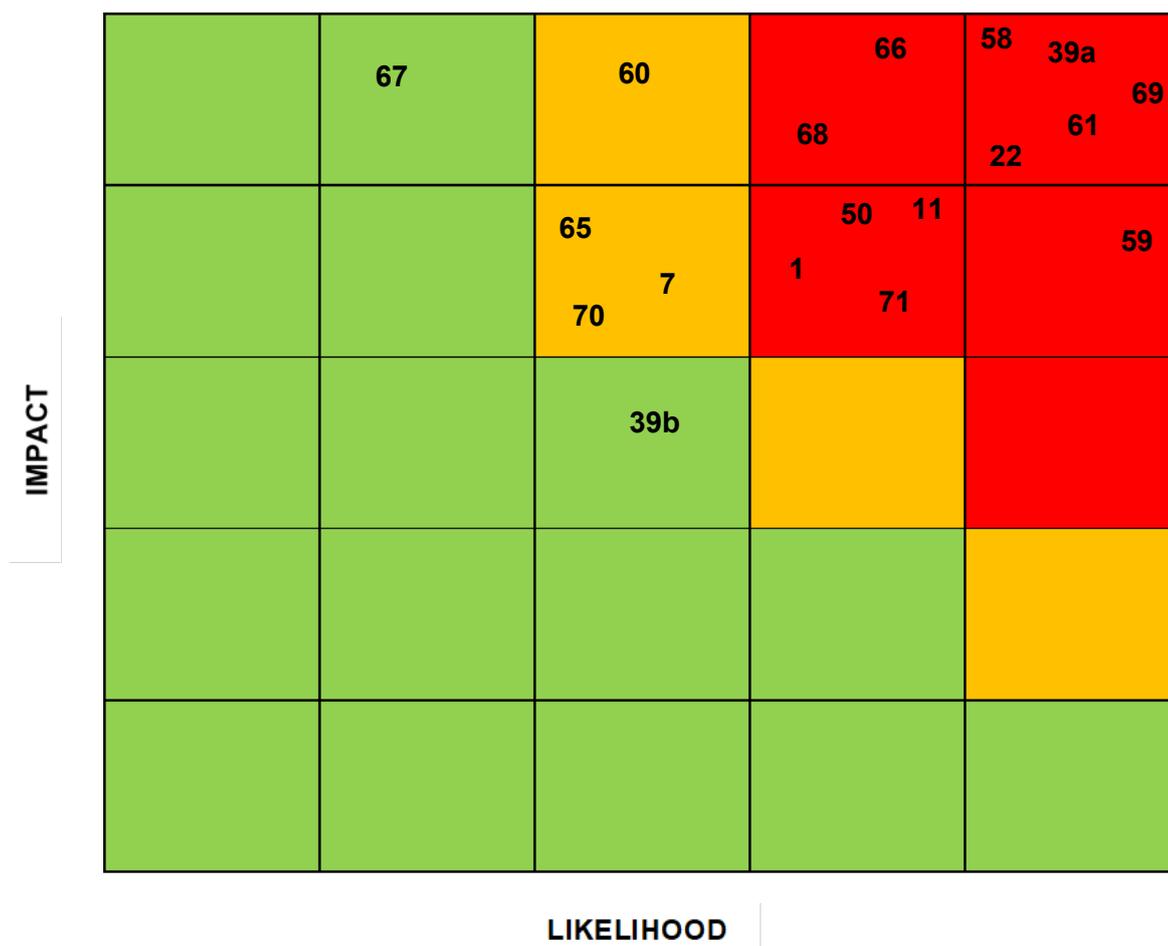


Quarterly Review of the Corporate Risk Register – September 2020

1. The aim of this report is to highlight the key risks and relevant changes to the risk profile/exposure of WSCC.
2. The heat map below shows the corporate risks and their current severity/RAG rating (low/medium/high).



3. During the preceding reporting period there have been the following changes to the corporate risk register.
 - **Corporate risk #66** - Lack of suitably qualified and experienced Approved Mental Health Professionals (AMHP)
 - Severity decreased from 25 to 20
 - To reflect completed mitigating actions
 - **Corporate risk #68** - Further waves of the Covid-19
 - Severity decreased from 25 to 20
 - To reflect completed mitigating actions

4. The following table summarises risks on the corporate risk register with the current severity graded above the tolerance threshold:

Risk No.	Risk Description	Previous Quarter Score	Current Score
CR61	Death/serious injury of a child (Council failing in their duty)	25	25
CR69	Children's services will fail to deliver an acceptable provision to the community	25	25
CR39a	Cyber-security	25	25
CR58	Failure of social care provisions	25	25
CR22	Financial sustainability	25	25
CR59	Benefits from transformation are not realised	20	20
CR66	Lack of suitably qualified and experienced Approved Mental Health Professionals (AMHP)	25	20
CR68	Covid-19 and risk to the delivery of WSCC's services	25	20
CR1	No deal Brexit	16	16
CR11	Recruit and retain staff	16	16
CR50	Insufficient health & safety governance	16	16
CR71	Mental and physical wellbeing of WSCC staff due to working from home	16	16

5. Operational Covid-19 risks are considered and managed within the services, either through the production of new risks or applying the ramifications to an existing risk and its assessment. In addition, corporate Covid-19 risks are captured and controlled by the councils Covid-19 response team. The Corporate Risk Manager presents a summary of risks by themes and workstreams to ELT monthly for consideration.
6. The table below summarises the key corporate Covid-19 risks.

Key Corporate Covid-19 Risks

Staff Shortage in Adults Services for older people's visits.

Community Hubs may not have enough staff capacity to manage an increase in demand, resulting in a failure to deliver essential food and medicine to vulnerable people.

Once restrictions are relaxed/lifted and we move into the recovery phase the Council may be able to work through the backlog of BAU events in a timely manner due to volume of activity and social distancing restrictions. This will result in a significant reduction in revenue and reputational damage to the Council.

Providers are increasingly unwilling to accept new placements which may cause a reduction in external placements and in-house foster care arrangements. This will lead to children not being looked after, becoming more vulnerable and at risk of harm.

Care homes are struggling to maintain an economically sustainable number of residents when experiencing deaths due to Covid-19 (>50% occupancy required). This lack of revenue creates a risk of care home closures which would then require financial intervention by WSCC to prevent this from occurring.

Government have issued instructions to highlight the local authority's role within the national Test and Trace Programme (particularly regarding Local Outbreak Plans). Should the government also issue direction to apply restrictions at a local level it will have further significant resource implications for PH and their ability to manage the current requirement and ongoing threat.

Advice and guidance on suspected Covid-19 cases has been devolved down to LA's with immediate effect. There's a significant concern that there may be a surge in demand for support, which will lead to a strain on the council's ability to respond/support in a timely manner in order to reduce the impact on our residents.

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 eased COVID-19 lockdown restrictions and are allowing all businesses to open, resulting in increased footfall in the county. If there were to be further waves of the COVID-19 pandemic there is a risk that services will be insufficiently agile/flexible to respond to government and PHE guidelines/directives.	Chief Executive	1. Failing to deliver statutory duties.	Mar-20	5	5	25	Treat	5	3	15	Review and update business continuity and degradation plans.	CLT	ongoing	Business continuity plans to be reviewed. conducted once recovery plan/framework produced.	5	4	20	Nov-20			
			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	
			5. Increase risk to life.									IA to conduct review of lessons learned from 1st wave and communicate.								Director of Finance & Support Services	Sep-20	Internal Audit have commenced the review.
			6. Information not shared appropriately.																			
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 directorate and 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	Nov-20			
			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 Change	1. Increase in poor physical health of staff.	Aug-20	4	4	16	Treat	4	2	8	Mental health training and support (particularly for managers).	Health and Safety Manager	ongoing	Stress Management Corporate Guidance and Employee Assistance Program.	4	4	16	Nov-20			
			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.
			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.
			4. Poor service delivery to residents.									Inclusion of staff wellbeing guidance in Performance Management framework.								Health and Safety Manager	Oct-20	
			5. Increase in number of claims and premiums.																			
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	Regular meetings to review current national and organisational status.	ELT	ongoing	Health Protection Team and Education Team to liaise weekly. Information communicated to SMG.	4	4	16	Nov-20			
			2. Uncertainty on local businesses.									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.
			3. Impact of growth projections.																			
			4. Supply chain uncertainty in contracts.																			
			5. Potential demand on resilience teams.																			

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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	Sep-20	In train	4	3	12	Sep-20			
			2. Service improvement effort impeded.									Data on areas of non-compliance used to inform Directors to enforce compliance with standards.								Director of Law & Assurance	Ongoing	Further draft AGS to July RAAC (endorsed in Mar)
			3. Resources misapplied - poor VFM.									Systems and processes to be simplified and guidance for specific procedures to be refreshed with output from Governance review (CR65).								Head of Democratic Services	Jul-20	Report to Governance Committee 6 July.
			4. Complaints and claims.									Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice.								Director of Law & Assurance	Ongoing	Discussed as part of Audit planning. Review of information generated. TK to engage audit to determine output.
			5. Censure by external inspection.									Audit plan focussing reviews on key corporate support systems to identify key areas in need of improvement.								Director of Law & Assurance	Ongoing	Discussed as part of Audit planning. Review of information generated. TK to engage audit to determine output.
CR11	Due to recent reports into service operations and senior leadership instability, 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 Change	1. Over-reliance on interim and agency staff.	Mar-17	4	5	20	Treat	4	3	12	Simplifying processes for recruiting and engaging with potential applicants for hard to fill posts.	Head of Res Org Dev & Talent	Sep-20	Partially completed. Recruiter licences for Linked-in and Reed purchased and being used to source candidates/reach out to candidates directly. "Engage" module to go live by Sept 20. Recruitment campaign pages launched for Children's Social Care, Adults Social Care, Occupational Therapy, Educational Psychologists.	4	4	16	Dec-20			
			2. Lack of corporate memory.									Provision of clear financial support for recruitment and retention policy and provisions procedures.								Head of Specialist HR Services	Oct-20	Partially Completed. Social workers recruitment and retention package in place for 2019. 2020 offer currently under review. Corporate relocation package drafted and being prepared for ELT sign off. Sustainable Social Worker Pay Model signed off by ELT Aug 2020.
			3. Inadequate pace/speed of delivery.									Application of policy and provisions for various hard to fill posts.								Head of HR Bus Ptr & Org Change	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. Low staff morale and performance.									Produce Directorate Workforce Strategies to identify skills, capacity and capability requirements.								Head of HR Bus Ptr & Org Change	Jan-21	Reward & Retention package for Childrens Social Workers currently being re-written. Development of Workforce Plan being carried out as part of Children First Improvement Plan.
												Development of comprehensive employee value proposition.								Head of Res Org Dev & Talent	Jan-21	Part of People Framework Action Plan
												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.

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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 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	Treat	4	3	12	Pursue additional savings options to help close the budget gap.	Director of Finance & Support Services	Ongoing	Savings are being developed as part of the budget process for 2021/22	5	5	25	Nov-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	No further funding is forthcoming
			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	The utilisation of grant received from government in response to Covid-19 is reported through the Total Performance Monitor.
			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	The Chief Executive actively participates in calls to government emphasising the need for appropriate funding for local authorities.
			5. Additional unexpected service and cost pressures from savings decisions.									Financial impacts arising from the Covid-19 national emergency need to be reflected and addressed within the TMP and MTFS as appropriate.			Director of Finance & Support Services					ongoing	The impact of Covid-19 is reported in the TPM and reflected in the MTFS
			6. Financial implications for both 2020/21 and the medium term arising from the national emergency circumstances associated with Covid-19.																		
CR39a	As a result of staff accessing unsafe links from external sources and unauthorised/insecure website browsing, the Council's systems will be subjected 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. New awareness campaign being developed. Vendor identified and commissioned to provide services to counter cyber threat.	5	5	25	Dec-20		
			2. The Council's reputation is damaged.									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. PSN connection to be reproced.
			3. Resident's trust in the Council is undermined.									Conduct tests including penetration, DR and social engineering. (conducted 6 monthly)			Head of IT					Ongoing	2020 health check to be commissioned.
			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).
												Transition to a controlled framework for process and practice.			Head of IT					Ongoing	Review of ISO27001 and ISO9001 to determine appropriateness.

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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 IT	Ongoing	To be conducted annually	3	3	9	Sep-20			
			2. The Council's reputation is damaged.									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.
			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 annually.
			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	As part of GDPR reviews of existing arrangements.
			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	
												Adopt ISO27001 (Information Security Management) aligned process & practices.								Head of IT	Ongoing	
												Review IT systems implemented prior to 25 May 2018 to confirm compliance with updated regulations.								Director of Law & Assurance	Ongoing	IT to identify applicable systems and provide support in resolving any risks of non-compliance.
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 Change	1. Increase risk of harm to employees, public and contractors.	Mar-17	4	5	20	Treat	4	2	8	Purchase, develop and introduce an interactive online H&S service led audit tool.	Health and Safety Manager	ongoing	Current inspection template to be created in Firmstep.	4	4	16	Dec-20			
			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	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. Modules for induction & asbestos awareness now live.
			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.
			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	

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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	Sep-20	Cost identified for in house provision significant and not therefore progressed further at this stage. Exploring other options for emergency provision. Waiver completed to source emergency care through agency providers as part of COVID19 planning. Awaiting agreement of terms and conditions with providers prior to implementing.	5	5	25	Sep-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 (DIOC)									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.								Head of Safeguarding and Quality	ongoing	QSIG established. Working towards embedding these mechanisms and confirming benefit in terms of preventative focus.
			6. Non-compliance with Care Act.									In the event of an incident, ensure the consistent implementation of Emergency Response Plans, including a full de-brief and lessons learned.								Head of Adult 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.
			7. Reputational impact. Public perception of the council being willing to accept poor standards of care. Low public confidence in social care.									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	Number of people awaiting care is captured within daily performance management information which provides an indication on capacity, whilst wider updates on the action plan are paused during COVID19 in light of other priorities.
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	ongoing	Future benefits are being reviewed as part of the budget setting process.	4	5	20	Nov-20			
			2. Failure to improve customer services.									Develop effective benefits tracking process.								Director of Finance & Support Services	ongoing	Process completed and approved in time for new financial year, however due to COVID-19 this process may need changing.
			3. Inefficient and ineffective business processes.									Develop detailed programmes in collaboration with Directors to deliver required changes.								Director of Finance & Support Services	ongoing	Engagement conducted and programmes agreed in time for new financial year, however due to COVID-19 plans and governance arrangements may need changing.
			4. Failure to deliver required cultural changes.																			

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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	Apr-19	5	4	20	Treat	5	2	10	Ensure robust project and programme governance in place and monitor delivery.	Chief Fire Officer	ongoing	During the revisit, the HMIC FRS Advisory Board praised the project and programme plans, and PMO governance. They also reported tangible improvements of preventative and protective measures. Further praise was received regarding the accelerated pace of mitigating the risk to public safety.	5	3	15	Nov-20			
			2. Corporate Governance Inspection																			
			3. Legal implications of not delivering statutory services																			
			4. Increased risk harm																			
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	Ongoing	PIP currently being refreshed after 5 months progress of successful delivery.	5	5	25	Sep-20			
			2. Subject to investigation and further legal action taken against the Council.									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).
			3. Immediate inspection and Government intervention.																			
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	Completion of improvement plan scoping phase.	Chief Executive	Jul-20	(See CR7)	4	3	12	Sep-20			
			2. External intervention									Develop plan to stabilise senior leadership team.								Chief Executive	Sep-20	Identifying actions to reduce risk of senior leadership churn.
			3. Poor value for money									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. Member Development Plan approved by Governance Committee Jun 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) and the increase in demand due to COVID-19, there is a risk that the Council will not carry out their statutory role under the Mental Health Act 1983 (amended 2007) due to being unable to meet the demand for mental health assessments.	Executive Director of Adults and Health	1. Increased risk of death or serious injury.	Jan-20	5	5	25	Treat	5	2	10	Development and implementation of new AMHP model (in partnership with the CCG and Sussex Partnership Foundation Trust (SPFT)).	Head of Adult Operations	Jan-21	Mental Health specific Transformation Plan has been developed which incorporates Amed and HP service re-design. Dedicated Programme Manager in post. Progressing through governance process. New structure for AMHP service (Hub and Spoke model) developed and operational budget approved. Proposed to implement from 1st Jan 21.	5	4	20	Nov-20			
			2. WSCC subjected to legal action on behalf of customer or through employment tribunal.									Recruitment of AMHP's to support with current demand.								Head of Adult Operations	ongoing	Funding agreed to enable interim recruitment of AMHP's until end-Dec 20.
			3. Wider impact on health and social care system through delays in carrying out assessments.																			
CR67	The project to set up a company (known as a Children's Trust) to provide children's services on behalf of WSCC significantly diverts council resources (capacity and capability) from core service delivery, to focussing on improving the quality of children's services.	Chief Executive	1. Progress of children's services improvement is slowed or limited by splitting of resources and energy.	Feb-20	5	5	25	Tolerate	5	2	10					5	2	10	Dec-20			
			2. Delivery of Council services interrupted/impacted.																			
			3. Impact on Corporate improvement.																			

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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	4	20	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. Monthly reports to Improvement Board.	5	5	25	Dec-20		
			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	Joint work between WSCC and HCC has resulted in the development of a comprehensive phase 2 workstream improvement action plan. 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						Family Safeguarding model redesign being developed to ensure practice improvements are sustainable and embedded to provide a good level of service.
			4. Legal implications through non-compliance or negligence.																		