

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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CR1	The impact of a no deal Brexit may result in service delivery issues in Council services.	Chief Executive	1. Uncertainty on staff available to deliver council services i.e. care workers.	Nov-17	4	4	16	Tolerate	4	4	16	Brexit implications across all current corporate risks is being carried out. The Resilience and Emergency Team is engaged in planning across the South east.	Chief Executive	ongoing	Gather data to inform impact of negotiations; liaise with network to share information; work with businesses to show ongoing commitment. Directorates to collate data to be used for analysis once Brexit is fully understood. Risk re-assessed 6 monthly or in event of significant Brexit statements.	4	4	16	Mar-20			
			2. Uncertainty on local businesses.									Introduce Brexit Monitoring Group.								Chief Executive	Jul-19	BMG created and meets monthly to discuss and collate organisational Brexit concerns/thoughts. Completed
			3. Impact of growth projections.																			
			4. Supply chain uncertainty in contracts.																			
			5. Potential demand on resilience teams.																			
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	Module on political management and systems for CLT and CMT to be developed and provided.	Director of Law & Assurance	Mar-20	planned.	4	4	16	Mar-20			
			2. Service improvement effort impeded.									Governance changes to be settled and approved by Council.								Director of Law & Assurance	Dec-19	Governance Committee 02/12/19
			3. Resources misapplied - poor VFM.									Data on areas of non-compliance used to inform Directors to enforce compliance with standards.								Director of Law & Assurance	Ongoing	Annual Governance Statement action plans.
			4. Complaints and claims.									Systems and processes to be simplified and guidance for specific procedures to be refreshed.								Head of Democratic Services	Mar-20	planned.
			5. Censure by external inspection.									Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice.								Head of Audit	Ongoing	Discussed as part of Audit planning. Review of information generated. TK to engage audit to determine output.
												Audit plan focussing reviews on key corporate support systems to identify key areas in need of improvement.								Head of Audit	Ongoing	Discussed as part of Audit planning. Review of information generated. TK to engage audit to determine output.
CR11	Due to skills shortages in several disciplines and areas (internally and externally), the Council is unable to recruit suitable staff into vacant positions; and may encounter problems with retaining experienced existing staff.	Director of Human Resources & Org Change	1. Over-reliance on interim and agency staff.	Mar-17	4	5	20	Treat	4	3	12	Identification of hard to fill posts and reasons.	Head of Res Org Dev & Talent	Apr-19	Completed. May 19	4	4	16	Feb-20			
			2. Lack of corporate memory.									Review the policy and provisions for recruiting and retaining hard to fill posts.								Head of Res Org Dev & Talent		Reviewing resettlement policy; going to ELT July 18. Presented to ELT. Repayment terms in development. Completed
			3. Inadequate pace/speed of delivery.									Simplifying processes for recruiting and engaging with potential applicants for hard to fill posts.								Head of Res Org Dev & Talent	Jan-20	Partially completed. Recruiter licences for Linked-in and Reed purchased and being used to source candidates/reach out to candidates directly.
			4. Low staff morale and performance.									Application of policy and provisions for various hard to fill posts.								Head of HR Bus Ptr & Org Change	Ongoing	
												Provision of clear financial support for recruitment and retention policy and provisions procedures.								Head of Specialist HR Services	Dec-19	
	Longer term strategies for addressing recruitment issues e.g. apprenticeships.	Head of Res Org Dev & Talent	Ongoing	Partially Completed. 3 year plans in place for apprenticeships. LGA consultancy engaged with; recommendations received. Continuing programme of marketing and awareness raising.																		

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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 recent Ofsted and HMIC FRS reports.	Director of Finance & Support Services	1. Insufficient government funding to deliver services.	Mar-17	4	4	16	Treat	4	3	12	Pursue additional savings options to help close the budget gap.	Director of Finance & Support Services	Ongoing		4	4	16	Mar-20		
			2. Adverse effect on reserves/balanced budget.									Request additional funding from the relevant government departments to help deal with service improvement in Children's and Fire and Rescue.								Director of Finance & Support Services	Ongoing
			3. Reputational impact through reduction of service quality									Monitor the use of additional funds made available to improve service delivery.								Director of Finance & Support Services	Ongoing
			4. Increased liability of service delivery, transferred by external partners due to funding restrictions i.e. supporting homelessness.									To continue to lobby government groups to influence funding decisions.								Chief Executive	Ongoing
CR22a	The in-year projected overspend position is likely to significantly reduce the Councils reserves.	Director of Finance & Support Services	1. Adverse effect on reserves/balanced budget.	Jul-19	5	5	25	Treat	4	3	12	Pursue additional savings options to help close the budget gap.	Director of Finance & Support Services	Ongoing		5	5	25	Feb-20		
			2. Reputational impact through reduction of service quality									Request additional funding from the relevant government departments to help deal with service improvement in Children's and Fire and Rescue.								Director of Finance & Support Services	Ongoing
			3. Additional unexpected service and cost pressures from not implementing savings decisions.																		

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CR39a	The Council's systems are subject to a Cyber-Security attack leading to a loss of data or system failure.	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	Role specific training delivered to children's services due to analysis of breach data received. Regular comms distributed to all staff. Included as annual refresher. Interim course to communicate essential/key information as soon as possible. Password review completed. Phishing emails sent out and responses evaluated. Follow up exercise completed April '19. New awareness campaign being developed.	4	5	20	Feb-20		
			2. The Council's reputation is damaged.									Improve RA's data stores, both local and cloud-based, during procurement and deployment. DPIA template created and used for all data protection activities.			Head of IT					Dec-18	As part of new data privacy impact assessments. Privacy Impact Policy currently being drafted (including guidance) Complete Jan 19
			3. Resident's trust in the Council is undermined.									Conduct tests including penetration, DR and social engineering. (conducted 6 monthly)			Head of IT					Ongoing	Password review completed. Phishing emails sent out and responses evaluated. Follow up exercise completed April '19. New awareness campaign being developed. IT Health check undertaken with observations to be addressed.
			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	Full audit not carried out by IA 2019. Instead a full review took place in May 2019 of progress against actions from the 2018 audit. Ethical Hacker training being carried out. Review of advanced threat management solution.
			5. Punitive penalties are made on the Council.									Provide capacity & capability to align with National Cyber-Security centre recommendations.			Head of IT					Ongoing	Maintain watching brief for updated guidance notes. WSCC has formally joined SE Warning Advice and Reporting Point (WARP).
												Subscribe to early warning and intelligence sharing arrangements.			Head of IT					Ongoing	WSCC has formally joined SE Warning Advice and Reporting Point (WARP). Complete March 19
												Test the effectiveness of DPIA			Head of IT					Ongoing	To be conducted annually
												Adopt ISO27001 (Information Security Management) aligned process & practices.			Head of IT					Ongoing	
												Maintain IG Toolkit (NHS) & Public Service Network security accreditations.			Head of IT					Ongoing	Joint submission to NHS Digital in the 2019 assessment by the Data Protection Team; to cover ensure IGTK incorporates Information Security, along with Info Governance. PSN accreditation submitted.

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CR39b	New data protection legislation now in force which imposes additional obligation on the council. 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	Treat	3	3	9	Improve staff awareness of personal & business information security practices.	Director of Law & Assurance	Sep-18	Completed.	4	3	12	Feb-20
2. The Council's reputation is damaged.			Ensure that access to sensitive data and information is controlled.									Director of Law & Assurance	Ongoing	Completed.					
3. Resident's trust in the Council is undermined.			Ensure that data is appropriately mapped and classified.									Director of Law & Assurance	Sep-18	Completed.					
4. Partners will not share data or information with the Council.			Develop & support effective information governance across the Council.									Director of Law & Assurance	Sep-18	Completed.					
5. Punitive penalties are made on the Council.			Provide capacity & capability to align with GDPR requirements.									Director of Law & Assurance	Sep-18	Completed.					
			Adopt ISO27001 (Information Security Management) aligned process & practices.									Head of IT	Ongoing						
			Maintain IG Toolkit (NHS) & Public Service Network security accreditations.									Head of IT	Ongoing	Joint submission to NHS Digital in 2019 assessment by the Data Protection Team; to ensure IGTK incorporates Information Security, with Information Governance. PSN accreditation submitted.					
			Undertake Data Privacy Impact Assessments (DPIA) when systems or processes change.									Director of Law & Assurance	Ongoing	Processes settled. Most impact assessments completed.					
			Carry out actions resulting from completed or planned Data Privacy Impact Assessments (DPIA).									Director of Law & Assurance	Ongoing	DPIA to be conducted annually					
			Enable safe data sharing, including using appropriate data standards & appropriate anonymization techniques.									Head of IT	Ongoing	As part of GDPR reviews of existing arrangements.					
			Ensure the skills and knowledge is available to support Caldicott Guardian in ASC.									LA Solicitor	Ongoing						
			Internal Audit to carry out an audit of the Data Protection Service.									Internal Audit	May-19	Full audit not carried out by IA 2019. Instead a full review took place in May 2019 of progress against actions from the 2018 audit. Closed Sep 19					
			Test the effectiveness of DPIA									Head of IT	Ongoing	To be conducted annually					
			Actions to address basis for limited assurance re GDPR to be completed (by Dec 2019)									Head of IT	Dec-19	Completed Nov 19.					

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CR50	Insufficient health & safety governance and training across the organisation and in relation to outsourced providers or via traded services e.g. schools, coupled with a lack of accountability by directorate; may lead to a serious health & safety incident occurring and/or not being reported.	Director of Human Resources & Org Change	1. People come to harm.	Mar-17	4	5	20	Treat	4	3	12	Ensure mandatory training is undertaken and updated for annual refresher.	Health and Safety Manager	Ongoing	Training content has been signed off.	4	4	16	Feb-20		
			2. Complaints/claims/litigation.									Revise the governance structure and terms of reference for H&S.			Health and Safety Manager					Jul-18	Completed. HS&W framework in place. Rep committee and gov boards taking place 6 monthly.
			3. Increased costs.									Conduct a training needs analysis, produce gap analysis to understand requirements and produce suitable courses as a consequence.			Health and Safety Manager					Apr-20	Partially completed. Fire Warden training and H&S eLearning included in annual refresher training from 1 Feb 19. TNA produced with suite of courses required identified. Courses to be commissioned include bespoke modules for induction & asbestos awareness.
			4. Censure by audit/inspection/intervention by statutory agencies.									Implementation of wellbeing interventions identified within People Strategy.			Head of Specialist HR Services					Apr-20	Appraisal form redesigned to include wellbeing. Timewise diagnostic undertaken. Complete Nov 19.
			5. Adverse publicity.									Incorporate HS&W information into current performance dashboard.			Health and Safety Manager					Apr-20	Dashboard to capture details on sickness, absence and H&S. H&S data currently collated relates to RIDDOR and NON-RIDDOR incidents.
			6. Reputation damage.									Invite peer review from other LGA to share best practice (critical friend).			Director of Human Resources & Org Change					Oct-18	Completed. Review and report completed. WSCC CEO, Dir HROC and Kent CC to discuss report and review current service delivery model.
			7. Adverse effect on morale.									Health and Wellbeing needs assessment.			Health and Safety Manager					Ongoing	Procurement process in motion. Specification and related paperwork complete - awaiting confirmation from Legal, then going out to tender.
												Review internal audit report and reporting mechanism.			Health and Safety Manager					Ongoing	Review completed and outcomes identified. Outcomes feeding into training action/control. Draft IA report signed off by CEO. Final IA report to completed and issued by IA. The key issues requiring action had already been identified in the H&S interventions and outcomes strategy and action is being taken to address these as the strategy develops. Complete Nov 19.

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CR58	If there were to be a failure of social care provisions there is a risk that both WSCC funded residents and self-funding residents are not being properly cared for; which may result in death or injury to individuals and significant reputational harm to the council.	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	Consideration of opportunities to provide services in house to enable contingency for provider failure.	Cx Lead	Apr-20	Initial business case completed. Further analysis indicating delivery will involve higher cost. Requires appetite check of costs prior to completing full business case.	5	4	20	Feb-20	
2. CQC action against service provider which could lead to establishment closure at short notice			Collection of market information on Firefly. Analysis of information and appropriate level of quality assurance response.									Head of Contracts & Performance			ongoing					Information used to support emergency planning and inform quality processes.
3. Financial implication of cost of reprovision following closure of services.			Scoping and implementation of a multi agency failure prevention team.									Joint Strategic Director of Cx			ongoing					Agreement was made in October 2019 with the CCG Chief Nurse to proceed with the joint programme. Workshop took place Dec 19 with agreement on the need for a joint residential/nursing contract, exploration of income generation opportunities and potential of increased offer to providers who agree to managed rates.
4. Reduced capacity in the market as a result of failure of provision.			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.
5. Delayed Transfer of Care (DTC)			Development and embedding of multi agency Quality, Safeguarding and Improvement Group, Strategic Provider Concerns meeting and mechanisms to focus on specific providers where concerns arise.												ongoing					QSIG established. Working towards embedding these mechanisms and confirming benefit in terms of preventative focus.
6. Non-compliance with Care Act.			Ensure the consistent implementation of Emergency Response Plans.									Head of Adult Operations			ongoing					Emergency plans in place for residential services and Domiciliary Care provision. To be continually reviewed following incidences and learning.
7. Reputational impact. Public perception of the council being willing to accept poor standards of care. Low public confidence in social care.			Ensure engagement with RET for support and assistance with control in the event of an incident.									Head of Adult Operations			ongoing					to work with RET to confirm process is robust and learn from incidences.
			Post incident, ensure a full debrief and lessons learned is carried out.									Head of Adult Operations/RET			ongoing					existing process in place with RET
			Ensure a business continuity plan is in place and effective.									Ops Manager - Independent Living			ongoing					to work with RET to confirm process is robust
	Capacity Action plans for residential and non residential services to focus on long and short term actions to improve capacity to support potential contingencies.	Cx Lead	ongoing	Progress on capacity action plans to be reported to senior managers weekly.																

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CR59	Benefits from transformation are not realised within projected timescales because of a lack of robust and effective portfolio governance adversely impacting on in-year budget pressures.	Director of Finance & Support Services	1. Financial pressures through non-delivery of savings.	Nov-17	4	4	16	Treat	3	3	9	Review current programme to ensure robust project and programme plans are developed to implement changes and savings.	Director of Finance & Support Services	Jan-20		4	5	20	Apr-20			
			2. Failure to improve customer services.									Develop effective benefits tracking process.								Director of Finance & Support Services	Mar-20	
			3. Inefficient and ineffective business processes.									Develop detailed programmes in collaboration with Directors to deliver required changes.								Director of Finance & Support Services	Mar-20	
			4. Failure to deliver required cultural changes.									Develop organisational benefits management and change management strategies.								Director of Finance & Support Services	Ongoing	Both strategies have been agreed and reviewed bi-annually. Complete
												Profile anticipated benefits and develop dashboard for benefit tracking.								Director of Finance & Support Services	Ongoing	19/20 and 20/21 in year benefits have been re-profiled to reflect that original benefits will no longer be achieved in the required timescale. Complete Jan 20.
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	Apr-19	5	4	20	Treat	5	2	10	Secure programme funding.	Chief Fire Officer	ongoing	Phase 1 funding secured to ensure cause of concern could be addressed (Complete Jul 19). Phase 2 funding bid to ensure FRS moves from 'in need of improvement' to 'good'. To be agreed at February Full Council Meeting.	5	4	20	Feb-20			
			2. Corporate Governance Inspection									Set up Independent HMIC FRS Advisory Board.								Chief Fire Officer	Jan-20	Complete Dec 19.
			3. Legal implications of not delivering statutory services									Recruitment of key programme personnel.								Chief Fire Officer	Jan-20	Programme manager in post. Complete Dec 19.
			4. Increased risk harm									Ensure robust project and programme governance in place and monitor delivery.								Chief Fire Officer	ongoing	Detailed project and programme plans have been produced. Plans to be modified if recommended by Independent HMIC FRS Advisory Board. HMIC FRS to revisit WSCC FRS the week of 20th January 2020 to review improvement against areas of cause of concern.

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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.	Jun-19	5	5	25	Treat	5	2	10	Implement Practice Improvement Plan (PIP).	Executive Director of Children, Young People and Learning	Feb-20	PIP currently being refreshed after 5 months progress of successful delivery.	5	5	25	Mar-20			
			2. Subject to investigation and further legal action taken against the Council.									Establish statutory Improvement Board.								Executive Director of Children, Young People and Learning	Feb-20	Moving from voluntary to statutory Improvement Board, chaired by Children Social Care Commissioner for West Sussex.
			3. Immediate inspection and Government intervention.									Establish QA/Performance Management process/cycle.								Executive Director of Children, Young People and Learning	Dec-19	QA framework approved, monthly cycle now in place. Complete Dec 19.
												Provide proactive improvement support to services to assure effective safeguarding practices.								Executive Director of Children, Young People and Learning	ongoing	Specialist provider commissioned to support social workers in Children Looked After Service and Family, Support and Protection Service (in place by April 2020).
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	Dec-19	5	4	20	Treat	3	2	6	Appointment of East Sussex County Council as partner in practice for corporate improvement.	Leader WSCC	Jan-20	Completed Dec 19	5	4	20	Mar-20			
			2. External intervention									Settlement of agreement for support by ESCC.								Director of Law & Assurance	Jan-20	Complete
			3. Poor value for money									Completion of improvement plan scoping phase.								Chief Executive	Mar-20	
												Recruitment of senior DCS.								Chief Executive	Jan-20	Recruitment underway. Assessment Centre timetabled.
												Develop plan to stabilise senior leadership team.								Chief Executive	Mar-20	Identifying actions to reduce risk of senior leadership churn.
												Engage with external partners (including LGA) to scope and deliver Leadership development for Cabinet and Senior Officers.								Director of Law & Assurance	Jan-21	Scoping underway with LGA and external partners. Plan due by end-Feb 20.
												Implementation of governance changes as approved by Council (17.12.19)								Director of Law & Assurance	Apr-21	Those for immediate implementation are complete. Others scheduled to meet Councils decision.
CR66	Due to a lack of suitably qualified and experienced Approved Mental Health Professionals (AMHP) there is a risk that the Council will be unable to meet the demand for mental health assessments.	Executive Director of Adults and Health	Increased risk of death or serious injury.	Jan-20	5	5	25	Treat	5	2	10	Full policy and process review.	Head of Adult Operations	Apr-20	Rapid Improvement Operational plan.	5	5	25	Apr-20			
			WSCC subjected to legal action on behalf of customer or through employment tribunal.									Seek additional funding on a temporary basis to recruit more AMHP's while transformation work is ongoing.								Head of Adult Operations	ongoing	
			Wider impact on health and social care system through delays in carrying out assessments.									Review AMHP model to incorporate national best practice.								Abbie Murr	Oct-20	Paper to Cabinet end-Jan 20 with recommendations.
												Develop role profile and recruit dedicated AMHP lead post.								Head of Adult Operations	Feb-20	Locum commencing employment end-Jan 20.