

Corporate Governance Committee – 16
September

Report by: Lydia Morrison – Corporate Director –
Finance and Resources

Lead Cllr: Cllr Liam Dewey-Beckett
Executive Councillor for Governance &
Democratic Services



Wards
All

Open / Exempt
Open

Key Decision?
No

Corporate Risk Register

Executive Summary: This report provides the Committee with an update on the Council's Corporate Risk Register, presenting the current risk position, including summary reporting and heatmaps, and highlights those risks where the residual risk score remains above the target risk score.

The report also describes the ongoing work to strengthen the quality, consistency, and oversight of risk information.

Recommendations

- 1.1. That the Committee comment on the progress the Council is making in regard to its management of risk, including the summary and heatmap reports in the appendices, and identifies any matters requiring further consideration.

Key Corporate Plan Priorities/Place Strategy Priorities

1

Effective risk management is critical to ensuring the Council is efficient and effective at providing sustainable service delivery.

Report Author(s)

Lydia Morrison – Corporate Director – Finance & Resources
(lydia.morrison@huntingdonshire.gov.uk)

Cain Oliphant – Risk Manager
(cain.oliphant@huntingdonshire.gov.uk)

1. PURPOSE OF THE REPORT

- 1.1 This report updates and informs the Committee of the approach taken to improve the Council's management of risk, in particular, for work undertaken on corporate risks where the residual risk score has not yet met the target risk score.
- 1.2 Heatmaps and a summary risk register are included as appendices to support the Committee's oversight of the Council's current corporate risk profile.

2. BACKGROUND & CONTEXT

- 2.1 Recent updates have been made to the Risk Management Strategy, and the wider approach to risk management to strengthen consistency and clarity across the organisation. These improvements are intended to strengthen the Council's risk management maturity and ensure that risk information is used as an active management tool to support decision-making, accountability and governance oversight. Some key changes are highlighted below:

- 2.1.1 Risk Titles: Have been revised to follow a clearer best practice structure of "cause>event>effect". This aims to provide clearer insight into what the risk is.
- 2.1.2 Risk Definitions: of Corporate, Directorate and Service risks are clarified to ensure risks are recorded at the appropriate level, and to support proportionate reporting and more effective escalation where needed.
- 2.1.3 Risk Training: Risk Management Training is being provided to teams across the organisation to embed the revised approach, improve shared understanding of risk management principles, and support a more consistent risk culture across services.
- 2.1.4 Workshops: Follow-up workshops from September aim to put the risk management training into practice, working with services/teams to identify and assess their risks, ensuring we have a considered picture of the risk landscape.

2.2 Changes to Corporate Risk Register

- 2.2.1 **New Risk: 25 - Selection of Option D as final determination for LGR has major impact on services, finances, economic growth & strategic direction of Huntingdonshire.**

This has been added as a separate corporate risk because it captures the specific and cumulative strategic impact of option D. Additional service specific and directorate risks associated with Option D will be captured in the LGR programme risk register and continued to be monitored if Option D is chosen by HM Government; their scale and interdependency require corporate visibility, ownership and oversight.

- 2.2.2 **Deescalated Risks:** The following five risks have been de-escalated to the Directorate tier following discussion with the risk owner. While these

risks remain relevant and have the potential to affect more than one service, directorate, or shared system, they do not have the potential to significantly impact or stop the achievement of corporate objectives. They will continue to be monitored by CLT; risks will be re-escalated where their severity or scope increases, controls become ineffective, or CGC intervention is required.

DIR01 Increase in complexity of Employee Relations cases

DIR02 Data breach involving Human Resources records

DIR03 System failure affecting payroll or Human Resources Information System

DIR04 High levels of sickness absence

DIR05 Mandatory Training – noncompletion

2.3 Narratives for Risks with Residual Scores > Target Scores

2.3.1 06 Inadequate preparedness and business continuity arrangements lead to an ineffective response to a major incident, disrupting critical services:

Emergency Planning:

Emergency Planning (EP) training was delivered to Cabinet Members during July and August 2026, focussing on their statutory responsibilities and leadership role during an incident. The session provided awareness and guidance to ensure Cabinet Members understand their responsibilities, including supporting affected communities, engaging with other elected Members such as ward councillors and responding appropriately to media enquiries. The training also highlighted the support, information and communication arrangements that Cabinet Members can expect from the Council during a response.

HDC's Community Resilience Officer continues to work with a number of Town and Parish Councils to develop Emergency Liaison Points (ELPs). These locations will provide residents with a place of support and information should they be required to leave their homes during an incident.

To further support this, a new Town and Parish Council Self-Help Guide has been produced. The EP Team is currently working with Brampton Parish Council to establish and exercise an ELP, with other Town and Parish representatives invited to observe the set-up process and gain a better understanding of the resources, commitment and local arrangements required.

HDC continues to offer reviews of Town and Parish Emergency Plans to improve alignment with HDC's incident response arrangements and strengthen communication between councils during an emergency.

Business Continuity:

A comprehensive review and refresh of the Council's BCPs is currently underway. Heads of Service are leading the review of their respective priority services to ensure that essential functions can continue during a disruption or emergency. Priority 1 action cards are being developed and to be tested against the highest risk areas.

The EP Team will conduct a series of desktop exercises to test proposed response arrangements, validate assumptions, and ensure all critical considerations have been addressed.

Internal Audit has issued an initial draft Business Continuity report, identifying 11 recommendations for improvement. Once finalised, recommendations will be presented to the Business Continuity Steering Group, which will develop an organisational action plan with clear ownership and delivery timescales. A further update will be provided upon receipt of the final audit report, and action plan agreed.

2.3.2 08 Insufficient awareness, capacity, and governance lead to regulatory non-compliance, resulting in intervention and disruption:

An interim Monitoring Officer has been recruited, and Full Council will be requested to approve the appointment on 9 September 2026. Additional resources have also been sourced to provide support to the council on governance and regulatory matters.

Three important updates to the Council's constitution are currently progressing through Committees in September: The 'Procurement Code', the overall 'Scheme of Delegation' and the new 'National Scheme of Delegation of Decisions on Planning Applications'. The first two of these will subsequently go to Full Council in October 2026.

2.3.3 09 Weaknesses in governance, oversight and controls enable fraud, corruption, bribery or theft, resulting in financial, operational, and reputational harm

Majority of teams have identified and assessed their fraud risks, inputting on 4Risk. The outstanding teams are being supported to complete this through the delivery of risk management training, which aims to build a consistent approach to identification, assessment, and management across the Council. This is to be followed by targeted workshops with service areas; for the relevant teams a priority will be fraud risk.

The fraud risk report and recommendations have been received and are under review by senior leaders to confirm/accept the findings. Regular monthly meetings are held with key stakeholders regarding the Fraud Strategy Action Plan. All actions are monitored and reviewed - the majority having now been completed ensuring the key elements of the Anti-Fraud, Bribery and Corruption Strategy are in place.

2.3.4 10 Weak information governance and security arrangements lead to a major confidentiality breach, causing regulatory, financial, and reputational harm:

All outstanding actions from the Cyber Essentials audit have now been completed and closed. Work is continuing across a number of M365

projects to strengthen information governance and security controls across the tenancy. Progress and the assurance provided by these improvements will be monitored and reported through the Information Assurance Board.

2.3.5 12 Insufficient workforce development and support lead to difficulties in recruitment and retention of skilled staff, reducing service capacity and quality:

The Council is coming to the end of the two-year project to deliver the actions associated with the Workforce Strategy. Good progress has been made: There are no actions to start. 44 actions are completed. 5 actions in progress, some of which will be completed by September 2026, and all have transitioned into BAU activity.

A closure report (of the Workforce Strategy) will be presented at the September 2026 Employment Committee.

2.3.6 16 Insufficient leadership, resources, and engagement lead to unsuccessful transformation, wasting resources, and limiting service improvement:

Resources have been allocated to maintain core service delivery while providing dedicated capacity to support/process Local Government Reorganisation, including the work required to assess and plan for disaggregation and aggregation of services. Resource requirements will continue to be reviewed as the LGR programme develops, enabling emerging pressures, capacity constraints, and competing priorities to be identified and addressed.

2.3.7 17 Weak safeguarding arrangements and awareness lead to safeguarding failure, causing harm and statutory non-compliance:

The Council continues to make positive progress in safeguarding training compliance, with strong engagement across the three key courses within the training programme. As at the end of Q1, all staff registered on the Learn module were up to date with basic Safeguarding Adults and Children training, including new starters and those due refresher training.

Intermediate Safeguarding Awareness training is currently being reviewed by the Learning and Development team following changes to the County Council's delivery model. This has affected monitoring of refresher training compliance for relevant roles, and an updated system is being developed. Progress will continue to be reported to the Safeguarding Board and CLT Governance.

Designated Safeguarding Officer (DSO) update training has been sourced for both adult and child contact. Existing DSOs will be offered the opportunity to attend and continue in role. Additional DSOs will be sourced to support existing teams. Training has been sourced to incorporate a variety of skills, including Professional Curiosity, which was

a recommended theme and learning point from previous Safeguarding and Domestic Homicide Reviews.

The Council's Safeguarding Policy has also been reviewed, with no changes currently required. A report will be taken to Cabinet later in the year to confirm this position and complete the periodic policy review. An all-Member safeguarding briefing is planned to coincide with the Cabinet report.

2.3.8 18 Failure to embed Equality, Diversity, and Inclusion requirements in Council practices results in legal challenge, reputational damage, and reduced trust:

The EDI network is continuing to work towards reducing the risk factor further through data analysis, events, initiatives, and education. The team are also looking at accessible communications (such as the adjustments passport) through the Communications team and exploring where training would help with awareness and support for staff (e.g. neurodiversity and ED&I). They are also collaborating with other public sector organisations where they have established EDI practices to learn and share best practice.

2.3.9 19 Failure to effectively plan for Local Government Reorganisation results in ineffective delivery disrupting services, finances, governance, and a safe and legal handover:

The Council continues to plan for LGR while awaiting confirmation of the final determination from HM Government. The delay has significantly reduced the time available for the Council to deliver an effective transition to Vesting day as there has been no extension given to that date to compensate for the loss of time. Work remains underway to assess potential outcomes and maintain readiness, although the continuing uncertainty limits the extent to which detailed transition arrangements can be finalised.

Further service-level LGR risks have been identified (totalling 15), alongside the overarching corporate and existing LGR risks. A consolidated programme risk log is also being developed to coordinate the substantial volume of risks and issues identified across services and workstreams, enabling clear ownership, oversight, and escalation.

3. COMMENTS OF OVERVIEW & SCRUTINY

N/A

4. IMPLICATIONS OF THE DECISION

N/A

4.1 Implications on Resources

4.1.1 Risk Management is coordinated by the Risk Manager.

5. LIST OF APPENDICES

Appendix 1 – [Corporate Risk Register Summary](#)

Appendix 2 – [Risk Heat Maps](#)