KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕЦНООВ	IMPACT	RESIDUAL RISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
Insufficient resources due to poor funding settlement, inability to make required savings, additional financial 1 pressures such as RDS pensions etc., plus council tax limits via local referendum resulting in Authority being unable to set a balanced budget.	Local Govt Finance settlement better than anticipated and included indicative figures for 4 years. This was used as a basis for 16/17 budget agreed by FA in Feb 16 and for MTFS presented in same report. Potential funding gap of up to £1.5m identified by 19/20. ECR and other reviews moved back to target implementation in April 2018 to address updated funding gap. The Authority holds significant reserves which will enable it to phase the impact of reductions in funding.	3	3	9	Currently awaiting details to determine whether to sign up to a 4 year settlement to increase funding certainty	31/03/2017	DoCS	DoCS	Corp Serv
Premises Risk Information: That operational staff do not have available adequate and reliable premises information to efficiently resolve operational incidents: Risk information is provided to operational staff based on premises information and premises risk are identified on a continuous basis although this is not consistent throughout the Service.	Premises based risks are assessed using the ORA process and paperwork. These are then categorised as level 1, 2, or 3 risk and documented accordingly. RIEF process is in place for sharing risk information The Service now has an ability through its RADAR product to store and record/ amend Cat 2 & 3 risk information. Premises risks categorised as level 2 risk have a hazard statement on the mobilising system. We have assessed the method used to identify premises for assessment and are modifying that method, including audit and review aspects. We have developed, using RADAR, a method to record, store and retrieve.	2	3	6	Discharged				

Sept 16

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ГІКЕГІНООБ	IMPACT	RESIDUAL RISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
3		LFRS has a separate contingency plan in place that is specific to industrial action. This plan has been utilised throughout the current period of industrial action. Whilst overall levels of cover have been marginally reduced our resilience arrangements have ensured that we have been able to maintain our first pump attendance standards and ensured the same level of professional operational effectiveness throughout each of the periods of industrial action. Appropriate refresher training has been provided. There are 13 & 16 agreements in place with other NW FRSs. Regular dialogue takes place with key staff and representative bodies. In December the FBU announced that further industrial action has been put on hold until June 2017, pending the outcome of the employment tribunals relating to the modifications to the pensions scheme. As such it is proposed that the risk is discharged from the corporate risk register, until such time as the potential for further industrial action arises, i.e. June 2017.		4	4	Proposal to discharge				

Sept 16

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕЦНООБ	IMPACT	RESIDUAL RISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
4	Lack of availability of water supplies for fire fighting prevents effective fire fighting resulting in additional damage to property and increased risk to life.	The Service commissions, adopts, systematically inspects and repairs mains fed fire fighting hydrants across the County. We maintain operational plans that display the location of available hydrants and open water supplies. Accurate hydrant information now provided to FES. Hydrant inspections moved to a risk based programme. New SSI Hydrant Manager update - Central system (within FES) is now up and running with current information being available on appliance MDT's. Hydrant tech's now moved over to Toughbook's for hydrant management and reporting of defects. We have Strategic Hydrants (those with a flow rate of above 1,500 litres per minute), then Risk Category 1, 2 and 3. Strategic are tested annually, Risk 1 annually, Risk 2 every two years, and Risk 3 every three years. Defects are repaired either in-house by the Hydrant Technicians, or reported to United Utilities (Strategic being marked urgent). Strategic Hydrants are always flow tested and this is recorded on the hydrant asset in SSI. Other hydrants are dry tested Increased use of HVP for larger incidents.		3	6	Discharged				

Sept 16

KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕЦНООВ	IMPACT	RESIDUAL PISK	RISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
staff could adversely affect our ability to deliver effective emergency response.	Fitness Assessments introduced and included as part of the Crew Training as of 1st April 14. Remedial action to ensure that acceptable levels of fitness are developed and maintained. Provision of facilities for physical exercise and training on operational stations. Currently staff are timetabled to take a fitness test, are subject to health monitoring and managers can refer staff to OHU if they have concerns. The Service provides a physiotherapy service, critical incident debriefing and counselling if needed.		2	6	6	Discharged				

Sept 16

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕПНООБ	IMPACT	RESIDUAL RISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
6	required skills to operate safely at an incident with the potential to result in F/F injuries or fatalities.	Initial and Continuation training delivery based on National Standards. Role related competencies have been identified and recorded with in Red Kite with appropriate retraining frequencies identified. Initial and Refresher training devised and delivered to cover specialist skills. Risk Critical areas such as Breathing Apparatus are centrally assessed to ensure uniformity. Risks and deficiencies identified from service and nationwide incidents, including Rule 43 Letters result in training delivery where appropriate. Incident Monitoring and REC1 processes in place to identify learning from incidents and inform Crew Refresher training. Operational competence is observed during exercises and training audits. OGBA was formally adopted by LFRS on 1st October 2015 following a comprehensive training program. A review of Incident Command Competence against National Occupational Standards has been completed and a series of training sessions have been introduced, addressing Incident Command and Hazmat competencies. E-learning system introduced, allowing a comprehensive, role related annual training plan to be implemented for all personnel. Ongoing retention of skills is captured within the MOST system and is now an embedded component of LearnPro e-learning modules.	2	3	6	Proposal to discharge				

Sept 16

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	LIKELIHOOD	IMPACT	RESIDUAL RISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
7	Failure of key ICT systems resulting in disruption to services.	Separate BCP plans developed, including backup and recovery procedures, desktop exercise completed. Regular assessment of requirements. Asset replacement policy in place, regularly reviewed. IT Firewall to prevent inappropriate access, moisture detection loop installed in SHQ plant room to identify any early threat of flooding Secondary ICT site constructed at STC to provide enhanced resilience providing replicated file data and a means to recover core services to a small number of desktops, implementation of Active Directory to enhance security and control of user access, improved virus protection. Strategy to control use of USB devices implemented. Patch and update policy place to ensure servers and workstations are up to date with latest security developments. Wide Area Network (WAN) to all administrative and operations site. New Storage Area Network (SAN) to replicate all essential servers and data to the disaster recovery site at STC. Installed resilient link from STC to County Hall in order to maintain LCC/OCL supplied services in the event of a failure at SHQ or the link to County and also have extended the network to include the new control facility in Warrington.	3	3	9	Further investment into the infrastructure has been identified to improve resilience all with a focus on ease of recovery in the event of an issue.Networking resilience issues, affecting things like email and telephony, identified and corrective measuresbeing progressed with LCC / BT Lancashire for completion by end of June 2016. Further consideration is being given to relocating some services to NWFC in order to make use of the intrinsic resilience built into the comm's and the building there, as a possible alternative to STC. It would also add further geographical separation to the sites and additional working space for us in the event of an incident	30/06/2017	HolCT	HolCT	Strategy & Planning

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ГІКЕГІНООБ	IMPACT	RESIDUAL	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
8	Loss of corporate reputation through negative publicity.	Emergency communication plan in place, regularly revised and tested. Effective reactive press office. Proactive media activity to build positive reputation; including on-call arrangements. Scanning and planning function helps anticipate and plan for specific reputational risks. Communication plans include staff communication to reduce risk of 'leaks'. Communication strategy and action plan developed and implemented to support the business continuity arrangements relating to industrial action. Corporate use of social media is now embedded in communication plans with policy and guidance in place. Use across service delivery is increasing and training/guidance should now be integrated to the usual media training packages and extended to all flexi duty staff/watch managers.		3	9	The emergency communication plan and supporting toolkit needs to be reviewed to incorporate the new Lancashire Resilience Forum warning and informing plan.	31/12/2016	HoCC	HoCC	People & Development

Sept 16

KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕЦНООВ	IMPACT	RESIDUAL RISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
9 Retention and recruitment of RDS staff impacts on RDS appliance availability.	RDS recruitment and retention working group established. Increased RDS basic recruits course population from12 to 24. Quicker access to BA course on completion of recruit training. TOR support throughout the RDS probationary period. Retained salary scheme introduced and reviewed regularly. The service allows shorter RDS contracts to improve appliance availability. Encourages dual contract staff to contribute to the RDS. RDS availability targets now reduced to 95%. Proactive recruitment by SDM's. Joint working between HR and service delivery to enhance current recruitment processes. RDS Workshop held 18/12/15 resulting in recommendation to create an annual RDS Workshop at which priorities will be set for the forthcoming year.		4	12	Analysis of availability issues to be undertaken on a Unit by Unit basis by SDMs. Recommend a review/reinvigoration of the RDS Sounding Board Six work streams set up under the RDS RIG specifically aimed at improving the Retained Duty System for personnel. It is anticipate that these work streams will deliver options which will improve appliance availability and retention rates	31/12/2016	HoSD	HoSD	Serv Delivery

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	LIKELIHOOD	IMPACT	RESIDUAL	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
10	Lack of workforce planning resulting in significant over/under provision of staff and resulting impact on service and finances.	Grey book and green book post book developed, establishment and staffing levels agreed with HR, Finance and Managers. Forecast retirement profiles and establishment changes incorporated into this, Forecast over/under provision highlighted, and used to inform decisions on workforce/budget planning/MTFS. Recruitment/selection process in place review of contracts of employment re notice periods. Redeployment process implemented, including developing a staff at risk register and implementing a voluntary redundancy process for green book staff. Regular review of forecasts to ensure staffing resources match requirements. Ongoing update/review of implementation of workforce implications of reviews undertaken. Grey book recruitment is planned for 2016/17 in order to maintain staffing levels broadly in line with establishment Current green book vacancies are being advertised and filled in the first quarter of the new financial year, which will align staffing levels with establishment		3	9	A draft workforce plan has been developed and presented to Resources Committee in March covering the following key areas:- Labour demand and forecasting. Recruitment, retention and planning. Succession planning and talent management. Job Design and Multi skilling This will facilitate/enable the regular and comprehensive review of workforce data to support informed decision making. It will also drive the requirements of the project work stream which is considering the functional development of our existing system (i-Trent) to provide the quality workforce data required.	31/03/2017	DoPD	DoPD	People & Development
11	Lack of compliance with legislation resulting in prosecution or compliance order.	Clerk of Authority reviews all Committee reports for legality and advises CFA. Clerk and Solicitor review new legislation. Government notify of all new requirements Horizon scanning.	2	2	4	Discharged.				

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕЦНООВ	IMPACT	RESIDUAL PISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
12	Ineffective Health and Safety in the workplace, resulting in prosecution, intervention fees etc.	Health and Safety Management System (HSMS) in place. HSA3 – workplace inspection programme. Internal Audit Framework (replace with SHE Annual Review and Station Audit Programme). HSMS developed and re-certificated to OHSAS 18001 H&S standard. SHE department plan to develop, maintain and continuously improve the HSMS. Publication of risk information – GRA's, service orders etc. External audit and scrutiny through VCA External Auditors, Audit and review arrangements in place through SHE Department audit programme. and VCA surveillance visits (delete duplicates above line). Health, Safety and Environment Advisory Group established (replace with monitor performance).	3	3	9	Continue to monitor and audit process/outcomes.	31/12/2016	HoSHE	HoSHE	People & Development
133	Lack of effective Information management impacting on service delivery and support or leading to a breach of data protection/freedom of information or a loss of sensitive/personal information.	A revised structure to deliver Information Management has been implemented. Nominated Data Protection and Freedom of Information Lead Officers to ensure legal obligations met. All freedom of information requests considered by Exec Board. Performance indicators reported on a regular basis. Location Hub managed centrally allow greater integration of data. performance management software(CORVU) implemented. Data encryption in place.	3	3	9	The Business process and Information programme Board has commissioned work on developing the underpinning policies and strategies needed to create the overarching Information Strategy: 1. Knowledge Management Strategy. 2. Records Management Strategy. 3. Information Governance Strategy. 4. System Integration Strategy. 5. User Support Strategy. The Project has now completed work on an initial Information Strategy and a number of underpinning policies. There is a road map of work to be undertaken, and the initial phases of this work are now being undertaken	31/12/2016	HoServ Develop	DoSP	Strategy & Planning

Sept 16

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕЦНООБ	IMPACT	RESIDUAL	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
14	Delayed mobilisation, impacting on service delivery.	System uses AVLS to locate the nearest available pump, based on anticipated 'run time'. 2014 saw the implementation of a new Global ITN road speed setting developed from historical evidence provided by Cheshire FRS. This implementation along with changes to Station geographical locations, the removal of road restrictions (imposed on the ITN by the developers) and the development of new response plans has seen an improvement in mobilising with appliances arriving with greater accuracy between the proposed and actual run times. Restrictions have been imposed on the system to ensure non critical incidents are attended by the host station whilst preventing a lengthy run time and/or a slow response time. This restriction ensures both the spread of resources is maintain and the continued use of RDS whilst preventing Whole time appliances being taken out of higher risk areas, this also reduces the need for standby/closing in moves.	3	3	9	Although mobilising accuracy has vastly improved, LFRS have proposed a further change to the Road speed settings based upon evidence gathered; again further improving response accuracy. Data analysis currently being undertaken to confirm the proposed setting with robust testing taking place to ensure this change has no negative effect on any FRS prior to transferring on to the live system.	31/12/2016	HoServ Develop	DoSP	Strategy & Planning
15	High levels of staff absence due to outbreak of Ebola.	On-going liaison with LCC Emergency Planning Dept and LRF. Separate BCP plans developed re large scale staff absence. Enhanced sickness and absence policy implemented. OHU department to provide advice to managers/staff.	1	4	4	Discharged				

Sept 16

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕЦНООД	IMPACT	RESIDUAL RISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
1	6 Lack of clarity on future of FRS, leading to inertia.	The Sir Ken Knight review highlighted a need to review governance arrangements relating to FRAs identified several potential governance models, regional, national, mergers, ambulance, police etc.responsibility for Fire Service has transferred from CLG to Home Office The Policing and Crime Bill (which is currently going through Parliament) introduces measures which require the police, fire and rescue, and ambulance services to collaborate with one another. As a minimum, the legislation requires PCCs to be represented on the relevant fire and rescue authority (FRA) (or its committees) with full voting rights, subject to the consent of the FRA. Alternatively, PCCs have the option of putting forward a business case which may include arrangements to take on responsibility for the governance of fire and rescue; or to become the single employer for fire and police, to deliver greater improvements through the integration of back office functions and maximise the benefits of workforce flexibility. As such future options now appear to be:- • remain as we are • move towards a PCC	3	3	9	Discussions are on-going with the PCC, however at the present time there is no current intention to change governance arrangements. As has always been the case we continue to consult with partner agencies on any proposed major changes within the Service Proposal to discharge from risk register		CFO	CFO	Exec Board

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕЦНООВ	IMPACT	RESIDUAL	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
17	Failure of ESMCP to deliver a viable communication facility.	Emergency Services Mobile Communication Programme (ESMCP) is a national project which will deliver a replacement communications and data service using 4G technology. The new broadband data services will replace the existing private mobile radio system provided by Airwave. Whilst the Programme is in its procurement phase, determining who to award the contract to, the current timescales show the eventual system being rolled out to all Control rooms by January 2017, with the system then being rolled out to individual Fire Services. The current Airwave contract has been extended until 2019, in order to ensure that the roll out of the new system is complete before the existing contact ends.	3	3	9	The Service continues to progress work along with the other NW FRS, as the first region to role out the proposed solution. There is concerns due to slippage of milestones within the national timescale, and there will be further work undertaken within the NW in October to realise some of the operational issues across the three Emergency Services, in conjunction with the National Home Office programme team. There will be a clearer picture towards the end of the year after this work, and further milestones are reached within the project and the risks will be assessed and updated.	31/03/2017	HoServ Develop	DoSP	Strategy & Planning

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	LIKELIHOOD	IMPACT	RESIDUAL	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
1.	8 Inability to maintain service provision in spate conditions	Robust Business Continuity arrangements	3	3	9	Comprehensive debrief process undertaken and SMT approved Action Plan agreed Revise planning assumptions in LFRS Integrated Risk Management Plan to recognise potential for, and impacts of, wide area flooding in Lancs Ensure ESMCP specification recognises communication needs identified Refine training for LFRS FDOs regarding National Resilience Asset mobilisation and associated Command Support and test via exercise Refine LFRS vehicle fleet with additional multipurpose (4x4) vehicles suitable for use in wide area flooding Enhance staff PPE with provision of flood suits and provide necessary training to safely operate in type 1 water	31/03/2017	HoServ Develop	DoSP	Strategy & Planning
1	Failure to maximise the opportunities that technological advances present due to a lack of capacity within the ICT department, and an inability of staff to keep pace with new development that are implemented	ICT Asset Mgt Plan in place, which identifies replacement timeframes for existing systems BPIP consider all new ICT systems/developments, as part of this consideration is given to capacity planning in terms of ICT resource and impact on end users CPB consider outcomes from BPIP	4	3	12	Additional ICT resources identified in 2016/17 budget Development of social networking site for staff to support each other and share knowledge of ICT systems is planned for 2016/17	31/03/2017	HolCT	DoSP	Strategy & Planning

Sept 16

	KEY RISKS	RISK MITIGATION/CONTROLS IN PLACE	ПКЕЦНООБ	IMPACT	RESIDUAL RISK	ACTIONS RECOMMENDED	BY WHEN	BY WHOM	RISK OWNER	DIRECTORATE
2	Loss of support for Vector Incident Command product with the product name Command Support System (CSS) leading to ineffective command function at large incidents	The CSS software application we currently run on our command units to manage the incident command system, has gone into administration and will no longer be able to support the software system Howvere we can still use on each Command unit, there will not be any support should this cease to operate. If that was the case we would need to utilise an alternative means of incident command, i.e. white board and pen.	4	3	12	Review what other options the market has to offer or whether this system can be supported in a different way. We will talk to all Vector customs to share any dealings with each other, and look to support each other in any tech issues with existing installs.	31/12/2016	HoServ Develop	DoSP	Strategy & Planning
				·	20			•	•	_

HIGH	0
MEDIUM MEDIUM/LOW LOW	13
MEDIUM/LOW	4
LOW	_ 3_
	20

Scores

Likelihood

5 Certain, see next sheet
4 Very Likely, see next sheet
3 Likely, see next sheet
2 Unlikely, see next sheet
1 Rare, see next sheet

Minor, see next sheet
Noticeable, see next sheet
Significant, see next sheet
Critical, see next sheet
Catastrophic, see next sheet