

Meeting: Strategic Commissioning Board

Meeting Date	07 December 2020	Action	Consider
Item No	08	Confidential / Freedom of Information Status	No
Title	Strategic Commissioning Board Risk Register		
Presented By	Lynne Ridsdale, Deputy Chief Executive		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary

Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating **risks** associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.

At this time, the CCG and Council are working to separate Risk Management Strategies and therefore the risks presented on separate registers. This reflects the position reported to the Council's Audit Committee on 30 July 2020 and CCG Audit Committee in September 2020, which outlined that whilst there that whilst the Council had committed to integrating its approach to risk management with the CCG, in order to operate a common approach to the definition of risks to partnership delivery, a review had found that the Council's approach to risk management was perhaps not mature enough to add value to a partnership approach.

It was therefore proposed and agreed that both organisations would revert to its own management of risk, but through alignment of the Council framework to be comparable to the CCG to enable read-across and a common assessment of shared risks to the work of the Strategic Commissioning Board.

Annex 1 : CCG Risk Register Report

This report provides an update in respect to the four (4) strategic risks, which are captured on the CCG's Governing Body Assurance Framework (GBAF) and Risk Registers that have been assigned to the Strategic Commissioning Board for oversight.

- Urgent Care System - Re-design (level 16)
- Lack of effective working with key partners which influence the wider determinants of health (level 15);
- Assuring decisions are influenced by all staff including clinicians (level 10); and
- Lack of effective engagement with communities (level 10).

Reviews have been completed against all 4 risks and will be presented for consideration by the CCG's Audit Committee on 04 December 2020 and thereafter presented to the Governing Body in January 2021.

The Strategic Commissioning Board is advised that there has been a reduction in the level of risk for 3 of the 4 risks, with the remaining risk remaining static since the last presentation of the report.

Annex 2 : Council Risk Register Report

The Council's full risk registers are attached for information and this report sets out those risks that are within purview of the Strategic Commissioning Board for oversight:

- Failure to ensure adequate safeguarding Vulnerable Adults arrangements are in place (level 10); and
- Non-delivery of Health and Care Recovery Programme (Level 20)

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receive the Strategic Commissioning Board Risk Registers;
- Review the information presented; and
- Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The report reflects risks identified to delivery of the Health & well-Being Strategy					

Implications						
How do proposals align with Locality Plan?	The report reflects risks identified to delivery of the Locality Plan					
How do proposals align with the Commissioning Strategy?	The report reflects risks identified to delivery of the Commissioning Strategy					
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	Through the effective management of risk associated with delivery programmes identified to support wider commissioning and delivery agenda, improved outcomes will be delivered.					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
This is a report on risks associated with delivery of work programmes and does not required an EA.						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome

Annex 1 : Strategic Commissioning Board Risk Register Report - CCG

1. Introduction

- 1.1. The Strategic Commissioning Board Risk Register reflects those risks which have been identified as potential to impact on delivery of the agreed strategic objectives and are assigned to the Strategic Commissioning Board, as a sub-committee of the Governing Body for oversight.
- 1.2. The report presents the risk position and status as at **04 November 2020**.

2. Background

- 2.1. Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating **risks** associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.
- 2.2. Once identified, each risk should be assigned a risk owner, who is responsible for ensuring day-to-day management and undertaking regular re-assessment of the risk level, taking into account changes in context, controls and assurance.
- 2.3. Good practice also recommends assigning risks to Boards, Committees and Sub-Committees to provide a further level of objective and collective oversight, review and assurance. The CCG supports this level of good practice as set out in the CCG's approved Risk Management Strategy.
- 2.4. The report includes a summary risk register (Appendix A) and a more detailed reflection of each risk (Appendix B) along with a narrative of the key changes in the reporting period relevant to each risk.
- 2.5. The Strategic Commissioning Board should consider the updates provided in the context of the wider agenda, raising any additional points for consideration.

3. Strategic Commissioning Board Risk Register - CCG

- 3.1 There are currently four CCG risks included on the Strategic Commissioning Board Risk Register.
- 3.2 The following narrative reflects the current position of each risk following review by the risk owner and risk manager.

Risks with no reported change

- 3.3 During the reporting period **1** risk has remained unchanged.

- **GB2021_PR_1.1 Lack of effective engagement with communities**

- 3.4 The risk review in November 2020 resulted in no change to the risk score of 15, against a target level of 10 to be achieved by March 2021.

- 3.5 Although good progress has been made this risk will remain at this level whilst public engagement picks up significant pace as there is a requirement to systematically ensure the public (patient and resident) voice is included as part of the organisations Recovery and Transformation Programme.
- 3.6 The role of the Health and Wellbeing Board has now been refreshed and the ambition is to focus on developing the population health system to address health inequalities within the Borough.
- 3.7 A revised performance and outcomes framework is now in place, however reporting in to the Health and Wellbeing Board has yet to be finalised.
- 3.8 Work continues to ensure the Bury 2030 Strategy and the Corporate Plan reflects the particular contribution of the OCO and to ensure alignment across strategies the Locality Plan objectives have now been incorporated within the Bury 2030 Strategy.

Risks that have reduced in score

- 3.9 During the reporting period **3** risks have reduced in score.
 - **GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health**
- 3.10 The latest review has seen the risk reduce further from a level 15 to its target level of 10.
- 3.11 As the 2030 vision continues to improve through collaborative and mature working across the CCG, Council and Partners this has resulted in the likelihood score being reduced from a level 3 (possible) to a level 2 (unlikely).
- 3.12 The November risk review confirmed that an Assistant Director has been appointed who will lead on Public Service Reform alongside recasting of the Health and Wellbeing Board who will focus on developing the population health system to address health inequalities within the borough. In addition, work continues to develop the Council and CCG's Corporate Plan.
- 3.13 On-going public engagement continues. The latest iteration of the Bury 2030 Strategy was launched on the 31st October 2020 and is subject to an 8-week public consultation period ending December 2020.
- 3.14 In line with CCG process, a watching brief will be maintained and as a strategic risk, this will remain on the GBAF whilst all outstanding actions are finalised and the year-end rationalisation process concluded.
 - **GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians**
- 3.15 The latest review has seen the risk reduce further from a level 15 to its target level of level 10.
- 3.16 As previously reported, the main driver for this reduction is greater integrated working

across the OCO, and also within the wider CCG and Council, which is seeing relationships becoming more developed than they were and maturing well, resulting in the likelihood score being reduced from a level 3 (possible) to a level 2 (unlikely). In addition, monthly Clinical Director meetings have been established to ensure there is clinical leadership focus regarding business and transformation plans.

3.17 To ensure continued development, engagement and staff involvement, monthly staff meetings have been scheduled with the Executive Director and Management Team. Furthermore, joint OCO and LCO meetings remain in place to ensure a shared perspective is captured as part of the Recovery and Transformation Plan.

3.18 In line with process this strategic risk will remain on the GBAF whilst outstanding actions are finalised and the year-end rationalisation process concluded.

- **GB2021_PR_1.3 Urgent Care – Re-design 2020/21**

3.19 The latest review has seen the risk reduce from a level 20 to a level 16, against a target level of 12 to be achieved by March 2021.

3.20 Although the CCG needs to understand the implications of COVID-19 in respect to the Urgent Care Re-design, the risk owner considered that the risk could be reduced at this time. The likelihood of 5 (almost certain) has been reduced to 4 (likely) and is primarily due to the on-going development of the urgent care redesign model which is emerging at a reasonable pace and although some gaps remain, these are being addressed through mitigating actions.

3.21 Arrangements to support the redesign of urgent care are in place, with the Primary Care Networks (PCNs) and Neighbourhood Teams working in collaboration, although it should be noted that these remain in development however continue to mature at a satisfactory pace.

3.22 The proposed model for Intermediate Care (IMC) although subject to consideration of the Radcliffe Regeneration Plan is currently open to public consultation. Following the consultation, recommendations for implementation will be presented to the Strategic Commissioning Board in December 2020.

3.23 As previously reported, discussions remain underway with the LCO to implement the IMC model; however, this is still subject to further dialogue regarding the form and function of the LCO. Updates will be reported through future risk reviews.

Risks that have increased in score

3.24 During the reporting period **0** risks have increased in score.

Risks that have reached their target level

3.25 During the reporting period **2** risks have reached their target score.

- GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health
- GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians

Risks recommended for closure

- 3.26 During the reporting period **0** risks have been recommended for closure by the risk owner.

New Risks

- 3.27 During the reporting periods **0** new risks have been added to the risk register.

Risks that have not been reviewed in the reporting period

- 3.28 During the reporting period **0** risks have not yet been reviewed.

4 Risk Summary

- 4.1 The following summary is provided to the Strategic Commissioning Board:





	Nov	Nov %
Total Risks on Report	4	
New Risks	0	
Risks reduced since last report	3	75.0%
Risks increased since last report	0	0.0%
Risk that have reached target level	2	50.0%
Low Risks (1-3)	0	0.0%
Medium Risks (4-6)	0	0.0%
High Risks (8-12)	2	50.0%
Significant Risks (15-25)	2	50.0%
Risks reviewed in this period (November 2020)	4	100.0%
Risks yet to be reviewed (August 2020)	0	0.0%
Risks to be reviewed for next report (January due date)	4	100.0%

5 Recommendations




- 5.1 The Strategic Commissioning Board is asked to:
- Receive the Strategic Commissioning Board Risk Register;
 - Review the information presented;
 - Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.

Lynne Byers
Interim Risk Manager
November 2020

Appendix A: Strategic Commissioning Board Risk Register: CCG Summary




Risk Management	Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Risk Review
GBAF	GB2021_PR_1.3	Urgent Care System - Re-design 2020/21	14-Aug-2019	20	02-Nov-2020	16	12		Jan-2021
GBAF	GB2021_PR_1.1	Lack of effective engagement with communities	28-Nov-2016	20	02-Nov-2020	15	10		Jan-2020
GBAF	GB2021_PR_2.1	Lack of effective working with key partners which influence the wider determinants of health	14-Aug-2019	20	02-Nov-2020	10	10		Jan-2021
GBAF	GB2021_PR_4.1	Assuring decisions are influenced by all staff including clinicians	29-Nov-2016	20	02-Nov-2020	10	10		Jan-2021




Appendix B: : Strategic Commissioning Board : CCG Detailed Risk

Risk Code & Title	GB2021_PR_1.3 Urgent Care System - Re-design 2020/21				
Risk Statement	1.3 - Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design (which also takes in to account an element of the programme related to GM urgent care by appointment strategy) is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Assigned To	Current Risk Status	Direction of Travel	Annual profile
Current Issues		Will Blandamer			

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
14-Aug-2019	4	5	20	02-Nov-2020	4	4	16	Jan-2021	4	3	12	31-Mar-2021



Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Bury System Board 2. Governing Body oversight of performance reports 3. Detailed scrutiny by the Recovery and Transformation Board 4. Primary Care Commissioning Committee oversee the development of the Primary Care Networks and alignment with Neighbourhoods 5. Oversight by the Strategic Commissioning Board (SCB) 6. Clinical/Cabinet/Professional Congress	1. Review of the system wide urgent care facilities 2. Implementation of a suite of initiatives under Transformation Programme 5 (urgent care treatment centre, NWS Green Car, same day emergency/ambulatory care established) 3. Implementation of the redesign of intermediate care including the development of integrated neighbourhood teams, rapid response to minimise demand in the system 4. Engagement with GM Urgent and Emergency Care Board to explore system wide solutions to address urgent care demand and capacity	Gap(s) in controls: 1. Financial sustainability of the Urgent Care Treatment Centre to be determined as part of the urgent care review 2. Sufficient recruitment to enable Intermediate Care Transformation (LCO remit) 3. Impact of the development of Primary care networks unknown 4. Capacity of LCO to oversee implementation of new model 5. Understanding the impact of the covid Gap(s) in assurances:



Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
1.3e Primary Care Committee to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams	31-Mar-2021	Will Blandamer	Arrangements to support the redesign of urgent care are in place, with the Primary Care Networks (PCNs) and Neighbourhood Teams working in collaboration, although it should be noted that these remain in development however are maturing well	90%		In Progress
1.3f Bury System Board and Strategic Commissioning Board to receive and agree proposals of IMC	31-Jan-2021	Will Blandamer	The SCB received the proposed IMC model in October 2020, this model although subject to consideration of the Radcliffe Regeneration Plan is now subject to public consultation, following consultation recommendations for implementation will be presented to the SCB in December 2020	90%		In Progress
1.3i Discussions commenced to hand over implementation of new model when agreed to the LCO	31-Mar-2021	Will Blandamer	Subject to further discussions regarding form and function of the LCO	20%		In Progress

Risk Code & Title	GB2021_PR_1.1 Lack of effective engagement with communities				
Risk Statement	1.1 - Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Will Blandamer			
Current Issues					

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
28-Nov-2016	5	4	20	02-Nov-2020	5	3	15	Jan-2020	5	2	10	31-Mar-2021


Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Patient Cabinet reports to the Governing Body 2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee 3. Healthwatch attend PCCC 4. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.) 5. Annual 360 Stakeholder Survey 6. New Strategic Commissioning Board in place October 2019	1. Close working with Public Health to co-ordinate joint working and messages 2. Communications and Engagement Strategy for CCG activity 3. Patient Cabinet in place to promote active engagement and public voice 4. Self-care has an increased focus in the refreshed locality plan 2017 5. Beginning to mobilise locality plan e.g. integrated neighbourhood teams. 6. Neighbourhood engagement models under development 7. Joint Comms & Engagement Team in place. 8. Inclusion of the objectives of the Locality Plan within the Bury 2030 Strategy	Gap(s) in controls: 1. Engagement Strategy related to the locality plan not yet in place 2. Slow pace in respect of the implementation required to deliver the transformation programme Gap(s) in assurances: 1. Unable to monitor the strategy as currently being developed




Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
1.1d Scrutiny of the health and wellbeing of the local population to be built in to regular reporting	31-Mar-2021	Will Blandamer	Role of the Health and Wellbeing Board refreshed. Revised performance and outcomes framework in place (reporting yet to be reviewed).	60%		In Progress
1.1g Ensuring the work on Bury 2030 Strategy and the Operating Plan reflects the particular contribution of the OCO	31-Mar-2021	Will Blandamer	Fully participated in the development of the Bury 2030 Strategy and Operating Plan	20%		In Progress

Risk Code & Title	GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health			
Risk Statement	2.1 Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce inequalities will be minimised if health does not influence and work in harmony with key partners	Assigned To	Current Risk Status	Direction of Travel
Current Issues		Will Blandamer		

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
14-Aug-2019	5	4	20	02-Nov-2020	5	2	10	Jan-2021	5	2	10	31-Mar-2021



Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Health and Well-Being Board 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board	1. Bury 2030 Strategy under development, including supporting strategies and delivery plans (e.g. Housing, Industry, Environment) 2. Refresh of Locality Plan completed emphasising the importance of wider Public Sector Reform on improving health and reducing health in-equalities 3. The Northern Care Alliance (NCA) is the anchor organisation for commissioning social value (e.g. inclusion of social value goals in Provider contracts, support environmental sustainability etc) 4. Council and CCG Operating Plan under development - timeline December 2020	<u>Gap(s) in controls:</u> 1. Potential failure of a systematic process to oversee the implementation of a number of high level strategies which together could have a major impact in reducing health inequalities/improving health and well-being 2. Resources required to support the Bury 2030 Strategy is unclear <u>Gap(s) in assurances:</u> 1. None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
2.1d Continue with on-going engagement as the Bury 2030 Strategy develops	31-Mar-2021	Will Blandamer	The latest iteration of the Bury 2030 strategy was launched on the 31/10/2020 and is subject to an 8 week consultation period ending Dec 2020	70%		In Progress

Risk Code & Title	GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians				
Risk Statement	4.1 - Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Will Blandamer			
Current Issues					

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
29-Nov-2016	5	4	20	02-Nov-2020	5	2	10	Jan-2021	5	2	10	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Reports to GB on progress and development 2. GB and Clinical Cabinet sessions - stakeholder engagement 3. Joint Executive Team meetings 4. Primary Care Working Together meetings 5. Monthly EMT meetings with Clinical Directors 6. Bury System Board 7. Strategic Commissioning Board 8. Executive Director in Post (July 2020) 9. System Wide Clinical Reference Group 10. Weekly Primary Care Webinar	1. Clinical Director and Executive Director involvement in all key decision making Committees/ Groups / Boards 2. Regular meetings across Health and Social Care to shape the working arrangements for integrated commissioning 3. Staff engagement events ongoing 4. External capacity secured to support OCO transformation which has development of a comprehensive OD programme as a priority area which will ensure alignment across CCG and Council offer. 5. OCO Senior Team restructure now complete	<u>Gap(s) in controls:</u> 1. Clarity regarding support available to staff during the period of restructure 2. Sub Senior structure still under review <u>Gap(s) in assurances:</u> 1. Different decision making cultures 2. Clarification of the committee substructure and role of clinicians in future sub-committees being explored 3. System wide Clinical Reference Group yet to be strengthened

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
4.1b Continued development, engagement and involvement of all staff	31-Mar-2021	Will Blandamer	Monthly staff meetings in place - Executive Director and Management Team	70%		In Progress
4.1e Strengthening relations between the OCO and LCO	31-Mar-2021	Will Blandamer	Joint meetings routinely held. Shared perspective in to the Recovery and Transformation Plan	80%		In Progress

Annex 2 - Strategic Commissioning Board Risk Register Report - CCG

1.0 Introduction

- 1.1 This report is presented to the Strategic Commissioning Board and reflects those risks that have the potential to impact on delivery of the agreed strategic objectives and work programme of the Strategic Commissioning Board

2.0 Background

- 2.1 As previously notified to the Strategic Commissioning Board and reported to the Council's Audit Committee, it was intended to progress a single joint strategy for the management of risk across the partnership of the CCG and Council.
- 2.2 An independent review found that the Council's approach to risk management was perhaps not mature enough to add value to a partnership approach at this time and therefore it was therefore proposed and agreed that both organisations would revert to its own management of risk, but through alignment of the Council framework to be comparable to the CCG to enable read-across and a common assessment of shared risks to the work of the Strategic Commissioning Board.
- 2.3 As part of this common approach the attached revised Corporate Risk Register now incorporates the corporate risks to managed by OCO and Health & Wellbeing colleagues.
- 2.4 This register is the output in a wider review of all corporate, directorate and operational risk registers, which is underway and in addition to the population of the registers, also considers awareness and understanding, training and development and monitoring and reporting.
- 2.5 It is supported by a detailed timetable and action plan and is on target to be fully integrated by December 2020. Progress against the agreed timetable is summarised in Section 2.0 below and overleaf.

3. Strategic Commissioning Board Risk Register – Council

- 3.1 Two specific risks are highlighted to the Strategic Commissioning Board in respect to their direct relevance to the business of the Committee, as attached to this report, however for completeness and following review by the Audit Committee, the Corporate Risk Register, CCMT and Finance and Budget risk registers are also attached for information given the relevance of these.
- 3.2 The risks are presented as at October 2020.

4 Recommendations

- 4.1 The Strategic Commissioning Board is asked to:
- Receive the Strategic Commissioning Board Risk Register - Council;
 - Review the information presented;
 - Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development; and
 - Note the full Corporate Risk Register and supporting CCMT, Finance and Budget risk registers.

Annex 2 : Strategic Commissioning Board Risk Register Report - Council

Corporate Risk Register

Risk Register Completed:
Date of Revision:



Priority / Objective	Risk No.	Owner	Risk	Cause	Effect	Gross score			Current Mitigating Controls	Current score			Planned Risk Actions	Target score		
						Likelihood	Impact	Total Score = L*I		Likelihood	Impact	Total Score = L*I		Likelihood	Impact	Total Score = L*I
Health & Wellbeing Efficiency & Effectiveness		WB	Failure to ensure adequate safeguarding Vulnerable Adults arrangements are in place	Demand for services exceeding its capacity and capability. Failure to commission safe care for vulnerable adults and the elderly. Limited available budget	Risk of poor outcomes for vulnerable residents. Failure of Council to meet statutory duty	3	5	15	Safeguarding Vulnerable Adults Board Internal management controls, training, development, and professional support Good quality commissioning arrangements and standards with providers Financial monitoring Recovery and Transformation programme	2	5	10	Good quality market management and provider engagement arrangements	2	4	8
Health & Wellbeing Efficiency & Effectiveness		WB	Non Delivery of Health and Care Recovery Programme	Covid Pandemic Budget Restrictions in NHS and Council Growth in demand from demography and Covid 19 Effect Financial and Structural Uncertainty in NHS	Failure to transform services and realising required cost savings Sub optimal outcomes for residents	5	5	25	Routine monitoring and oversight of all aspects of the programme. Close financial review of delivery of savings and outcomes. Reporting to System Board and Strategic Commissioning Board and Health Scrutiny Committee.	4	5	20	Working closely with CCG and GM Health and Social Care Partnership	5	3	15

Corporate Risk Register

Risk Register Completed:
Date of Revision: October 2020



Priority / Objective	Risk No.	Owner	Risk	Cause	Effect	Gross score			Current Mitigating Controls	Current score			Planned Risk Actions	Target score		
						Likelihood	Impact	Total Score = L* ¹		Likelihood	Impact	Total Score = L* ¹		Likelihood	Impact	Total Score = L* ¹
Health & Well-being	1	GL	Covid-19 Global Pandemic Second Wave	Social Distancing and other preventative measures not used or not effective	New lockdown measures, potentially localised Support/response planning commenced for most vulnerable	5	5	25	<ul style="list-style-type: none">Partnership working with CCG, AGMAExperience and planning for first outbreak and lockdownLessons learned evaluationRegular liaison with Public Health EnglandSocial Distancing including face covering guidanceBusiness Continuity Planning/Review/Update	4	5	20	<ul style="list-style-type: none">Review current mitigating controlsFollow PHE guidanceKeep under review	3	5	15
				Increase in localised cases due to mass gatherings	Significant pressure on Public Health and NHS Excess deaths											
	2	GL	Council liability for the death of an employee or member of the public	Failure to implement appropriate health & safety measures	Senior officers held accountable and potentially imprisoned	4	5	20	<ul style="list-style-type: none">Health & Safety PoliciesRegular maintenance and inspection scheduling	4	4	16	<ul style="list-style-type: none">Review of current facilities management procedures in light of recent Town Hall maintenance issuesRegular maintenance and inspection scheduling	3	4	12
				Failure to manage effectively manage	Significant reputational damage Financial redress											
Value for Money	3	LK	Section 151 Officer compelled to issue a Section 114 Notice	Failure to set a balanced budget	Moratorium on non-essential spend Reputation damage	4	5	20	<ul style="list-style-type: none">Constitution/Schemes of DelegationBudget Risk Register developed and subject to regular monitoringFinancial Management and reporting and refresh MTFSInternal and External Audit	3	5	15	<ul style="list-style-type: none">Review current mitigating controlsKeep under review	3	5	15
				Poor financial management and governance Running down reserves	Potential government intervention											
	4	LK	Council forced to step in/rescue one of its Companies (e.g. Six Town Housing)	Commercial Failure Poor financial management and governance	Council takes services back 'in-house' Council accepts company liabilities	4	4	16	<ul style="list-style-type: none">Appropriate management and operational structuresFinancial Management and operational reportingBudget Risk Register developed and subject to regular monitoringInternal and External Audit	2	4	8	<ul style="list-style-type: none">Regular review of KPIs and Financial PerformanceInternal Audit Reviews	2	3	6
Health & Well-being	5	KD	Council implicated in the death or serious injury of a child or vulnerable adult	Safeguarding measures not in place or not observed	Individuals held accountable and/or prosecuted Significant reputational damage Government intervention	5	5	25	<ul style="list-style-type: none">Appropriate safeguarding measures, processes and proceduresRegular monitoring and supervisionUnannounced monitoring and inspection	4	5	20	<ul style="list-style-type: none">Regular monitoring and supervisionMock inspection	3	5	15
Efficiency & Effectiveness	6	LR	Serious data breach	Failure to follow GDPR provisions	Individuals' identity/location compromised Reputational Damage	5	5	25	<ul style="list-style-type: none">GDPR and Data Management PolicyDocument retention and disposal policyGDPR/Data Training & DevelopmentFair Use Notices	4	4	16	<ul style="list-style-type: none">Regular training and developmentRegular review and updates to policies and proceduresInternal Audit review subject to risk assessment	3	3	9
				Failure to follow Council's own data management policies Negligent or unlawful use of data	ICO Review and/or fine											
Legal and Governance	7	JW	Monitoring Officer compelled to issue governance notice	Failure to comply with legislative requirements and acting unlawfully	Reputational Damage	4	5	20	<ul style="list-style-type: none">Council's rules and procedures observedEffective involvement of the Monitoring OfficerCouncil ConstitutionDefined Scheme of Delegation and Codes of Practice	4	4	16	<ul style="list-style-type: none">Proper training and developmentRegular updates of policies and procedures	3	4	12

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	8	JW	Serious legal findings against council	Court, tribunal or inquiry decisions resulting in significant adverse outcomes	Reputational Damage	4	5	20	Defined Scheme of Delegation and Codes of Practice Major decisions approved by members	4	4	16		3	4	12
Investment in Bury	9	PL	No Deal Brexit	Failure of the UK Government to negotiate an acceptable trade agreement with the EU	Economic Uncertainty Failure to attract inward investment Economic targets for Bury missed Timescales for recovery lengthened	3	4	12	<ul style="list-style-type: none"> EU withdrawal Bill passed Monitoring of negotiation of future trade agreement developments with the EU 	3	2	6	<ul style="list-style-type: none"> Regular review of progress and respond accordingly 	2	2	4
Value for money	10	DB	Significant income losses in Departmental Services (i.e. Civics, Market, Car Parking)	Covid Pandemic Systemic Budget Reductions Lack of investment over decades	Future uncertainty for Services Increased ongoing subsidy	5	5	25	Budget saving proposals re: future viability	5	5	25	Planned Cabinet reports	5	3	15
Value for money Legal and Governance	11	DB	Property Infrastructure Standards - Corporate Risks	Lack of investment over decades Failure to comply with legal / statutory requirements	Buildings in significant disrepair - emergency repairs required Compliance concerns Risk to workforce	5	5	25	Recruitment to Head of Corporate Landlord underway Corporate Landlord Board established Development of Corporate Landlord Model Repairs being undertaken	5	4	20	Full compliance system Procurement of Concerto system Full procurement exercise for FM contracts Future rationalisation plans	3	4	12
Efficiency & Effectiveness	12	DB	Carbon Neutrality / Climate Agenda	Global Climate Agenda Bury Climate Manifesto - 2030 targets	Targets for Bury missed Impact on the public Efficiencies not made	4	4	16	Climate Strategy being produced Recruitment to Climate Team	3	4	12	Climate action plan Long term walking / cycling initiatives Infrastructure projects	3	2	6
Efficiency & Effectiveness Value for money Investment in Bury	13	DB	Provision of Leisure Services	Covid Pandemic Systemic Budget Reductions Lack of investment over decades	Future uncertainty for Services Increased ongoing subsidy	5	5	25	Leisure Recovery Plan Future regeneration options Budget saving proposals re: future viability	5	5	25	Working collaboratively with BGI re: Regeneration Planned Cabinet reports	5	3	15
Efficiency & Effectiveness	14	WB	Failure to ensure adequate safeguarding Vulnerable Adults arrangements are in place	Demand for services exceeding its capacity and capability. Failure to commission safe care for vulnerable adults and the elderly. Limited available budget	Risk of poor outcomes for vulnerable residents. Failure of Council to meet statutory duty	3	7	14	Safeguarding Vulnerable Adults Board Internal management controls, training, development, and professional support Good quality commissioning arrangements and standards with providers Financial monitoring Recovery and Transformation programme	2	5	10	Good quality market management and provider engagement arrangements	3	4	12
Efficiency & Effectiveness	15	WB	Non Delivery of Health and Care Recovery Programme	Covid Pandemic Budget Restrictions in NHS and Council Growth in demand from demography and Covid 19 Effect Financial and Structural Uncertainty in NHS	Failure to transform services and realising required cost savings Sub optimal outcomes for residents	5	5	25	Routine monitoring and oversight of all aspects of the programme. Close financial review of delivery of savings and outcomes. Reporting to System Board and Strategic Commissioning Board and Health Scrutiny Committee.	5	5	25	Working closely with CCG and GM Health and Social Care Partnership	5	3	15

[illegible]

CCMT Risk Register

Risk Register Completed: 30/10/2020
Date of Revision: 30/10/2020



Priority / Objective	Risk No.	Owner	Risk	Cause	Effect	Gross score			Current Mitigating Controls	Current score			Planned Risk Actions	Target score		
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ICT / Digital	1	KW	Failure of infrastructure	Outdated systems; hardware failure; lack of availability of support or maintenance due to staffing shortages or products being out of licence / support contracts	Loss of functionality and reduction in productivity; Impact on customer and user experience	3	5	15	<ul style="list-style-type: none"> Infrastructure replacement programme extended support purchase for older servers 	3	5	15	<ul style="list-style-type: none"> Infrastructure replacement programme to be rolled out / completed Migration to cloud storage / back-up 	2	5	10
	2	KW	Failure of applications and / or software programmes	Outdated systems; hardware failure; lack of availability of support or maintenance due to staffing shortages or products being out of licence / support contracts	Loss of functionality and reduction in productivity; Impact on customer and user experience	3	4	12	<ul style="list-style-type: none"> system back-up strategy in place 	3	4	12	<ul style="list-style-type: none"> Cloud migration plan in design phase for software and applications 	2	1	2
	3	KW	Failure of TH Data Centre	External damage e.g. fire, flood, electric supply failure	Potential data breach if records lost on permanent basis; loss of productivity due to quality of connection to back-up data centre	3	5	15	<ul style="list-style-type: none"> Data management strategy in place re. backups; Textile Hall back up data centre 	3	5	15	<ul style="list-style-type: none"> cloud migration plan to move data into Azure relocation of data centre; 	2	5	10
		KW	Failure to delivery new Digital Strategy	lack of resources e.g. funding, staff or delivery partner (e.g. GMSS)	Inability to achieve ambition for new ways of working and improved customer and staff experience; inability to deliver data management and business intelligence model required for improved decision making and performance management	3	4	12	<ul style="list-style-type: none"> Placement of Digital strategy in Transformation programme to ensure visibility and deliverability SLA with GMSS 	3	4	12	<ul style="list-style-type: none"> Review of resources across Council and CCG IT/Digital functions 	2	4	8
		KW	Cyber attack	External threat to data and systems	Potential loss of data resulting in significant data breach; potential significant loss of functionality if systems were damaged or shut down	3	5	15	<ul style="list-style-type: none"> Training and updated Cyber Essentials Toolkit in place. PCN accreditation renewed annually 	3	5	15	<ul style="list-style-type: none"> Further training and investment in cyber security to be progressed PSN accreditation of the Council Cyber Essentials accreditation for Council and CCG to be achieved 	2	4	8
Elections		MC	Failure to deliver an efficient Election 2021	insufficient capacity (shortage of staff / standby resource) to meet increased business (due to covid) and customer demands; lack of robustness of ICT support; ability of printers to meet high postal vote demands	Legal challenge/reputational damage/people unable to vote - do not get vote needed / printers cannot meet increased high volume of demand for postal votes	3	5	15	<ul style="list-style-type: none"> National (Government and Electoral Commission), regional (AGMA and GM Elections Managers) and local guidance Elections Project Board in place with agreed delivery plan Lessons Learned (from previous election) action plan delivered Approved printers as part of AGMA consortium 	2	5	10	<ul style="list-style-type: none"> Review current mitigating controls Follow PHE / EC / AGAM / Government guidelines Monthly update and agreed action at Elections Project Board. Early preparation and planning already commenced. Develop network of internal back up staff. 	1	5	5
		MC	Ability to deliver the Canvass 2020.	Covid preventing use of personal canvassers new procedure introduced nationally electorate apathy	reputation integrity of register	3	4	12	<ul style="list-style-type: none"> Process in place and applied consistently Mechanisms to secure contact with remaining non-responders agreed Baseline register in place following December 2019 General Election 	3	3	9	<ul style="list-style-type: none"> Follow EC and Government guidance Follow best practice Follow PHE guidance 	2	1	2
		MC	Adverse impact on resources (people and money)	National changes in respect to the central land charges database and central scanning of files by HMLR	Loss of income potential redundancies / redeployment / role redesign	5	3	15	<ul style="list-style-type: none"> Integrated Elections / Land registry Team 	5	3	9	<ul style="list-style-type: none"> Review need for land charges posts and impact on Elections if loss of staff due to shared role/support provided. 	3	3	9
Land Charges		MC	Failure to allow / action searches	Covid restrictions temporarily closed down service preventing personal searches to be undertaken	Legal challenge from failure to deliver service reputational damage increased pressure on staff resources loss of income	5	3	15	<ul style="list-style-type: none"> Revised processes in place enabling searches to be carried out by staff 	5	3	15	<ul style="list-style-type: none"> Review current mitigating controls. Follow PHE guidance. Look to safe return of personal searchers, taking into account all safety precautions. 	5	2	10
Legal		JW	Failure to provide an effective and timely legal service	Reduction/loss of service due to absence from covid or other illness, lack of capacity due to increase in instructions and/or lack of capability due to new/novel matters	not meeting statutory Court dates / staffing/ failure in ICT; Error in law and legal advice.	3	5	15	<ul style="list-style-type: none"> Deployment of other team members Links with counsel & other local authorities Continuing professional development and training, review of capacity and workloads with team and client departments 	3	5	15	<ul style="list-style-type: none"> Review business continuity plan, staffing levels, workloads and capacity monthly 	2	5	10

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Registrars		HK	Failure to provide an effective and timely BMD service	Reduction/loss of service due to absence from covid or other illness, increase in customer demand above capacity levels local restrictions (Possible suspension of Births, Marriages and Citizenship ceremonies by Government.)	Unable to meet legislative requirement creation of backlogs, increased complaints from customer, elected members and GRO	4	3	12	●BCP arrangements in place ●Mutual Aid with other localities ●processes in place which reflect Covid safe delivery	3	3	9	●BCM to be reviewed monthly or following changes in PHE / Covid Guidance	2	3	6
Transformation		KW	Partnership	Insufficient buy-in to Bury 2030 to enable partnership priorities to be delivered. Lack of resource across the Team Bury partnership to support delivery of Bury 2030.	Outcomes would not be achieved; new ways of working not implemented; demand management targets would not be met resulting in high costs	3	4	12	●Consultation and engagement programme for Bury 2030	3	4	12	●Engagement on consultation to be progressed ●performance framework to be co-designed ●delivery plan to be developed KPIs to be agreed	2	3	6
	4	KW	Failure to introduce new neighbourhood model	Work programme of public service reform insufficient to generate commitment to implement neighbourhood model; unable to deliver constituent parts of the NM e.g. data warehouse; MDT integrated working	Limited ability to implement commitment in Bury 2030 to public service reform; impact on the potential for re-shaping demand and achieving improved outcomes	3	4	12	●Strategic resource in place ●Investment approved for addition resource (in AD PSR) ●Community Hub model approved ●VCFA and community sector aligned	3	4	12	●Appoint of new posts to support development and implementation of Neighbourhood Model. ●Work with GMCA to share best practice and obtain advice and support on implementation.	2	3	6
Service Delivery	5	KW	Failure to deliver Inclusion Strategy	Lack of expertise or resources to support deliver of the work programme and culture change required to implement action plan and policy commitments	Negative impact on workforce moral and community trust; lack of engagement from communities in the co-design and delivery of Bury 2030; breach of statutory duties; increased health inequalities; poor decision making	3	4	12	●Inclusion integrated into Bury 2030 and Corporate Plan	3	4	12	●Inclusion Strategy to be approved ●Listening events to be implemented ●Action plan to be delivered ●recruitment to key posts to support programme delivery ●reporting scheduled to be prepared	2	3	6
Governance	6	JW / JW	Failure to deliver effective governance and decision making	Reduction/loss of service due to absence from covid or other illness, Instability of Governance arrangements/lack of understanding of delegations/ process/ constitution/ incorrect recording of decisions	Judicial challenge / inability to deliver / reputational damage / financial impact	3	5	15	●constitution and governance arrangements in place ●guidance on decision making and supporting decision record templates ●JET Pre-Governance process to review all agenda	3	5	15	refreshed Constitution to be approved and implements Training programme to be implemented governance arrangements to be revised	2	5	10
	7	LF/ JW	failure to meet the requirements of data protection legislation and good information governance practice	Polices out f date/staff capability due to lack of training/lack of staff	Judicial / or ICO challenge / inability to deliver / reputational damage / financial impact due to fine or compensation	5	5	25	●DPO/IG Lead oversight of processes ●DSPT 2019/20 submission ●Policies	4	5	20	●IG strategy to be developed ●IG processes to be mapped ●IG resources to be identified ●comprehensive training programme to be implemented ●IG policies and Procedures to be reviewed ●DPST 2020/21 requirements to be assessed	2	5	10
Value for Money	8	SJ	Contracts with external suppliers fail to deliver best value for money	Inadequate procurement processes Supplier failures Poor contract management Impact of Covid-19 - supplier failure, increased lead-times, increased costs Impact of Brexit - supplier failure, increased lead-times, increased costs	Increased pressure on budgets resulting in cuts to services and jobs	4	4	16	● Contract Procedure Rules ● Professional Support via Strategic Procurement Team ● Contracts Register	3	4	12	● Review and revise Procurement Operating Model and CPR ● Develop corporate approach to improve contract management	1	4	4
Legal Compliance	9	SJ	Failure to follow procurement rules or use approved contracts	insufficient capacity and skills/knowledge of relevant procedures insufficient Capacity of Strategic Procurement Team	Legal Challenge Impact on service delivery Reputational impact	3	4	12	● CPR & Procurement guidance ● Professional Support via Strategic Procurement Team	2	4	8	● Review current mitigating controls ● Keep under review	1	4	4
HR	10	SB	Breakdown of Employee Relations	Inability to reach agreement over budget savings options due to perceived negative impact upon the workforce	industrial action, which may include strike. Low levels of staff engagement and performance. Poor levels of recruitment and staff retention. Reputational damage.	4	4	16	●Agreed TU Consultation Framework, comprising DJCC & CJCC meetings and regular TU/Management meetings ●Good existing relationship between the Council and Trade Unions. ●Regular employee communications.	3	4	12	●Review existing processesfor consultation and agreement ●Refresh voluntary exit schemes.	2	4	8

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	10	SB	Lack of relevant skills, knowledge and experience across the organisation	Inadequate appraisal and talent management arrangements Lack of workforce planning failure to invest in employee development Unexpected change in skills requirement due to unanticipated change to working practices	Ineffective workforce and low levels of performance. Inability to meet service demands. Increased costs through buying in skills and knowledge to achieve aims.	4	4	16	<ul style="list-style-type: none"> Annual Appraisal policy Mandatory Training Apprenticeship Leadership Programme 	2	3	12	<ul style="list-style-type: none"> New leadership, structures and staffing arrangements to be finalised People Strategy, including organisational development plan to be developed System to support improved performance management data to be enhanced (investment) Appraisal policy to be refreshed 	3	3	9
Communications	11	KJ	Loss of trust and confidence in the council to deliver services	Worsening public perception of council. Lack of understating about what the council does Instant perceptions via social media High profile policy and strategy development wit significant reputation risks - GMSF, CAZ, MLS Performance not meeting expectations	Impact on our value by residents and businesses	5	4	20	<ul style="list-style-type: none"> Vision and strategy set out in Bury 2030 (under consultation) Clear emergency response and business continuity arrangements in place to effectively react in the event of a crisis Agreed Comms and engagement management for high profile policy development Relationships with Media to effectively manage Council reputation 	3	4	12	<ul style="list-style-type: none"> Communication and engagement strategy to be approved Review and revise comms and engagement plans develop Brand and ensure consistently linked to services internal communications channels to be improved Expectations of public to be managed particularly via social media and other online 	2	4	8
Engagement	12	KJ	Consultations not delivered to required standard	Unable to use usual channels and processes because of Covid restrictions in meeting people A number of high profile consultations due this Autumn	Bias towards digital and online methods Open to legal challenge on basis of Gunning Principles Unable to effectively make decisions Reputational impact	5	4	20	<ul style="list-style-type: none"> Clear comms and engagement plan for each of the Autumn consultations EIAs completed for GMSF, CAZ and MLS consultations Availability of alternative provision to digital Statement of Community Involvement for GMSF revised 	3	4	12	Consultation Feedback kept under review Comms and Engagement Strategy to be refreshed	2	4	8
Housing Needs & Options	13	PC	Failure to meet Homelessness Statutory Function & Delivery	<ul style="list-style-type: none"> Increasing pressures on the service that impacts (reduces) capacity across the service Increase in homelessness - stat and non stat provision Lift on ban on evictions will result in further increases of homeless cases, pressures on the service and temp accommodation. 	<ul style="list-style-type: none"> Unable to meet statutory requirements as per Homelessness & HRA legislation. Legal challenge with potential judicial reviews resulting in increased legal costs and reputation damage 	4	5	20	<ul style="list-style-type: none"> HRA adhered to Robust processes and operating procedures in place CBL system suspended Direct Let priority. 	3	5	15	<ul style="list-style-type: none"> Review structure of team / service Framework of regular monitoring and KPI reviews to be developed external funding opportunities to be maximised 	2	5	10
	14	PC	Insufficient resources (staffing) to meet increased responsibilities / pressures on service	<ul style="list-style-type: none"> Changing ways of working due to Covid increasing demand on the service Increasing expectations for rough sleepers 	<ul style="list-style-type: none"> Non compliance with current Govt directives for rough sleepers impact on staff well-being 	4	5	20	<ul style="list-style-type: none"> BCM in place supported by Agile and Flexible Team Additional resource secured through BCM Greater partnership working aligned to Emergency 10 point plan for RS's - enabler role. Service delivery models adapted to Covid 	3	5	15	<ul style="list-style-type: none"> Channel shift services through IT solutions and software, telephone options to create capacity and smarter working. Comprehensive staff development and progression programme to be implemented undertake Service review and restructure 	2	5	10
	15	PC	Available provision unable to meet local demand for rough sleeper / homeless service	<ul style="list-style-type: none"> Increase in rough sleepers locally, regionally and nationally due to numerous factors Gov'ts 'Everyone in' directive requires provision of emergency accommodation with support to reduce the risk of Covid infection. 	<ul style="list-style-type: none"> Greater pressure on current services Increases in temp accommodation provision needed. Demand & Lack of engagement by the cohort to provide support and help into sustained accommodation. Lack of emergency and sustainable move on properties. adverse impact on the Councils ability to respond to statutory duty Compounds demand for move on properties 	5	4	20	<ul style="list-style-type: none"> funding to continue with ABEN approved for phase 3 provision NSAP revenue funding approved Stepping Stones emergency provision extended with support until 31/3/21 Rough sleeper outreach provision funded Arrangements agreed with GM Housing First initiative multi agency panel in place to assist and support rough sleepers Created MHCLG NSAP capital & revenue bid approved Robust links to the Councils supported accommodation provision 	3	4	12	<ul style="list-style-type: none"> Identify future funding opportunities to sustain / increase resources - NSAP phase 2 (2021/22) & ABEN phase 4 Develop Bury Homeless Partnership Affordable social housing to be included within New Housing Strategy Submit future robust bid for RSi funding and outreach provision to continue for 2021/22 Maximise opportunities to influence local, regional and central Govt in relation to funding Progress, develop business case and build homeless hub for emergency & interim accommodation. 	2	4	8

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	16	PC	Lack of sustainable permanent accommodation to meet Homelessness and housing register demands.	<ul style="list-style-type: none"> Lack of investment and strategy to recognise and address the lack of social and affordable housing needs Historical Govt approach to social housing generally with RTB and home ownership approach has restricted growth and opportunities for social housing. Reduced availability of affordable and social housing through existing stock Increased demand for affordable and social housing 	<ul style="list-style-type: none"> Increase in housing register demands and priority need Blockages in temporary accommodation for both single and families Challenges to meet the statutory duties around timescales in temp accommodation Councils ability to discharge homeless duty Demand and supply misalignment 	4	5	20	<ul style="list-style-type: none"> Developing PRS to engage better with PRS landlords Strategic Group established with remit to develop PRS engagement Help to rent scheme in place insurance product offered as prevention tool. Proactive intervention / team in place Partnership working with STH Nomination agreements with RSL's / HA's 	4	4	16	<ul style="list-style-type: none"> New Housing Strategy to be developed Allocations policy / housing options to be reviewed Common housing register to be developed funding opportunities with the new affordable homes programme to be identified HRA opportunities and capital receipt rule changes to be reviewed PRS and landlord offer to be further developed ELA options for Bury to be developed 	3	4	12
Adult Learning	17	JK	Inability to operate service effectively and deliver GMCA and ESFA contracts	Failure of ICT infrastructure	Inability to submit data to GMCA/ESFA and therefore breach of contract Inability to enrol learners Impact on learners due to lack of digital teaching resources Increase in staff workload due to lack of MIS in place and requirement to complete all information on paper Restricted ability for most staff to work from home	3	5	15	<ul style="list-style-type: none"> Business Continuity Plan in place Teaching platform hosted in the Cloud to allow learners where possible to continue learning Classroom based teaching still possible 	2	5	10	<ul style="list-style-type: none"> Review current mitigating controls Learners provided with laptops to support learning 	1	5	5
	18	JK	the Bury ALS Centre building becomes unfit for purpose and unable to meet required minimum standards	Lack of clarity / contract for existing facilities management arrangements Lack of building maintenance programme Significant ongoing issues with building including toilets, blockages, drains	Impact on staff who are tasked to deal with overburdensome building maintenance with little support Lack of knowledge to oversee works carried out Increased pressure on budget due to maintenance costs and frequent, repeated, expenditure in certain areas Potential temporary closure of building due to lack of facilities being available Loss of delivery if building closed Impact on learners and staff Reputational Impact	3	5	15	<ul style="list-style-type: none"> facilities management contract in place Processes to sign-off repairs in place and followed (Careful monitoring of essential repairs and maintenance and checking where possible the quality of the work carried out so as not to incur addition cost) 	2	5	10	<ul style="list-style-type: none"> Exploration of where Adult Learning Service sits with One Public Estate in the long term Follow up results of exercise completed by People too on improving the efficiency and compliance levels of the Bury Estate Move to online learning where possible Work with Facilities Management Group to determine the position of Adult Learning Centre 	1	5	5
Community Hubs	19	NP	unable to resource Community Hubs to meet local demand in response to national requirements / changes around shielding	staff returned to substantive posts volunteers have gone back to work as furlough has ended	unable to deliver national requirement	5	5	25	<ul style="list-style-type: none"> Redeployed staffing resources into Community Hubs Network of Community / NHS Volunteers 	3	5	15	review business continuity plans use of government funding to quickly employ Reed agency staff advertise for volunteers and approach national voluntary organisations negotiate a scheme with NHS Volunteers for Bury	2	5	10
	20	NP	contact centre unable to meet demand of CEVs seeking to register for supermarket delivery slots	change in delivery model of contact / support with full delegation to LAs and national call centre closed	long queues at contact centre high rate of abandoned calls up to 2000 residents anxious and more vulnerable additional pressure on Contact centre staff	3	5	15	<ul style="list-style-type: none"> Redeployment of staff from core roles to support contact cent 	3	5	15	mobilise hub staff, redeploy staff into contact centre, review P3 services, recruit more staff with shielding or T3 funding boost capacity in contact centre to register people by phone, persuade people to do telephone shopping at Morrisons or Sainsbury's	2	5	10

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	21	NP	Increased demand on Community Hubs to provided support with supermarket shopping (up to 2000 residents)	CEVs do not have external networks CEVs do not register for supermarket delivery slots CEVs do not have ICT access at home CEVs do not have plastic payment methods	would need to mobilise 100s of volunteers to go shopping for 2000 people and wont have enough volunteers up to 2000 residents anxious and more vulnerable	4	5	20	●Contact Centre receiving calls and supporting registration	4	5	20	●digital helpers to be recruited ●funding to place kit and connectivity into people's homes to be secured ●recruit more volunteers	2	5	10
HR	22	LR	Failure of itrent system	Failure to switch from on premise to host environment before on premise systems fall out of support from Midland HR due to lack of resource, insufficient testing time and failure to develop suitable hosted environment within the timeframe	Unable to access staff records and undertake HR functions effectively. Unable to update UNIT 4 with payment and year end information.	4	5	20	●Project Board meetings in place ●External consultant[appointed to review implementation plan.	3	5	15	●Appointment of independent Project Management and technical support to oversee transition to hosted environment	1	5	5

Finance Service Risk Register

Risk Register Completed: 30/10/2020
Date of Revision: 30/10/2020



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Accountancy			Treasury Management/Cash Flow	Inadequate levels of cash in the bank.	Payments cannot be made.	4	5	20	cash flow projections updated weekly/daily. On call cash/borrowing.	3	5	15	Staff training. Resilience in place.	3	5	15
Revenues and Benefits		ID	Council Tax and Business rates letters not issued.	Invoices not issued. System failure. Loss of staff.	Loss of Income. Financial resilience of the Council affected. More budget reductions may be required.	4	5	20	External provider for council tax billing. Resilience part of contract. Investment in current systems and snure upgrades are actioned. In house technical expertise.	3	5	15	Upgrades up to date. Systems roadmap being developed.	3	5	15
			Debt Recovery not in place.	Reminders not issued. No debt recovery or enforcement	Loss of income. Increased debt profile. More budget reductions may be required.	4	5	20	External provider for council tax billing. Resilience part of contract. Investment in current systems and snure upgrades are actioned. In house technical expertise.	3	5	15	Upgrades up to date. Systems roadmap being developed.	3	6	18
			Inability to provide benefit and welfare advice and support.	Loss of staff with specialist knowledge. Increased demand as a result of Covid.	Residents not accessing support they need. Increase in arrears on council tax.	3	4	12	Use of Civica On demand. Contract with Citizen's Advice Bureau.	3	4	12	Staff reviews. Performance monitoring	3	3	9
Pay Services		RF	Failure to pay people and suppliers	Breakdown in systems. Loss of staff due to sickness	Staff and suppliers not paid. Financial hardship and Reputational risks.	5	3	15	• Revised processes in place enabling searches to be carried out by staff	5	3	15	• Review current mitigating controls.	5	2	10
Audit		JS	Failure to provide an effective internal audit service.	Weak governance and control environment across the council, financial loss, reputation of the Council, qualified accounts from the external auditors.	Qualifie Accounts. Incidences of fraud.	4	5	20	•Deployment of other team members •Risk based approach to audit planning and regular reporting to the audit committee and executive Team •Continuing professional development and training, review of capacity and workloads with team and client departments	3	5	15	•Review of proceses and practices. Specialist support as part of the service improvement plan.	2	5	10
Insurance		EH	Failure to establish adequate Insurance arrangements for the Council and all its functions	Tender / Renewal exercise not completed in a timely manner	Reputation of Risk Exposure to financial losses	5	5	25	Insurance Brokers support activity Insurance Officers are experienced Insurance Tender completed Completion of the 20/21 annual renewal	2	5	10	Reminder to all managers to make Insurance team aware of any changes which would affect the Councils insurance. Build increased resilience within the team by involving staff in tender and renewal exercise	2	3	6
		EH	Negligence claims against the Council	Lack of Department Inspection Poor workmanship Defective Premises Change of staff	Financial impact on budgets Reputation damage Increase of Insurance Premiums Legal costs	5	4	20	Request for Departmental reports along with inspection reports, Risk Assessments etc. Advise the need for a system of inspection with the relevant documentation to assist in the defending of claims . Staff training	3	3	9	Continue dialog with departments on the need for Inspections and documentation to assist in defending claims. Department training	2	2	4
		EH	Property uninsured or under insured	Not informed of changes and cannot update insurance programme accordingly Inadequate property values	Financial impact on budgets Reputation damage Increase of Insurance Premiums	4	4	16	Notices from Property Services re addition or deletion of properties not always received	3	4	12	Reminder to managers to make Insurance team aware of any changes made as soon as possible. Updated property Insurance valuations needed	2	3	6

		EH	Breach of Data Protection Act Claims	Failure to follow GDPR provision Failure to follow Council's own data protection policies	Individuals identity / location compromised Reputation damage ICO review and / or fine Increase of Insurance Premiums	5	5	25	GDPR and Data Management Policy Document retention and disposal policy GDPR/Data training & Development	3	4	12	Regular review and updates to policies and procedures. Reminder to Schools and Departments on strong passwords and sensitivity of data.	2	3	6
		EH	Covid 19 Negligence Claims	Failure to comply with relevant Government Guidelines. Failure to have adequate Risk Assessments in place with the relevant documentation	Financial impact on budgets Reputation damage Increase of Insurance Premiums	5	5	25	Advice to follow Government guidelines with documented Risk Assessments and training.	4	5	20	Continued advice on Training/Risk assessments and the need for documentation.	3	5	15
Value for Money		LK	Contracts with external suppliers fail to deliver best value for money	Inadequate procurement processes Supplier failures Poor contract management Impact of Covid-19 - supplier failure, increased lead-times, increased costs Impact of Brexit - supplier failure, increased lead-times, increased costs	Increased pressure on budgets resulting in cuts to services and jobs	4	4	16	<ul style="list-style-type: none"> Contract Procedure Rules Professional Support via Strategic Procurement Team Contracts Register 	3	4	12	<ul style="list-style-type: none"> Training on Procurement Rules Develop approach to improve contract management 	1	4	4