			Inherent Risk					F	Residual Risk					Actions		
No.	Risk Description	Cause	Effect	ner	lihoo	act	§ 6 0	Key controls	Sources of assurance over controls	elihoo d	act	e e o	Actions	ner	arget Date	Action RAG
Risk	RISK Description	Cause	Епест	O	Likeli d	dwl	Score	key controls	Sources of assurance over controls	Like	dm d	Score	Actions	Owr	Targ	Acti
1	Children's Trust fails to deliver to the agreed standards / failure of the Intelligent Client Function (ICF).	NCT does not meet its requirements in the improvement plan. The ICF fails to identify and address areas for improvement of NCT's performance.	Poor quality of service and	Exec Director of Children's Services	5	4	20	The Intelligent Client Function (ICF) is in place with clear governance arrangements set out in the contract including monitoring of performance and financial plans via the Operational Group and Strategic Groups. Ofsted complete inspection visits as per there inspection framework and provide independent performance feedback at regular intervals. The Childlens Trust has an Improvement Plan, linked to its Ofsetd inspection performance, which is overseen by a Social Care Improvement Board led by a DfE appointed Independant Chair.		3	4	12	A joint review of the ICF with WNC has taken place. An Inter Authority Agreement bewteeen NNC and WNC to formalise partnership working and management on all matters relating to the Childrens Trust, including the functions of the ICF, is being developed for implemntation in Q1 of 24/25. Following this recruitment to vacant posts to replace agency staff will take place.	Assistant Director of Commissioning/ Director of Lw and Governance	Jun-24	
2	Failure of corporate governance/meeting statutory requirements/ poor decision making.	Lack of awareness of decision making and legislative requirements. Continuation of processes from predecessor authorities which are no longer in place. Culture of good corporate governance not permeated through organisation. Lack of legal support and updates on legislative changes. Strong governance processes not yet implemented for all matters.		Director of Law and Governance	4	5	20	Decision making training undertaken and resources available on intranet. Stabilised legal and democratic service to provide proactive advice. Implementation of processes and procedures to support a good corporate culture. Legal support being proactive and engrained in services. Governance processes continuing to be implemented. Consideration and implementation of Oflog Best value Guidance.	legal and democratic services. Audits of service. Policies and	3	4	12	A programme of training and engagement for all staff will be implemented. The governance toolkit is being updated to provide easier access to officers and to strenghten understanding of process. Full training programme to be rolled out for all staff at all levels. The training has been delivered to the managers network and CLN and will now be incorporated as part of the corporate induction. This is complete and moves to BAU.	Director of Law and Governance	Ongoing	
3	Loss of data or systems due to cyber attack	Failure of preventative and detective controls leads to successful attack on Council systems.	Disruption to service delivery. Reputational damage and loss of customer considence. Financial loss, penalties and fines.	Assistant Chief Executive												

4	Disruption to service delivery and community due to unplanned incident or emergency	Lack of adequately resourced, experienced staff to fulfil BC roles. Lack of understanding of BC processes by Service Areas. Failure to address critical BC issues. Lack of completed BC plans to support with an internal disruptive event. Inadequate Emergency Planning arrangements arising from insufficient EP capacity and/or a lack of organisational engagement. Incident of scale that is beyond proportionate mitigation activity	Failure to deliver timely and effective BC Work Programme. BC arrangements not in place. Ineffective response to a BC incident. Low levels of resilience exacerbating impacts. Public harm, financial losses, reputational damage, legal failures, fines, service failure, staff absence. Poor response to incidents and emergencies leading to loss of life, serious public harm, serious economic harm, serious environmental harm, increased financial losses, failure of critical functions, significant reputational damage, legal failures and penalties	Exec Director of Place & Economy	5	4	20	Workforce planning; Training plans; Effectively managed BC programme; Adequate investment to address critical resilience issues; Defined, established and rehearsed emergency management processes. Key contractors are required to outline BC arrangements as part of the contract procedures rules	NNC has adopted a new Incident and Emergency Plan in March 2024. NNC maintains Gold and Silver officer rota to ensure coverage for key command roles. Strategic and Tactical Emergency Management Training was delivered by the Emergency Planning College in July 2022 These arrangements have been validated by incidents in the last 12 months. Where lessons were identified, action is underway to address these issues NNC has an established BC steering group to coordinate and oversee the development of BC arrangements across the organisation. NNC exercised its Incident and Emergency Plan in October 23. this also tested service level BC plans. A debrief report and action plan was provided to and agreed by the BC steering group and by CLT in March 2024.	3	4	12	Work is ongoing to procure further training for key command roles (strategic and tactical) for 2024, following the adoption of a new Incident and Emergency Plan. Ongoing delivery of the BC work programme under direction of BC steering group. Continued roll out of BC assessment tool and plans template and review post BC lantern exercise and provision of support to services in completion Complete Debrief Actions from Exercise Lantern and further Exercises are planned - Ex Robin in May 2024 and Exercise Static in Q4 24/25. Self-assessment of NNC against BC ISO Standards has been completed. Action plan is being created to address findings.	Emergency Planning	Mar-25	
	Failure of capital and revenue projects to deliver upon intended benefits, within budget and planned timeframes.	Multiple causes including inflationary impact, cost of borrowing, lack of resources, lack of pace, poor scoping of activities, outcomes and benefits, time slippage, budget or scope creep, change of legislative or original priorities. external factors taking priority.	Failure to deliver timely and effective projects. Financial penalties. Reputational damage. Legal implications. Service failure. Customer/community impact.	Exec Director of Finance & Performance	4	4	16	Defined governance programme in place including: Place Capital Programme Board Strategic Capital Board. There will be corporate governance under the remit of the constitution and Senior Responsible Officer with scheme of delegation, CLT; Member Transformation Board (where appropriate). Reporting into Service Delivery EAPs (where appropriate). Quarterly Capital and Monthly Revenue Reports to Executive and the following Finance and Resources Scrutiny. Individual Project Boards established for relevant projects. Capital Update report on new/changing projects to Executive each month.	Process for approval of capital projects reviewed by Finance	3	4	12	Scrutiny of programme progress at established Boards and ad-hoc e.g. project/programme audits by Transf. Team or Internal Audit. Capital challenge sessions as part of budget setting and to include realignment of budget over future years. Further capital challenge to take place during 2024/25 Actions from Project Management Audit 2023: Performance / PMO role established to monitor project progress and risks - to be recruited to. Introduce project management framework with template documents, including Outline Business Case, benefits realisation template and process, standard template for reporting to Capital Boards. Introduce process for reporting high level progress to Strategic Capital Board.	Director of Finance and Performance/ CLT Owner	Ongoing 30 April 2024	
6	Failure to safeguard vulnerable adults.	Failure to meet statutory requirements under the Care Act. The Care Act 2014 sets out that the local authority must act when it has reasonable cause to suspect that ar adult in its area has needs for care and support or is experiencing or at risk of abuse or neglect.	Financial implications. Reputational damage.	Exec Director of Adults, Health Partnerships & Housing	4	5	20	Monthly safeguarding quality assurance audit process NSAB Delivery Board Review and continuous improvement of adult safeguarding processes and procedures NSAB Performance Dashboard KPI data reporting on ASC Safeguarding 'Effective delivery and monitoring of internal safeguarding training for ASC staff Quality Assurance Board with Commissioning Implementation and ongoing review of the NNC Practice Framework	Safeguarding audits by Team Manager Safeguarding & Quality. Safeguarding audits by Team Managers and Principal Social Workers from April 23. Implementing actions for improvement identified in internal audit reports. Internal Audit of Adult Safeguarding referrals 2021/22 - satisfactory assurance Internal Audit of DoLS 2022/23 - satisfactory assurance.	3	4	12	Workstream on safeguarding to be reviewed in relation to safeguarding processes and procedures KPI data reporting on safeguarding to be reviewed ASC training matrix will be provided to L&D team to input all mandatory safeguarding training onto the iLearn system A review of the Terms of Reference for the Quality Assurance Board to be completed to reflect the extension of the membership of the board to external partners and providers. Updated guidance on safegaurding process written — process map and updated Eclipse Guidance to be added. Notification of concern guidance written. Large Scale Investigation guidance being written. CQC Ensuring Safety - joint training with Health on statutory responsibilities including performance, other stakeholder	Adult Social Care	Ongoing	

7	Unsustainable finances (medium term from 2024/25)	The position for 2024/25 is now balanced, however, cost and demand increases remain challenging and the position from 2025/26 onwards continues to be uncertain. There remains risks from continuing LGR/transformation related changes as services are disaggregated and/or reformed as well as the Government review of funding for Local Authorities which is anticipated in the next Parliament. This risk reflects this uncertainty.	Resources are insufficient and this results in non achievement of Corporate Plan priorities, with consequent negative impacts on residents and other stakeholders.	Exec Director of Finance & Performance	4	5	20	Budget balanced for 2024/25 but indicative and significant budget gaps from 2025/26 to 2027/28 highlighted. Most notably overarching external review and specific transformation review for Adult Social Care. Ongoing intelligence and lobbying alongside working to ensure robustness of the budgets for future years, including timely responses to the consultation on LA funding at the appropriate time. Financial planning and budget proposals and savings / income generation options. Budgets based on prudent assumptions. Challenge of budget proposals from Officers and Members All work linked to future transformation programme across all aspects of the Council. Transformation and specific working groups to address specific budget areas including programme boards within Directorates. Review potential external funding opportunities to meet service need.	CIPFA Financial Management Code self-assessment Budget Scrutiny Arrangements Member/Officer challenge	3	4	12	Continuing development of the MTFP for minimum 3 years. Budget 2024/25 approved February 2024. Work with services to identify efficiencies, cost controls and income generation to protect vital services. Factor in any announcements from the Chancellor's Spring/Autumn Budget Statements (generally March and November each year) and the Spending Review. Strong focus on robust controls for areas outside the General Fund, ie DSG and HRA.	Executive Director of Finance and Performance	Ongoing	
8	General Fund of £11m as at Period 10. The DSG is forecasting an overspend of £9m at Period 10.	The requirements from demand led services such as children's social care and Adult Social Care result in signficant pressures. The budget is also still being adversly impacted by the significant impact of higher than anticipated inflation (both pay and prices). The level and extent of the inflationary increases is higher than the OBR forecast at the time the budget was set. The pay award was budgeted at 4% and exceeds the provision by £2.2m. The cost of living challenges will also potentially present difficulties for income generation in areas such as leisure, with greater support mechanisms being required as well as possibly resulting in increased service demand in areas such as homelessness. The DSG pressures relate to the incease in the number of Education, Health and Care Plans (EHCP), sufficiency issues in local SEND placements, pressurers in mainstream top ups and Alternative Provision (AP).	will impact on the level of reserves. The Council is currently forecasting an overspend predominantly due to demand and price pressures. The Council is forecasting a pressure on DSG due an increase in EHCP and sufficency of placements.	of Finance & Performance	5	4	20	Ongoing monitoring and scrutiny. Reserves and contingency to offset in year pressures. Robust governance arrangements for approval of any new/unplanned spend or proposals. Closely monitor the financial position and work with colleagues to mitigate any pressures in year. Continue to work through the budget to identify underlying issues and risks and address as part of the MTFP. Utilisation of government funding as available to support individuals, businesses and households. Eg Household Supprt Fund	CIPFA Financial Management Code self-assessment. In year monthly monitoring to Executive and regular scrutiny by the Corproate Scrutiny Committee including scrutiny of Chidren's Services position which is operated through the Children's Trust. Children's Trust position also reported to the Operational Commissioning Group and the Strategic Commissioning Group for review.	5	4	20	Work to identify in-year mitigation as well as close working with the Children's Trust to understand the driving factors for, and the potential for mitigation. Set aside contingency and reserves to meet shortfall and adressing the position in the longer term as part of the MTFP. The Council is working with the ESFA on a Deficit Recovery Plan to address the financial pressures within the DSG	Performance	Ongoing	
9	Inadequate data sharing and data security arrangements— leading to non-compliance with legislative requirements.	Processes and procedures are not effective. Officers do not comply with processes and procedures. Inadequate training to promote requirements and risks. Information Asset Registers aren't complete.	Financial fines/penalties.	Director of Law and Governance	3	4		Information Asset Registers. Data protection training for staff and Members. Data protection policies and guidance for staff. Data Protection Officer in post IT health checks including penetration testing, information sharing agreements with partners and agencies	Internal Audit of Information Governance 2023/24 - Moderate / Good Assurance.	3	4	12	Predesscor storage arrangements to be considered and business case put together for consideration by CLT.	Data Protection Officer	Jan-24	
10		This may be due to lack of financial resilience or other factors, impacting the onward ability of the Council to secure required services to its residents. A key risk given COVID impact, inflationary pressures, negotiation of UK trade deals following UK Exit and lack of competition in some markets. Poor contract management may lead to failure to highlight and address performance issues effectively.			3	4		Professional Procurement Teams in place to support services in effective management of procurement lifecycle; including supplier due diligence. Includes involving all directorates. Contract management register and risk assessment in place. Bankruptcy / Liquidation Policy to enable consistent response to supplier failure. Enhanced due diligence arrangements developed and due diligence working group in place. Risk reduced but maintained at medium due to wider risks of supplier resilience outside of control of the Council and implication of the new Procurement regulations coming into force in October 2024 . Reporting to: CLT and Corporate Scrutiny Committee as required.	Internal Audit review of Procurement Compliance 2023/24 (Moderate assurance rating) Internal Audit review of Contract Management in Place and Economy (Good assurance rating).	2	3	6	Ongoing work with Directorates regarding Procurement requirements and maintenance of the Contract Register with a view to timely procurement and greater contract negotiation potential. January 2024 Procurement become part of corporate induction. Work on new regulations cureently in progress to ensure compliance.	Head of Procurement	Ongoing	
11	Inadequate organisational capacity.	Capacity is not prioritised in the areas which will deliver outcomes and ensure service delivery. Capacity is not directed to specific pressures, eg- elections. Increased turnover resulting in increased vacancies. Recruitment and retention challenges which are influenced by a national shortage of employees as well as local issues such as near implementation of pay and grading and terms and conditions.		Exec Director of Customer & Governance	5	4	20	Workforce and service performacne data considered regularly at a senior level. HR Policies to support effective recruitment. People Plan in place to support employees. Future Ways of Working Strategy in place to attract employees and support health and wellbeing as well as ensuring excellent services are delivered. Managers supported to understand areas and any organisational challenges. Apprenticeship Policies being implemented to support "grow your own". Managers Network established to support managers with implementation of values. Pay and Grading and Terms and Conitions implementation due in Feb 2024. Dialogue at the right level around critical areas where resource is specialised and limited and could have a more rapid impact on service delivery.	HR data presented regularly along with wider corporate healthcheck information to ensure that performance, complaints, budget and HR data is considered holistically. Management information provided to managers within the organisation. Policies and Procedures in place and reviewed. Consideration at CLT of areas of greater risk of impact of capacity shortage.	3	4	12	CLN colleagues to raise areas of concern with CLT should they arise.	CLN		

13	Legacy legal claims of predecessor Councils, .	Matters arising from actions/omissions of previous authorities which may be challenged	Reputational damage, financial and legal implications	CLT	3	5	15	Risk Registers, understanding of previous actions/omissions by senior management, national learning.	Risk Registers	3	5	15	Claims can arise at any time but there are specific limitation periods dependant on type. They will be dealt with on a case by case basis when they arise.		ongoing	
14	Consolidation and/or dis- aggregation of services into the new Unitary delivery.	Disaggregation of previously county wide services.	budgetary and recruitment challenges where a service will cost more to deliver and staff may choose to transfer to the other authority for reasons such as local or pay differential. Reduced levels of services to customers. Vacancies for difficult to recruit key/statutory posts increased cost of service		3	4	12	Agreed HR process & disaggregation principles between NNC/WNC on transfer of staff Statutory staff consultation process in place Updates to Directorate forums with Unions to include info on new service structures Agreed process for staff re-structures	Directorate Union consultation forums	3	4	12	Detailed Transformation Plans reflect the remaining areas of diaggregation to be finalised and business plans are considered in detail.	CLT	Mar-24	
16	in injuries/harm to staff, tenants or service users.	People Ineffective or insufficient competent advice. A lack of leadership engagement and competence in HSW matters. Lack/loss/movement of those with additional H&S responsibilities. IT Unsuitable IT systems to aid risk management. Property Unsuitable or poorly maintained properties and or workspaces.	Injury / harm to individual(s). Financial penalties and fines. Prosecution of organisation and or individuals. Reputational damage. Employees do not feel safe and supported and decide to leave employment. Failure to meet Service Level Agreement requirements with schools (LA + Non LA). Poor safety culture. Inadequate management systems.	Assistant Chief Executive	3	5	15	Nominated Director for HSW (Assistant Chief Executive) HSW policy in place and signed off Chief Exec. Supplementary procedures on specific risks / processes. Procedures have identified owners across various departments. HSW intranet pages to publish / communicate information. Contracts for occ health, eye care and eap provider in place. Competent Advice - HSW team re-structure completed, maintain resource requirements and team competencies. Providing adequate Information, Instruction, Training and Supervision. Certificate of employers liability insurance / policy statement published on intranet and notice boards where staff don't have access to this.	Reporting and investigation of accidents and incidents. HSW monitor accident and incident reports. Competent person inspections of plant and equipment. Internal audit. Routine/non-routine visits from enforcement authorities (fire, hse). Directorate HSW forums and Joint HSW committee's established (Ortly meetings). Reviewing of policy and procedures.	O	5	15	Corporate plans are in place to lower risk and development of our safety management system (SMS) is ongoing. We have started to carryout audits this year to measure compliance with and effectiveness of the SMS. Only when we have some real assurance across a broad range of areas will the score be lowered for liklihood. Property Compliance arrangements are developing with more rigourous reporting to Directorate and joint H&S boards. However, there are still variances in approach related to legacy property management arrangements and budget control. This will only be resolved fully through the introduction of a Corporate Landlord Model, which		Ongoing	
18	Transformation Plan not delivered as endorsed by Executive, affecting the ability to deliver benefits of projects/programmes within the plan.	External (corporate wide or external to organisation) pressures impact upon the delivery of the Transformation team. increase in service demand for Transformation – leading to the service being overwhelmed by competing demands on resources and disappointment amongst customer base with pace achieved.	Failure to deliver planned benefits and savings.	CLT	3	4	12	Each Directorate has a programme board to consider transformation priororities, new project proposals and progress against plans. These dovetail into orther approval routes eg for IT improvement throught the Digital Board and Capital Investment through the Strategic Capital Board. Individual Project Boards are established for relevant projects eg new systems. Regular reporting of activity and progress to relevant boards. Summary to Members	disagg programme, for example)	3	3	9	Transformation Plans reside with individual Executive Directors.	CLT	Ongoing	
19	Pay and Grading resources and expertise	Pay and Grading regarded as HR project rather than corporate transformation project. There is a lack of specialist resource in North to lead and support this critical work. AD leading this, as well as other key projects - e recruitment, FWOW people workstream, people strategy and disaggregation of L&D.		Assistant Chief Executive	3	4	12	Establish Pay and Grading as a corporate transformation project and resource with adepquate specialists / expertise and monitor continued progress of implementation through CLT.	Delivery of the Pay and Grading Project to project timescales	4	3	12	Continue to seek additional specialist resource and utilise substantive team where possible.	Assistant Director of HR	Ongoing	
20	Cost/Service Need being in excess of budget and activity anticipated due to Cost of Living impact	National/global recession resulting in business failure and unemployment Growth or decline of the local/national economy - adverse impact on interest rates, inflation and service demand. UK CPI inflation rate is currently falling and is now 3.4% as at February 2024 (high of 11.1% in October 2022)	Increased requirement for benefits, housing, Council Tax support, business advice and support. Adverse impact on demand led services eg homelessness. Adverse impact on other services due to reduction in disposable income eg use of leisure facilities. Impact on services to deliver support packages	CLT	4	4	16	Emergency Planning Business Continuity Plan - Reviewed as part of Business Continuity Arrangements through Emergency Planning Team. Identified area on the Council's website to provide details of support for residents including wider link to Government support - https://www.northnorthants.gov.uk/cost-living Existing Council support mechanisms for those in need and wider community suppor networks Specific government funding streams such as Household Support Fund administered by the Council. The Household Support Fund has now been extender for a further 6 months in 2024/25 as announced in the March Budget Statement by the Chancellor. Macro controls to offset inflation. However, this often means interest rate rises and affects predominantly home owners. The current Bank of England base rate is 5.25%.	and organisational pressures. t Current service provision and controls including work with community groups and establishment of Warm Spaces winter 22-23 and 23-24.	3	4	12	Specific group set up to look at implicationsarising from the cost of living crisis and impact/support.	Assistant Director Communities	Ongoing	