Risk Number	RM001		Date of update	05 December 2017
Risk Name	Infrastructure is not delivered at the required rate to support existing needs and the planned growth of Norfolk			
Risk Owner	Tom McCabe		**Date entered on risk register**	01 July 2015

Risk Description

1) Not securing sufficient funding to deliver all the required infrastructure for existing needs and planned growth leading to: • congestion, delay and unreliable journey times on the transport network • a lack of the essential facilities that create sustainable communities e.g. good public transport, walking and cycling routes, open space and green infrastructure. 2) Not meeting the funding profiles (e.g. Local Growth Fund) and losing the funding.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	**15**	3	3	**9**	3	2	**6**	Mar-18	**Amber**

Tasks to mitigate the risk

1.1) County and District Council staff to compile evidence for Local Growth Fund 3 (LGF3) schemes by LEP deadline (End of 2017) to maximise the chance of success. Funding announced and the Local Enterprise Partnership will make a decision anticipated to be spring 2018.

1.2) Engage with Highways England over recommendations for RIS2 programme over summer 2017.

1.3) Actively promote scheme and lobby MP's to secure funding for the Great Yarmouth Third River Crossing. Continue to develop scheme pending Outline Business Case (OBC) decision to ensure current programme is maintained.

1.4) Review Planning Obligations Standards annually to ensure we are seeking the maximum possible contributions from developers. Officer review December 2017. Member adoption March/April 2018.

1.5) Submit business cases for Pooled Business Rates (PBR) funding by end of July 2017 and end of October 2017.

2.1) Manage and oversee development and delivery of individual Local Growth Fund allocation schemes. Undertake consultation and feasibility work to determine priorities.

2.2) Periodically review timescales for S106 funding to ensure it is spent before the end date and take action as required. Periodic reviews up until the end of March 2018 for transport contributions and an annual review process from April to July 2017 for library and education contributions.

Progress update

Progress update

1.1) 27 LEP pro formas have been completed for the highest priority LGF schemes.

1.2) Acle Straight and East Winch to Tilney dualling identified as key priorities for RIS2 by NCC and the A47 Alliance and these have been recommended to HE.

1.3) Government announced £98million funding for the Great Yarmouth Third River Crossing in the November 2017 autumn budget.

1.4) Review programmed for December 2017.

1.5) Pooled Business Rates bid were successful for 24 projects including the following key transport projects
King's Lynn Transport
Norwich Western Link
Great Yarmouth Transportation Strategy
Dereham Market Town Study
Long Stratton Bypass

2.1) Briefs prepared for 7 Attleborough transport schemes, 6 Great Yarmouth Sustainable Transport schemes and one Great Yarmouth congestion scheme. Two Great Yarmouth transport schemes currently under construction (Fullers Hill Roundabout and the Railway Station/The Conge).

2.2) Longwater S106 was reviewed and it was confirmed that these contributions are all still valid to contribute to the Dereham Road scheme.

Risk Number	RM002		Date of update	10 January 2018
Risk Name	The potential risk of failure to manage significant reductions in local and national income streams			
Risk Owner	Simon George		**Date entered on risk register**	01 July 2015

Risk Description

This may arise from global or local economic circumstances (i.e. Brexit), government policy on public sector budgets and funding. As a result there is a risk that the Medium Term Financial Strategy savings required for 2017/18- 2019/20 are not delivered because of uncertainty as to the scale of savings resulting in significant budget overspends, unsustainable drawing on reserves, and severe emergency savings measures needing to be taken. The financial implications are set out in the Council's Budget Book, available on the Council's website.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	5	**20**	3	4	**12**	3	4	**12**	Feb-18	**Amber**

Tasks to mitigate the risk

Medium Term Financial Strategy and robust budget setting within available resources.
No surprises through effective budget management for both revenue and capital.
Budget owners accountable for managing within set resources.
Determine and prioritise commissioning outcomes against available resources and delivery of value for money.
Regular and robust monitoring and tracking of in-year budget savings by CLT and members.
Regular finance monitoring reports to Committees.
Close monitoring of central government grant terms and conditions to ensure that these are met to receive grants.
Plans to be adjusted accordingly once the most up to date data has been received.

Overall risk treatment: reduce

Progress update

Government's 2017-18 local government finance settlement reflected in the 2017/18 budget and Medium Term Financial Strategy.

DCLG confirmed on 16th November 2016 that it had accepted the Council's Efficiency Plan which results in a multi year settlement and provides more certainty over the level of future Government funding. The risk impact score has been lowered from 5 to 4 to reflect this.

Policy and Resources Committee on 17 July 2017 considered the latest position and agreed a timetable to consider the 2018/19 budget and future Medium Term Financial Strategy.

Committees considered budget proposals at their October meetings and the public consultation started on 6 November 2017 and closed on 2 January 2018.

The Government has announced the provisional 2018/19 Local Government Financial Settlement.

Risk Number	RM003					**Date of update**				12 December 2017	
Risk Name	Potential reputational and financial risk to NCC caused by failure to comply with statutory and/(or) national/local codes of practice relating to information compliance and information security.										
Risk Owner	Simon George					**Date entered on risk register**				30 September 2011	

Risk Description

There is a risk of failing to comply with statutory and/(or) national/local codes of practices in relation to Information Compliance. This could lead to significant reputational and financial risk for NCC.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	**15**	3	4	**12**	2	4	**8**	May-18	**Amber**

Tasks to mitigate the risk

1) Implementation of SIRO (Senior Information Risk Owner) , CIO (Chief Information Officer), Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities.

2) Ensure that information and data held in systems (electronic and paper) is accurate, up to date, comprehensive, secure against security breaches, and fit for purpose to enable managers to make confident and informed decisions.

3) Ensure that all staff and managers are provided with training, skills, systems and tools to enable them to meet the statutory standards for information management.

4) SIRO to receive assurance of compliance with statutory and/or national/local codes of practice in relation to information compliance from Information Asset Owners when reporting the Annual Governance Statement.

5) NCC is PSN accredited

6) NCC is NHS Information Governance Toolkit compliant to Level 2

7) Embedding and enhacing Cyber Security techniques and Protocols through recommendations from the recent Cyber Security Audit - i.e data loss, ransomware and system outages etc.

GDPR work plan has been to CLT and the ICG now owns the plan.

The current impact score is at 4 to take into account the increase in corporate tools to manage and ensure compliance - Information Asset Register, Policies and Procedures, Training and Awareness Strategy and Business buy-in.

The target date has been changed to take into account recommendations to be undertaken as a result of the ICO Audit.

The new General Data Protection Regulations are to be implemented by May 2018. A GDPR paper and work plan agreed by the ICG will go to CLT for sign off, with further work progressing. The work plan will include a corporate plan that will add further mitigation in reducing this risk.

Progress update

Progress update

The IM Maturity Readiness plan has objectives and outcomes around the key information management tasks identified within the risk. The plan is initially focussed on the first three information principles as the foundation layers, Information is a valued asset, information is managed and information is fit for purpose.
Data cleansing has started in relation to Children's and Adult's social care information pre-procurement. The council now has a corporate Information Asset Register in line with industry best practice, which all services have added their key information assets and these have idenitified Information Asset Owners (IAOs) associated with them. The SIRO will recieve quarterly exception reports from the IAO's and the IAO's will on a regular basis update these assets and any risks associated with them. The governance of the monitoring of the register and the assets themselves has been agreed with the SIRO and identified to the Caldicott Guardians.

Norfolk County Council is NHS IG toolkit accredited for 2017/18, following re-accreditation in March 2017.

Six new Corporate Information Management policies signed off by Business L

eads, the Caldicott Guardians and the SIRO, have been implemented within the council along with 30+ Corporate procedures signed off by business leads. In tandem, a communications strategy has been implemented along with a robust Training and Awareness strategy including action and implementation plans.

Cyber security action plan has been developed and is currently being actioned.

The Information Commissioner's Office (ICO) audited the Council on the 11th to the 13th October 2016 and the Council has received the final report. The ICO found that there is a reasonable level of assurance that processes and procedures are in place and delivering data protection compliance. The Executive Summary of this audit has been published.
The Maturity Readiness Plan is being monitored by the Business Intelligence/Information Management Programme Board on a monthly basis with highlight reports. The scrutiny will also be provided by regular updates to CLT.
The Annual Governance Statement is being produced with assurance of compliance to be incorporated.
GDPR programme of work is underway reporting to the ICG and escalation to IMT steering Group/CLT.

Risk Number	RM004						Date of update			22 December 2017	
Risk Name	The potential risk of failure to deliver effective and robust contract management for commissioned services.										
Risk Owner	Simon George						**Date entered on risk register**			01 July 2015	

Risk Description

Ineffective contract management leads to wasted expenditure, poor quality, unanticipated supplier default or contractual or legal disputes The council spends some £600m on contracted goods and services each year.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	**12**	3	4	**12**	2	3	**6**	May-18	**Amber**

Tasks to mitigate the risk

1) Agree a standard corporate approach to the management of significant contracts.

2) Conduct a gap analysis, initially focused on the top fifty contracts.

3) Put in place an action plan based on the gap analysis

4) The March 2017 Policy & Resources report should update Members on the procurement procedure.

5) Procurement pipeline to go to all Committees with each Committee to have their own procurement pipeline summary.

6) Appoint a Senior Commissioning Officer for Norse services.

Overall risk treatment: reduce

Progress update

1) CLT agreed the standard approach on 30 June 2016.

2) An initial pilot was undertaken on ten contracts to assess the useability of the contract management standards and associated templates. This was used to refine the templates.

3) A gap analysis of the top fifty contracts and associated categories has been completed, identifying themes and trends in contract management performance. An action plan to address those issues is being developed and will be completed by the end of May 2018.

4) The March 2017 Policy & Resources report updated Members on procurement procedure.

5) The procurement pipeline goes to all Committees and is being tailored to each Committee to show their procurement. It is also being taken up by some departmental management teams.

6) A Senior Commissioning Officer has been appointed for Norse services.

Risk Number	RM006		Date of update	22 December 2017
Risk Name	The potential risk of failure to effectively plan how the Council will deliver services over the next 3 years commencing 2018/19 - 2021.			
Risk Owner	Wendy Thomson	**Date entered on risk register**		01 July 2015

Risk Description

The failure in strategic planning meaning the Council lacks clear direction for resource use and either over-spends, requiring the need for reactive savings during the life of the plan, or spends limited resources unwisely, to the detriment of local communities.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	**15**	2	5	**10**	2	5	**10**	Apr-18	**Met**

Tasks to mitigate the risk

1) Clear robust planning framework in place which sets the overall vision and priority outcomes. A council-wide strategy which seeks to shift focus to early help and prevention, and to managing demand
2) Strategic service and financial planning process which translates the vision and priorities into achievable, measurable objectives, with clear targets.
3) A robust annual process to provide evidence for Members to make decisions about spending priorities.
4. Regular and robust in-year financial monitoring to track delivery of savings and manage in-year pressures
5.) Sound engagement and consultation with stakeholders and the public.
6) A performance management and risk system which ensures resources are used to best effect, and that the Council delivers against its objectives and targets.

Overall risk treatment: reduce

Progress update

Progress update

1) Full Council agreed a three-year medium term financial and service strategy, including the budget for 2017/18, at its meeting on February 20th 2017. In making their decisions, Councillors had the benefit of a cycle of robust committee discussions about priorities and pressures on services. The new Strategy Director was appointed in April 2017. The new service will focus on building effective intelligence and analytics alongside the Strategy and Delivery unit to develop the County Council plan and monitor the delivery of the Corporate priorities.

2) In agreeing the budget, a detailed review of the deliverability of previously agreed savings was undertaken. As a result, a number of savings were reversed or delayed to ensure sustainability going forward.

3) The County Plan continues to provide the strategic context for the Council, providing direction and guiding strategic and resource choices.

4) Regular performance reporting to committees is focusing attention on poorly performing areas and highlighting areas of good performance. Dashboards are used, providing a summary of key performance indicators (KPIs) which focus on key areas agreed by Members and Chief Officers, together with the red, amber, green rating (RAG) ratings and direction of travel (DoT).

5) Public consultation took place on specific proposals for savings in 2017/18 and the feedback was considered in detail by councillors.

6) Re-shaping the corporate centre of the council will strengthen corporate oversight, horizon scanning, and strategic planning to marshal evidence and intelligence to support prioritisation and decision making.

7) An early review of the County Council plan is taking place in line with the direction of the new administration with the aim of having a full plan and performance monitoring in place by April 2018.

Risk Number	RM007		Date of update	12 December 2017
Risk Name	Potential risk of organisational failure due to data quality issues.			
Risk Owner	Simon George		Date entered on risk register	01 July 2015

Risk Description

Failure to manage the data quality will prevent us from ensuring that data relating to key Council priorities is robust and valid. This places the Council at risk of making decisions using data that is not always as robust as it should be. This may lead to poor or ineffective commissioning, flawed decision making and increased vulnerability of clients, service users and staff.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	**15**	3	5	**15**	2	4	**8**	Dec-18	**Amber**

Tasks to mitigate the risk

1) Implementation of the Information Management Strategy,
Information Governance Framework, Data Protection, Information Sharing, Freedom of Information, Records Management, Managing Information Risk, and Information Security.
2) Information Compliance Group (ICG) has the remit to ensure the overarching Information Governance Framework is embedded within business services and NCC and elements of the IM Maturity Readiness Plan.
3) Ensuring that all staff and managers are provided with training, skills, systems and tools to enable them to meet the statutory/NCC standards for information management.
4) Ensuring the Mandated E-Learning Data Protection 3 year refresher data - Information sent to CLT and CLG on a monthly basis for review and action
5) The implementation of a corporate Records Management solution
6) The implementation of a corporate Identity and Access Management solution

Overall risk treatment: reduce

Progress update

The IM Maturity Readiness plan has objectives and outcomes around the key information management tasks identified within the risk. The plan is initially focussed on the first three information principles as the foundation layers, Information is a valued asset, information is managed and information is fit for purpose.
April 2017 compliance rate for 3 year refresher is 97.6% - 2.6% higher than the target for the vital sign of 95%.
A pilot training programme has been completed concerning increasing data accuracy skills. The pilot was for 32 staff accross all services.
The Council now has a corporate Information Asset Register in line with industry best practice, which all services have added their key information assets and these have idenitified Information Asset Owners (IAOs) associated with them. The SIRO will receive quarterly exception reports from the IAO's and the IAO's will regularly update their assets and any risks associated with them. The governance of the monitoring of th

Progress update

e register and the assets themselves has been agreed with the SIRO and identified to the Caldicott Guardians. The Information Commissioner's Office (ICO) audited the Council on the 11th to the 13th October 2016 and the Council has received the final report. The ICO found that there is a reasonable level of assurance that processes and procedures are in place and delivering data protection compliance. The Executive Summary of this audit has been published.

The Maturity Readiness Plan is being monitored by the BI/IM Programme Board on a monthly basis with highlight reports. The scrutiny will also be provided by regular updates to CLT.

There is a data quality audit planned for Q1 of 2017/18, particularly focussing on information asset owners.

A Data Quality Working Group has been established for the Liquid Logic project and has been meeting on a reqular basis to ensure the quality of the information migrated to the new system is in a robust fit for purpose state as per the IM Strategy.

Risk Number	RM010		Date of update	12 December 2017
Risk Name	The risk of the loss of key ICT systems including: - internet connection; - telephony; - communications with cloud-provided services; or - the Windows and Solaris hosting platforms.			
Risk Owner	Simon George		**Date entered on risk register**	02 September 2015

Risk Description

Loss of core / key ICT systems, communications or utilities for a significant period - as a result of loss of power, physical failure, fire or flood, supplier failure or cyber attack - would result in a failure to deliver IT based services leading to disruption to critical service delivery, a loss of reputation, and additional costs. Overall risk treatment: reduce.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	**12**	3	4	**12**	1	3	**3**	Mar-18	**Amber**

Tasks to mitigate the risk

1) Full power down completed periodically.

2) Voice and Data reprocurement.

3) Commision Independant Data centre and power audit

4) Reprocure storage with suitable resilience and Disaster Recovery (DR)

5) Reprocure Microsoft Server Infrastructure with suitable resilience and DR

6) Replace ageing Local Area Network (LAN) equipment

7) Identify a suitable DR site to replace Carrow House

8) Ensure access to services if county hall lost by reconfiguring Core Infrastructure Services (DHCP, DNS, Active directory)

9) Implement Cloud-based business systems with resilient links for key areas

10) Replace voice services (contact center / desk phones) with resilient cloud based service including Relocate resilient Network Routing Server to allow call routing to continue for other sites if County Hall failed

Reconfigure sites to point to an active Survivable Media Gateway (one of the 4 ISDN sites) so if Avaya fails a reduced fall back service is available

11) Review and Implement suitable arrangments to protect against possible cyber / ransonware attacks including

 • Carry out recommendations from Cyber Security Audit

• Carry out recommendations from Phishing Simulation exercise, and repeat

• Retire Windows 2003

• Implement new client service security for Windows 10 build

• Independent IT Health Check for PSN accreditation (Oct 2017)

Overall risk treatment: reduce.

Progress update

Progress update

Progress completed to date

1) Full power down completed and procedures updated from lessons learned.

2) Voice and Data reprocurement complete and implemented significantly increasing resilience for the Wide Area Network and internet.

3) Commissioned Independant Data centre and power audit, complete August 2017, recommended separate diverse power supply and new data centre's, costing additional power and plan (subject to approval) new data centre's as part of basement / lower ground refurbishment.

4) New storage procured, implemented in July 2017, providing additional resilience and necessary DR capability once a full DR site is implemented

9) Cloud-based highways management system has been implemented; Liquid Logic replacement is remotely hosted and due live by April 2018 with resilient network connections ordered; review of Oracle hosting has commenced.

11) To mitigate against a cyber attack Network segregation has been improved over the Wide Area Network (WAN), ensuring all partners that use the NCC network are fully segregated. Denial of Service (DDOS) and Intrusion Prevention system (IPS) implemented on our internet gateways and robust patching and host based protection implemented on all NCC devices that attach to the network (This is a pre
-requisite of PSN accreditation, and is an on-going task). Simulated Phising attack has been run and results are being analysed.

Actions to be completed

5) New Microsoft Server Infrastructure procured September 2017, implementation due by January 2018 providing additional resilience and necessary DR capability once full DR site is implemented

6) Replacement New Local Area Network (LAN) to be procured in February 2018 to reduce risk of network failure.

7) New potential DR site identified, work has started to cost and seek relevant permission to implement and once complete, the server, network and storage DR equipment will be moved into the identified site providing full failover facilities in the event of loss of county hall. Estimated due to be complete by Summer 2018.

8) Core Infrastructure Services (DHCP, DNS, Active directory) will be reviewed and reconfigured to enable access to systems and services in the event of the loss of County Hall and/or the DR site January 2018, implementation Summer 2018

10) Replacement of contact centre system to a cloud based service due to begin migration to the cloud service Q4 2017, with full completion by Q1 2018 and replacement of the desktop telephony with Skype for business initial pilot late 2017.

Risk Number	RM011		Date of update	20 December 2017
Risk Name	The potential risk of failure to implement and adhere to an effective and robust performance management framework.			
Risk Owner	Wendy Thomson		**Date entered on risk register**	02 September 2015

Risk Description

The failure of leadership to adhere to robust corporate performance practice / guidance, resulting in organisational / service performance issues not being identified and addressed. This could have a detrimental impact on future improvement plans and overall performance and reputation of the Council.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	**12**	3	4	**12**	1	3	**3**	Mar-18	**Amber**

Tasks to mitigate the risk

A review of the tasks to mitigate and to reduce this risk was undertaken in April 2016 and the following actions for 2016/17 were identified:-

1) CLT/CLG implementing a new performance management framework to better align priorities, resources and managerial accountability for delivering results. This includes better linking of the new set of performance indicators (vital signs & organisational health measures) with senior manager individual performance appraisal ratings. To continue to implement a set of common leadership objectives (for the third year).

2) For CLT to regularly review the quality and robustness of our people performance management framework and ensure consistent adherence across NCC. To undertake a review and audit in August/September 17 against agreed criteria. To track appraisal completions for end of year appraisals - to ensure year on year improvements at the end of year appraisals - 2016 89% completion rates.

3) CLT to agree focus for further performance management skills development - following assessment of gaps. Particular focus agreed to be on Commerciality and Performance Coaching skills.

4) Failure to attract, recruit and retain key skills, specifically social workers.

5) Failure to create an engaged workforce who are prepared for changing organisation

6) Failure to manage our budgeted establishment data to support workforce planning, recruitment and management of workforce costs.

Overall risk treatment: reduce.

Progress update

Progress update

Whilst progress has been made on implementing key actions the risk scores are assessed as remaining the same. It is essential that this work continues with managers to achieve a major shift in the day to day performance routines of all levels of managers. Set out below is progress in the last 12 months:

1) Performance framework in place and communication from MD delivered to confirm expectations for the end of year appraisals and common objectives. Vital signs reporting is in place with reviews at CLT and P&R.

2) It has been agreed that a review of performance appraisals will take place later in the year. The scope is being developed with stakeholders and will be reviewed with a view to sign off by the new Head of HR in September. Tracking is in place on performance appraisals for 2017.

3) An external managerial Assessment and Development of our Leadership population against four priority leadership criteria was completed between November and December. Managers were provided with individual feedback on their performance. CLT has considered the collective organisational feedback which has informed the directed development areas for this group. On-line resources will be launched in the Autumn and procurement is underway to source providers to support identified priority areas.

Risk Number	RM013		Date of update	04 December 2017
Risk Name	The potential risk of failure of the governance protocols for entities controlled by the Council, either their internal governance or the Council's governance as owner. The failure of entities controlled by the Council to follow relevant guidance or share the Council's ambitions.			
Risk Owner	Wendy Thomson		**Date entered on risk register**	02 September 2015

Risk Description

The failure of governance leading to controlled entities: Non Compliance with relevant laws (Companies Act or other) Incuring Significant Losses or losing asset value Taking reputational damage from service failures Being mis-aligned with the goals of the Council The financial implications are described in the Council's Annual Statement of Accounts 2015-16, from page 13, covering Group Accounts available on the Council's website at http://bit.ly/2f0MLP3.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
1	4	**4**	1	4	**4**	1	4	**4**	Apr-18	**Met**

Tasks to mitigate the risk

1) All controlled entities and subsidiary companies have a system of governance which is the responsibility of their Board of Directors.
The Council needs to ensure that it has given clear direction of it's policy, ambitions and expectations of the controlled entities.
The NORSE Group objectives are for Business Growth and Diversification of business to spread risks. Risks need to be recorded on the Group's risk register.
2) The NORSE board includes a Council Member and is currently chaired by the Executive Director of Communities and Environmental Services of the Council. There is a shareholder committee comprised of six Members. The shareholder committee should meet quarterly and monitor the performance of NORSE. A member of the shareholder board, the shareholder representative, should also attend the NORSE board.
3) The Council holds control of the Group of Companies by way of its shareholding, restrictions in the NORSE articles of association and the voting rights of the Directors. The mission, vision and value statements of the individual NORSE companies should be reviewed regularly and included in the annual business plan approved by the Board. NORSE should have its own Memorandum and Articles of Association outlining its powers and procedures, as well as an overarching agreement with the Council which outlines the controls that the Council exercises over NORSE and the actions which require prior approval of the Council.
4) To ensure that governance procedures are being discharged appropriately to Independence Matters.
5) Approve the Outline Business Case for Repton Property Developments Ltd.
6) Provide regular updates to the company Board and to the Business and Property Committee.

Risk Treatment: Accept.

Progress update

Progress update

1) There are regular Board meetings, share holder meetings and reporting as required. For NORSE, risks are recorded on the NORSE group risk register. For Norfolk Energy Futures, Policy and Resources Committee agreed to liquidate Norfolk Energy Futures on 3rd July 2017, with the outcomes of this process to be reported to Policy and Resources Committee through financial monitoring. Work to liquidate the company is currently progressing.

2) The Norse Group follows the guidance issued by the Institute of Directors for Unlisted Companies where appropriate for a wholly owned local authority company. The shareholder committee meets quarterly and monitors the performance of Norse. A member of the shareholder board, the shareholder representative, also attends the Norse board.

3) The Council has reviewed its framework of controls to ensure it is meeting its Teckal requirements in terms of governance and control, and a series of actions has been agreed by the Policy and Resources Committee. The Executive Director of Finance and Commercial Services is responsible for reviewing the ongoing viability of wholly owned entities and regularly reporting the performance of their activities, with a view to ensuring that the County Council's interests are being protected.

The Norse "Consents" backlog has been cleared via reporting to the P&R Committee.

All County Council subsiduary limited company Directors have been approved by full council.

New Chair of Norse and new Senior Commissioner appointed.

Updated report on Norse governance went to P&R in November 2016.

4) The Executive Director of Finance and Commercial Services directs external governance. An external company is undertaking a review of Norse Group's financial performance, discharging the Executive Director for Finance and Commercial Services' responsibility as per the Constitution.

5) The Outline Business Case for Repton Property Developments Ltd has been approved.

6) Regular updates are being provided.

Risk Number	RM014a		Date of update	12 December 2017
Risk Name	The amount spent on home to school transport at significant variance to predicted best estimates			
Risk Owner	Chris Snudden		Date entered on risk register	04 November 2015

Risk Description

There is a risk that the amount spent on home to school transport is at significant variance (overspend) to predicted best estimates. Cause: Home to school transport being a demand led service. Event: The amount spent on home to school transport is at significant variance with the predicted best estimates. Effect: Significant overspend on home to school transport than has been estimated for. Rising transport costs, the nature of the demand-led service (particularly for students with special needs) and the complexities involved in sustaining reductions in the need for transport or the distance travelled could result in a continued overspend on the home to school transport budgets and costs not being reduced by the required amount.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	3	9	5	3	15	2	2	4	Mar-18	**Amber**

Tasks to mitigate the risk

Continue to enforce education transport policy, and ensure joint working between SEN commissioners, placements and corporate transport teams to ensure transport costs are reduced where possible.
Continually review the transport networks, to look for integration and efficiency opportunities.
Work with Norse to reduce transport costs and ensure the fleet is used efficiently and effectively.
Look for further, more innovative, ways to plan, procure and integrate transport.

Overall risk treatment: reduce.

Progress update

Latest forecast for the budget has signalled an overspend of £0.909m due to increased specialist placement transport costs. This mirrors higher spend to budget from previous financial years within SEN transport. Therefore, our ongoing plans to mitigate these costs continue : Norfolk County Council have now progressed to the next stage of the Hackney Community Transport independent travel training initiative; following on from the formal contract sign-up the provider has now recruited a local manager and induction is underway with key NCC services and partners (Headteachers of Special Schools and parent/carer organisation). The plan over the next 5 years, is for a cohort of 100 pupils per year to be targeted for this intensive work via Hackney Community Transport (HCT). Ongoing efficiencies will continue to be secured though the cycle of route reviews and re-procurement. New special school places are now coming on stream (3 schools being completed in the current academic year) and we continue to target placements that will reduce travel time and travel costs in addition to meeting pupil needs.

Risk Number	RM014b		Date of update	11 December 2017
Risk Name	The savings to be made on Adult Social Services transport are not achieved.			
Risk Owner	James Bullion		Date entered on risk register	04 November 2015

Risk Description

The risk that the budgeted savings of £1.7m to be delivered by 31 March 2020 will not be achieved.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	3	9	4	3	12	2	3	6	Mar-20	Green

Tasks to mitigate the risk

1) Whilst we have managed to achieve £0.487m of the budgeted savings by the end of 2016-17, as we were unable to achieve the savings in full, the savings have been reprofiled to future years (2017/18 and 2019/20). Following a further review a recommendation was then taken to Adult Social Care Committee in September 2017 to reduce the transport savings.
2) A review of transport is also taking place.
3) Transport Guidance has been updated in line with the revised transport policy
4) Refurbishment of a site in Thetford to provide day services and respite care to prevent people from having to travel long distances.
5) Under the Younger Adults of the Promoting Independence Workstream, we're developing a joint approach to disability and transition from Children's to Adults.
6) Exploring the use of an application to help with monitoring of the cost of transport. This application is currently being used by Children with Special Educational Needs.

Progress update

1)Adult Social Care Committee agreed on 4 September 2017 to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m) and that the difference of £2.1m in savings will be made through the purchase of care budget as a result of changes to patterns of care.
2) Travel Independence Training Across the Nation (Titan) training is being rolled out. Have recruited to ASS specific posts to enable more people to use public transport.
3) The revised Transport Guidance and Policy was agreed by ASC Committee on 6 March 2017 and shared with staff.   This is being implemented for new service users now and for existing people at the point of review. This now links with the work on assessments and reviews as part of the Promoting Independence Programme. It appears that this is being embedded in working practices, given the forecast underspend on transport.
4) The department has been advised that there is potentially scope for the development of the Elm Road site on a bigger scale. In light of this, the review of Learning Difficulties day services and the potential new opportunities this could lead to, the department is reviewing the Elm Road project.
5) This is currently being developed.We have carried out the fieldwork to understand the current transition process from Children's services to Adult services. We have taken a joint approach and carried out 50 interviews with senior stakeholders from children's services, adult services and health, as well as meeting with transition workers, t

Progress update

eam managers and other key staff from children with disability teams, looked after care teams, leaving Care teams, Adult LD, Adult mental health and adult Physical disability team. We have also engaged with NSFT Youth Service for their views, and will be incorporating the views of young people who have been through transition. We also made a visit to the Transition service used by Essex Social Services team, and learning from this will be incorporated into the overall review. Transition review interviews will be completed by early October and then an overview of the findings will be drawn up to be shared as part of a Transition planning workshop in early November. The aim of this workshop is to look at the key findings and plan options going forward. The output of this phase will be to draw up a current state report and to identify options to explore what a new service might look like. The plan is to complete this report by the end of December.

6) IMT have developed the first version of a Transport application for use by Adult Social Services and Travel and Transport where you can see for each day centre where people are travelling from, whether they are travelling alone/with others and which day services other people charged to that budget code are going to. It is based on an application IMT developed for Children with Special Education Needs. The application looks useful, and provides a clearer picture of transport provision than analysing pages of reports. The department is checking the viewer application and it will be trialled with Business Support initially.

Risk Number	RM016					Date of update	05 December 2017				
Risk Name	Failure to adequately embed Business Continuity into the organisation.										
Risk Owner	Tom McCabe				Date entered on risk register		10 December 2015				

Risk Description

To ensure disruption is minimised and ensure that we are able to maintain services and respond appropriately to a either a Major or Moderate disruption both within and out of core office hours (N.B. this risk will be scored differently for different departments due to different levels of preparedness).

Original			Current			Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
2	5	**10**	2	5	**10**	2	3	**6**	Oct-18	**Green**

Tasks to mitigate the risk	Progress update
1) All corporately agreed critical activities must have comprehensive Business Continuity plans. Plans to be agreed at Senior Management meetings.	1) 95% of critical services have plans which are up-to-date. The Resilience Team audits all plans as they are received and provides feedback to service managers where changes are required. The annual audit completed on 10% of plans has been completed and feedback given to relevant managers.
2) That departments are represented at Resilience Management Board meetings, and fully engaged in delivering actions within the departments they represent.	2) Most departments are represented at meetings regularly. Further work is required on Supplier Continuity. Resilience and Procurement Managers have met to agree a plan of action to strengthen supplier continuity. This involves a checklist of BC standards to which key suppliers are required to adhere; prioritisation of key large or critical suppliers requiring BC plans; and incorporation of BC requirements into contract manager training. A departmental BC assurance document has now been completed for every department, feedback has been given to all departments, and departments are working on actions as a result. This will be completed every 6 months for departments.

Tasks to mitigate the risk	Progress update
3) To develop the Professional Development Centre (PDC) Norwich, which was agreed as a key corporate Work Area Recovery (WAR) site by CLT. First stage is a planned exercise to take place with the Customer Service Centre, second step is to complete an exercise with the Resilience representatives at the PDC. Also, an exercise with the Resilience Management Board and CLT.	3) Work Area Recovery test - stage 1 was completed 27.01.17. This was successful. The exercise tested several elements of the CSC Business Continuity plan, and involved Adult's and Children's services departments. This exercise tested "loss of access to County Hall" not "loss of infrastructure at County Hall". IMT have confirmed work is being completed which will mean the PDC would be operational in the event of loss of County Hall. An additional test is being booked for February 2018, and in September 2018. IMT have agreed that a full failover test should be completed at the Disaster Recovery site which would mean the PDC would be operational in the event of a failure of ICT at County Hall.

The Resilience Team has collated feedback from the incident involving loss of power to the Data Centre and a debrief report has been presented to CLT on the "loss of ICT" due to this incident. Actions are being completed and an update recently provided to CLT.

The target date for this risk has been amended to 31/10/18 to take into account resource requirements within ICT and the timescales for the infrastructure projects in IMT which will improve resilience of ICT and mean ICT continuity in the event of failure of ICT at CH.
ICT have drafted a report showing levels of resilience and where there are gaps. The Resilience Team have |
| 4) Complete a Business Impact Analysis every two years and review risks which could affect critical activities. Ensure ICT have incorporated the results of the BIA and the outcome of this work (ICT Continuity) is communicated to the business via the Resilience representatives.
Robust ICT Continuity arrangements are | 4) BIA is in progress with all departments completing these and sending returns to the Resilience team to review. 98% of BIAs have been completed, returned and audited. A report is beig drafted to go to each departmental SMT for them to agree the critical activities for their department. Critical activities will then go to CLT, and risks to these will be considered in collaboration with the Corporate Risk Officer. |
| 5) Embedding Business Continuity - Ensure there is a programme of work to embed BC into the organisation. This includes awareness raising initiatives and training for support staff and resilience representatives. Training also includes the BC e-learning package which needs to be reviewed, relaunched, and the uptake monitored. Departments must ensure staff attend training and complete exercises/tests. | 5) New training courses were launched last year in both Emergency Planning and Business Continuity and have been well received. A link to these courses will be added to Learning hub.
A survey was completed across the organisation to benchmark levels of awareness and understanding. This received a response of 599. An organisational report has been written to summarise the results and this was agreed at the Resilience Management Board on the 20.07.17 a report has also been completed for every department summarising their responses and actions have been agreed with departments as a result. This survey will be completed once a year.
The online BC e-learning is available. We are reviewing what alternatives we could use but further work on this has been placed on hold due to other priorities.
Training and exercising is being completed across the organisation but a full programme of training and exercising needs to be developed. |

Tasks to mitigate the risk	Progress update
6) Implement the BC Framework	6) Every quarter the Resilience Management Board receive an update of where NCC are in implementing the BC Framework, those actions that are red are reviewed as a priority. This has been developed this further by the departmental positions using the assurance framework and those sections marked as red/amber (where applicable) should be linked to departmental risk registers. Meetings have taken place with all departments.
7) Gain assurance that ICT could be recovered in line with timescales detailed within the BIAs. Overall Risk Treatment: Reduce	BIA results have been reviewed by ICT, however this work has been placed on hold by ICT awaiting infrastructure project development. Commitment has been gained from ICT on reviewing the BIA results from September 2017. What the Business has documented within the BIAs should be used to help shape IMT infrastructure projects. Following the organisational BC survey there was a large number of responses referring to ICT. A meeting took place with the Head of IMT to agree how this feedback can be followed up and built upon, papers have been circulated to the Head of IMT which include agreed actions. There are several new technologies being introduced such as the new telephony system, whilst they offer numerous benefits, Resilience have requested a briefing on any additional risks the new technologies may bring. For example for outlying buildings without generators, a loss of power my cause a complete loss of communications.

Risk Number	RM017		Date of update	05 December 2017
Risk Name	Failure to construct and deliver the Norwich Northern Distributor Route (NDR) within agreed budget (£205m)			
Risk Owner	Tom McCabe		**Date entered on risk register**	26 November 2015

Risk Description

There is a risk that the NDR will not be constructed and delivered within the revised budget. Cause: environmental and/or contractor factors affecting construction progress. Event: The NDR is completed at a cost greater than the agreed revised budget. Effect: Failure to construct and deliver the NDR within the revised budget would result in the further shortfall having to be met from other budgets. This will impact on other NCC programmes.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	3	**9**	3	3	**9**	3	3	**9**	Mar-18	**Amber**

Tasks to mitigate the risk

The total project budget agreed by Full Council (November 2015) was £179.5m. Since then, in November 2016, a risk of £6.8m increased budget was highlighted. In June 2017, the risk of an increased budget was highlighted. A further update to P&R Committee on 27 November 2017 received approval to revise the budget to £205m. This new assessment reflects the corporate assessment criteria . Mitigation measures have been updated to reflect the revised position.

1) Project Board and associated governance to continue to monitor cost and programme at monthly reporting meeting with a focus on delivery below revised budget.

2) NCC project team maintain appropriate commercial resource to provide ongoing scrutiny throughout the remaining works by Balfour Beatty. This includes completing an independent audit of Balfour Beatty's project costs, taking account of the revised contract provisions.

3) Programme has been developed that shows works to be completed in phases to specified dates with penalties applied for late delivery.

4) Project controls and client team to ensure systems in place to deliver the remainder of the project. Client team to ensure any contractual issues are robustly handled as works are completed and final account process closed.

5) All opportunities to be explored to reduce risk, costs and programme duration with appropriate management meetings (at appropriate levels) to be held on a weekly basis.

6) Provide further assurance of budget management governance through appropriate audits and further specialist advice.

7) Seek further contract/legal advice on key contract cost risks as necessary (linked to item 4 above).

Overall risk treatment: Reduce, with a focus on reducing project costs

Progress update

Progress update

1) The project Board is in place and meets monthly, receiving reports on progress, cost and risk. Process includes updates and feedback from the NDR Member Group who are providing additional project scrutiny.

2) The project commercial team has been reinforced and will be maintained at appropriate levels to provide sufficient scrutiny throughout the remaining works and until closure of the final account. External specialists continue to examine Balfour Beatty's project costs. Further resource or specialist advice to be discussed at Board meetings.

3) Contractor has agreed a programme to complete all the remaining works in three phased sections. Board and NDR Member Group to be provided with details and updates as works progress. The first phase (A1067 to A140) was completed and opened on agreed date of 11 November 2017.

4) Project administration controls and client commercial team are maintaining systems and staffing levels to monitor ongoing costs and contract information. The specialist review of allowable costs will provide input to this. Contract administration will continue to be managed through CEMAR software package. Project cost forecasting also to be updated in line
with programme (see 3 above). Compensation events from October onwards being assessed as actual cost + fee.

5) Regular weekly joint construction team meetings held to ensure delivery maintains momentum on site. Further meetings being held between respective commercial teams to deal with closing out necessary contract changes and programme management. Senior management meetings also continue to discuss the commercial position with a focus on reducing costs. Details to be reported to Board and NDR Member Group.

6) A governance (delegated purchasing of land) audit and a contract variations audit are being carried out. The governance audit has been completed with the report to be presented to the Member Group. The audit of contract variations is nearing completion. Further cost analysis by specialist consultants also commenced at the end of August 2017. Findings will be reported to the Board and Member Group.

7) Specialist contract advice has assisted the negotiations relating to contract changes. These changes have been checked with legal team and details were included in the 27 November P&R Committee report. Contract issues will be discussed at Board and Member Group meetings.

Risk Number	RM018		Date of update	12 December 2017
Risk Name	Potential failure to move out of intervention.			
Risk Owner	Sara Tough		Date entered on risk register	01 December 2013

Risk Description

CS Teams do not show the required levels of improved performance at the speed which is acceptable to DfE and Ofsted.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
2	5	**10**	2	5	**10**	1	5	**5**	Mar-18	**Green**

Tasks to mitigate the risk

Quarterly stocktake meetings are undertaken by Essex, commissioned by the Department for Education. Responsive action plans are designed and delivered following each Ofsted monitoring visit/Essex stocktake.
Our Improvement Plan is in place.
An Improvement Board has been established to drive and monitor improvement activity. This Board is Chaired by the Managing Director and has a senior level, multi-agency membership.

Progress update

Feedback from the June 2017 monitoring visit was positive with Ofsted identifying progress and expressing greater levels of confidence in key areas of previous concern. As a result of our improvement, Ofsted have assessed that we do not require further monitoring visits and as a result, we will be subject to reinspection in the next 6 months.
Feedback from Essex stocktake meetings consistently evidence improvement.
The Improvement Board is well established and is ensuring the requisite pace and focus is maintained.
Ofsted carried out an inspection of Children's Services in November 2017, with results currently awaited.

Risk Number	RM019		Date of update	11 December 2017
Risk Name	Failure to deliver a new fit for purpose social care system on time and to budget.			
Risk Owner	James Bullion		Date entered on risk register	24 February 2016

Risk Description

A new Social Care system is critical to the delivery and efficiency of Adults and Children's Social Services. This is a complex project and the risk is the ability to deliver on time along with the restriction on making any system changes to the existing system (Carefirst)

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	5	**20**	3	5	**15**	1	4	**4**	Jun-18	**Green**

Tasks to mitigate the risk

1) Ensure effective governance is in place

2) Set up a project team to manage the project.

3) Determine go live dates for Adults Services, Children's Services, and Finance.

4) Deliver implementation of the new system

5) Complete User Acceptance and Data Migration Testing

6) Deliver change and training

Progress update

1a) Clear governance is in place. The Project Sponsors are Janice Dane (Adults), Debby McKechnie (Children's) and John Baldwin (Finance). This is overseen by CLT: a Programme Board was set up to replace JLAG (Joint Leadership Advisory Group) including the Directors of Adults, Children's and Finance and Commercial Services .

1b) There are weekly Joint Leadership Advisory Group (JLAG) Lead sessions with the Project Sponsors and the Project Team; and regular updates to Adults Committee and to CLT.

2) A core Project Team has been up and running since January 2016 (with strong practitioner involvement). A network of champions has been established in Adult Social Services and Children's Services.

3) Adults and Finance successfully went live on 22 November 2017 and Children's and Finance are planned to go live in March 2018.

4) Delivery of implementation is proceeding in line with the plan. Adults and Finance Go Live - Considering the scale of the change that has happen
d, requiring some significant changes to behaviours in staff and managers, this process has been relatively smooth. Payment and billing runs have been made from the system and approximately 70 providers are using the Provider Portal. A support helpdesk is up and running in a central location.

5) Children's and Finance -For the social care and early help part of the system the third round of testing was completed on 21 November and for the finance part of the system the iterative cycle of build and test will continue until mid-December. The Children's half of the programme is approaching the implementation phase once the fourth round of testing is completed in mid-January 2018. After this point the class room training will commence, the dry run of the go live process will be completed with the go live and manual migration work will commence w/c 19 March.

6) Final preparations are underway to set-up the e-learning and training enrolment process for Children's prior to Christmas.

Risk Number	RM021			Date of update	11 December 2017
Risk Name	Failure of Estate Management				
Risk Owner	Simon George			Date entered on risk register	21 June 2016

Risk Description

There is a risk that the Council does not have a clear policy around estate management, is not acting in line with the expectations of a landlord, and does not have sound tenancy agreements in place.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	**12**	3	2	**6**	2	2	**4**	Mar-18	**Amber**

Tasks to mitigate the risk

1) County Farms Performance Review Meeting to be established and attended by officers.
2) Recommendations from the County Farms audit report to be implemented with progress to be noted at the County Farms Performance Review Meetings.
3) Follow-up audit to be established and reported to the January 2017 Audit Committee.
4) Reconstitute the County Farms Review Meeting.
5) Procure a new property data base for the management of the estate.

Progress update

1) An update on the audit report and recommendations reported to B&P committee on the 8th September 2017 – where it was noted
Subsequent B&P meetings have received regular updates
2) The proposals for the new lettings policy and agricultural strategy was agreed by B&P and then subsequently Policy and Resources committee
3) A programme of tenant engagement and meetings have been planned in. There was a tenant's meeting in November 2017 to update tenants on progress.
4) The major outstanding action is the replacement of the IT system, which is being considered within the context of the whole teams requriements.

Risk Number	RM022		Date of update	07 December 2017
Risk Name	Potential changes in laws, regulations, government policy or funding arising from the UK leaving the European Union, which may impact on Council objectives, financial resilience and affected staff ('Brexit').			
Risk Owner	Wendy Thomson		**Date entered on risk register**	26 July 2016

Risk Description

There are important implications to the Council in four main areas: 1) The Council's EU funded programmes supporting the local economy. 2) The legal base – there are many EU laws that affect the day job of local councils. 3) Council services dependent on a migrant workforce – for example nationally, 7% of existing adult social care staff come from other EU nations 4) Place-based impact – there will be real and varied impacts and opportunities in our local economy. There is a risk that initially, implications for Norfolk County Council of the UK leaving the EU are not known or understood, causing uncertainty in Council business, planning, and service delivery. Uncertainty on both performance delivery and designation of the Council as Managing Authority following the EU referendum result could lead to an inability to draw down the funding required to manage the programme and have a significant reputation impact on the Council leading to an inability to submit payment claims to the EU. Cause: The EU Referendum held in June 2016, with the UK as a whole voting to leave the EU.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	**12**	3	3	**9**	2	3	**6**	Oct-18	**Amber**

Tasks to mitigate the risk

1) Norfolk County Council should continue to monitor Brexit developments and developing responses to the four areas in which the council will be affected (EU funding, legal issues, workforce issues, place-based impact).

2) We are members of the LGA Brexit Sounding Board and local authority officer network to keep abreast of local government thinking and influencing of post Brexit policy. We have jointly commissioned work with the LEP and Suffolk County Council to understand the business impact of Brexit within the New Anglia area.

3) We have agreed the principals and framework for regional investment post Brexit to ensure the level of current funding is protected, including asking for funds to be devolved locally, so that the economic benefit of the funding is secured.

4) Human Resources to support managers and staff who may be affected by this issue.

5) Regular meetings aretaking place with the Department for Communities and Local Government (DCLG) and the Department for Business, Energy and Industrial Strategy (BEIS) regarding a managed exit from EU funded programmes to ensure NCC's liabilities are met.

Progress update

Progress update

1) CLT agreed Vince Muspratt should continue to be the officer responsible and highlight any changes that would impact the council.

CLT received a presentation in October and agreed 3 strands of work in line with the LGA approach:

a. Future of EU Funding

b. Place-based impact

c. Laws affecting councils

 The P&R report scheduled for November has been postponed due to the lack of progress (see below)

2) The Green Paper regarding the Shared Prosperity Fund has not yet been published (expected Q1 2018): our response will come before Members in a P&R report in due course. NCC is represented on the LGA national Brexit Sounding Board by Vince Muspratt, the Sounding Board will resume after publication of the Green Paper.   We will work with New Anglia partners on a joint response.

3) EU programmes (which the council is responsible for) have been implementing actions to bring forward project applications, to ensure they qualify for the gove
rnment commitment to honour contracts issued before we leave the EU.

4) Internal Project Board is aware of NCC liabilities; nplaw have drafted a Deed of Guarantee seeking written assurance from DCLG that they will meet our liabilities in order to close the Programme. DCLG have raised the issue with Ministers, as is our MA status after we leave the EU.

5) An announcement was made on 8 December that sufficient progress had been made in negotiations and that current funding programmes will continue to run until their original close date. We are monitoring for implications of this.

6) We have raised the issue of Trading Standards (their ability to act as a National Body certified by the EU, charging for highway services) with the LGA to play into their negotiations with DExEU

7) Analysis being undertaken of migrant workforce in Norfolk to feed into LGA request for evidence. Data also being gathered on Norfolk businesses export markets.

Risk Number	RM023		Date of update	05 December 2017
Risk Name	Failure to understand and act upon changes to demography, funding, and government policy, with particular regard to Adults Services.			
Risk Owner	James Bullion		**Date entered on risk register**	18 August 2017

Risk Description

There is a risk of failure to fully understand and act upon changes to demography, funding, and government policy. Cause: Changes to demography, funding, and government policy. Event: The Council fails to plan and adapt to change effectively for the future. Effect: Outcomes for Norfolk citizens may worsen.

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
5	5	**25**	4	5	**20**	2	4	**8**	Mar-30	**Amber**

Tasks to mitigate the risk

1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future.
2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care.
3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.
4) A new set of NCC corporate priorities which aims to address longer-term demand management in children's and adult services.

Progress update

1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets.
2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice.
3a) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP.
3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care.
4) Analysis of workload patterns across adults social services; agreement by Adults committee to invest in additional social work capacity and recruitment launched. Critical enabler is embedding strengths-based practice; innovation site began on 12th September 2017, with two further sites to be rolled out.