

Risk No	Date Raised	Risk Owner	Risk Type	Risk Description	Event	Impact	Initial Risk Score			Mitigating Action	Current Position	Current Risk			Further Management Actions	Target Residual Risk		
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CORPORATE RISKS																		
CR 01	01/04/2021	Chief Executive	Long term sustainability	Stakeholder engagement - unitaries and other strategic partners Many of the KPIs are dependent on good partnership working with North Northamptonshire and West Northamptonshire and other agencies including Health (PEPS, educational outcomes, health outcomes, missing from care)	Poorly defined shared objectives Collaborative advantage for working together not clearly defined Policy changes within local authority and / or partner organisations Partnership initiative is incompatible / does not align with other local initiatives	Performance targets are not met. No strategic approach to issues of risks, costs, benefits.	2	5	10	1. Clear vision and conditions for success developed and shared with all partners and colleagues 2. Children's Trust business plan strategy with clear priorities 3. Development of strong relationships with both councils and partner organisations	1. Consultation with staff through 58 minute sessions and additional forums 2. Children's Trust strategy in development through the forums	2	5	10	Maintain strong relationships with workforce, owners and partners	2	5	10
CR 02	01/04/2021	Chief Executive	Quality of services / contractual	Service Delivery Contract: A persistent breach in the provision of the Services persisting for one or more Quarters during the term of the Agreement; Monthly KPI falls outside of Tolerance for three (3) consecutive Months; Quarterly KPI, falls of Tolerance for two (2) consecutive Quarters or more	Insufficient progress made against planned improvements and performance indicators	Step In Notice	2	4	8	1. Regular monitoring against contractual KPIs 2. Improved reporting through OCG and SCG 3. Improvements in Business Intelligence and demand forecasting	1. Baselines agreed, together with reporting templates 2. ILACS Inspection "Requires Improvement" 3. Key focus on local and national	2	4	8	1. Improved business intelligence systems. 2. Continued focus on permanent recruitment 3. Social Care Improvement Board 4. Increased workforce training	2	4	8
SOCIAL CARE RISKS																		
SCR 01	01/04/2021	Director of Children's Social Care	Quality of services / contractual	An emergency occurs that has: - a significant adverse impact on the welfare of, and there is a serious increased risk of harm to, children and/or young people in the county of Northamptonshire; or - has a material adverse effect on the Trust of the Services such that there is, or will be, a long-term increased risk of harm to children and young people in the Northamptonshire if the Trust continues to perform the Services	Business continuity failure in critical services Death or injury to a child or young person under the responsibility of the Trust, through inappropriate care or attention	Step in notice Child Safeguarding Practice Review	2	5	10	1. Regular quality assurance and audit activity along with management supervision and oversight to identify and address any risks in relation to practice	1. There are no cases currently where concerns of this type have been identified	2	5	10	N/A	2	5	10
SCR 02	01/04/2021	Director of Children's Social Care	Inspection / Regulatory	Improvements seen by Ofsted in the ILACS 2022 are not sustained or built on.	Failure to improve services for children	Failure to maintain and build on improvements results in difficulty with future recruitment and retention and have negative impact on outcomes for children, and reputational risk	2	5	10	1. Effective leadership and oversight to ensure services are operated at an effective level 2. Monthly Improvement Board to monitor progress 3. Peer review of SEF summer 2022	1. Ofsted ILACS recognised progress and NCT status is now "Requires Improvement" 2. Updated Improvement Plan currently in Draft Form including input from partners and will be	2	4	8	1. Updated improvement plan to be sent to Improvement Board	2	3	6
SCR 03	01/04/2021	Director of Children's Social Care	Service delivery	Ongoing impact of Covid-19 on service demand and related budget pressures	Insufficient apportionment of national monies to cover incurred Covid-19 related Trust costs. Additional financial pressure on the Council. Covid-19 affecting staff members / foster carers / residential homes	Service delivery constrained - reduced service provision; workforce reduction. Need to find additional funding for services. Some non-essential services may be affected.	3	5	15	1. Baseline report produced detailing Trust position as at 1st November. 2. Continuation of targeted funding for additional SW capacity, early help and fostering 3. Placement and performance monitoring in place	1. increase in pressure and complexity with particular impact on certain service areas 2. Weekly demand level report showing pressure on placements	4	4	16	Monitoring impact, potential impact on service demands post March. Additional request for additional funding through contract as part of Invest to save.	2	5	10
SCR 04	09/05/2022	Director of Children's social care	Service delivery	Increase in safeguarding referrals and complexity of need leading to an increase in numbers of children in care	impact of Covid 19 pandemic, combined with legacy of unmet needs and underdeveloped early help offer.	Impact on capacity to manage the workload and to deliver quality services potential impact on budgets and placement cost alongside complexity of young people needs to be met	3	3	9	1. early help steering group and action plan and ongoing work with the wider partnership to ensure right help at the right time and reduce escalation of needs 2. system approach to ensure appropriate levels of intervention for families 2. work on robust application of thresholds by a strong front door 3. continue to improve quality of services and ensure sustainable plans at closure	1. Increase in demand and complexity as the effects of the pandemic are more prevalent. 2. Increase in separated children and fewer children leaving care over the last year. Therefore, increase	3	4	12	ICS engagement to address system challenges Safeguarding partners working collectively on priorities, one being early help Neglect steering group to develop action plan and monitor impact	3	3	9

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SCR 05	09/05/2022	Director of Children's social care	Service delivery	Unregistered placements that are illegal	THE CARE PLANNING, PLACEMENT & CARE REVIEW (ENGLAND) (AMENDMENT) REGULATIONS 2021 came into force on 9 September 2021- demands that Looked after children under the age of 16 must be placed in foster care or a registered children's home	risk of prosecution/ judicial review/ insurance/ reputation/ Ofsted inspection unintended impact where we see regulated providers that refuse complex cases as they may negatively impact their Ofsted rating and increase in solo placements	4	5	20	Unregulated placement is made only when no other alternative is available. Decision at AD/ Director level. Checks prior and after the placement is made ensuring risks are mitigated and the needs of the young person are understood. All unregulated placements are monitored on a weekly basis by senior managers to ensure all children living in unregistered children's home placements are safe and children's needs are met, and that timely action is taking place to secure a registered placement that meets their needs or so that they can safely return home. Fortnightly reports to councils/ DCSs and ICF. Regular reporting to Ofsted is in place. We report to our Social Care Improvement Board and OCG on a monthly basis. Quality assurance in regards to this area of work in place.	Unregistered placements procedure devised to ensure consistency. Senior management oversight and regular review. Learning from Ofsted inspection has been implemented. Reporting to council and ofsted in place. Sufficiency	4	3	12	implementation of sufficiency action plan. implementation of capital investment and DfE bid. Implementation of valuing care project. Weekly meetings chaired by AD for QA and Commissioning involving services and commissioning team. Increase in quality assurance activity with focus on both compliance and outcomes	2	5	10
SCRO 6	01/04/2021	Director of Children's Social Care	Finance / service delivery	Challenges to the delivery of / withdrawal of the Troubled Families Programme	Government withdraw or significantly amends the terms of the Troubled Families Programme	Insufficient funding to sustain services funded by the Troubled Families Programme. Poor outcomes for young people. Increased costs, reputational risk.	2	4	8	1. Regular monitoring of troubled families (supporting families) attachment and PBR income	1. Attachment funding covers staffing and has been rolled forward by government for a further year to 21 / 22 2. Significant increase in successful claims for the final quarter of 20/21 financial	1	4	4	1. A/D Early Help leading a piece of work to identify where further claims are possible 2. Closer interface with Business intelligence with dedicated resource 3. funding confirmed for future years	2	2	4
SCRO 7	01/04/2021	Director of Children's Social Care	Service delivery	Non recent child sexual exploitation connected cases	Victims coming forward, police investigation and criminal charges, identification of further victims and alleged perpetrators as investigation continues and made public	Serious harm experienced by a child/ young person, reputational, financial (litigation, insurance, additional resource requirements), HR (disciplinary)	3	4	12	1. The Trust is managing the safeguarding aspects of the operation/ investigation in collaboration with safeguarding partners who together manage the communication strategy.	Police investigation completed and review of case files has also been	3	4	12	1. Once report written and publication timeline confirmed then to develop a comms plan. 2. Additional resources agreed by the council to effectively manage existing work and any new	2	4	8
SCRO 8	07/03/2023	Assistant Director CFSS & YOS	Service Delivery	YOS pending HMIP inspection.	Impact for the Children Trust if the YOS provision is considered not to be a strength.	Failure to achieve a successful outcome for inspections and decrease in positive outcomes for young people and families.	3	4	12	Regular inspection readiness Meetings Peer review undertaken Service Performance Data Clinics YJB action Plan performance monitoring QA Audit Controls - recent review of Custody support plans Data intelligence with Police and Partners to Target areas and themes. Scrutiny on Top ten re-offenders YOS Management Board, Assurance reporting, oversight and challenge.	Preparing to convene external scrutiny for inspection readiness preparing to undertake a full audit control of all policy and procedures to ensure updated and accessible to staff. Training Audit tracker Inspection folders in place Review Risk areas known	3	4	12	Continue to hold the inspection readiness meetings. Report all risks to YOS management Board NCT SLT Oversight	2	3	6
FINANCE AND OPERATIONAL RISKS																		
FOR 01	01/04/2021	Chief Executive/Director of Finance and Resources	Service delivery	Manage budget within agreed contract sum	The inability of the Trust to break even leads to a 'breach of contract' as determined within the Financial Mechanism	Step-in notice	1	5	5	1.Regular monitoring of cash flow by Director of Finance 2. Regular monitoring of budget through SLT and Trust Board	1. No current cash flow concerns 2. Transformation and efficiency reporting in place 3. Balanced Outturn position as at the 31/3/2022 subject to final	3	5	15	1. Review of Placement spend, though Joint Funding panels and procurement 2. Creation of local provision 3. Continued drive to recruit foster carers 4. Implementation of new ways of working as part of both IT and asset strategy within the trust 5. Implementation of valuing care project in 2023.	1	5	5
FOR 02	01/04/2021	Director of Finance and Resources	Finance	The risk of cuts in the budget contributions of partner agencies following central budget cuts	Partner agency reduce / withhold supporting budget	Service delivery constrained - reduced service provision; workforce reduction	2	5	10	1. Regular meetings with funding partners to ensure clear sight of any proposed budget cuts 2. Successful bid for additional funding from DfE for improvement activities £469k 3. Reviewing new grant allocations and submission of bids for 22/23 (i.e. new burdens grant)	1. Submission of contract sum for period 2023 -2025 and provisional contract sum agreed in accordance with SDC 2. Monthly detailed financial monitoring in place	3	5	15	1. Funding agreements in place for 22/23. 2. Process in place for change control in the 22/23 financial year to respond to Medium term pressures. 3. Finalising arrangements for the treatment of earmarked grants and reserves 4. Inflation pressures including pay inflation above the levels forecast in the contract sum, which will require a change control mechanism to be enacted	2	5	10

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FOR 03	01/04/2021	Director of Finance and Resources	Finance / service delivery	Increase in volume and the complexity of care required and increase in numbers of children in need of support adding to budget pressures.	Inaccurate prediction of service demand and Placement Sufficiency	Failure to achieve a successful outcome for inspections and decrease in positive outcomes for children, young people and families	3	5	15	1. Regular monitoring of cases 2. Review commissioning arrangements and benchmarking for external placements 3. Joint funding arrangements with education and CCG 4. Development of placement sufficiency strategy	1. Increased complexity of cases post Covid-19 2. Review of placement budgets and partner contributions 3. MARP panel developing, however challenges from partners as implementation of new arrangements for joint funding protocols 4. Increasing demand in	4	5	20	1. Individual pupil Monitoring systems in place re case numbers. 2. Improved placement sufficiency and planning , through capital investment 3. Trust workshop to develop placement sufficiency and the development of additional local provision 4. Review of Trust property and linking to the councils asset management strategy 5. submission of additional capital bids to develop local provision. 6. Placement modelling to inform contract sum negotiations as part of quarter 1 report , final position to be agreed on actuals. Retrospective change control to be implemented at year end .	2	5	10
FOR 04	01/09/2021	Director of Finance and Resources	Finance / service delivery	Increasing cost of commissioned services and placements as a result of uncontrollable external factors (i.e. Increased national insurance; changes in regulation; impact of Brexit and Covid on ability of providers to secure suitable workforce, failure of external placement market to meet needs)	Failure to secure services and placements to meet level of demand within budget	1. reduced service provision for children and families leading to future increase in demand 2. not able to fulfil contractual requirements 3. Cost pressure	3	4	12	1. Commissioners working with providers to address workforce related issues 2. Re-opening of frameworks to increase number of providers and reviewing commissioning options 3. Identifying alternative service delivery models to commissioned services	1. Care and support providers experiencing challenges in securing suitable workforce 2. Reviewing provider	4	4	16	1. Join additional placement frameworks 2. Improve joint commissioning with adults services 3. Bring commissioned services in house if this is viable and will achieve better value for money	2	4	8
FOR 05	01/04/2021	Director of Finance and Resources	Finance / service delivery	Inability to deliver savings plans within contract sum	There have been additional cost burdens on Children's Services as a result of Covid-19. We have also postponed some transformation projects which were set to deliver savings and efficiencies for the Council	Failure to deliver savings and transformation projects leading to pressures on the contract sum and targeting resources on improving from line service delivery.	3	5	15	1. Review of individual project delivery 2. Work with partners as a collaborative approach (i.e. CCG, housing). 3. Identify alternative savings and in year mitigations 4. Incorporate project management with SRO for each project. 5. Closer links with finance and corporate project management to establish co-dependencies	1. Continued review of budgets 2. Review benchmarking and demand forecasts 3. New monitoring and reporting system in place. 4. Implementation of forecasting and financial modelling	3	5	15	1. Impact factored into the development of the MTFs and contract sum 2. Review residual pressures impacting on 22/23 financial year 3. New monitoring and reporting system in place. 4. Workshop with WNC in December 22 to review key priorities and savings co-delivery	2	5	10
FOR 06	01/07/2021	Director of Finance and Resources	Information Governance	Data Breach. NCT processes and stores a high volume of sensitive information related to the safeguarding and protection of vulnerable children and their families. Data breaches risk the integrity and availability of this information.	Deliberate or accidental action (or inaction) by NCT as data controller or a data processor of NCT data. Access by an unauthorised third party. Sending personal data to an incorrect recipient. Computing devices containing personal data being lost or stolen. Alteration of personal data without permission. Loss of availability of personal data.	Reputational Harm. Financial penalty through ICO fines under GDPR. ICO audit and regulatory action due to reduced UK GDPR compliance. Harm or risk of harm to service users, their families, employees and 3rd parties due to data breach. Loss of systems functionality. Possible safeguarding impact to children from information loss, incorrect information recorded or inability to access data when decision making. Loss of NCT contract to deliver services.	4	5	20	1. IG Service established and DPO appointed. Data Protection and Cyber Security Essentials training is mandatory to all staff and is renewed annually. Data Protection policies and procedures are in place. Data breach reporting procedure is defined and communicated to workforce. Workforce report data breaches promptly and in line with policy. DPO report breaches meeting threshold to ICO within 72 hours deadline. . Data breach protection policies and procedures reviewed as IG BAU. The DPO and SIRO work closely with workforce and SLT to ensure a Trust wide awareness of data protection responsibilities, that training is taken up and breaches are reported to DPO. NCT data protection compliance certification for ICO place. 2. Systems Data Protection Impact: New processes, systems, working methods, project programmes, software implementation, etc., are assessed for their data protection impact. 3. Unlawful Access to NCT Systems: Third party agencies and organisations provided with access to NCT systems within a NCT SLA, Commissioned Contract, other contract type or Data Sharing Agreement (DSA) for defined usage.	08/2022. Implementation of IG Framework Action Plan on hold due to additional workload to address Leaving Care information access request backlog. 07/2022. New controls to authorise access to NCT systems and data for third-parties through an updated access request form has been completed. Trust wide communications through DPO and CEO to workforce	3	4	12	1. Permanent recruitment of IG team and level of resource to be agreed 2. Training completions to be continually monitored to ensure levels of compliance are maintained. Additional training to be put in place specific to roles and service areas across workforce; direct target of staff not completed mandatory training. 3. Implementation Development of Information Governance and Data Protection Framework action plan.	2	4	8
FOR 07	01/07/2021	Director of Finance and Resources	Information Governance	Cyber security incident or issue. NCT processes and stores a high volume of sensitive information related to the safeguarding and protection of vulnerable children and their families and its workforce through computer systems.	Cyber Attack - Security breaches or hacks of computer systems leading to data breach and loss of functionality from ransomware (malicious software) placed on systems. Successful phishing exercise, data leakage, hacking activities and insider (employee) threat. Cyber defences are not sufficiently robust because the IT environment is not maintained to the required standard of security and integrity.	Harm or risk of harm to service users, their families, employees and 3rd parties due to data breaches. Loss of systems functionality. Possible safeguarding impact to children due to inability to access information. Staff unable to make correct safeguarding decisions due to cyber security attacks.	4	3	12	1. Data Protection policies and procedures in place. 2. Data protection policies and procedures to be regularly reviewed . 3. Data Protection and Cyber Security Essentials training is mandatory to all staff and is taken up. 4. Procedure and process to report breaches meeting threshold to ICO. 5. Regular communications to workforce regarding adherence to policies and procedures. 6. Additional training and workshops offered to workforce on procedures and policy requirements.	1. Data Protection policies and procedures are in place, either NCT owned or incorporated from NCC, WNC or NNC legacy documentation. 2. Review of data protection policies and procedures incorporated into Information Governance and	2	3	6	1. Data Protection policies and procedures to be reviewed and formatted to NCT brand. 2. Information Governance and Data Protection Framework Action Plan to be completed 3. Training completions to be monitored to ensure levels of compliance are maintained. 4. Additional training to be provided.	2	2	4

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FOR 08	01/11/20	Director of Finance/SLT	Staffing	High levels of permanent staff turnover	Less consistency of practice and increased levels of agency staff	Service delivery is hindered by staff recruitment and retention issues. An over reliance on interim social workers, that impacts the overcapacity and capability to deliver. Increased financial cost of interim staff. Inconsistency for families and potential for reduced outcome achievement High caseloads due to vacancies	5	4	20	1. Push permanent recruitment 2. Effective support for staff to mitigate high levels of attrition 3. Work in partnership with OPUS and community care as part of a strategic campaign 4. Develop reputation and offer for social workers	1. Review of arrangements to introduce permanent SW staff to the organisation and consideration of an alternative provider to further improve opportunities to recruit to permanent posts. 2. A 2% pay award for roles paid at SM1 or below arranged for payment in July and backdated to 1	5	4	20	1. Ongoing regular focus on permanent recruitment - performing well in a difficult market 2. Development of a strategic recruitment partnership - microsite for recruitment in place 3. Working with community care to promote the trust and utilise networks 4. Development of communication strategies including the use of social media platforms(Linked in and Twitter). Continued focus on alternative ideas for retention. Focus on hotspots across organisation continues.	2	4	8
FOR 09	01/04/2021	Director of Finance and Resources	Contracts and Supplier resilience	Risk of weak supplier resilience	If there is a risk of weak supplier resilience, then there is the possibility of provider bankruptcies putting service continuity at risk.	A reputational risk of failing to meet the needs and expectations of our customers, members and politicians as well as legal implications for statutory services. Potentially increased costs through recommissioning are failure to identify an alternative provider	3	4	12	1. Ensure service continuity plans are in place and annually reviewed for all strategic and priority contracts. 2. Increase frequency of monitoring of the provider, and use other indicators such as share value performance to help determine risk. 3. Monitoring CreditSafe alerts if the providers financial standing changes and rating drops to below 50%, Contract Managers to Increase frequency of monitoring of the provider, and use other indicators such as share value performance to help determine risk	1. Review of all contracts and providers 2. Exposure to financial risk (post covid) organisations have been funded at budget. 3. Impact on changing demands (Transport - continuation of	2	4	8	1. Continue to review supplier resilience as part of contracts review and commissioning strategy 2. Consideration of developing strategic partnership which would provide longer term stability of commissioning arrangements 3. Consideration of inflation related increase to commissioned services in with contract sum negotiations	2	4	8
FOR 10	01/04/2021	Director of Finance and Resources	IT Infrastructure	Implementation of new children's IT system 1/4/22 - RISK updated to Procurement and Implementation of new Children's IT system	Failure to implement the new IT system aligned to support practice improvement, improved reporting and integration with other systems > failure to engage with the service	1. System does not support practice and improved decision making and efficiencies . 2. Failure to integrate with other systems	3	4	12	1. Embed best practice into new system (e.g. Signs of Safety) 2 .Ensure new system supports Ofsted Improvement Plans 3.Implementation supports Ofsted Improvement Plans. 4. Appropriate groups embedded in Trust through project but continued post programme 5. Enhance technical support and ongoing development	1. Engagement of Project lead for Children's Services 2. Governance structure proposed. 3. Revenue from NNC and WNC sought - awaiting final decision on governance arrangements	4	4	16	1. Programme board decision on future of social care information management system has defined new actions for this risk 2. Agree Capital with Council(s) to start procurement 3. Start procurement with engagement from Trust teams as required - 5/1/23 First programme board started. NNC funding approved, WNC funding due to be approved end Jan 23.	2	4	8
FOR 11	01/04/2021	Director of Finance and Resources	Service delivery	The Trust is dependent upon the Council(s) delivery of aligned services and of a number of support services	Reduced service delivery level by the Council(s) impacts the trust own performance	1. Performance targets are not met 2. Support services are not supporting the delivery of the trusts objectives	4	4	16	1. Development of KPIs that will support service delivery levels required by the Trust 2. Continued development of support services board , with focus on areas of poor performance	The Support Services Board has been in operation for 2 years and is receiving high quality monthly performance information and narrative around KPIs. The board reviews risk and issues monthly and records actions / commentary	2	4	8	1. Review potential impact on KPI's and service improvement delivery 2. Review alternative delivery models in partnership with the councils 3. A separate risk and issue register has been developed and is in place for Support Services. This enables recording of items relating to performance and affecting service delivery that are not picked up by existing KPIs 4) IT KPIs have been reviewed and agreed. 5) Transport SLA being developed following disaggregation.	1	4	4
FOR 12	01/08/2021	Director of Finance and Resources	IT on-going support	IT support for the Trust including access to systems	Failure to implement new functions in existing IT systems (e.g. CareFirst) results in NCT not being able to fulfil improvement and contractual requirements	1. Not able to support improvement plans 2. Not able to fulfil contractual requirements	3	4	12	1. Escalation with IT and also Eclipse programme board to gain buy in and support for this risk 2. Recruitment of IT relationship manager for the Trust 3. Review critical incident and business continuity	1. Escalated to IT and gained positive results. 2. New business relationship manager employed by IT and has had positive impact	3	4	12	1. CareFirst and other systems roadmap created to align with NCT priorities 2. Invest to save investment in technology to incorporate new ways of working 3. Continued engagement with IT relationship manager 4. Creation of a Trust Digital Strategy	1	4	4

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FOR 13	20/12/2021	Director of Finance and Resources	Property Infrastructure	The current level of repair across the properties occupied by the Trust is poor. Clarity of the working principles between the North and West with respect to rectification is causing delay and there are concerns around the availability of funding to rectify issues raised.	1. Health and Safety concerns/event 2. Poor working conditions for staff 3. Staff safety concerns 4. Ability to provide services (children's centres and children's homes)	1. Ability to provide a safe working environment for staff and customers 2. Ability to provide frontline services	4	4	16	1. Escalation to the Assistant Directors of Property (North and West) on 3rd December 2. Escalation to the Support Services Board 20th December 3. North/West to provide clarity on working arrangements as the service disaggregates, including confirmation around tracking and prioritising expenditure 4. Children's home report by Trust capturing high risk areas 5. Monthly SLA meetings to be put in place with N/W Unitaries 6. Progress to be reported to the Support Services Board 7. Trust undertook soft FM audit across sites to feed into retender of N and W contracts 8. Planned programme of works to be developed to address NCC underinvestment in properties 9. ICF tested with defining clear routes for accessing capital for both N and W - documented process with associated templates.	Following escalation to property ADs in North and West, engagement has continued to improve. Monthly operational and quarterly strategic SLA meetings are in place for the North and the West. The North and West fully disaggregated responsibilities on 31st January. The North have been responsive to queries raised and are bedding in their	2	4	8	Establish a clear working process with the North and West Unitaries for the management and prioritisation of repairs and maintenance. Ensure the North and West are reporting on all agreed KPIs and that MI information requested by the Trust is provided regularly Agree a funded planned maintenance programme across all Trust occupied buildings once Unitary budget setting process has completed (developing well) receive documented access to Capital process via the ICF for in year applications Feed specific capital projects requests into contract setting process to ensure key projects are included within Unitary capital plans Joint N/W/Trust Asset utilisation working group chaired by ICF established since Feb 23.	1	4	4
FOR 14	25/04/2022	Director of Finance and Resource / AD CFSS and YOS	Financial Risk	YOS restructure plans rely on the Police, Fire and Crime Commissioner funding support. Recently this has been withdrawn for the year 21/22 which has placed a financial shortfall on the team budget. It is imperative that OPFCC provide ongoing funding via the Unitary Authorities to support the Prevent and Diversion from offending priority.	Clear funding arrangements with the unitary authorities needs to be clarified with longer term agreements. OPFCC need a direct reporting line to one unitary authority on behalf of both councils to be able to ensure good communication and payment responsibilities agreed.	Less staffing to deliver the preventative and Diversion element of YOS priorities to reduce the number of first time offenders. YOS are already a Priority one in this area for YIB therefore this would raise ongoing concerns.	4	3	12	1. Senior Managers aware, 2. Identified Unitary Council Lead, 3. Set up regular meetings to discuss financial agreements for the future.	New Finances have been provided by MoJ to aid the early help and prevention work supported by the YOS. This will be a positive position for the YOS staffing issues and managing	1	1	2	Review current Service Plan. New recruitment drive of fixed term staff. YOS management Board oversight of priorities strengthened.	1	1	2
FOR 15	25/04/2022	Director of Finance and Resource / AD CFSS and YOS	Financial Risk	Supporting Families Changes to Outcome Framework to be implemented in October 2022, the Prescribed framework and guidance has made the reporting of successful PBR claims more challenging than previously. We will need much more partnership engagement to identify more families than last year. The changes to the framework also identifies health as a data provider which has not always been easy to achieve previously.	Data meetings with health are ongoing to ensure we can download what we need BiPi leading on Data warehouse work. Partnership engagement sessions to deliver the new framework so that everyone understands what is required going forward. Information sharing protocol understood and shared to all partners. Governance arrangements to be set out clearly to ensure priority plan delivery. Need to achieve 100% again this year for PBR	Reduced financial contribution from the DLUHC resulting in less staff employed to deliver the work. More scrutiny by DLUHC department and regional leads. More scrutiny in data performance and auditing of casework.	4	3	12	1. Senior managers aware of new Framework, 2. Steering Group aware, 3. New Governance arrangements developed. 4. Revise action plan and risk register.	1. Dates set for meetings with Health Data Leads and IS Governance 2. Police ISA for data sharing sign up. 3. New Early Help Strategic Partnership Board to oversee the SF Action Plan and EH	4	3	12	Health Lead and AD for CFSS to ensure Early Help Partnership Board hold this as a key priority. Also link with Family Hub delivery plans and ICB and place based delivery development groups for both west and North.	2	2	4
FOR 16	07/01/2022	Director of Finance and Resources	Operational risk	There is a risk that the split of DTI services between NNC and WNC Councils will impact the SLA provided from WNC DTI to NCT. This is because the capability and capacity of service from WNC DTI could be impacted by this split.	Continued dialogue with WNC Chief Information Officer to provide assurance of no impact	Currently unknown	4	3	12	1. This is being raised with the CIO for WNC 2. A formal request for reassurance that SLA and other elements of IT services provided will not be impacted by this change	1. Raised with WNC CIO (July 2022). Reassurance received 2. Council assessment March 2023 3. Continue to	4	3	12	Contractual escalation of risk if the impact threatens front line services.	2	3	6
FOR 17	10/01/2023	AD Quality Assurance & Commissioning	Operational and Financial risk	Residential Short Breaks	Councils do not agree to NCT / NCT partner organisation delivery; no other viable providers; have to continue with current provider at cost higher than budget	Risk to family breakdown and increase in children in care if service significantly changes/ withdrawn in unplanned manner; failure to meet statutory duties ;increase costs if have to continue with current provider; negative SEND inspection outcome	3	4	12	Specialist pension advice being sought; twin track planning NCT or NCT partner to deliver; project steering group in place; financial modelling	Due diligence report to be completed by end Jan 23	2	4	8	Reviewing models in other areas; consideration of what additional financial support could enable transfer to alternative provider ; options to remodel service prior to transfer	1	4	4