carbon and Energy Management Plan work with service areas to embed the climate change mitigation measures into business as usual.	Climate and Natural Environment Manager. Decarbonisation Manager	Initial contact with some service areas.	5%	31/03/25	

Caused by
6. Failure to identify and prioritise financial resources to achieve environmental resilience and tackle the climate emergency

Key controls to manage the risk:

- External funding is available either directly or through third parties.
- Progress on projects where funding has been secured, e.g. Cumbria Community Coastal Forest and Planting for Pollinators, is being tracked through monthly calls and catch ups with lead officers in partner organisations.
- Horizon scanning for upcoming funding opportunities and supporting the relevant service areas on bids and applications.
- New funding opportunities are being pursued through Expressions of Interest.
- Criteria for Climate and Nature projects have been built into the strategy to reflect the budget pressures and forecasts for the Council.
- Available funding stream opportunities will continue to be maximised, invest to save opportunities will be prioritise through the PMO.
- Business cases detail how savings from some larger projects are to be reinvested into staff resources to build the knowledge and capacity to decarbonise services [A virtuous circle].
- Collaborative funding explored with Community Panel to reflect their priorities. Spend on climate and nature is being tracked.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Preparation for future applications to Salix (Public Sector Decarbonisation Scheme [PSDS], round 4a in 2024) to match council funding for building improvements.	Climate and Natural Environment Manager. Decarbonisation Manager	A plan for a Round 4a application and a heads-up ask for capital/capitalisation of fees will be prepared.	10%	31/10/24	

Utilise pilot schemes where possible/practical to demonstrate proof of concept and return on investment, before full deployment.	Climate and Natural Environment Manager. Decarbonisation Manager	Pilot scheme approach underway. First one for boiler controls optimisation to assess potential energy savings.	10%	30/04/25	■

Caused by

7. Inability to reduce Council GHG emissions

Key controls to manage the risk:

- Existing energy hierarchy will drive activity in the new strategy and action plan:
  - 1st: Prevent – the need for energy consumption by ensuring that the wastage is avoided or reduced.
  - 2nd: Reduce – the amount of energy consumed by the upgrade of the current building systems and equipment to equivalent and more efficient systems.
  - 3rd: Recover – 'used' energy and resources and re-use where there is an opportunity.
  - 4th: Replace – the energy consumed with renewable energy supply options.
- Carbon and Energy Management Plan (CEMP) has been prepared with interim targets linked to national 5 year Climate Change Risk Assessment framework.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Delivery of the emission reduction pathways as set out in CEMP. Development of new project workstreams to include delivery of the 4 core strategies: – New Fleet Strategy. – New Asset Management Plan/Strategy. – New People (Workforce) Strategy. – New Procurement and Commissioning approach.	Climate and Natural Environment Manager. Decarbonisation Manager	This approach forms the basis for the reduction of GHG emissions for the Council. Meetings will be timetabled in to influence the development of these strategies. Draft Fleet Strategy links to CEMP.	60%	30/09/24	■
Aligned to the Carbon and Energy Management Plan work with service areas to embed the climate change mitigation measures into business as usual.	Climate and Natural Environment Manager. Decarbonisation Manager	Initial contact with some service areas. Developing a suite of service plans to provide a whole organisational view.	10%	31/03/25	■

			%	Target Date	RAG
Communication, learning and awareness campaigns to keep GHG emissions reduction at the forefront of discussions and decision making.	Climate and Natural Environment Manager. Decarbonisation Manager	Climate updates now included in internal comms emails. Initial discussion with Change Champions on the role they can play in various initiatives. Continuation of the Carbon and Climate Literacy. The publicly accessible *Environment & Climate Newsletter* is live and its subscriber list continues to grow.	70%	31/03/25	🟩

Caused by

8. Inability to deliver Climate Change and Nature Recovery strategies through ineffective partnership working

Key controls to manage the risk:

- Summary of governance frameworks and structures across topics.
- Governance, scope and interdependencies of existing Partnerships in Cumbria are being explored. There remains great potential to work more effectively together on shared agendas such as carbon reduction/ climate change/ nature recovery and seek ways to make collective funding bids.
- Programme and project pipelines focused on known allocations of revenue and capital, LINC and BIGD Natural Capital Funding. Proposition submitted to LINC/Borderlands Board for March meeting.
- Officer representation, attendance and engagement with nature, natural capital and green finance partnerships reviewed. Local Nature Strategy and Nature Partnership representation formalised.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Countywide review of climate and nature partnerships	Climate and Natural Environment Manager	Initial survey conducted by Westmorland & Furness commissioned 3KQ for consideration.	0%	31/01/25	🟩
Adoption plan for Local Nature Recovery Strategy and related plans.	Climate and Natural Environment Manager	Target dates will be discussed by the Local Nature Recovery Strategy Board in autumn.	0%	31/03/25	🟩

Independent assurance of key risk controls

- Early engagement with Internal Audit next year with an audit on strategy and action planning.

Resulting in: Main Impacts of the Risk	Links to Council Plan Delivery Plan	Review Period 03 Risk Rating
• Reputational Damage. • Financial/ Liability claims. • Not meeting CPDP objectives. • Risk to business continuity due to disruption from extreme weather and climate-related failure of power systems. • Risk to business continuity of services that support vulnerable people. **Climate Change is likely to exacerbate existing disparities through its disproportionate effects on disadvantaged groups.** • Risk to human health, wellbeing and productivity from increased exposure to heat. • Incidence of flooding and coastal erosion increases. • Deterioration of sea defences and subsequent flooding impact on low lying coastal properties. • Increased risk of disruption to road, rail and path networks. • Impact on public safety. • Unbudgeted costs related to transformational change needed to reduce carbon emissions, e.g. Fleet and Asset Management.	• Improving Health and Wellbeing. • Local economies that work for local people. • Environmental resilience and climate emergency. • Delivering excellent public services.	(see table below)

RP 03 RISK RATING impact x likelihood				9
Previous quarter		Current quarter		End Yr Target	DOT
9		9		9	=
3	3	3	3		

Commentary on current risk rating:

Risk rating scored on this being a long-term problem with this being a significant impact to our people and place. A deliverable strategy has been developed and this reflects the change in the Impact score. The Climate and Nature Strategy adopted by Executive in July.

21. Community Engagement – Director of Public Health and Communities

There is a risk that the Community Panels and Community Networks do not effectively engage with and/or represent the views of local residents, partners, businesses and third sector organisations

Caused by

1. **Lack of clarity on the role and remit of Community Panels and Community Networks**

Key controls to manage the risk:

- Terms of Reference and governance arrangements in place for Community Panels (CP).
- Induction and planning sessions held with Members.
- Executive approval for the approach to Co-opted Members. Implementation January – March 2024.
- Initial meetings have been held of all Community Networks (CN) to establish priorities.
- Established Member Briefings (November 2023) to ensure full understanding of Community Panels and Community Networks and Cumberland wide issues that may require local understanding.
- Community Engagement Framework developed and discussed with DMTs. Working group further developing a training package.
- Information flows between the Council and communities have been improved through the use of soft and hard intelligence from the initial Network activity to feedback into the organisation.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Developing governance arrangements for Community Networks (CN).	Senior Manager – Community Services	Moved to network activity. All Community Development Officers (CDOs) will have a 6 monthly forward planner at their next 121 (Feb). CDOs have not developed plans for 6 months but are moving towards more engagement. Linked in with Events Team to increase presence at Cumberland organised or supported events. Engagement has increased and an Events Calendar has been established so there is an overview of planned activity.	55%	31/03/25	

Clarity being provided to DMT's on role of CP and CN. All DMTs will have been visited by end of November. Follow ups to cover the Customer Engagement Strategy and Place Standard are being arranged.	Senior Manager – Community Services	First part complete. Customer Engagement Framework visits now completed. Asked for volunteers for a working group to develop training package to commence shortly. More work required to roll out Place Standard though two areas identified to support other work (Whitehaven and Wigton) though still to be progressed. In addition, Lunch and Learn events being planned in June and July. Lunch and Learn events cancelled to consider other more appropriate mechanisms. Report for Scrutiny (31 July 2024) on the effectiveness of Community Panels has been drafted. Was presented to SLT 17th July, Scrutiny 31 July.	90%	31/12/24
Option to review the Constitutional arrangements in first 12 months.	Senior Manager – Community Services	End of first year reported to SLT 3 April and ELT 10 April. Date to Exec to be confirmed. Reporting to Scrutiny 31 July. Overview of first year for Members to be arranged – workshop style. In Executive forward planner for September. Report drafted.	55%	30/09/24
Review and develop ongoing mechanisms and their effectiveness for ensuring feedback from network activity is received, utilised and acted upon within the organisation.	Senior Manager – Community Services	Raised as an area for development in the reports to Scrutiny and the Executive.	10%	31/03/25

Caused by

2.   Lack of clear leadership and community relationships

Key controls to manage the risk:

- Assigned Director associated with each CP.
- Clarity with Members to further develop existing community relationships.
- Community Development Officers (CDO) for CN.
- Joint working between Members and CDOs to ensure a unified approach.
- Ongoing reviews of current working practices and relationships, including feedback received from SLT and stakeholders.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Ensure there is a shift for CDOs to focus on Community Development now that the CPs and CNs have been established. Area Planning Manager role(s) to take on the governance arrangements across the team to enable this.	Senior Manager – Community Services	Area Planning Manager (APM) recruited wef 1 April 2024. Team meetings (weekly) and team development days (monthly) are geared towards network activity, ongoing engagement, protected characteristics work. Still some work to do across the team to ensure levels of community development versus community engagement are appropriate. Encouraging ongoing engagement with CDOs. Team meetings and monthly development days planned in.	90%	31/12/24	■

Caused by

3. One-directional approach of communicating to the community

Key controls to manage the risk:

- CN have a flexible approach to develop priorities directly related to the relevant community.
- Using a range of tools for community development to include engagement, Place standard and investments.
- Community Network has evolved so that we use that as an umbrella term for interactions with communities, which are more inclusive, informal, and flexible than originally planned.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Further development of the tools following benchmarking.	Senior Manager – Community Services	Bench marking exercise not started yet.	0%	31/03/25	
Review different approaches to engagement including going to where people are in addition to the 'come to us' style.	Senior Manager – Community Services	Team meetings (weekly) and team development days (monthly) are geared towards network activity, ongoing engagement, protected characteristics work. Now have some examples of going to where people are, rather than a culture of organising events which are not attended by good representation of the community. Team developing 4 or 5 standard questions that can be asked at all interactions.	30%	31/03/25	

Caused by

4. Lack of community awareness and engagement

Key controls to manage the risk:

- Collaborating with Communications team to develop a proactive plan for public awareness.
- Awareness sessions held prior to CP meetings to further develop community awareness and engagement.
- Reviewed website content to ensure ease of access and up to date information.
- Continue to increase the visibility of Members and CDOs within their community. Network events have helped with this.
- Develop an innovative approach to the promotion and use of the website. Significant improvement to this aided by the inclusion of the Communications Team at weekly team meetings.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Review different approaches to engagement including going to where people are in addition to the 'come to us' style.	Senior Manager – Community Services	Team meetings (weekly) and team development days (monthly) are geared towards network activity, ongoing	45%	31/03/25	

| | | engagement, protected characteristics work. Specific sessions run by graduate trainee at last two development days.

All CDOs are required to foster relationships with organisations in their area, particularly those who support individuals with protected characteristics / lived experience as part of their role.

Record of all those groups held within the team as a live working document. Still requires some tweaking.

Recent example - carried out Recovery type engagement following the flooding incident (22/23 May) in Stockdalewath.

Established relationship with Events Team to ensure attendance of Community Development Officers and Members. | | | |

Caused by

5. Inadequate breadth of representation from the whole community

Key controls to manage the risk:

- Work with our CN to widen outreach.
- Engage with partner organisations to widen outreach.
- Executive approval for the approach to Co-opted Members.
- Co-opted members have been recruited to 5 of the 8 Community Panels – to start the role at the June 24 meetings.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

Develop innovative approaches to improve the representation within the community and learn from best practice elsewhere.	Senior Manager – Community Services	Team meetings (weekly) and team development days (monthly) are geared towards network activity, ongoing engagement, protected characteristics work. All CDOs are required to foster relationships with organisations in their area, particularly those who support individuals with protected characteristics / lived experience as part of their role. Record of all those groups held within the team as a live working document. Still requires some tweaking. Co-opted members have been recruited to 5 of the 8 Community Panels – to start the role at the June meetings. Most co-opted members were able to attend the June meetings. Induction is being planned to take place prior to the September meetings.	45%	31/03/25
Review different approaches to engagement including going to where people are in addition to the 'come to us' style.	Senior Manager – Community Services	Team meetings (weekly) and team development days (monthly) are geared towards network activity, ongoing engagement, protected characteristics work. Now have some examples of going to where people are, rather than a culture of	35%	31/03/25

		organising events which are not attended by good representation of the community. Team developing 4 or 5 standard questions that can be asked at all interactions. Established relationship with Events Team to ensure attendance of Community Development Officers and Members and enhanced relationships with Comms Team.		

Caused by

6. Working styles not appropriate or compatible with the needs of community

Key controls to manage the risk:
- CN have a flexible approach to develop priorities directly related to the relevant community.
- Ongoing reviews of current working practices and relationships, including feedback received from SLT and stakeholders.

Caused by

7. Unrealistic expectations of what Community Panels and Community Networks can achieve

Key controls to manage the risk:
- Clear internal and external communications.
- Communication strategies are reviewed on an ongoing basis.
- Representative from Communications attends all team meetings to assist in delivery of agreed commitments to build trusting relationships.

Caused by

8. Lack of appropriate resources and staff capacity and skills

Key controls to manage the risk:
- CDOs work as a team and provide support as appropriate to each other.
- Neighbourhood Investment Fund in place.
- Monthly in person development sessions held within the Team to provide support, develop skills, etc., in addition to the weekly team meetings.

- Additional CDO hours (increase from 20 to 30 hours) from February 24 to assist with capacity for South Cumberland.
- Recruitment completed for Area Planning Manager (APM) role, to allow governance to be outside the work of the CDOs.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Explore options to devolve additional funding to CP.	Senior Manager – Community Services	Community Centre funding was agreed at Exec. Currently briefing Members in the affected Community Panel areas prior to implementation. UK Shared Prosperity Fund (UKSPF) funding pot delegated to the Community Panels. Work ongoing to draft a programme. Each Community Panel to receive applications covering their area from UKSPF. Large proportion of funding now applied for to go to Community Panels in September for approval. Informal sessions with members arranged to ensure full understanding prior to decisions. Good spread of applications across Cumberland area with original target to allocate a minimum of £20K to each panel exceeded. Scrutiny report asks about the effectiveness of Community Panels in relation to local decision making, influence and stakeholder engagement.	60%	31/12/24	

Independent assurance of key risk controls

- Internal Audit and Risk Management are working with management to determine how audit coverage can ensure community engagement is considered as part of all Council services, to provide independent assurance over management's arrangements for effective governance, risk management and internal controls.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**
- Failure to deliver against Council Plan priorities. - Neighbourhood Investment Plan does not meet community priorities / expectations. - Community negativity and disengagement. - Reputational damage.	- Improving Health and Wellbeing. - Addressing inequalities. - Local economies that work for local people. - Environmental resilience and climate emergency. - Delivering excellent public services.	(see risk rating table below)

RP 03 RISK RATING impact x likelihood			9
Previous period	**Current period**	**End Yr Target**	**DOT**
9	9	9	=
3	3	3	3		

Commentary on current risk rating:

Community panels have now had four rounds of meetings, a full year and are due to commence their second year of meetings in June. All have had at least one round of Community Network engagement with more planned on an ongoing basis. Feedback received from Members and the community has been positive and reflects the progress in engagement.

Neighbourhood Investment Plans (NIPs) have been drafted for each Community Panel area (1 per panel) and were all accepted and agreed as working documents at March tranche of panel meetings.

Impact on the Council will be limited and would focus on reputational damage. Lack of resourcing could increase the likelihood of failure of a particular CP, and the service area is central to the Council Plan. Time will be required for the further development of

| | | policies, benchmarking, and rollout of the Place Standard.

Although target risk score has been achieved, work will continue to reduce further with an increasing focus on demonstration that controls are working with appropriate examples.

Still opportunities to improve which in turn will reduce this risk even further and deliver better outcomes. |

07. Workforce Health and Safety - Director of Resources
There is a risk that the Council experiences a significant impact to the safety and welfare of the workforce
Caused by
1. **The Council is not clear about its Health and Safety responsibilities /accountabilities in accordance with the relevant legislation**

Key controls to manage the risk:

- Corporate Health Safety and Wellbeing Policy Statement agreed annually by Executive with the 2023/24 version agreed by Executive in July 2023.
- A process of communications and corporate posters has been updated in all buildings to embed the policy.
- Corporate Health and Safety (H&S) intranet site has been reviewed and updated.

Caused by
2. **Ineffective health, safety and wellbeing management**

Key controls to manage the risk:

- Senior Leadership Team (SLT) and Lead Member receive regular H&S Position updates to be assured of health and safety governance in place for any future pandemics and wider risks.
- Institution of Occupational Safety and Health (IOSH) Leading Safely programme continues.
- Corporate and Directorate level Health and Safety risk assessments undertaken to prioritise resources on areas of higher risk. Generic risk assessments are being revised and placed on the Councils Intranet along with H&S Policy revisions.
- Health and Safety a standing agenda item at SLT and Directorate Management Team (DMT) meetings and standard section in all Executive reports.
- Corporate Mental Health programme continues, working closely with Human Resources (HR) and Health and Wellbeing groups.
- Regular meetings in place with recognised Trade Unions to focus on H&S issues.
- Undertaking recruitment and training in Occupational Health, People Management and Corporate Health and Safety Team to build capacity.
- Launch of new 3rd Party Abuse and Harassment Procedure jointly with HR during Q2 to provide clarity of reporting process and support in place for colleagues who are subjected to such incidences.
- Additional wellbeing actions in place to support colleagues experiencing challenges with New Ways of Working, reflecting our 'Reconnection' stage in the Transition Plan.
- Specific measures in place to support staff to return to the workplace, where safe to do so, for reasons of business need, physical, mental and social wellbeing.
- Home Working Guidance in place and will continue to be communicated to support longer term home working culture requirements as a new way of working.
- Regular engagement and co-production of improvement initiatives working closely with employees and Trade Union representatives.

- The Cumberland Corporate Governance structure and responsibilities has been agreed by SMT and sanctioned by the Portfolio holder for H&S. This will be used to monitor compliance throughout all directorates. H&S Committee also in place.
- New set of H&S KPIs in place and reported through SMT to Resources DMT.
- H&S Committees established across directorates, including the main Corporate Group. Includes Senior Officer and Trade Union co-chair arrangements.
- Schools H&S committees established, involving School Heads, Governors and all associated trade union colleagues.
- Premises based H&S audits, inspections and interventions continue to be carried out by corporate H&S team.
- Liaison with Trade Union colleagues regarding the Councils Working Time Directive and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting commitments.
- Proposed structure for corporate H&S Team has been approved by Resources department. Roles will initially be evaluated so that recruitment can begin.
- Corporate H&S Policies and procedures have been revised along with generic risk assessments and placed on the Intranet.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
The Council has invested in an ICT 'Notify-It' app to report near misses and safety incidents. This has been trialled in highways services with an impact report due for future decision.	Corporate Health, Safety and Business Continuity Manager H&S Business Partners	A near miss intervention has been carried out in Highways and trialled, this will be rolled out to all directorates.	50%	30/09/24	
Additional 'People safe' lone working devices are being rolled out to areas of the council where higher risk lone working is occurring and winter nights bringing additional anxiety or risk.	Corporate Health, Safety and Business Continuity Manager H&S Business Partners	A Lone Working intervention has been carried out in Place, sustainable growth and transport and trialled, this will be rolled out to all directorates.	50%	30/09/24	
Unreasonable Customer Policy to be cascaded for feedback with a view to developing a harmonised approach across the Council to report and deal with threats of abuse and violence towards staff.	Corporate Health, Safety and Business Continuity Manager Customer Experience and Development Lead (CEDL)	Policy currently being drafted by CEDL. Future meetings to be arranged to establish a framework.	10%	31/03/25	

Caused by
3. **Health and Safety responsibilities/accountabilities are not clearly allocated/ communicated**
Key controls to manage the risk:

- Governance structure in place taking its lead from annual Health, Safety and Wellbeing Policy Statement.
- Governance structure in place which reflects new operating model for Cumberland Council with H&S business partners, directorate and service teams.

Caused by

4. Those working for the Council are not aware of their responsibilities or procedures to follow to enable them to meet their Health and Safety obligations

Key controls to manage the risk:
- Induction H&S training for all new starters.
- Targeted H&S training in place for specific areas or responsibility for all staff. A suite of online training has been sourced with further sessions planned in the near future. A total of 751 individual H&S training sessions were carried out during Q2.
- Induction training reviewed to reflect Cumberland Council operating model. Mandatory H&S training is available on the Intranet.

Caused by

5. Lack of training, reporting and oversight on Health and Safety issues

Key controls to manage the risk:
- Risk based H&S Business Plan established, which considers training, new areas of expertise, new technologies, etc.
- H&S Business Partners established to cascade best practice within departments.

Caused by

6. Health and Safety risk assessments are not recorded or managed

Key controls to manage the risk:
- Risk Assessments undertaken by legacy Councils.
- Corporate H&S Risk Assessments are available on the Council's intranet pages.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Process for managing and maintaining risk assessment to be reviewed and aligned across legacy Councils.	Corporate Health, Safety and Business Continuity Manager H&S business partners Directors/AD	Corporate generic risk assessments have been revised and put on the Intranet. Service managers must use these to align with their own services. Directors and AD are required to make sure appropriate and suitable risk	90%	31/12/24	

			%		RAG
		assessments are being carried out by their managers.			
Set of Corporate H&S Policies and procedures to be made available on the Council's intranet pages.	Corporate Health, Safety and Business Continuity Manager	9 new H&S policies have been revised and on the Intranet, old legacy policies are still there to be used by all directorates until they have all been revised.	60%	31/03/25	

Caused by

7. Incidents and accidents are not promptly reported or addressed

Key controls to manage the risk:

- Process agreed and aligned for the reporting of incidents and accidents by legacy Councils.
- Use the current E-Safety systems to report all accidents and near misses for all legacy Councils in order to obtain accurate information.
- Review of E-Safety system underway, as a joint venture with W&F Council, to find a replacement system to meet long term requirements.
- Near Miss reporting to be strengthened.

Caused by

8. Pressure of increasing workloads

Key controls to manage the risk:

- Workforce development strategy specifically for the Directorate aligned to the corporate Strategies and key priorities.
- Training delivery plan by job roles aligned to the Directorate WD Strategy and priorities.
- Evaluation and Completions quality assurance in place through the learning management system.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Developing our approach to wellbeing and how we support our people with Leadership and Management.	Organisational Development, Training & Wellbeing Manager	A Wellbeing Strategy and delivery plan are now completed and are scheduled for SLT sign off in September this will include comprehensive wellbeing resources with support from our Partners also Women's and Men's Health Networks will be established the Chairs have been identified for these networks	90%	30/09/24	

		and a focus on increased numbers of Health Advocates.			
Roles and job descriptions will be reviewed as we go through transformation.	Corporate Health, Safety and Business Continuity Manager	Draft corporate H&S structure agreed with Resources department. Roles will be evaluated.	80%	31/12/24	

Caused by

9. Lone working

Key controls to manage the risk:

- Lone working policy aligned for legacy Councils.
- Use of remote lone working devices for employees in high-risk areas.

Caused by

10. Fire Management

Key controls to manage the risk:

-

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Procure external contractors via Assets to outsource Fire Risk assessments within all Council owned buildings, prioritising high risk buildings including sleeping accommodation and schools.	Head of Property Services	New Maintenance Contract operational from 04/24. Statutory compliance responsibilities being addressed in new structure for Property. Contractor identified and provisional costs obtained to assess the prioritisation of buildings which need assessment.	80%	30/09/24	

Caused by

11. Construction (Design and Management) (CDM)

Key controls to manage the risk:

- Projects team have appointed a CDM H&S Consultant CSLR.

Caused by

12. Aging workforce

Key controls to manage the risk:

- Information on the profile of employees.
- Workforce Planning Strategy in Place.
- OrgVue Tool embedded into the organisation as a temporary basis until all employees have transferred to itrent.
- Apprenticeship disaggregation completed and new Cumberland structure to deliver early careers agenda in place.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Developing a Human Resources and Organisational Development (HR/OD) Strategy which will include Workforce Planning (including an approach to address the issue of an aging workforce) linked to attracting and retaining staff.	AD for HR/OD	The strategies will be in place by the end of September 2024.	70%	30/09/24	
Developing our approach to Early Careers.	Workforce Planning & Employee Relations Manager	A hosted Apprenticeship Team in W&F leads on our Apprenticeship Programme. This team is due to disaggregate in September 2024. The role of Early Careers aspiration partner has commenced employment. Recruitment process finalising for Early Careers and Apprenticeship Manager.	60%	31/03/25	
Developing our workforce data to ensure up to date information on our workforce.	HR/OD Operations Manager	We are implementing a new workforce data tool which will provide better people data. The implementation of a new HR/Payroll System is being planned.	40%	31/03/26	

Caused by

13. Departments not addressing specific Health and Safety issues

Key controls to manage the risk:

- H&S Committees established across directorates.

- H&S Business Partners established to address H&S issues that are department/service specific, e.g. Highways, CDM, Port of Workington, Assets, Adults, Leisure, etc.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Grow our own workforce with targeted apprentices in Health and Safety to fill potential vacancies due to ill health or retirement.	Corporate Health, Safety and Business Continuity Manager	Proposed structure for corporate H&S Team, including Apprentices, has been approved by Resources department. Roles will initially be evaluated and recruitment has commenced. Job descriptions have been reviewed and spec created.	50%	31/12/24	

Independent assurance of key risk controls

- Submission of H&S plans, process to HSE, e.g. CDM F10 notification, RIDDOR reporting.
- Specific investigation by HSE of the high risk area at Port of Workington is ongoing and the view of HSE is that Cumberland processes to resolve the issue are good.

Resulting in: Main Impacts of the Risk	Links to Council Plan Delivery Plan	Review Period 03 Risk Rating
- Inability to meet statutory and regulatory Health and Safety requirements. - Major injury, illness or fatality. - Additional costs for inquiry, disruption to service and possible prosecution. - Non delivery of services or financial savings. - Reputational damage.	- Improving Health and Wellbeing. - Delivering excellent public services.	See risk rating table below

RP 03 RISK RATING impact x likelihood				8
Previous period		Current period		End Yr Target	DOT
8		8		8	=
4	2	4	2		

Commentary on current risk rating:

Early analysis of current position, with a deeper continuous improvement process developing to reflect the rising Health and Safety Executive (HSE) standards and align with the Council's Health and Wellbeing being at the heart of everything we do. Work continues to revise corporate H&S policies and

		procedures, along with generic risk assessments, to be placed on the Intranet. Asset Management Strategy reflects Workplace Welfare regulations. Positive movement in team structure towards business partners. Early stages in procurement of H&S ICT system.

13. Cost of Living Crisis – Chief Executive

There is a risk that the Cost of Living crisis will potentially increase the demand on Council services due to the disproportionate impact on low-income households, with the levels of demand being further exacerbated if the Household Support Scheme ends

Caused by

1. Increasing requests for support to various Council Services

Key controls to manage the risk:

- The Food Cumberland Strategic Framework aims to make Cumberland a region where nutritious, tasty and affordable food is available to all. This aim is supported by the Food Security Group (Carlisle) and the Food and Financial Hardship Forum (West Cumbria).
- The Cumbria Joint Public Health Strategy sets out a vision for a healthier Cumbria by building a sustainable food system.
- New Adult Social Care and Housing activity is managed by the Single Point of Access (SPA) with a view to resolving the issue, signposting or referring into the service. Through financial assessment we continue to provide support to maximise benefits.
- Support grants given to voluntary and community sector (VCS), particularly Community Centres where warm spots are provided. Citizens Advice services to support income maximisation and Cumbria CVS to promote support VCS groups. Whilst these grants are already given further direction can be given to VCS groups in the event of increased demand for council services.
- Delivering the target operating model in a way that supports people at the earliest opportunity. Considering the Low-Income Family Tracker to support with this.
- The internal strategic housing group, to coordinate the housing functions across the council, established Feb 24 and meets bi-weekly.
- Budget monitoring process reporting monthly via Directorate Management Teams (DMT) and to Senior Leadership Team (SLT), focused upon the agreement of mitigating actions to control spending within approved budgets.
- 2024/25 budget setting process has reviewed the level of demand on key services. The Improvement and Efficiency Board, Transformation Programme Board monitor ongoing financial pressures and savings in service base budgets and the management mitigations to control approved budgets.
- Assurance Board meets on a weekly basis to monitor the long term delivery of savings and ongoing demand pressures within the Medium Term Financial Strategy (MTFS).
- School Clothing Grant to be funded from allocation to Ways to Welfare. Household Support Fund (HSF) Delivery Plan has been submitted to DWP and this has been agreed.
- HSF extended from September 24 for a further 6 months. We will continue to lobby government about a permanent solution. Attained some impact studies and met with IPSOS Mori who the DWP have called in to evaluate the HSF. Also completed LGA questionnaire on impact of ending HSF. A letter has been sent by the Chair of the Food Cumberland Partnership to the new local MP's to highlight the issue.
- Citizens Advice and the Community Finance Team articulate the income generated through benefit maximisation. Will be incorporated into the 'strengthening the safety net' part of the new strategic plan.
- Community Engagement Framework and toolkit in place to support more inclusive, consistent and quality engagement with communities.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Tackling Poverty in Cumbria Strategic Background Paper (September 2022) will be used to develop a strategic anti-poverty action plan.	Director of Public Health and Communities Public Health Manager (Operationally)	Work had progressed on the strategy, including consultation by way of 4 roundtable events, themed around the main four indirect levers we have for addressing poverty. Put on hold whilst awaiting CCF report due to be published on West Cumbria opportunities and challenges. Will then review strategy and widen officer engagement and engagement with residents/community panels.	50%	30/06/24	🟥
£4.3M per annum gap if no HSF or equivalent in the Autumn 2024 Budget.	Director of Public Health and Communities	Headline financial information has been obtained pertaining to the various interventions currently in place. Discussion required for budget setting 2024/25. HSF extended from September 24 for a further 6 months.	10%		🟩
Aggregated service level agreement required with Citizens Advice moving forward.	AD Communities and Localities	Currently three SLA's in place with 3 organisations as per former LAC processes. Work has commenced on producing an SLA(s) by the AD Communities and Localities which will consider previous arrangements, the recent report produced by Copeland Citizens Advice, other providers and appropriate statistics plus governance arrangements that will need to be in place.	5%	31/12/24	🟩
Undertake a statutory review of homelessness and rough sleeping and develop Cumberland Councils Homeless Prevention and Rough Sleeping Strategy 2025-30.	Head of Homelessness Prevention and Housing Services	The strategic homelessness review is at the statutory review stage, the findings of which will be used to inform the Councils new strategic priorities and actions. Target date of publication is April 2025.	30%	30/04/25	🟩

Developing strategic needs assessments for housing that will inform the strategic housing needs policy.	Senior Manager - Housing	Housing Needs and Demand Study, Stock Condition Study and Supported Housing Study have been commissioned and consultants are now in place. Homeless Prevention and Rough Sleeper review will be carried out in-house. Consultants carrying out the General Needs Housing and Supported Housing studies are due to attend the Community Panels meeting July 24. We are also preparing a stakeholder engagement day in September 2024 as part of the mid-point review. We are currently still on target to complete by end November 2024, but current delays in obtaining data may result in slippage.	50%	30/11/24	
Work to establish a lived experience focus, i.e. a poverty truth commission.	Director of Public Health and Communities Public Health Manager (Operationally)	Will be developed as part of the anti-poverty strategy (see above) but current work has been put on hold. Consideration being given to utilise the Community Panels and develop the Cumberland Model for Co-production and Lived Experience, rather than a Poverty Truth Commission.	0%	31/12/24	
Strategic partner to assess the provision of pre-front door support to communities.	Director of Resources	Set for implementation 25/26. Strategic partner engaged. Discovery phase completed and work packages agreed.		31/03/26	
Develop training / guidance to assist customer service team's awareness of the most appropriate referral avenues.	Organisational Development, Training and Wellbeing Manager. Public Health Manager (Operationally)	Training will be developed as part of the strategic plan going forward. Discussions with Training, CVS and Public Health ongoing. PH team providing narrative to then be turned into guidance and visuals meetings are ongoing for subject matter input. Making Every Contact Count have a module which could be rolled out.	40%		

		However, this needs incorporating into the Target Operating Model work with EY. Meeting held with EY.			

Caused by

2. Financial hardship in many areas for many families

Key controls to manage the risk:

- Market sustainability fund has increased hourly rate for the independent sector.
- Council support re:
  - Designing out poverty through the recommendations from the Health Equity Commission.
  - Food insecurity and poverty (Food Cumberland Strategic Framework supported by the Food Security Group (Carlisle) and the Food and Financial Hardship Forum (West Cumbria)).
  - Fuel costs and energy efficiency.
  - Health and wellbeing.
  - Money, debt and welfare advice through the Ways to Welfare / Service Centre Helpline.
  - Working with partners to provide support schemes.
  - Employment and skills programmes.
  - Policy and strategy.
  - Specialist Welfare Benefit Advice through the Welfare Advice Service.
- Liaison with different agencies and key organisations to ensure that residents can be signposted to the appropriate services for support.
- Working with Citizens Advice to provide communication campaigns to provide information and advice to people about how to manage their finances and access support.
- Warm Hubs in place during the colder months.
- Homelife service and grants, including Affordable Warmth/ Sustainable Warmth Schemes (covers district of Carlisle).
- Schemes to help with energy bills and heating homes, i.e. Warm Homes, Home Upgrade Grant (HUG) and Cold to Cosy Homes.
- Homeless and Housing Advice and Assistance including discretionary grants to assist with preventing homelessness such as rent in advance, deposits, rent arrears etc.
- Council Tax Reduction Scheme in place which residents can access if they are struggling financially.
- Council Tax Hardship fund £134k (as at 01/04/23).
- Supporting delivery of DWP Household Support Fund (HSF) Grant of £4.3m (extended to September 2024). The fund has been used to fund:
  - Free School Meal holiday vouchers.
  - Welfare support via the Service Centre (welfare support and school clothing grant).
  - Care Leavers' welfare support.

- HSF extended from September 24 for a further 6 months; however, we will continue to lobby government about a permanent solution. Attained some impact studies and met with IPSOS Mori who the DWP have called in to evaluate the HSF. Also completed LGA questionnaire on impact of ending HSF.
- Schools have been informed that the HSF has been extended until 30 September 2024. Working with schools and communities to increase uptake of the Holiday Activity and Food Programme as partial mitigation.
- Service Centre have reviewed operations and aware of impact and possible staffing implications if the HSF ceases.
- Corporate policy position on carers as a protected characteristic.
- Revenues and Benefits team prioritise the processing of new benefits claims and changes of circumstances.
- Central Government's Help for Households campaign.
- Anchor institutions to provide up to 300k of financial support for children in hardship and other aspects of the Early Help and Prevention agenda within West Cumbria.
- School Clothing Grant to be funded from allocation to Ways to Welfare. Household Support Fund (HSF) Delivery Plan has been submitted to DWP and this has been agreed.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Explore options for debt recovery team to minimise debt profile.	Chief Finance Officer (Section 151)	Discussions happening re digital solutions to this through the Low Income Family Tracker.			
Auto-enrolment process for Free School Meals entitlement.	Public Health Officer	Process in development, due to the complexities of the formats in which the data is provided by DWP. Decision due as to the legal position of accessing the DWP data.	40%	31/10/24	
Develop training / guidance for the wider health and care system to highlight the realities of the current crisis.	Organisational Development, Training and Wellbeing Manager. Public Health Manager (Operationally)	Training will be developed as part of the strategic plan going forward. Discussions with Training, CVS and Public Health ongoing. PH team providing narrative to then be turned into guidance and visuals meetings are ongoing for subject matter input.	40%		

| Establish a communications campaign to signpost the support available from different agencies and key organisations to ensure that residents are aware of their entitlement to Pension Credit. | Strategic Advisor, Communications and Marketing | Initial liaison taking place with DWP partners and key organisations. Campaign will include mixed media and outreach. | 10% | 31/12/24 | 🟩 |

Caused by

3. Significant Inflationary pressures

Key controls to manage the risk:

- £7m Financial Volatility Reserve (as at 01/04/23).
- Temporary recruitment freeze in place for non-essential roles until the organisational structure and budget position is finalised.
- Inflationary pressures reviewed for key contracts and high spend areas within the 2024/25 budget proposal. Risk based approach implemented for the different inflationary pressures.
- 2024/25 budget setting process has enhanced scenario planning of key high demand / high inflation areas such as Children Looked After, Adult Social Care, School Transport, etc.
- National lobbying by Society of County Treasurers (SCT)/ CCN to raise awareness of inflationary pressures on Local Government is ongoing.

Caused by

4. Insufficient Cost of Living Reserves

Key controls to manage the risk:

- Cost of Living Reserve £169k (as at 01/04/23).

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
General and Earmarked Reserves are being reviewed by Senior Leadership Team (SLT) to ensure that the level of reserve funding is clearly understood, minimum reserve levels identified and potential available funds made available to deliver an end of year balanced budget.	Chief Finance Officer (Section 151 Officer)	General and earmarked reserves have been reviewed as part of 24/25 budget setting process. Further work required on earmarked reserves. Minimal levels of reserves will be monitored on an ongoing basis through Programme Boards, etc., and embedded into budget monitoring reports.	50%	30/09/24	🟩

Caused by
5. Insufficient organisational capacity due to concurrent priorities and pressures

Key controls to manage the risk:

- Community Development Team in place to help coordinate the response to the Cost of Living crisis, working through Community Panels. Community Panels have rapid access to small amounts of funding to assist in the short term.
- The multi-agency Cumbria Poverty Reference Group continues to meet to help coordinate the response.

Independent assurance of key risk controls

-

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**
- Impact on Budget. - Vulnerable people not supported. - Increased demand on Health and Social Care, Children's Services, as well as 3rd Sector providers. - Increased pressure on welfare support services. - Increasing Health issues across Cumbrian population. - Reputational damage linked the Council's inability to deliver what is needed due to lack of resources (time, money and capacity). - Service disruption. - Further socio/ economic impacts. - Impact on Council Plan Delivery Plan. - Impact on MTFP & Financial sustainability. - Impact on customers. - Unable to meet future demand/ more complex demand on Services. - Loss or degradation to Council Services. - Worsening health of the population places increase strain on local services and has an impact on local labour markets.	- Improving Health and Wellbeing. - Addressing inequalities. - Local economies that work for local people. - Environmental resilience and climate emergency. - Delivering excellent public services.	(see risk rating table and commentary below)

RP 03 Risk Rating

RP 03 RISK RATING impact x likelihood		8
Previous period	**Current period**	**End Yr Target** / **DOT**

Previous period		Current period		End Yr Target	DOT
8		8		8	=
4	2	4	2		

Commentary on current risk rating:

The Council is engaged in significant activity to support residents in hardship, however, the potential loss of the Household Support Grant is significant. The CX has already expressed his concern to civil servants, and we are pleased that in the short term, it has been extended, however, we will continue to lobby government about a permanent solution.

• Increased numbers of homeless clients results in lack of temporary accommodation provision.		

09. Property Asset Management - Director of Resources

There is a risk that we fail to fully recognise and manage our land and building assets leading to high long-term dilapidation costs, a breach of statutory compliance and reducing control on future capital decisions

Caused by

1. Inadequate Asset Management Strategy and related plans

Key controls to manage the risk:

- Property Asset Management Strategy 2024-2027, incorporates governance arrangements.
- Council Plan Delivery Plan outcomes and metrics.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
A Corporate Asset Management Plan (AMP) for the property portfolio, reflecting the Asset Management Strategy.	AD of Corporate Assets, Fleet & Health and Safety	A Corporate AMP will take several years to complete, it will include a timescale for completion. The first draft follows the AMS within 6 months.	20%	31/03/25	

Caused by

2. Changes to Government policy and new opportunities for funding missed

Key controls to manage the risk:

- Membership of professional bodies to stay informed and be a consultee with Government. These include Royal Institution of Chartered Surveyors (RICS), Association of Senior Estate Surveyors (ACES) and Chartered Institute of Public Finance and Accountancy (Property) (CIPFA).

Caused by

3. Incomplete land and property asset registers

Key controls to manage the risk:

- Electronic Asset Management system for previous legacy councils and paper based and Geographic Information System (GIS) based records of land & building assets.
- New nomenclature agreed for Concerto Asset Management System which is being rolled out across the Council.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

| A programme to capture data, including condition surveys and compliance certification. | Head of Property Services | Programme to capture and upload data in to Concerto being developed. | 50% | 31/10/24 | |

Caused by

4. Inadequate capital programme, budget monitoring and reporting

Key controls to manage the risk:

- Capital programme monitoring group with the Programme Management Office (PMO) and Assets Team.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
A planned maintenance programme, informed from condition surveys and a programme of property reviews.	Head of Property Services	A programme for the financial year 2024/25 is being developed. Future programmes typically happen according to a 5 yearly cycle as set out in the AMS. A procurement exercise to appoint external resources to undertake a condition survey programme will be undertaken by the Capital Programme team.	70%	31/10/24	

Caused by

5. Inadequate asset management plan

Key controls to manage the risk:

- A number of individual AMPs are being developed, including Tuille House, Civic Centre, Whitehaven and car parks.
- Individual Asset Management Plans for individual properties, confirming keep, sell or improve plans for each asset.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
A Corporate AMP for the property portfolio, reflecting the Asset Management Strategy.	AD of Corporate Assets, Fleet & Health and Safety	See Cause 1.		N/A	

Caused by

6. Statutory inspections/ maintenance not undertaken and remedial works not undertaken

Key controls to manage the risk:

- Statutory compliance inspections and remedial work is undertaken to some properties and for some compliance schedules.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Develop a statutory compliance policy confirming which compliance schedules are undertaken, who is responsible, frequency, how remedial work is undertaken, retention of certification, etc.	Head of Property Services	Various statutory compliance schedules have been procured for the new authority, including water testing and monitoring and asbestos management. Further schedules to be established following the appointment of a lead for repairs and maintenance.	50%	31/03/25	🟩

Caused by

7. Operational and non-operational assets not clearly identified

Key controls to manage the risk:

- Three types of asset are identified; operational, community and commercial.
- Clear rationale for ownership of properties identified and used to inform individual property Asset Management Plans.

Caused by

8. Uncoordinated use of assets leads to inefficiencies

Key controls to manage the risk:

- New governance arrangements proposed in AMS to ensure greater co-ordination and collaboration across Council departments.
- Individual Asset Management Plans in place, which reflect collaborative asset usage.

Caused by

9. Investment assets loose value due to an inadequate Investment Property Strategy

Key controls to manage the risk:

- AMS addresses this type of property, i.e. income producing properties, and how they are to be managed and the performance measures that are to be put in place.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
An Investment Property Strategy to inform a plan for investment properties. The strategy will consider day to day property management, longer term asset management, Key Performance Indicators (KPI), etc. to inform retention/disposal decisions.	Head of Property Services	The Investment Strategy will be prepared by the Head of Estates. Preparatory work for this has commenced with the production and reporting of several KPIs as part of the quarterly Assets & Fleet Performance report.	30%	31/03/25	

Caused by

10. Medium-Term Financial Plan (MTFP) not informed by a Corporate Asset Management Plan

Key controls to manage the risk:
- Some planned maintenance programming informed by condition surveys and used to inform capital programme.
- Asset Management Strategy used to inform MTFP in respect of revenue, capital and capital receipts.

Caused by

11. Inadequate governance arrangements for regeneration and capital projects

Key controls to manage the risk:
- PMO established to provide governance to regeneration and capital projects.
- Improved governance of regeneration projects with Boards for each area of Cumberland and a Place Programme Board, with appropriate representation from key officers to manage the regeneration programmes.

Caused by

12. Property portfolio and associated revenue spend and investment not being used to support local economy

Key controls to manage the risk:
- Within the AMS is a proposal to undertake geographic property reviews to support the asset management planning process.
- Asset Management Strategy reflects the Council Plan, and how issues around the property portfolio can support the local economy.

Caused by

13. Issues with construction delivery, including procurement, costs and supply chain availability

Key controls to manage the risk:
- PMO established to provide governance to capital projects.
- Asset Management Strategy addresses how capital projects are delivered, interrelationship with MTFP, financial headroom, capital programme prioritisation decisions.

Caused by
14. Shortage of skilled resources and loss of knowledge / expertise if officers leave the Council

Key controls to manage the risk:

- Programme of engagement and training across Property Services on what is Asset Management, and how it will operate, has commenced.
- Recruited to post of Assets Information & Systems Team Leader which is key to Asset Management data.
- Further recruitment of technical support approved by Resources department, now to be taken through Council's recruitment process.
- Ongoing review of resource requirements as Council priorities change.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Review of structure and resource requirements to implement the Asset Management Strategy.	AD of Corporate Assets, Fleet & Health and Safety	Initial proposals being refined following the appointment of a permanent Assistant Director and consultation with the Assets Team. Informal discussion held with property team and this will be developed into a consultation document.	50%	31/10/24	

Independent assurance of key risk controls

- For start of Year 3, review of the Council's approach to Property Asset Management by independent organisation, e.g. CIPFA Property.
- Ways of working, e.g. capital delivery, planned maintenance, supply chain delivery, reviewed by Internal Audit.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**

Resulting in: Main Impacts of the Risk

- Assets not delivered.
- Inappropriate assets delivered.
- Inadequate front line service provision from unsuitable assets.
- Insufficient or excess assets.
- Failure to reduce carbon footprint.
- Delays in live projects resulting in cost increases and delays to future projects.
- Breach of health & safety obligations.
- Wasted revenue costs from inefficient assets.

Links to Council Plan Delivery Plan

- Improving Health and Wellbeing.
- Environmental resilience and climate emergency.
- Delivering excellent public services.

Review Period 03 Risk Rating

RP 03 RISK RATING impact x likelihood			6
Previous period	Current period	End Yr Target	DOT
6	6	6	=
3	2	3	2		

Commentary on current risk rating:

Aggregation of the legacy councils provides the opportunity for strengthened Strategic

• Asset valuations not meeting the required financial standards.		Asset Management to improve the efficiency and effectiveness of the Council's property portfolio. Structure for Assets Team now under review and initial proposals being refined following the appointment of a permanent Assistant Director and consultation with the Assets Team. Budget position of the Council and use of funds being taken to support repairs rather than Asset Management may create an issue if funds not topped up.

14. Business Continuity Planning – Director of Resources

There is a risk that the Council fails to prepare for or react appropriately to a major incident/ natural disaster involving significant harm or potential harm to individuals, businesses and communities

Caused by

1. Inadequate Business Continuity and/ or Emergency Response Plans

Key controls to manage the risk:

- Emergency plans are in place via Westmorland and Furness Council Resilient teams (shared service with Cumberland).
- All emergency plans are available on Resilience Direct.
- The Council's new Health, Safety and Business Continuity Manager (HSBCM) is part of the Local Resilience Forum (LRF) and sits on the joint emergency planning meetings with ex legacy councils and the Resilience team.
- The LRF supports the:
  - Annual review of Community Risk Registers.
  - Development of Multiagency Emergency and Business Continuity (BC) plans and arrangements.
  - Activation and coordination of the Response and Recovery phases of Major Emergency and significant BC incidents.
- Emergency and BC Exercises to test plans and arrangements in line with relevant regulations and those risks documented in the Cumbria Community Risk Register.
- Corporate BC Plan and Policy Statement, impact assessment, terms of reference and Critical Function Analysis and Recovery template have been completed and approved by AD, Director and BC Board.
- Directorate leads for emergency planning and BC established.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Provide suitable BC training for lead staff and then roll out emergency planning and BC training for all staff.	Corporate Health, Safety and Business Continuity Manager AD Public Health with Emergency Planning responsibilities	Some training underway via JEMR team in W&F. Liaising with Emergency Planning College for further training, including courses targeted to a wider audience.	20%	31/12/24	
Carry out training scenarios to test appropriate plans, both at a corporate and directorate level.	Corporate Health, Safety and Business Continuity Manager	Draft training scenarios to be drafted and then presented to BC Board for agreement. Joint emergency planning teams via the JEMR team.	40%	31/12/24	

	AD Public Health with Emergency Planning responsibilities				■

Caused by

2. Ineffective lead role in Emergency Planning

Key controls to manage the risk:

- The HSBCM is part of the LRF and sits on the joint emergency planning meetings with ex legacy councils and the Resilience team.
- Member of Resilience Direct were all incidents and emergencies are shared both internally and externally.
- Directors and Assistant Directors (AD) take part in emergency planning issues and lead on Strategic Command Group (SCG), Technical Coordination Group (TCG) and emergency telecoms assisted by the HSBCM.
- The Assistant Director (Corporate Assets & Fleet) is a Tactical Duty Director as part of Cumberland Council's Emergency Plan.

Caused by

3. Un-coordinated response across multiple agencies

Key controls to manage the risk:

- All multi agencies sit within the LRF and Resilience teams. Voluntary agencies are part of this process, which captures a coordinated response in all types of emergencies.

Caused by

4. Failure to ensure that the Business Continuity and/ or Emergency Response Plans are coordinated with Services

Key controls to manage the risk:

- Business impact assessments are in place within some Services.
- Revised Business Impact Assessment template approved by BC Board (January 24).

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Work with Directors and ADs to enhance the requirement and involvement in all emergency situations.	Corporate Health, Safety and Business Continuity Manager AD Public Health with Emergency Planning responsibilities	To be discussed at the BC Board meeting and cascaded to all directorates via the BC route and emergency planning teams.	30%	30/09/24	■

Caused by

5. Inadequate capacity/ knowledge/ skills to provide an effective response to a major disruptive event (natural disaster, loss of corporate asset, etc.)

Key controls to manage the risk:

- Some Directors and ADs have completed the Multi-agency gold incident command (MAGIC) training.
- Nominated lead for BC appointed.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG
Suitable and sufficient training to be arranged around BC.	Corporate Health, Safety and Business Continuity Manager	Some training underway via JEMR team in W&F. Liaising with Emergency Planning College for further training, including courses targeted to a wider audience.	30%	31/12/24	
Remaining Directors and AD are to attend the MAGIC training course for senior executives as part of a rolling programme.	Assistant Director (Public Health and Protection)	MAGIC training continues to be rolled out for next round. Further cascade for all D/AD required.	60%	30/09/24	

Caused by

6. Additional duties imposed by Central Government

Key controls to manage the risk:

- Horizon scanning in place.
- Controls established to enable the review of duties to allow for issues to be addressed as and when required/identified.

Caused by

7. Reserves depleted by additional costs/ loss of income associated with a major incident/ natural disaster

Key controls to manage the risk:

- Bellwin scheme in place for emergency funding from Government.

Further planned activity around key controls

Planned Activity	Owner of activity	Progress	%	Target Date	RAG

| Work with finance to determine budgets and requirements for delivery now and in the future. | Corporate Health, Safety and Business Continuity Manager
Finance Manager | Finance fully aware of requirements to establish Bellwin scheme for any major emergency. | 60% | 31/12/24 | |

Caused by

8. Lack of access to Council premises or key facilities/ services prevents services being delivered

Key controls to manage the risk:
- Remote working practices have been embedded and the scope of Council sites has increased to provided additional resilience.
- Corporate BC Plan identifies key buildings/facilities and contingency arrangements for key services, e.g. ICT, finance, etc.

Caused by

9. Inadequate post event review and so lessons are not learnt

Key controls to manage the risk:
- All post event reviews are collated through the LRF and feedback meetings with all multi-agencies take part in the actual event and lessons learnt.

Caused by

10. Extreme weather event of greater frequency and severity

Key controls to manage the risk:
- Part of the LRF and joint emergency planning group function.

Independent assurance of key risk controls
- Test BC plan with Corporate Emergency Planning Team.
- Internal Audit review will be planned and arranged with the Service.

Resulting in: Main Impacts of the Risk	**Links to Council Plan Delivery Plan**	**Review Period 03 Risk Rating**
- Council does not comply with its duties as a Category 1 Responder under CCA. - Drain on services and resources to provide an immediate and appropriate response. - Managing and resourcing the longer term recovery process.	- Environmental resilience and climate emergency. - Delivering excellent public services.	(see rating table below)

RP 03 RISK RATING impact x likelihood		6
Previous period	**Current period**	**End Yr Target**	**DOT**
6	6	6	=
3	2	3	2		

• Business Continuity issues at council facilities - centres could be flooded, staff unable to get into work - loss of resources i.e. vehicles, premises. • Reputational damage due to perceived failure to respond to emergency or maintain services. • Failure to maintain critical priority services day to day. • Financial implication of upfront costs required during an emergency. • Effect on communities (commercial or domestic).		**Commentary on current risk rating:** Health, Safety and Business Continuity Manager in post and has established corporate Business Continuity plan and develop standardised policies and template documentation across the legacy authorities. Business impact assessment templates to be adjusted to coincide with Emergency Plan.