Risk Ref	Risk Description	Assessment of Risk		
		Initial	Current	Projected
1	**PPE** Frontline services cannot be delivered due to a lack of suitable PPE equipment	20	15	8
2	**Excess Deaths** • Staff resources not matching extreme workload - inability to keep up with demand within statutory timescales/meeting bereaved requirements • Inadequate levels of qualified staff to operate in the Crematorium • Age of Cremators (at end of lifespan) increased risk of mechanical breakdown if not used appropriately • Cremation without coffins not permitted by governing bodies - an issue if coffins run out • Authorities needing to instigate powers to direct cremation or burial against the wishes of the family due to volume • Inability to hold funeral services, due to the demand, and hold unattended cremation/burial only • Lack of PPE for cremations & burials • Increased stress and 'bereavement fatigue' within the teams • Substantial loss of income if service cannot hold large funerals again once lockdown regulations lifted, due to uncertainty of the duration the temporary mortuary will remain in SEC car park and lack of car parking space.	15	12	12
3	**Collapse of the local social care provider market** Instability of the social care market due to problems with financial sustainability, workforce capacity, lack of PPE and ability to TEST staff. • Ability to provide the correct support (Finance/PPE/Guidance) to Commissioned and Non Commission Care Provider in the borough. • Councils ability to purchase/source PPE and distribute is Care Provider and Voluntary Sector • Cashflow	20	12	8
4	**Council fails to adapt to changing context** The Council fails • to respond to the immediate pandemic context requirements • to adapt its service delivery to the COVID needs • to support its business and voluntary sector in a timely fashion (See CRR 11) • to plan for the recovery phase, and either does this too soon or too late and not adequately (see CRR 14)	10	12	8
5	**Potential harm to people we owe a duty of care** • Social care fails in its duty of care, particularly to the vulnerable in society, as a result of the pressures of COVID-19 (e.g. reduced staffing, increased hospital discharges, meeting requirements of NHS Shield etc) • Safeguarding issues occur due to multiple issues with DOLS, BIA and easement of care act • Staff COViD 19 - Testing	15	12	8

6	**Non-compliance with Health and Safety regulations (Including Social Distancing Rules)** • Lack of sufficient supply of various PPE • Non-compliance with social distancing rules	15	12	12
7	**Workforce** • Council unprepared for changes resulting in pressure being placed on resources, this in turn could lead to the Council struggling to meet changes in demand for services. • Services areas with reduced staff will suffer a greater impact which in turn will add pressures on already stretched recourses. Increased organisational stress can negatively impact productivity, which in turn can reduce staff motivation, create low morale and increase sickness and stress levels. • the Council will be required to provide additional help and support to overcome the problems that result from increased organisational stress. • Council ability to purchase PPE and distribute PPE to Council staff • Council ability to have staff tested for COViD 19	12	12	8
8	**Financial Resilience** The Council is unable to deliver a balanced budget from: • Increased CCOVID Costs in-house, e.g, ASC, PPE • Loss of agreed MTFS :planned Income • Non-achievement of planned MTFS savings • Increased financial support for Businesses, Voluntary Sector • Inability to forecast • Inability to furlong staff not able to be redeployed • Not-receiving full re-imbursement from the Government • Increased bad debt provision • Use of Reserves	15	16	12
9	**ICT** Inability to keep up with pace of change.	10	15	8
10	**Major system failure, supplier failure or natural disaster** The Current COVID Crisis is being managed by the mobilisation of the Councils Flu-Pandemic and associated plans. The Capacity Havering to deal with another Major Emergency/natural disaster whilst dealing with the current Pandemic would be tested and limited dependant on the nature of the new /additional emergency. The Global nature of COVID disrupts the usual supply chain, and additionally the following commodities are delayed and difficult to obtain: PPE (see CRR1), Food, Medicines (see CRR5&12), Personalised Care (CRR3). During COVID, smart-working capacity is critical to service delivery-see CRR4 & 9. Other key systems may be unavailable-see CRR 9.	15	12	6
11	**Breakdown of relationship with residents and local business community** Lack of trust and engagement, poor communication, non-delivery of objectives, failure to meet expectations.	10	12	8

12	**Capacity or Collapse of the Volunteer Sector/Centre** • due to staff absence or sickness • lack of funding • increased demands on time by non-core services • planning for "recovery" will need support services for vulnerable people for 18 months.	10	12	4
13	**Significant Governance Failure** • The necessary response to the COVID crisis, may require a different governance process, to allow critical decisions to be done at pace and an increased risk of non-compliance, confusion and weak audit trail– until it beds in. • Decisions may be made wrongly outside of proper governance, e.g. urgent procurement decisions. • Some responses required may see the sharing of personal data outside of the normal process and increase the chances of a data breach or enhanced fraud risk e.g. SHIELD calls. • The Councils Constitution may require reviewing in light of the adaptation.	12	16	9
14	**COViD-19 Exit Plan** ***Failure to Recover A:*** 1. Ability to adequately plan a robust and timely exit plan / recovery plan without complete and accurate information, sufficient resources (whilst resources are deployed to dealing with current and active risks) and full knowledge of the overall impact of the pandemic. 2. Failure to factor in the unknowns from the EU Exit Process • Failure of alternative service delivery (ASD) models e.g. oS, JV, MLH, SLM. • Service delivery through key partners does not recover to contracted standards. ***(Continued) Failure to Recover B:*** 3. Risk to staff, business and public if services are re-opened too soon • Insufficiently planned reopening of services may lead to resident dissatisfaction and reputational damage. • Risk of returning to business as usual, not capturing the benefits of the new learning and revised expectations that have emerged through the pandemic. • Failure to build on the successes from the period of the emergency in terms of smart working and culture change. • Failure to consider the risk to those staff during the recovery phase and to residents disproportionally impacted by Covid-19. 4. Unknown impact from Havering Business and Residents resilience and their ability to be part of the wider recovery strategy. • Havering doesn't build on the relationships it has established during the crisis with its voluntary and community sector or fails to build in the supportive governance needed to grow the relationship further. • Risk of the loss of economic recovery in local areas if communities are not engaged and participate in recovery plans. • Inability to engage and work with residents to manage and reduce level of Covid-19 cases locally. • Risk that communities are not able to fully recover due to resident anxiety and not resilient to withstand another wave of the virus. • Community Voluntary Organisations cannot continue recovery support activities due to reduced funding streams. **5. A series of one or more outbreaks of COVID-19 occur.**	20	16	8

15	**Covid-19 Outbreaks** The threat to the health of local residents posed by the coronavirus is on a scale never before experienced. Covid-19 first emerged end of 2019, and was declared a global pandemic by WHO on 11/03/20; the first pandemic caused by a coronavirus. On 23/03/20 national lockdown measures were imposed by the UK government to "Stay, Home, Protect the NHS, Save Lives" and emergency alert level set to 4 (on a scale 1-5) which describes "A high or rising level of transmission - enforced social distancing". On 19/06/20 the national emergency level was reduced to 3 where the virus is considered to be "in general circulation" and was accompanied by a range of measures, including easing of national lockdown and a focus on local outbreak control. To this end local authorities were required to produce an Outbreak Control Plan, which set out the mitigation measures to (a) prevent outbreaks and (b) respond in the event of an outbreak. These high level mitigation measures are set out right and underpinning these measures is a detailed action plan, with all bronze groups responsible for delivering against the plan. To a large extent many of the risks set out on this risk register are dependent on managing coronavirus.	25	20	15
16	**Failure to deliver strategic corporate priorities** 'Council priorities are not met or significantly delayed due to COVID19 impacts : • Member priorities cannot be progressed in –line with pre-COVID expectations • MTFS is not achievable • Key Programmes and Projects are halted or delayed • Necessary service disruption or cessation, (e.g. Regeneration, Economic Development Employment Skills Brokerage), redeploys staff to other critical work	20	16	9