

Inherent Risk								Residual Risk					Actions			
Risk No.	Risk Description	Cause	Effect	Owner	Likelihood	Impact	Score & RAG	Key controls	Sources of assurance over controls	Likelihood	Impact	Score & RAG	Actions	Owner	Target Date	Action RAG
1	Children's Trust fails to deliver to the agreed standards / failure of the Council's Intelligent Client Function (ICF).	NCT does not meet its requirements in the improvement plan. ICF fails to identify and address areas for improvement.	Risks to child safeguarding. Poor quality of service and outcomes for service users.	Exec Director of Children's Services	5	4	20	Intelligent Client Function (ICF) is in place and clear governance arrangements set out in the contract with monitoring of performance and financial plans via operations board and strategic board. Regular Ofsted monitoring visits will provide independent performance feedback at regular intervals.	Ofsted inspections. Internal Audit of governance arrangements 2021/22: Satisfactory Assurance - with action plan in place to prioritise areas for improvement.	3	5	15	Complete restructure and recruit to posts.	Assistant Director of Commissioning	Jun-22	
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.	Failure to ensure best value. Breach of legislation which increases risk of legal challenge. Unlawful decisions made.	Director of Governance & HR	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.	Records of decision, Forward Plan, increased advice from legal and democratic services. Audits of service. Policies and Procedures.	4	4	16	A programme of training and engagement for all staff will be implemented.	Assistant Director of Legal and Democratic	01-Dec	
3	Loss of data or systems due to cyber attack	Failure of preventative and detective controls leads to successful attack on Council systems.	Financial fines / penalties. Reputational damage. Disruption to service delivery.	This risk is confidential to protect system resilience. Its presence on the Register reflects the importance of this issue. It does not represent that weaknesses are evident. Controls in this area include critical software being kept up to date through regular patching and updates and acting quickly upon reports of issues and on feedback from specialist IT auditors / penetration testers.												
4	Disruption to service delivery and community due to unplanned incident or emergency	Lack of adequately resourced, experienced staff to fulfill BC roles. Lack of understanding of BC processes by Service Areas. Failure to address critical BC issues. Lack of completed BC plans to	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,	CLT	5	4	20	Workforce planning; Training plans; Effectively managed BC programme; Adequate investment to address critical resilience issues; Defined, established and rehearsed	NNC has an established Critical Incident Plan which is supported by emergency management arrangements to provide a core capability for the management of disruptive incidents. These arrangements have been validated by incidents in the last 12 months. Where lessons were identified, action is underway to address these issues	3	4	12	Establish BC programme Establish NNC cross organisational BC coordination forum Recruit additional BC Officer capacity	Emergency Planning Manager	Mar-23	
5	Failure of capital and revenue projects to deliver upon intended benefits, within budget and planned timeframes.	Multiple causes including 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, penalties and failures. Service failure. Customer/community impact.	Executive Director of Place and Economy / Executive Director of Finance / Director of Transformation	4	4	16	Defined governance programme in place including: Place Capital Programme Board; Strategic Capital Board; Governance within the Transformation Programme including: Corp Gov/SoD, Officer Transformation Board; Member Transformation Board. Reporting into Service Delivery EAP. Monthly Capital and Revenue Reports to Executive. Individual Project Boards established for relevant projects. Transformation Change Control process. Emerging Benefits Management Strategy.	Internal Audit Review of Capital Programmes scheduled for 2022. Internal Transf. Team reviews and Internal Audit (recent "Good" score for disagg programme, for eg.)	3	4	12	Regular scrutiny of programme progress at established Boards and ad-hoc e.g. project/programme audits by Transf. Team or Internal Audit.	Executive Director of Place and Economy / Executive Director of Finance / Director of Transformation	Sep-22	
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 an adult in its area has needs for care and support or is experiencing or at risk of abuse or neglect.	An adult is harmed due to failure to exercise safeguarding duties. Financial implications. Reputational damage. Failure to meet areas of importance. Continue to neglect individuals's wellbeing. Poor outcome for people.	Exec Director of Adults, Communities and Wellbeing	4	5	20	Audit compliance NSAB Delivery Board Workstream on Safeguarding KPI data reporting on Safeguarding Training on Safeguarding Quality Assurance Board with Commissioning Forthcoming Safeguarding Audit to be established. Principal Social Worker Framework	Internal Audit of Adult Safeguarding referrals 2021/22 - satisfactory assurance Internal Audit of Adult Safeguarding referrals 2021/22 - limited assurance	3	4	12	Audit compliance NSAB Delivery Board Workstream on Safeguarding KPI data reporting on Safeguarding Training on Safeguarding Quality Assurance Board with Commissioning Forthcoming Safeguarding Audit to be established. Principal Social Worker Framework	Executive Director of Adults, Communities and Wellbeing / Assistant Director of Safeguarding and Assistant Director of ASC		

7	Unsustainable finances (medium term)	A balanced budget has been set for 2022/23. The position from 2023/24 is more uncertain due to changes in the funding regimes planned from April 2023 which have yet to be consulted on from central government. Therefore, there is some doubt as to whether these will be implemented in full. There may be more limited changes before a more significant reconfiguration of finances across Local Government. There remains risks from COVID-19 in some form, rising inflation, general demographic changes and continuing LGR/transformation related changes. This risk reflects this uncertainty of scale of impact.	Future 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	4	4	16	Ongoing intelligence and lobbying alongside working to ensure robustness of the budgets following LGR. Financial planning and budget proposals and savings / income generation options. based on prudent assumptions. Challenge of budget proposals. All work linked to future transformation programme across all aspects of the Council. Transformation and specific working groups to address specific budget areas. Review potential external funding opportunities to meet service need.	CIPFA Financial Management Code self-assessment Internal and External Audit reviews of controls and accounts	2	4	8	Review of budget for 2022/23 and 2023/24 onwards based on the outturn for 2021/22. Update MTFP forward projections based on the latest intelligence and national announcements. Work with services and partners to identify efficiencies.	Executive Director of Finance	Dec-22	
8	Unsustainable finances (current year)	Continuing Impact of COVID on the Councils Finances and the wider economy. Rising inflation affecting all costs and also potential impact on pay bill above estimate.	The Council will not remain within budget in the current financial year 2022/23. Including non-delivery or under delivery of savings	Exec Director of Finance	3	4	12	Reserves and contingency to offset in year pressures. Robust governance arrangements for approval of any new/unplanned spend or proposals. Close monitoring of the financial position, reporting to CLT, Executive and Finance and Resources Scrutiny. Work with colleagues to mitigate any pressures in year. Specific attention to the commercial portfolio.	CIPFA Financial Management Code self-assessment	3	2	6	Continue to monitor budget and seek in-year efficiencies to address any shocks to the financial position. Include any longer term efficiencies, income generation within MTFP assumptions.	Executive Director of Finance	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.	Loss of data. Financial fines/penalties. Reputational damage.	Director of Governance & HR	3	4	12	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	Internal Audit of Information Governance 2021/22 - Satisfactory assurance.	3	4	12				
10	Procurement - Key suppliers of goods and services (including hosted / shared services) fail to deliver services to the required standards and capacity - thereby, impacting on the Council's ability to operate effectively in delivery/provision of services.	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.	Financial and legal implications for the Council. Implications for maintaining appropriate standards for key service functions and impact on customers. Reputational damage for the Council and the Contractor. Early termination of the contract because of operational failures by the Contractor. Withdrawal of the service by the Contractor owing to dispute with the Council. Legal challenge on award of contracts / failure to achieve value for money.	Exec Director of Finance	3	4	12	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 acute given ongoing impacts of Covid19 and of agreeing post EU trade deals. Reporting to: Commercial Board, CLT and Resources and Governance Scrutiny Committee	Internal Audit review of Procurement Compliance 2021/22 (Satisfactory assurance rating) Internal Audit review of Contract Management in Place and Economy (Good assurance rating).	2	3	6	Procurement training for officers Development of Future NNC Procurement Strategy	Head of Procurement	Aug-22	
11	Inadequate organisational capacity.	Increased turnover resulting in increased vacancies. Recruitment challenges due to a buoyant employee market.	Reduced service provision, negative impact on health and wellbeing of officers	Director of Governance & HR	5	4	20	Data considered by members and senior leaders on a monthly basis. 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	HR data presented to Executive monthly. Management information provided to managers within the organisation. Policies and Procedures.	3	4	12				

13	Historic and Legal issues that the Council inherits from 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.	Risk Registers	3	5	15				
14	Consolidation and/or disaggregation of services into the new Unitary delivery.	Significant recruitment Onboarding staff from WNC to NNC. Pay and responsibility differentials.	Reduced levels of services to customers Difficult to recruit to key/statutory posts Increased cost of service delivery	Director of Transformation	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 Transformation Impact assessments undertaken	Transformation Impact Assessments Transformation Business cases Transformation decision process through Joint Officer Board and Shared Services Joint Committee Member Transformation Board Directorate Union consultation Forums	3	4	12	Ongoing Disaggregation Activity reported to Member Board and Committee			
16	Breaches of health and safety responsibilities result 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.	Director of Governance and HR	5	5	25	•Nominated Director for HSW (Exec Director Legal & Governance) •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	•Management self-audits and inspections (HSW Management Tool) •HSW team led audits. •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 (Qrtly meetings). •Reviewing of policy and procedures.	3	5	15	Complete review of HSW policy with key stakeholders to ensure roles and responsibilities are clear, policy to be signed off by Chief Executive / CLT and Leader of the Council. Finalise HSW Service Plan and gain agreement of JHSWC. Development of Directorate / Service level HSW plans/actions and gain agreement at DHSWF. Recruit for vacant HSW positions or fill with agency temporarily. Ensure access to e-learning courses or provide alternative arrangements for employees without access to work email and or computers.	Director of Governance & HR/HSW Lead Director of Governance & HR/HSWLead Directors HSW Lead CLT	June-22 June-22 TBC July-22 ??	
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.	Director of Transformation	3	4	12	An Enabler Working Group has been set up to review competing priorities / resource demands and there will be regular reviews of gateway process to evaluate urgency/criticality of new project proposals. Governance within the Transformation Programme including: Officer Transformation Board; Member Transformation Board. Reporting into Service Delivery EAP. Individual Project Boards established for relevant projects. Transformation Change Control process.	Internal Transf. Team reviews and Internal Audit (recent "Good" score for disagg programme, for eg.)	3	3	9	A clear Transformation Plan will be produced to reflect corporate objectives, along with costed contingency plans.	Director of Transformation	Sep-22	