

<b>Risk Number</b>	RM001					<b>Date of update</b>		28 June 2017		
<b>Risk Name</b>	Infrastructure is not delivered at the required rate to support existing needs and the planned growth of Norfolk									
<b>Risk Owner</b>	Tom McCabe					<b>Date entered on risk register</b>		01 July 2015		
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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	3	2	6	Mar-18	Amber
<b>Tasks to mitigate the risk</b>										
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. Respond to HE consultation December 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.										
.										
<b>Progress update</b>										

## Progress update

1.1) LEP pro formas being completed for the priority LGF schemes.

1.2) Acle Straight and East Winch to Tilney dualling identified as key priorities for RIS2.

1.3) Brandon Lewis being engaged to raise profile of scheme in Westminster prior to the OBC decision. Members have agreed to spend £200k to maintain programme pending OBC outcome.

1.4) Review programmed for December 2017.

1.5) Pooled Business Rates bids submitted for

development work on the following transport schemes on 31 July:

- Dereham study
- Market Towns studies
- Great Yarmouth strategy
- King's Lynn strategy
- A140 route study
- Norwich Western Link scheme development
- NATS development

2.1) Consultation on schemes in Attleborough completed on 13 August.

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

<b>Risk Number</b>	RM002		<b>Date of update</b>		07 July 2017					
<b>Risk Name</b>	The potential risk of failure to manage significant reductions in local and national income streams									
<b>Risk Owner</b>	Simon George		<b>Date entered on risk register</b>		01 July 2015					
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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
<b>Tasks to mitigate the risk</b>										
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										
<b>Progress update</b>										
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.										

Risk Number		RM003				Date of update		13 July 2017		
Risk Name		Potential reputational and financial risk to NCC caused by failure to comply with statutory and/(or) national/local codes of practice.								
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	Dec-17	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.										
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.										
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.										
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 identified Information Asset Owners (IAOs) associated with them. The SIRO will receive 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.										
Six new Corporate Information Management										

**Progress update**

policies signed off by Business Leads, 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.

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.

<b>Risk Number</b>	RM004					<b>Date of update</b>		20 July 2017		
<b>Risk Name</b>	The potential risk of failure to deliver effective and robust contract management for commissioned services.									
<b>Risk Owner</b>	Simon George					<b>Date entered on risk register</b>		01 July 2015		
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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
<b>Tasks to mitigate the risk</b>										
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										
<b>Progress update</b>										
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.										

<b>Risk Number</b>	RM006		<b>Date of update</b>		13 July 2017					
<b>Risk Name</b>	The potential risk of failure to effectively plan how the Council will deliver services over the next 3 years commencing 2015/16.									
<b>Risk Owner</b>	Wendy Thomson		<b>Date entered on risk register</b>		01 July 2015					
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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	5	10	Aug-17	Green
<b>Tasks to mitigate the risk</b>										
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										
<b>Progress update</b>										

## 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.



<b>Risk Number</b>	RM007					<b>Date of update</b>			13 July 2017	
<b>Risk Name</b>	Potential risk of organisational failure due to data quality issues.									
<b>Risk Owner</b>	Simon George					<b>Date entered on risk register</b>			01 July 2015	
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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-17	Amber
<b>Tasks to mitigate the risk</b>										
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) NCC is PSN accredited 6) NCC is NHS Information Governance Toolkit compliant to Level 2 7) The implementation of a corporate Records Management solution 8) The implementation of a corporate Identity and Access Management solution										
The target date has been changed to take into account any recommendations to be undertaken as a result of the ICO Audit.										
Overall risk treatment: reduce										
<b>Progress update</b>										
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 identified 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 the register and the assets themselves has been agreed										

**Progress update**

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.

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

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 regular 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.

<b>Risk Number</b>	RM010					<b>Date of update</b>		18 August 2017		
<b>Risk Name</b>	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.									
<b>Risk Owner</b>	Simon George					<b>Date entered on risk register</b>		02 September 2015		
<b>Risk Description</b>										
Loss of core / key ICT systems, communications or utilities for a significant period - as a result of physical failure, fire or flood, supplier failure, misconfiguration or loss of PSN accreditation - 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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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	Sep-17	Amber
<b>Tasks to mitigate the risk</b>										
1) Full power down in June 2015, completion of electrical works and test of ability to restore service. 2) Catalogue key ICT systems by 30th Sept 2015 - determine Recovery Time Objectives ("How long to restore") and Recovery Point Objectives ("acceptable amount of data loss") with business owners by 31st Oct. 3) Develop rolling Disaster Recovery test schedule by 30th Nov. 4) Determine target location for Highways Management System, CareFirst, Oracle e-Business Suite and Windows servers 5) Complete voice and data network re-procurement by 31st Dec to mitigate resilience issues, including with telephony, the data network, remote access, mobile devices and schools services. 6) Take necessary steps to retain PSN accreditation.										
Overall risk treatment: reduce										
<b>Progress update</b>										
1) Full power down completed periodically and procedures updated from lessons learned. 2) Recovery Time Objectives drafted - to be reviewed by the business to ensure that they meet business continuity requirements. 3) Initial set of Disaster Recovery tests have been successfully undertaken, a rolling programme of further tests in being conducted. The proximity of Carrow as a DR facility is not ideal. 4) Cloud-based highways management system has been implemented; CareFirst replacement will be remotely hosted and live by April 2018 with resilient network connections ordered; review of Oracle hosting has been commenced (options to be considered in March 2017); Windows will remain with HPE for the next 2 years but some elements such as eMail will be removed from the arrangements during Q1 2017. 5) Voice and Data network procurement completed January 2016, with the migration to the new service commencing from this date. Key drivers behind the procurement was; to improve performance, improve resilience, reduce the reliance on single points of failure such as County Hall 6) The Council received re-accreditation for PSN compliance on 14/12/16. An audit of the Council's cyber										

## **Progress update**

security arrangements was completed in late March 2017, with the final report from auditors issued on 08/05/17.

As of Febuary 2017:

- a. Migration of WAN sites is 95% complete. Each WAN site connects to the new resilient core WAN. The core WAN is comprised of 33 nodes distributed across the County, arranged in a multiple ring based topology. The failure of a single node, or associated core WAN circuit, will not cause loss of service to other parts of the WAN.
- b. Key services, such as Internet connectivity, internet proxy services, and DNS services are now hosted within the two resilient Udata data centres.
- c. Improved security and segregation of the core WAN allows connections to third parties and cloud providers to be hosted from locations other than County Hall. Several third party connections have already been migrated to the resilient Udata Data Centres, with more planned over the next month. New connections to key partners, such as Liquidlogic, are planned to be installed at multiple geographically diverse locations across the County Hall core WAN.

Planned:

- a. Replacement of NCC's contact centre service, with implementation due to be completed by Summer 2017.
- b. Phased replacement of NCC's voice service.

<b>Risk Number</b>	RM011					<b>Date of update</b>		14 July 2017		
<b>Risk Name</b>	The potential risk of failure to implement and adhere to an effective and robust performance management framework.									
<b>Risk Owner</b>	Wendy Thomson					<b>Date entered on risk register</b>		02 September 2015		
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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
<b>Tasks to mitigate the risk</b>										
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.  Overall risk treatment: reduce.										
<b>Progress update</b>										
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		22 August 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) Incurring 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 <a href="http://bit.ly/2f0MLP3">http://bit.ly/2f0MLP3</a> .										
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	Sep-17	Met
Tasks to mitigate the risk										
<p>1) All controlled entities and subsidiary companies have a system of governance which is the responsibility of their Board of Directors.</p> <p>The Council needs to ensure that it has given clear direction of it's policy, ambitions and expectations of the controlled entities.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>4) To ensure that governance procedures are being discharged appropriately to Independence Matters.</p> <p>Risk Treatment: Accept.</p>										
Progress update										

**Progress update**

- 1) There are regular Board meetings, share holder meetings and reporting as required. Risks are recorded on the NORSE group risk register.
- 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 subsidiary 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.

<b>Risk Number</b>	RM014a					<b>Date of update</b>		10 July 2017		
<b>Risk Name</b>	The amount spent on home to school transport at significant variance to predicted best estimates									
<b>Risk Owner</b>	Chris Snudden					<b>Date entered on risk register</b>		04 November 2015		
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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	2	4	Mar-18	Amber
<b>Tasks to mitigate the risk</b>										
Continue to enforce education transport policy, and work with commissioners re school placements. 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. Progress contract with HCT (Hackey Community Transport) to implement a new independence travel scheme previously securing savings in other LA areas.										
Look for further, more innovative, ways to plan, procure and integrate transport.										
Overall risk treatment: reduce.										
<b>Progress update</b>										
Norfolk County Council have now progressed to the contract 'sign-up' stage with Hackney Community Transport to formally start the 'payment by results' initiative. 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). There was a 'start up' meeting on 2 March between the Passenger Transport Unit, Education Inclusion Service, Special School Headteachers and HCT. First cohorts have been identified by special schools and HCT have been advised. Contract sign-off is imminent and implementation via HCT will progress through the current summer term. Impact and implementation will be from September 2017. The recent budget setting process for FY2017/18 has confirmed that the budget will be increased and, therefore, the risk to achieving a balanced budget has reduced for this reason also. We are, therefore, now forecasting to achieve a balanced budget within FY17/18 and recommend that the risk target score is reduced accordingly from 6 to 4.										



<b>Risk Number</b>	RM014b					<b>Date of update</b>			17 July 2017	
<b>Risk Name</b>	The savings to be made on Adult Social Services transport are not achieved.									
<b>Risk Owner</b>	James Bullion					<b>Date entered on risk register</b>			04 November 2015	
<b>Risk Description</b>										
The risk that the budgeted savings of £3.8m to be delivered by 31 March 2020 will not be achieved.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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	Red
<b>Tasks to mitigate the risk</b>										
1) Whilst we have managed to achieve £0.487m of the budgeted savings, as we were unable to achieve the savings in full, the savings have been reprofiled to future years (2017/18 and 2019/20).										
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.										
<b>Progress update</b>										
1) P&R agreed to the reprofiling of savings to future years (2017/18 and 2019/20). The target date of the risk has been amended accordingly.										
2) Titan training will be rolled out. Currently recruiting 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.										
4) NPS (on our behalf) are preparing to submit a planning application for Thetford Site and we will then follow a framework agreement when we come to source the contractor.										
5) Joint approach being developed.										
6) This is currently being developed.										

Risk Number		RM016		Date of update		24 August 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-17	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) 79% of critical services have plans which are up-to-date. This is an excellent improvement. 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 and feedback is in the process of being given (all areas are RAG rated) in order to agree actions with department Resilience Board members and Resilience representatives.					

Tasks to mitigate the risk	Progress update
<p>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.</p>	<p>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. The next stage is to assess how other services could use the site, completing invocation documentation, and look at an exercise in the summer to look at the scenario "loss of infrastructure at County Hall".</p> <p>The Resilience Team is collating feedback from the incident involving loss of power to the Data Centre and a debrief report was presented to CLT on the "loss of ICT" due to this incident in early July 2017.</p> <p>The target date for this risk has been amended to 31/10/17 to take into account resource requirements within ICT. ICT have drafted a report showing levels of resilience and where there are gaps. The Resilience Team have reviewed this, but whilst this work and the actions from the "loss of power to the Data centre" report clearly link, agreement is now required on the direction of this work.</p>
<p>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 required to ensure Business Continuity plans</p>	<p>4) This was completed in 2015 and 93% of BIAs were returned. The Resilience Board has confirmed the critical activities as a result of this process. Resilience representatives completed a session on the risks to critical activities some of which are highly dependent on ICT. Significant risks to critical activities were noted. We are preparing for the next review of BIAs which is September-October 2017.</p>
<p>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.</p>	<p>5) New training courses were launched last year in both Emergency Planning and Business Continuity and have been well received. These courses will be added to Learning hub.</p> <p>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 will be discussed at the Resilience Management Board on the 20.07.17 a report has also been completed for every department summarising their responses and actions are being agreed with departments as a result.</p> <p>The online BC e-learning is available. We are reviewing what alternatives we could use and will look to relaunch e-learning across the organisation later in the year.</p> <p>Training and exercising has begun but a full programme of training and exercising needs to be developed. NCC Corporate exercise with Resilience representatives was completed December 2016.</p>

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 further by completing a summary for each department, sections are marked as red/amber/green and this has given specific areas of focus for each department. The areas that are red should be linked to departmental risk registers where applicable. Meetings have taken place with all departments apart from Managing Directors, this will be completed in September. Departmental actions as a result have been agreed.
7) Gain assurance that ICT could be recovered in line with timescales detailed within the BIAs.  Overall Risk Treatment: Reduce	7) BIA results have been reviewed by ICT, however this work has been placed on hold by ICT awaiting infrastructure project development. Commitment is required from ICT on reviewing the BIA results from September 2017. Further work is required to develop the paper on Resilience drafted by IMT. Following the organisational BC survey there was a large number of responses referring to ICT. A meeting has been scheduled with the Head of IMT to agree how this feedback can be followed up and built upon.

<b>Risk Number</b>	RM017					<b>Date of update</b>			29 August 2017		
<b>Risk Name</b>	Failure to construct and deliver the Norwich Northern Distributor Route (NDR) within agreed budget (£179.5m)										
<b>Risk Owner</b>	Tom McCabe					<b>Date entered on risk register</b>			26 November 2015		
<b>Risk Description</b>											
There is a risk that the NDR will not be constructed and delivered within budget. Cause: environmental and/or contractor factors affecting construction progress. Event: The NDR is completed at a cost greater than the agreed budget. Effect: Failure to construct and deliver the NDR within budget would result in the shortfall having to be met from other budgets. This would impact on other NCC programmes.											
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>					
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	5	25	5	5	25	Mar-18	Red	
<b>Tasks to mitigate the risk</b>											
The total project budget agreed by Full Council (November 2015) is £179.5m. In June 2017, the risk of an increased budget was highlighted. The new assessment reflects the corporate assessment criteria (i.e. 5 x 5) and was agreed at the June EDT Committee. Mitigation measures now reflect the revised position.											
1) Project Board and associated governance to continue to monitor cost and programme at monthly reporting meeting.											
2) NCC project team to include increased commercial resource to provide scrutiny throughout the remaining works by Balfour Beatty. This will include an independent audit of Balfour Beatty’s project costs.											
3) Programme to be developed that shows works to be completed as rapidly and efficiently as possible.											
4) Project controls and client team to ensure systems in place to deliver the project and prepare for any contractual issues to be robustly handled as works are completed and final account process closed.											
5) All opportunities to be explored to reduce risk and programme duration with appropriate management meetings (at appropriate levels) to be held.											
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											
<b>Progress update</b>											
1) The project Board is in place and monthly reporting on progress, cost and risk is being provided to the Board. Process will also include updates and feedback from the NDR Member Group who are providing additional project scrutiny.											
2) The project commercial team has been reinforced to provide increased scrutiny throughout the remaining works. This includes a planned review by external specialists to examine Balfour Beatty’s project costs to date. Further resource or specialist advice to be discussed at Board meetings.											
3) Contractor has been asked to develop a programme demonstrating the activities necessary to complete all the remaining works. Expected to provide details of the planned phased opening of the NDR (in up to 3 stages). Board and NDR Member Group to be provided with details.											
4) Project administration controls and client commercial team are reinforcing systems and staffing levels to monitor ongoing costs and contract information. The specialist review of allowable costs will provide input to any further cost management requirements. Contract administration will continue to be managed through CEMAR software package. Project cost											

**Progress update**

forecasting also to be updated in line with programme (see 3 above).

5) Regular construction 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 are also being held to discuss the commercial position and find ways of reducing costs. Details to be reported to Board and new NDR Member Group.

Ongoing analysis by the Projects Support Manager assigned to the NDR project will provide additional detailed assessment of project cost issues.

6) A governance (delegated purchasing of land) audit and a contract variations audit are being carried out. The governance audit has been carried out, with the report to follow, and the audit of contract variations is due to start imminently. Further cost analysis by specialist consultants is also planned to commence at the end of August 2017.

7) Specialist contract advice has been requested to deal with specific project issues. The scope of this is under review and may increase. Decisions on this will be discussed at Board and with the Member Group.

<b>Risk Number</b>	RM018					<b>Date of update</b>			10 July 2017		
<b>Risk Name</b>	Potential failure to move out of intervention.										
<b>Risk Owner</b>	Matt Dunkley					<b>Date entered on risk register</b>			01 December 2013		
<b>Risk Description</b>											
CS Teams do not show the required levels of improved performance at the speed which is acceptable to DfE and Ofsted.											
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>					
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	
<b>Tasks to mitigate the risk</b>											
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.											
<b>Progress update</b>											
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.											

<b>Risk Number</b>	RM019					<b>Date of update</b>		17 July 2017		
<b>Risk Name</b>	Failure to deliver a new fit for purpose social care system on time and to budget.									
<b>Risk Owner</b>	James Bullion					<b>Date entered on risk register</b>		24 February 2016		
<b>Risk Description</b>										
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)										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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
<b>Tasks to mitigate the risk</b>										
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										
<b>Progress update</b>										
1a) Clear governance is in place. The Project Sponsors are Janice Dane (Adults), Don Evans (Children's) and John Baldwin (Finance). This is overseen by CLT: a Programme Board has now been 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; a monthly update provided to Adults SMT 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) and the team is now almost fully recruited to. The two Adult Social Services Subject Matter Experts, the Change Managers and the Training Manager are now in post. A network of 110 champions has been established in Adult Social Services and briefing sessions have taken place. The original user reference group continues to advise the project on social care practice affecting data mapping and system configuration. 3) Adults and Finance are planned to go live on 20 November 2017 and Children's and Finance in April 2018. 4) Delivery of implementation is proceeding in line with the plan. New draft process models and form/plan designs for Adult Social Services (ASS) have been developed, consulted upon and approved. Finance system and case management system configuration workshops with the supplier have been completed. 5) Two of the four rounds of User acceptance and data migration testing have been completed, and the third round is ongoing. Generally the first two rounds completed successfully. 6) Training preparation and Change Management is well under way and a training programme is in place.										



<b>Risk Number</b>	RM020a					<b>Date of update</b>		18 August 2017		
<b>Risk Name</b>	Failure to meet the long term needs of Norfolk citizens									
<b>Risk Owner</b>	James Bullion					<b>Date entered on risk register</b>		11 October 2012		
<b>Risk Description</b>										
If the Council is unable to invest sufficiently to meet the increased demand for services it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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
<b>Tasks to mitigate the risk</b>										
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										
<b>Progress update</b>										
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. 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 to begin 12th September and two further sites to be rolled out.										

Risk Number		RM020b				Date of update		18 August 2017		
Risk Name		Failure to meet the needs of Norfolk citizens								
Risk Owner		James Bullion				Date entered on risk register		01 April 2011		
Risk Description										
If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.										
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	4	8	Mar-18	Amber
Tasks to mitigate the risk										
<p>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.</p> <p>2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care.</p> <p>3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.</p> <p>4) A new set of NCC corporate priorities which aims to address longer-term demand management in children's and adult services</p>										
Progress update										
<p>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.</p> <p>2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning.</p> <p>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.</p> <p>3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care.</p> <p>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 to begin 12th September and two further sites to be rolled out.</p>										

<b>Risk Number</b>	RM021		<b>Date of update</b>		22 August 2017					
<b>Risk Name</b>	Failure of Estate Management									
<b>Risk Owner</b>	Simon George		<b>Date entered on risk register</b>		21 June 2016					
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
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
<b>Tasks to mitigate the risk</b>										
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.										
<b>Progress update</b>										
1) County Farms Performance Review Meeting established and attended. 2) Recommendations have been agreed with officers and Members. 2) Annual Report and Business Plan are being formulated on the back of the report. 3) The Audit Report prepared by BDO (2nd Audit Report) has been put to Audit Committee in January 2017. A further follow up audit will follow the next round of lettings. 4) The County Farms Performance Review Meeting will be reconstituted now that a permanent Head of Property has been appointed. 5) County Farms Team – a new property data base is being procured for the management of the estate.										

Risk Number	RM022		Date of update		14 July 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.									
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 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	4	3	12	3	3	9	Oct-17	Red
Tasks to mitigate the risk										
1) Norfolk County Council should continue to monitor the post-Referendum environment and implications via a post Brexit officer Task & Finish Group, to consider responses to the four areas in which the council will be affected (EU funding, legal issues, workforce issues, place-based impact).										
2) Engage with the LGA Brexit Sounding Board to keep abreast of local government thinking and to influence post Brexit policy. Establish links with academia to enhance our understanding of what Brexit would mean in practice.										
3) Develop principals and framework for regional investment post Brexit to ensure the level of current funding is protected in post EU investment policy, including ask 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) Meetings to take place with the Department for Communities and Local Government (DCLG) and the Department for Business, Innovation and Skills regarding a managed exit from EU funded programmes to ensure NCC's liabilities are met.										
Progress update										

### Progress update

- 1) CLT agreed that the Interim Head of Economic Development should continue to be the officer responsible and highlight any changes that would impact the council.
- 2) NCC is represented on the LGA national Brexit Sounding Board by Vince Muspratt, next meeting 22/9/17 (meeting scheduled for May was cancelled). NCC attended a meeting hosted by the LGA, where DCLG were consulting informally on 1) the future of co-operation programmes after we leave the EU, and 2) the arrangements for post Brexit Successor funding in the form of the new Shared Prosperity Fund. The Shared Prosperity Fund will be the subject of a Green Paper for formal consultation in the autumn and our response will need to come before Members.
- 3) EU programmes (which the council is responsible for) have been implementing actions to bring forward project applications, to ensure they qualify for the government commitment to honour contracts issued before we leave the EU.
- 4) No further action required.
- 5) 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.