

Public Document Pack

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19 November 2021

Dear Member,

Fire & Rescue Service Scrutiny Committee - Tuesday, 23 November 2021

Please find enclosed the following documents for consideration at the meeting of the Fire & Rescue Service Scrutiny Committee on Tuesday, 23 November 2021 which was unavailable when the agenda was published.

Agenda No	Item
6.	End of September 2021 (Quarter 2) Quarterly Performance and Resources Report (Pages 3 - 20)

Yours sincerely

Tony Kershaw
Director of Law and Assurance

To all members of the Fire & Rescue Service Scrutiny Committee

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Report to Fire and Rescue Service Scrutiny Committee

23 November 2021

End of September 2021 (Quarter 2) Quarterly Performance and Resources Report – Focus for Scrutiny

Report by Director of Law and Assurance

Summary

The Quarterly Performance and Resources Report (PRR) is the Council's reporting mechanism for corporate performance, finance, savings delivery and business performance. It has been re-designed to reflect the new priorities, outcomes and measures included in Our Council Plan. It will be available to each scrutiny committee on a quarterly basis. Each committee will consider how it wishes to monitor and scrutinise performance relevant to their area of business.

The report (Appendix A) reflects the portfolio position at the end of September 2021. It includes information which is specifically relevant to the portfolio responsibilities of the scrutiny committee including a summary of the performance, finance, capital and risk position. Highlights include a second full inspection from Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS), the Community Risk Management Plan (CRMP) and the Horsham Fire Station and Training Centre project.

The current Risk Register (Appendix B) is included to give a holistic understanding of the Council's current performance reflecting the need to manage risk proactively.

Focus for scrutiny

The Committee is asked to consider the PRR (Appendix A report attached). Areas for scrutiny include:

- 1) The effectiveness of measures taken to manage the Council's financial position and expectations;
- 2) The particular performance indicators and measures identified as most critical to the focus of the Committee and whether the narrative provides assurance about the position presented and likely outcomes;
- 3) The on-going impact of the Covid-19 emergency situation on the Council's financial resilience and performance;
- 4) Any areas of concern in relation to the management of corporate risk;
- 5) Whether the report indicates any issues needing further scrutiny relevant to the Committee's portfolio area and, if so, the timing of this and what further data or information may be required; and
- 6) Identification of any specific areas for action or response by the relevant Cabinet Member.

The Chairman will summarise the output of the debate for consideration by the Committee.

1. Background and context

- 1.1 The Performance and Resources Report (PRR) replaces the Quarterly Performance Report (QPM). The PRR is designed to be used by all Scrutiny Committees as the main source of the County Council's performance information.
- 1.2 The current report has two changes in the presentation of the information:
 - Capital performance within the Portfolio Sections has been moved to the start of each capital section to enable the reader to focus on the performance of projects; this is complimented by the financial aspect of the capital programme and links the areas together. In addition, explanations of the capital finance movements (including additions to the programme) have been included for completeness and governance reasons.
 - The arrows on the KPI measures have been updated. A green upward arrow indicates that performance is improving, a downward red arrow indicates performance is worsening, and a horizontal amber arrow indicates no change to performance.
- 1.3 Appendix C – How to Read the Performance and Resources Report, provides some key highlights on the structure, content and a detailed matrix of the sections of the report which are expected to be reviewed by the different scrutiny committees.
- 1.4 The background and context to this item for scrutiny are set out in the attached appendices (listed below). As it is a report dealing with internal or procedural matters only the Equality, Human Rights, Social Value, Sustainability, and Crime and Disorder Reduction Assessments are not required.

Tony Kershaw

Director of Law and Assurance

Contact Officer

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Appendices

Section 4 – Community Support, Fire and Rescue Portfolio - Performance Summary

Appendix 5 – Corporate Risk Register

Annex A – How to read the report

Background Papers

None

Community Support, Fire and Rescue Portfolio - Summary

Performance Summary

1. The Portfolio has a number of performance highlights to report this quarter:

- The Fire and Rescue Service is currently undergoing a second full inspection from Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS). The inspection will focus on the three pillars of efficiency, effectiveness and people with a particular look at how well we have responded to the recommendations from the last full inspection.
- The Community Risk Management Plan (CRMP) is in the final stages of preparation before the full consultation document is published on the 15th November. There will be a consultation platform utilising the WSCC Your Voice Engagement Hub which will be the primary engagement tool for both the consultation process and final CRMP content.
- The Horsham Fire Station and Training Centre project is back on track after resolving some final contractual issues which means that work on the site can start as early as November 2021. The project is likely to take up to 18 months to complete.
- This last quarter has seen a continued low number of accidental dwelling fires (ADF) and injuries. ADFs form a key focus of our prevention activity and these latest low numbers are a reflection of the continued work of our teams to ensure that the most vulnerable are kept safe from fire.
- Staff sickness remains very low in the Fire and Rescue Service which in the context of the pandemic is a positive reflection on the support and intervention provided by the service. We have recently changed occupational health provider and launched a service wide well-being app all to ensure that we continue to give the best support to staff to keep them well at home and work.
- The Resettlement Team played a vital role at short notice in the immediate provision of clothing, toiletries, baby care supplies and other essential items to support Afghan nationals and UK citizens arriving in the UK without any personal belongings during the evacuation from Kabul Airport, Afghanistan. Alongside work to procure supplies, packaging parcels and distributing to families during their quarantine period the team worked with partners to ensure that urgent health and wellbeing needs, especially for babies and pregnant women, were addressed. The team have also been working hard and at pace to secure properties in West Sussex for relocation of Afghan families under the Afghan Relocation and Assistance Policy Scheme. It has been successful in securing a number of properties, meeting Home Office expectations, that will be ready for accommodating families later in the year.
- During this quarter the Library Service delivered a successful Summer Reading Challenge with 8,423 children taking part. It brought families back into our libraries and 2,372 children became new library members.

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Section 4

Customers unable to visit libraries received a total of 376 deliveries of books and other resources via the Essential Delivery Service (EDS).

- To keep West Sussex residents Safe Against Scams the West Sussex Community Safety & Wellbeing Team alongside Trading Standards have been [running free monthly scams awareness webinars](#) for residents to attend.
- Registration services continue to be very busy with 1,435 Ceremonies delivered and 2,182 notices of intent taken. Many of these ceremonies had been postponed multiple times due to the pandemic. Death appointment availability remained good during the quarter with progress made to clear the backlog of births accumulated during the pandemic with approximately 180 babies over six weeks remaining to be registered (down from 437 end of Q1).
- At the beginning of July, the Registration Service moved into new offices located within the refurbished Worthing Library which gives much improved facilities. The Shoreham office reopened in September and plans are underway to return to Midhurst and Bognor in early November.
- Trading Standards have been helping food businesses prepare for 'Natasha's Law' which came into effect on 1st October. The rules require businesses to provide full ingredient lists and allergen labelling on foods that are prepared and packed for sale on same premises.

Our Council Performance Measures

Community Support, Fire and Rescue	2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions	Year End Forecast
3 Fire Safety Order regulated buildings in West Sussex having received an audit under the Risk Based Inspection Programme. Measured cumulatively in each financial year, from 1st April. Reporting Frequency: Quarterly, Reported a quarter in arrears.	1,750		Jun-21	Sep-21		The pandemic has continued to impact the type of work that is either required or possible, and inspecting officers have carried out remote and tabletop audits where premises remained inaccessible. We have sent out communications and letters to premises outlining what actions they should be considering as they remain open to the public. Officers have continued to support other Protection core functions, which account for over 50% of the department activity. This includes building regulation consultations, licensing applications and other forms of inspections.	The target of 1750 visits per year is based on a full department staffing model which we are currently operating below. Our key priority is to increase audit activity and we will achieve this through continued recruitment to bridge the staffing gap, ensuring a full competence and capability structure. Several appointments have been made, however a full compliment of staff has not yet been achieved. Interest in recent recruitment campaigns was lower than anticipated so we will further explore broadening our opportunities to increase the applicant numbers received for vacancies within our succession planning cycle.	R
		New Measure No Data	208	468	↗			
10 Number of Safe and Well Visits delivered to households with at least one vulnerability or risk factor. Measured cumulatively in each financial year, from 1st April. Reporting Frequency: Quarterly, Accumulative. Reported a quarter in arrears.	4,000		Jun-21	Sep-21		At the end of Q2 we were 23% below our half yearly target of 2000 visits. As we move into Q3 the shortfall has decreased slightly to 20%. We attribute this to the remedial actions taken, including the creation of new referral pathways and building on existing ones. Staff based at fire stations have been undertaking reactive post-incident activity as well as proactive referral generation activity and this is having a positive effect. A recent workshop where station based referral ideas and tactics were shared across the response team, will support this upward trajectory in referral generation. Referrals for a Safe and Well Visit have increased by 200% since Q1. The pandemic continues to have an impact with a vast reduction in referrals and requests for Safe and Well Visits with vulnerable people nervous about allowing services into their homes. Low numbers of visits is not a problem unique to West Sussex, our neighbouring Services have indicated that they too are seeing significantly lower numbers than usual. With the interventions and increased activity we remain confident that we will meet our target.	Work continues with our partners, particularly health and social care, to increase referrals for Safe and Well Visits through an introduction from a trusted partner. We are also about to offer existing customers a revisit and we are looking at using incident data to further generate visits. Now that Covid restrictions have been relaxed operational crews are able to undertake work in their local communities and have been using data to target their activity to areas where most vulnerable residents live. We have already seen some excellent examples of focussed activity following small fires that have generated a number of referrals and generally helped the fire service engage back into local communities.	R
		Mar-21	2,998	780	1,561			
42 Percentage of 'critical fires' where the first appliance in attendance meets our emergency response standard Reporting Frequency: Quarterly, Reported a quarter in arrears.	89.0%		Jun-21	Sep-21		Following six quarters of strong performance in meeting first fire engine attendance standards we had a significant drop this quarter. Q2 saw a significant reduction in Retained Duty System (RDS) availability which would have impacted this measure. At the start of Q2 a trial for the full implementation of a new operational Dynamic Cover Tool commenced. This tool is used to continually maximise average response times across the entire county. Reading across the three attendance time measures, and carrying out detailed analysis of all incidents where we failed to meet our response time, indicates that the standby moves undertaken to maximise countywide availability had a positive impact but could not fully mitigate the consequences of the drop in RDS availability on our attendance to critical fires.	As part of the trial of the Dynamic cover tool a full report on Q2 performance response is being produced. In this report attendance time failures are being examined to identify reasons and action plans created to address any patterns. This will be available for scrutiny and inform discussions with Joint Fire Control to propose actions to fine tune the tool and it's use by our fire control operators if required. Further actions are being undertaken to increase RDS availability which will have a positive impact on this measure.	G
		Mar-21	89.1%	93.1%	82.5%			

43	Percentage of 'critical special service incidents' where the first appliance in attendance meets our emergency response standard Reporting Frequency: Quarterly, Reported a quarter in arrears.	80.0%	Mar-21	Jun-21	Sep-21	Despite the significant reduction in retained availability there was only a small reduction in the overall countywide attendance to critical special service incidents. At the start of Q2 the Dynamic Cover Tool trial was implemented. This is designed to assist control room operators in ensuring that the resources that are currently available are always in the best place to maximise overall response times. It would appear that the use of the dynamic cover tool has been effective in mitigating the overall reduction in retained availability with respect to critical special service calls.	As part of the trial of the Dynamic cover tool a full report on Q2 performance response is being produced. In this report attendance time failures are being examined to identify reasons and action plans created to address any patterns. This will be available for scrutiny and inform discussions with Joint Fire Control to propose actions to fine tune the tool and it's use by our fire control operators if required. Further actions are being undertaken to increase RDS availability which will have a positive impact on this measure.	A
			81.5%	76.9%	75.7%			
4	Percentage of suspected scam victims, identified to WSCC by the National Trading Standards Scams Team, receiving a proactive intervention from the Trading Standards Service Reporting Frequency: Quarterly	100.0%	Mar-21	Jun-21	Sep-21	This area of work had been affected by Covid-19 with regards to the restrictions that have been in place around carrying out face to face visits.	We are now initiating face to face interventions again and at the end of September were also therefore able to recruit a second Protecting The Vulnerable Officer, on fixed term contract to help with the back log of visits moving forward.	R
			82.0%	82.0%	82.0%			
33	Use of virtual/digital library services by residents Reporting Frequency: Quarterly, Accumulative	5.45m	Mar-21	Jun-21	Sep-21	We are continuing to see higher than normal levels of demand for eBooks and virtual library services, evidence of some customers making greater use of online services which they found through lockdowns.	Not applicable.	G
			5.45m	1.48m	2.93m			
34	Number of people reached and supported via the West Sussex Community Hub during the Covid-19 pandemic Reporting Frequency: Quarterly, Accumulative	35,000	Jun-20	Jun-21	Sep-21	A further 867 people reached and supported via the West Sussex Community Hub in July to September 2021. This count excludes the Local Tracing Partnership (LTP) contacts. The increase is relatively small compared to earlier quarters as there have been no mass communications by letter or email to the Clinically Extremely Vulnerable cohort.	Not applicable.	G
			34,000	58,230	59,097			

[Website link to Our Council Performance Measures here.](#)

Finance Summary

Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Covid-19 pandemic forecast expenditure/ allocations to third parties	£6.206m	Assumed funding from Covid-19 grant	(£6.206m)	
Fire – Additional costs within the Electronic Services Group and other related pressures including the Dynamic Cover Tool	£0.300m	Communities – Increased demand for registrar's services	(£0.100m)	
Fire - Increased pressure from supply of enhanced tactical PPE firefighter uniforms	£0.125m	Communities - Staffing vacancies within Trading Services and Communities teams	(£0.165m)	
Fire - Increase in overtime within the Fire Response Service	£0.075m			
Communities – Additional cost following work undertaken on long inquests	£0.152m			
Communities – Increase in mortuary contract	£0.075m			
Community Support, Fire & Rescue Portfolio - Total	£6.933m		(£6.471m)	£0.462m

Significant Financial Issues and Risks Arising

2. There are no significant issues to raise within this section.

Financial Narrative on the Portfolio's Position

3. The Community Support, Fire and Rescue Portfolio is currently projecting a £0.462m overspend. During the second quarter of the year, a number of pressures, totalling £0.300m, have emerged within the Fire and Rescue Service, including additional costs relating to the Electronic Services Group and related costs associated with the Dynamic Cover Tool.
4. Communities have also experienced some additional pressures during the quarter. £0.125m of additional costs relating to Assistant Coroners working on inquests are included within the projection, alongside a £0.075m increase in the contract cost of the Mortuary Service. These pressures have been mitigated by £0.165m of staffing vacancies and £0.100m of expected additional income generated by the Registrar's Services following an increase in demand for ceremonies as a direct result of the easing of Covid-19 restrictions during July.

Savings Delivery Update

5. The portfolio has a number of 2021/22 savings included within the budget and one saving outstanding from the 2020/21 financial year. Details of these savings are included in the table below:

Saving Activity	2020/21 Savings £000	September 2021		Narrative	2022/23
Communities - Increased income from Registrars Services	150	150	G	Saving is now on track to be made following the easing of Covid-19 restrictions in July.	G

Saving Activity	2021/22 Savings £000	September 2021		Narrative	2022/23
Development of adapted Library Service offer in conjunction with Parish Councils	70	70	G	Discussions with Parish Councils are continuing to deliver this saving on a long-term basis; however, in year mitigations have been found.	A
Increased income from copy certificates for Registrars' Services	150	150	G		G
Removal of Community Initiative Fund (CIF)	140	140	B		B
Review of Partnerships & Communities Team	70	70	B		B
Review of agency staff	8	8	B	Saving is now on track to be made following the easing of Covid-19 restrictions in July.	B

Savings Key:							
R	Significant Risk	A	At Risk	G	On Track	B	Delivered

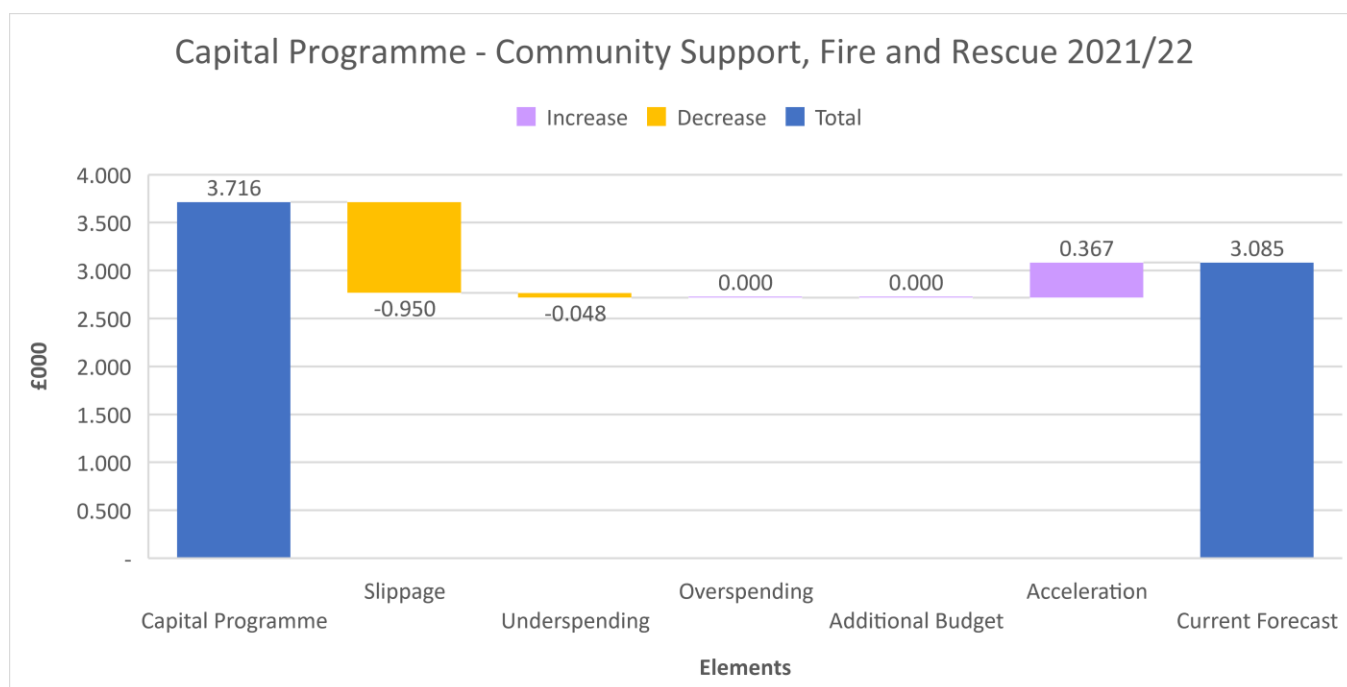
Capital Programme

Performance Summary - Capital

6. There are five schemes within the portfolio and all five schemes in delivery are rated green, indicating that the schemes are reporting to plan.

Finance Summary - Capital

7. The capital programme; as approved by County Council in February 2021, agreed a programme totalling £3.645m for 2021/22. £0.071m of expenditure, originally profiled to spend in 2020/21, was slipped into 2021/22, revising the capital programme to £3.716m.
8. Since this time, profiled spend has decreased overall by £0.631m, to give a current year end projection for 2021/22 of £3.085m. Of this decrease -£0.950m relates to slippage, -£0.048m relates to underspending within current projects and £0.367m relates to projects where funding has been accelerated from future years.



9. Details of movements of the financial profiling within the capital programme are as follows:

- **Slippage: (-£0.950m)**

- **Fire Fleet – (-£0.950m).** To ensure the long-term fleet replacement programme meets future service needs, a period of time is being taken to enable the correct decision making; therefore £0.950m has been slipped into future years.

- **Underspending: (-£0.048m)**
 - **Library Self Service Terminals – (-£0.048m).** The project has completed with a small underspend. The funding will be returned to fund future capital schemes.

- **Acceleration: £0.367m**
 - **Worthing Community Hub - £0.367m.** The project is expected to complete in 2021/22, therefore funding from future years has been accelerated in line with the project completion date.

Risk

10. The following table summarises the risks on the corporate risk register that would have a direct impact on the portfolio. Risks to other portfolios are specified within the respective appendices to this report.

Risk No.	Risk Description	Previous Quarter Score	Current Score
CR60	There is a risk of failing to deliver the HMICFRS improvement plan , leading to an adverse effect on service delivery; which may result in failing any subsequent inspection.	15	15

11. Further details on all risks can be found in **Appendix 5** - Corporate Risk Register.

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date			
					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score				
CR68	The government have placed restrictions and imposed requirements on Local Authorities to support in the management of the COVID-19 pandemic. If local (county or district) responsibilities are prolonged or additional measures imposed, there is a risk services will fail to deliver existing work plans due to staff responding to the impact of the pandemic, or staff shortages due to sickness.	Chief Executive	1. Failing to deliver statutory duties.	Mar-20	5	5	25	Treat	5	2	10	Review and update business continuity and service critical plans.	CLT	ongoing	Business continuity plans periodically reviewed. To date there is sufficient resource to deal with challenges.	5	3	15	Oct-21			
			2. Negative reputational impact.									Regular engagement with MHCLG and ensure information and direction is discussed and implemented through the Strategic Coordinating Group (SCG-Gold) and Tactical Coordination Group (TCG-Silver).								Chief Executive	ongoing	Outcomes to inform Tactical Management Group (TMG), Strategic Management Group (SMG), and Local Health Resilience Partnership (LARP) for action/info.
			3. Residents don't receive support required.									Develop communications when required to manage expectations of staff and residents on WSCC response position.								Head of Communications	ongoing	Collaboration and agreement on services provision messages with directorates and ELT through current COVID-19 mechanisms (TMG and SMG).
			4. Insufficient budget/budget exceeded.									To continue to lobby government groups to influence funding decisions.								Chief Executive	Ongoing	Sufficient funding received to date to deal with the cost.
			5. Increase risk to life.									IA to conduct review of lessons learned and communicate.								Director of Finance & Support Services	Sep-21	Work is in progress
			6. Information not shared appropriately.									Services to consider impacts should government impose restrictions (via tier system) at a district level as opposed to county.								CLT	ongoing	To be captured in business continuity plans.
CR70	There is an increasing demand placed on the senior officers due to the ongoing threat of COVID19 and additional burdens due to devolved responsibilities. This may lead to a continued lack of capacity to deal with strategic/organisational issues , leading to poor decision making.	Chief Executive	1. Outcomes for residents not delivered	Aug-20	4	3	12	Tolerate	4	3	12	Continue to monitor service resource impact.	ELT	ongoing	Concerns raised through ELT	4	3	12	Dec-21			
			2. Residents don't receive support needed.									Provision of support to services when required.								SMG	ongoing	Support requests raised through TMG and escalated to SMG if required.
			3. Failing to deliver statutory duties																			
CR71	As part of the 'new normal' WSCC staff will be expected to continue to work from home (current exceptions being areas of critical business that cannot function in this way and staff unable to work in a safe environment at home). This may adversely effect the mental and physical wellbeing (and emotional resilience) of staff which will lead to an increase in absences and poor service delivery to residents.	Director of Human Resources & Org Dev	1. Increase in poor physical health of staff.	Aug-20	4	4	16	Tolerate	4	2	8	Mental health training and support (particularly for managers).	Health and Safety Manager	ongoing	Stress Management corporate guidance, mental health for managers e-learning series, adoption of mental health first aiders across the council and the employee assistance programme (EAP). Organisational drive to ensure managers undertake training.	4	2	8	Nov-21			
			2. Increase in poor mental health of staff.									DSE assessments carried out and regularly reviewed.								Health and Safety Manager	ongoing	Directorates responsible for completion of staff assessments. Comms to communicated the requirement to complete the DSE self-assessment and home working assessment.
			3. Increase in staff absence.									Appropriate comms to ensure officers are equipped to support staff.								Health and Safety Manager	ongoing	HSW messages being published regularly via One Voice and newsroom articles.
			4. Poor service delivery to residents.																			
			5. Increase in number of claims and premiums.																			

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date			
					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score				
CR7	There are governance systems which inhibit effective performance and a culture of non-compliance and also a lack of standardisation in some systems and processes . Skills and knowledge of systems inadequate and excessive effort required for sound decisions and outcomes.	Director of Law & Assurance	1. Delayed decisions impede service delivery.	Dec-19	4	4	16	Treat	2	2	4	Data on areas of non-compliance used to inform Directors to enforce compliance with standards.	Director of Law & Assurance	Ongoing	AGS actions approved November 2020 - updated and sent to RAAC March 21. 21/22 AGS actions approved and underway.	4	2	8	Oct-21			
			2. Service improvement effort impeded.									Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice.								Director of Law & Assurance	Ongoing	Audit plan settled and activity in progress
			3. Resources misapplied - poor VFM.									Audit plan focussing reviews on key corporate support systems to identify areas in need of improvement.								Director of Law & Assurance	Ongoing	Actions underway as per agreed audit plan
			4. Complaints and claims.																			
			5. Censure by external inspection.																			
CR11	There is a risk that the Council will not be seen as an attractive place to work by current and potential employees. This will result in problems recruiting and retaining staff in key skills areas.	Director of Human Resources & Org Dev	1. Over-reliance on interim and agency staff.	Mar-17	4	5	20	Treat	4	2	8	Application of policy and provisions for various hard to fill posts.	Head of HR Bus Ptr & Org Dev	Ongoing	Use of R&R package to recruit children's social workers. Relocation support for hard to fill roles awaiting sign off by ELT. Use of apprenticeships to build talent pipelines e.g. social worker, occupational therapist, management programmes.	4	3	12	Nov-21			
			2. Lack of corporate memory.									Produce Directorate Workforce Strategies to identify skills, capacity and capability requirements.								Head of HR Bus Ptr & Org Dev	Dec-21	Reward & Retention package for Children's Social Workers produced. Development of Workforce Plan being carried out as part of Children First Improvement Plan.
			3. Inadequate pace/speed of delivery.									Development of comprehensive employee value proposition.								Head of Res Org Dev & Talent	Feb-22	Part of People Framework Action Plan, will be progressed once initial kick start projects are delivered.
			4. Low staff morale and performance.									Longer term strategies for addressing recruitment issues e.g. apprenticeships, growing our own.								Head of Res Org Dev & Talent	Ongoing	3 year plans in place for apprenticeships (currently being refreshed). LGA consultancy engaged with; recommendations received. Continuing programme of marketing and awareness raising, e.g. National Apprenticeships Week.

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					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score				
CR22	The financial sustainability of council services is at risk due to uncertain funding from central government and/or failure to make the required decisions to ensure the budget is balanced. This has been compounded further with the COVID-19 crisis, and the recent Ofsted and HMIC FRS reports.	Director of Finance & Support Services	1. Insufficient government funding to deliver services.	Mar-17	4	4	16	Tolerate	4	3	12	Pursue additional savings options to help close the budget gap.	Director of Finance & Support Services	Ongoing	Savings developed as part of the budget process for 2021/22. A balanced budget was approved by Full Council in Feb 21 although ongoing pressures for future years remain. Preparations are being made to begin the process to develop a balanced budget for 2022/23. Good progress has been made with further discussions planned for September, ahead of Members Discussion in the autumn. Work has begun to link budget preparation with business plan updates.	4	3	12	Sep-21			
			2. Adverse effect on reserves/balanced budget.									Monitor the use of additional funds made available to improve service delivery.								Director of Finance & Support Services	Ongoing	Improvement is monitored through the relevant service boards
			3. Reputational impact through reduction of service quality									Financial impacts arising from the Covid-19 national emergency need to be reflected and addressed within the PRR and MTFS as appropriate.								Director of Finance & Support Services	ongoing	The PRR report now reflects the impact of Covid-19 and sets out how this impacts specific services and WSCC as a whole. This is underpinned by a bespoke recording approach within SAP, which clearly accounts for the costs incurred and funding received from Government, alongside the Delta return made to MHCLG on a monthly basis. The MTFS planning framework also reflects the potential impact of Covid-19, both from the potential funding and budget pressures perspectives.
			4. Increased liability of service delivery, transferred by external partners due to funding restrictions i.e. supporting homelessness.																			
			5. Additional unexpected service and cost pressures from savings decisions.																			
			6. Financial implications for both 2022/23 and the medium term arising from the national emergency circumstances associated with Covid-19.																			
CR39a	As a result of failing to maintain and ensure the correct use of our security systems and protocols, there is a risk of a successful cyber attack directly from external threats; or indirectly as a consequence of staff accessing unsafe links from external sources and unauthorised/insecure website browsing. This will lead to significant service disruption and possible data loss.	Director of Finance & Support Services	1. The Council suffers significant financial loss or cost.	Mar-17	4	5	20	Treat	4	4	16	Improve staff awareness of personal & business information security practices & identification of cyber-security issues. Continued actions due to evolving threats.	Head of IT	Ongoing	Regular comms distributed to all staff. Continuing to drive employees to undertake mandatory annual Information Security and Data Protection education and certification. Adhoc actions taken (as appropriate) in response to level of cyber threat.	5	5	25	Dec-21			
			2. The Council's reputation is damaged.									Maintain IG Toolkit (NHS) & Public Service Network security accreditations.								Head of IT	Ongoing	Ongoing works to ensure appropriate connectivity/accreditation for applicable public sector/government networks/system connectivity.
			3. Resident's trust in the Council is undermined.									Conduct tests including penetration, DR and social engineering. (conducted 6 monthly)								Head of IT	Ongoing	2021 testing schedule defined and in delivery.
			4. Partners will not share data or information with the Council.									Ensure that cyber-attack is identified early, that reporting & monitoring is effective, and recovery can be prompt.								Head of IT	Ongoing	Proactive stance implemented to ensure a watching brief for threats/updated guidance notes. WSCC has formally joined SE Warning Advice and Reporting Point (WARP).
			5. Punitive penalties are made on the Council.									Provide capacity & capability to align with National Cyber-Security centre recommendations.								Head of IT	Ongoing	Training needs assessment regularly undertaken, programme of education developed to ensure IS resources are appropriately skilled and corporate practices followed align to NCSC guidance's.
												Transition to a controlled framework for process and practice.								Head of IT	Ongoing	IT service redesign to be carried out due to early return of ITO.

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date			
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CR39b	Data protection responsibilities. The Council is a Data Controller and has obligations and responsibilities arising from that role. Council needs resources, skills, knowledge, systems and procedures to ensure obligations are met.	Director of Law & Assurance	1. Individuals or groups come to harm.	Mar-17	4	5	20	Tolerate	3	3	9	Test the effectiveness of DPIA	Head of Data Protection	Ongoing	Annual business process review via DPIA to confirm compliance or to reflect update/risk assessment if business process elements have shifted since last review.	3	3	9	Oct			
			2. The Council's reputation is damaged.									Maintain IG Toolkit (NHS) & Public Service Network security accreditations.								Head of IT	Ongoing	Ongoing works to ensure appropriate connectivity/accreditation for applicable public sector/government networks/system connectivity.
			3. Resident's trust in the Council is undermined.									Undertake Data Privacy Impact Assessments (DPIA) when systems or processes change and carry out resulting actions.								Director of Law & Assurance	Ongoing	Processes settled. Most impact assessments completed. DPIA to be conducted as required.
			4. Partners will not share data or information with the Council.									Enable safe data sharing, including using appropriate data standards & appropriate anonymization techniques.								Head of IT	Ongoing	Mandatory training implemented to ensure employees are aware of obligations and support available. Data sharing agreements / contractual terms to cover provision of effectively managed DP obligations between WSCC/Suppliers/third parties.
			5. Punitive penalties are made on the Council.									Ensure the skills and knowledge is available to support Caldicott Guardian in ASC.								Head of Data Protection	Ongoing	Head of IT and DP Team leader to liaise with DASS by end March 21 to settle actions
												Adopt ISO27001 (Information Security Management) aligned process & practices.								Head of IT	Ongoing	Adoption of ISO27001 is being considered as part of a wider assurance framework being evaluated for implementation to support operation of the Council's internal IT function post the end of the existing IT outsource
												Review IT systems implemented prior to 25 May 2018 to confirm compliance with updated regulations.								Director of Law & Assurance	Ongoing	Further DPIA review assessment (for pre May 2018 deployed systems) to coincide with review/novation/transformation (to Cloud) of specific IT systems resultant from the return of the Council's IT outsource contract.
CR50	WSCC are responsible for ensuring the HS&W of its staff and residents. There is a risk that if there is a lack of H&S awareness and accountability by directorates to capture and communicate in accordance with Council governance arrangements, it will lead to a serious health & safety incident occurring.	Director of Human Resources & Org Dev	1. Increase risk of harm to employees, public and contractors.	Mar-17	4	5	20	Treat	3	2	6	Purchase, develop and introduce an interactive online H&S service led audit tool.	Health and Safety Manager	ongoing	Site monitoring inspection templates and audit templates to be created in Firmstep.	3	3	9	Nov-21			
			2. Increase number of claims and premiums.									Conduct a training needs analysis, produce gap analysis to understand requirements and produce suitable courses as a consequence.								Health and Safety Manager	ongoing	Work on the TNA has been paused. H&S e-learning modules bespoke to the council H&S arrangements are being developed with L&D development colleagues (completion date estimated for end-Sep 21). Course content will be owned by the council instead of off the shelf course material.
			3. Adverse reputational impact to Council.									Incorporate HS&W information into current performance dashboard.								Health and Safety Manager	ongoing	Dashboard to capture details on sickness, absence and H&S. H&S data currently collated relates to RIDDOR and NON-RIDDOR incidents. Data from inspections and audits once the templates are developed in Firmstep will be linked to PowerBI dashboard.
			4. Increase in staff absence.									Regular engagement with other LA's on best practice and lessons learned.								Health and Safety Manager	Ongoing	
												Develop and introduce a more comprehensive risk profile approach and front line service based audits.								Health and Safety Manager	Ongoing	HSW risk profiling template created and being launched in some Directorates. C-19 has prevented full launch across the council.

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CR58	The care market is experiencing an unprecedented period of fragility, particularly due to staff shortages and increasing demand. This has been further exacerbated by COVID19, including the mandatory requirement for care staff to have a vaccination; however this also extends to WSCC staff requiring access to these facilities (i.e. Social Workers, OT), and contractors. If the current and future commercial/economic viability of providers is not identified and supported, there is a risk of failure of social care provision which will result in funded and self-funded residents of West Sussex left without suitable care.	Executive Director of Adults and Health	1. Potential that people will come to harm and Council will be unable to ensure statutory safeguarding duty.	Sep-18	5	5	25	Treat	3	3	9	Collection of market information on Firefly. Analysis of information and appropriate level of quality assurance response.	Head of Contracts & Performance	ongoing	Due to the implications of COVID19 and service resource constraints, the ability to conduct face to face quality assurance checks has reduced. There is now an increased focus on supporting/improving infection control and closer working with the CCG to ensure the right level of support to care homes is delivered.	5	5	25	Nov-21	
2. CQC action against service provider which could lead to establishment closure at short notice			Provision of regular support and communication to care homes to monitor financial sustainability (increased engagement during COVID-19 pandemic to monitor Infection Control Grant).									Head of Contracts & Performance			ongoing					Regular communication (with a COVID19 focus) with care homes to identify risk areas early and support collation of financial information for government. Monitoring of deaths and Covid outbreaks in care homes. This action is reviewed and discussed weekly at WSCC IMT.
3. Financial implication of cost of re-provision following closure of services.			Financial analysis of high risk provision - due diligence checks.									Head of Contracts & Performance			ongoing					Working with strategic contracts to identify key providers for more regular financial checks. Commissioning of sustainability blocks to deliver a level of financial stability.
4. Reduced capacity in the market as a result of failure of provision.			In the event of an incident, ensure the consistent implementation of Emergency Response Plans, including a full de-brief and lessons learned.									Assistant Director (Operations)			ongoing					Emergency plans in place for residential services and Domiciliary Care provision. Continue to work with RET to ensure process is robust and reflects learning from incidences.
5. Delay for those residents who are Medically Ready to Discharge (MRD).			Review capacity of residential and non-residential services to ensure service availability and to support identification of contingencies if needed.									Cx Lead			ongoing					Regular contact with registered residential care providers enquiring about vacancies, and the Shaw bed booking system enables information on capacity for the Combined Placement and Sourcing team to utilise to support placements. Information on numbers of packages and placements being sourced is updated weekly and issues with capacity which are escalated to the weekly Capacity Oversight Group meeting. In times of capacity shortages action plans are developed to support improvements.
6. Non-compliance with Care Act.			Administration of central government funding to provide financial support to the sector.									Cx Lead			ongoing					Total payments of £43.3million in 20/21 made to the care sector through Department of Health and Social Care (DHSC) Grants, payments to Council commissioned provision and uplifts to Council rates. For 21/22 an uplift to commissioned provision of 1.75% has been decided and implemented. Further DHSC Infection Control and testing funds have been made available until end September 2021.
7. Reputational impact. Public perception of the council being willing to accept poor standards of care. Low public confidence in social care.			Regular review of care homes business continuity arrangements to address government vaccination directive.									Head of Contracts & Performance			ongoing					Engagement to include supply chains/contractors requiring access to ensure maintenance schedules are reviewed and adjusted if necessary.
8. Adverse impact on Health and Social Care system.																				

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CR60	There is a risk of failing to deliver the HMIC FRS improvement plan , leading to an adverse affect on service delivery; which may result in failing any subsequent inspection.	Chief Fire Officer	1. Reputational damage 2. Corporate Governance Inspection 3. Legal implications of not delivering statutory services 4. Increased risk harm	Apr-19	5	4	20	Treat	5	2	10	Ensure robust project and programme governance in place and monitor delivery.	Chief Fire Officer	ongoing	The FRS has received a further Inspectorate Causes of Concern revisit. This revisit is the first time that the HMICFRS has specifically focussed on reviewing progress against all the causes of concern. The subsequent report from the Inspectorate, which have been shared with the FRS Scrutiny Committee at it's June meeting, highlights that the governance and scrutiny arrangements are now more effective than the last time that the service had a revisit and that significant progress has been made on the causes of concerns. It was made clear that that in the next inspection, which is planned for September 2021, further assessment of progress will be undertaken against these recommendations.	5	3	15	Nov-21
CR61	A 'serious incident' occurs resulting in the death or serious injury of a child where the Council is found to have failed in their duty to safeguard, prevent or protect the child from harm.	Executive Director of Children, Young People and Learning	1. The Council would have let children down and as a result our reputation and credibility would be significantly damaged. 2. Subject to investigation and further legal action taken against the Council. 3. Immediate inspection and Government intervention.	Jun-19	5	5	25	Treat	5	2	10	Implement Practice Improvement Plan (PIP). Improvement Plans include management development and HCC intervention. Provide proactive improvement support to services to assure effective safeguarding practices.	Executive Director of Children, Young People and Learning Executive Director of Children, Young People and Learning	Ongoing ongoing	Improvement activity continues to be embedded within the social work teams. The management assessment programme is now being implemented with all Service Leads being assessed by the end of January. The full programme of assessments will be completed by mid-May 2021. Statutory performance continues to improve but there is still inconsistency across the service. The service continues to work with our improvement partners (HCC) to deliver ongoing improvement activity across children's social care. The service remains under close scrutiny from the independent Improvement Board and the statutory regulator, Ofsted. All improvement activity is overseen and supported by the dedicated Practice Improvement team who report regularly to DLT and the Improvement Board. We continue to revise and improve practice guidance, policy and practice on an ongoing basis. Areas of further development have been identified from the latest Ofsted focused visit and they form a focus for the next phase of the improvement work.	5	3	15	Sep-21
CR65	The review of corporate leadership, governance and culture recommended in the Children's Commissioner's report is not fully undertaken or effectively implemented leading to a lack of necessary improvement and further service failures or external intervention.	Chief Executive	1. Service failure 2. External intervention 3. Poor value for money	Dec-19	5	4	20	Tolerate	3	2	6	Develop plan to stabilise senior leadership team. Engage with external partners (including LGA) to scope and deliver Leadership development for Cabinet and Senior Officers. Implementation of governance changes as approved by Council (17.12.19)	Chief Executive Director of Law & Assurance Director of Law & Assurance	ongoing ongoing ongoing	Stable team - some tasks ongoing to maintain and to address limited interim roles in place Plan completed and approved. For implementation with LGA post election as part of induction programme Completed those for immediate or approved implementation to meet Council's decision. Further review post election.	3	2	6	Nov-21

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CR69	If the council fail to make the necessary improvements to progress from the previous 'inadequate' rating, there is a risk that children's services will fail to deliver an acceptable provision to the community.	Executive Director of Children, Young People and Learning	1. A child is exposed to dangers which could cause harm.	Mar-20	5	5	25	Treat	5	3	15	Deliver Children First Improvement Plan.	Senior Improvement Lead	ongoing	The Children First Improvement Plan has been developed to incorporate three key pillars to ensure an improved level of service: Pillar 1 - Everyone knows 'what good looks like'; Pillar 2: Creating the right environment for good social work to flourish; Pillar 3 : Deliver an Improved Service Model. The programme is being implemented and is on target as outlined in the Transformation Programme summary.	5	4	20	Sep-21		
			2. Significant reputational damage.									Continue to work with Hants CC as a partner in practice to improve the breadth of children's service.			Executive Director of Children, Young People and Learning					ongoing	The phase 2 workstream improvement action plan, which is jointly developed by WSCC and HCC is being progressed. Regular steering group to track and monitor progress and report into the into Improvement Board.
			3. Reduced confidence by residents in the Councils ability to run children's services.									Implement the Children First Service transformation model			Children First Transformation Director					ongoing	Family Safeguarding model redesign to ensure practice improvements are sustainable and embedded to provide a good level of service is being progressed and is meeting its milestones for implementation.
			4. Legal implications through non-compliance or negligence.																		
CR72	The government have stipulated that from 9 Sep 2021 children in care under 16 will not be allowed to be accommodated in unregulated placements. This has strengthened existing regulations that stipulate that all children and young people who require residential care must be placed within registered children's homes. Due to a local and nationwide shortage of registered provision there is a risk that these children and young people will not be cared for in settings that best meet their needs, which could lead to safeguarding concerns and enforcement action against the providers of unregistered homes and local authorities.	Executive Director of Children, Young People and Learning	1. Unable to meet primary needs of children we care for.	Aug-21	4	5	20	Treat	4	2	8	Develop and publish a market position statement to be sent out to care providers and other LA's to engage them in placements and requirements, in line with the needs of children.	Assistant Director – Corporate Parenting	Mar-22		4	4	16	Dec-21		
			2. Not fulfilling statutory duties to place children in appropriate care settings.									Conduct an annual review and update of the placement sufficiency and commissioning strategy, in line with the market position statement.			Assistant Director – Corporate Parenting					ongoing	
			3. Adverse media coverage.									Escalate to Assistant Directors and Exec Director any situation where a child or young person is at risk of being without a registered provision when they require one.			Heads of Service					ongoing	
			4. Damage to the reputation and credibility of the council.																		
			5. Children experience a lack of security, stability and support.																		
			6. Critical findings by regulators i.e. impact on Children First Improvement Plan.																		
			7. Legal action taken against the Council resulting in punitive penalties.																		


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How to Read the Performance and Resources Report

The Performance and Resources Report is separated into three sections:




- a. **Summary Report** – This is an overall summary of the County Council’s performance for the latest quarter, including:
 - Performance highlights of the County Council’s priorities,
 - Overview of the revenue and capital financial outlook across the organisation,
 - Key corporate risks with a severity graded above the set tolerance level,
 - The latest workforce overview.
- b. **Sections by Portfolio (Sections 1-10)** – There is a separate section for each Portfolio:
 - Section 1 – Adults Services
 - Section 2 – Children’s and Young People
 - Section 3 – Learning and Skills
 - Section 4 – Community Support, Fire and Rescue
 - Section 5 – Environment and Climate Change
 - Section 6 – Finance and Property
 - Section 7 – Highways and Transport
 - Section 8 – Leader
 - Section 9 – Public Health and Wellbeing
 - Section 10 – Support Services and Economic Development

Each Portfolio covers the following aspects in detail which enables the Section to be viewed as a ‘standalone’ report:

- Updates of the performance KPIs agreed in Our Council Plan and the action taking place, including Climate Change  performance measures.

The KPI measures compare the last three periods - this may be quarterly, annually or other time periods (depending on how regularly data is released); however, each measure will explain the reporting period.

The arrows on the KPI measures represent the direction of travel compared to the previous quarter:

- A green upward arrow  shows that performance is improving,
 - A red downward arrow  shows performance is worsening, and,
 - An amber horizontal arrow  shows no change to performance.
- Overview of the revenue financial position, risks and issues and savings update.
 - Overview of the capital financial position and latest capital performance.

- Details of the corporate risks which have a direct impact on the specific Portfolio.

c. **Supporting Appendices** – Other documents within the report include:

- Appendix 1 – Revenue Budget Monitor and Reserves
- Appendix 2 – Covid-19 Summary
- Appendix 3 – Service Transformation
- Appendix 4 – Capital Monitor
- Appendix 5 – Corporate Risk Register
- Appendix 6 – Workforce

Scrutiny Committee Documents

The relevant appendices will be made available to Scrutiny Committees prior to being considered by Public Cabinet. The complete reporting pack, including the Cabinet cover report, will be considered by the Performance and Finance Scrutiny Committee.

A detailed matrix of the Performance and Resources Report's sections and appendices by Scrutiny Committee responsibility is shown below. The areas in dark green indicate the Scrutiny Committees areas of responsibility and the areas in light green denote areas of the report which should be included in the Committee papers for context and consideration where appropriate.

PRR Matrix – Documents for Scrutiny Committees

Scrutiny Committee Elements of Performance and Resources Report

		CYPSSC	HASC	CHESC	FRSSC	PFSC
Summary Report						✓
Section 1	Adults Services Portfolio		✓			✓
Section 2	Children and Young People Portfolio	✓				✓
Section 3	Learning and Skills Portfolio	✓				✓
Section 4	Community Support, Fire and Rescue Portfolio			✓	✓	✓
Section 5	Environment and Climate Change Portfolio			✓		✓
Section 6	Finance and Property Portfolio					✓
Section 7	Highways and Transport Portfolio			✓		✓
Section 8	Leader Portfolio					✓
Section 9	Public Health and Wellbeing Portfolio		✓			✓
Section 10	Support Services and Economic Development Portfolio					✓
Appendix 1	Revenue Budget Monitor and Reserves					✓
Appendix 2	Covid-19 Summary					✓
Appendix 3	Service Transformation					✓
Appendix 4	Capital Monitor					✓
Appendix 5	Corporate Risk Register	✓	✓	✓	✓	✓
Appendix 6	Workforce					✓

KEY:	
	Specific Committee Responsibility
	To Be Included In Committee Papers