

| 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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| CR68    | The government have relaxed COVID-19 restrictions, however there are still requirements for Local Authorities to support the management of the COVID-19 pandemic. If there is a resurgence in COVID-19 infections and local (county or district) responsibilities are prolonged or additional measures imposed, there is a risk <b>services will fail to deliver existing work plans</b> 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    | Tolerate      | 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            | 2          | 10    | Sep-22                |
|         |   |                             | 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            | TMG and SMG stood down. All COVID related matters incorporated into BAU business processes, with escalation to ELT if required. ELT meeting weekly to review COVID impact on service provision. |              |            |       |                       |
|         |   |                             | 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 and Engagement | ongoing            | Collaboration and agreement on services provision messages with directorates and ELT.   |              |            |       |                       |
|         |   |                             | 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.                     |                  |              |            |       |               |             |            |       | 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.  |              |            |       |                       |
|         |   |                             | 6. Information not shared appropriately.      |                  |              |            |       |               |             |            |       |   |                                       |                    |   |              |            |       |                       |
| CR70    | There is an <b>increasing demand placed on the senior officers</b> due to the ongoing threat of COVID19 and additional burdens due to devolved responsibilities. This may lead to a continued <b>lack of capacity to deal with strategic/organisational issues</b> , 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    | Sep-22                |
|         |   |                             | 2. Residents don't receive support needed.    |                  |              |            |       |               |             |            |       | Provision of support to services when required.   | ELT                                   | ongoing            | Support requests raised through ELT   |              |            |       |                       |
|         |   |                             | 3. Failing to deliver statutory duties        |                  |              |            |       |               |             |            |       |   |                                       |                    |   |              |            |       |                       |
|         |   |                             |   |                  |              |            |       |               |             |            |       |   |                                       |                    |   |              |            |       |                       |
|         |   |                             |   |                  |              |            |       |               |             |            |       |   |                                       |                    |   |              |            |       |                       |
| CR7     | There are governance systems which inhibit effective performance and a culture of <b>non-compliance</b> and also a lack of standardisation in some <b>systems and processes</b> . 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 2021 - progress review by RAAC March 22. 21/22 AGS actions approved, regularly reviewed and underway. New AGS in process of development for completion July 22.   | 4            | 2          | 8     | Jul-22                |
|         |   |                             | 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 - specific work on governance of officer interests as first focus. To be reinforced as part of 2022 AGS and Director Statements of Assurance.       |              |            |       |                       |
|         |   |                             | 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 completed or in train as per agreed audit plan and specific audit projects  |              |            |       |                       |
|         |   |                             | 4. Complaints and claims.                     |                  |              |            |       |               |             |            |       | Guidance to CLT on governance. Schedule and deliver associated training   | Director of Law and Assurance         | Ongoing            | Guidance completed (December 21) Training roll out from Jan 22. CMT session Nov 21 completed. Further officer guide to governance due April 22.   |              |            |       |                       |
|         |   |                             | 5. Censure by external inspection.            |                  |              |            |       |               |             |            |       |   |                                       |                    |   |              |            |       |                       |

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| CR11    | As a result of skill shortages across various sectors, and less attractive employment offers in comparison to other organisations and locations (amplified by the current cost of living situation), there is a risk that we will not be able to <b>recruit and retain sufficient numbers of skilled staff</b> to manage and deliver quality services. | Director of Human Resources & Org Dev  | 1. Over-reliance on interim and agency staff.  | Mar-17           | 4            | 5          | 20    | Treat         | 4           | 2          | 8     | Produce Directorate Workforce Plans, in collaboration with services, to identify skills, capacity and capability requirements (current and future). Including succession planning for key roles, and defining training and career pathways. | Head of HR Bus Ptr & Org Dev           | ongoing            | Reward & Retention package for Children's Social Workers produced. Development of Workforce Plan being carried out as part of Children First Improvement Plan.                               | 4   | 4          | 16    | Sep-22                |
|         |  |  | 2. Lack of corporate memory.   |                  |              |            |       |               |             |            |       | Development and regular communication of comprehensive employee value proposition.  |  |                    | Mar-23   | Part of People Framework Action Plan, will be progressed once initial kick start projects are delivered. Updated context on website on 5 key areas of EVP, namely working environment, culture, financial benefits, career progression and learning and development. Recruitment & retention conversations to also take place at Smarter Working Stakeholder Group to inform and support decision making.   |            |       |                       |
|         |  |  | 3. Inadequate pace/speed of delivery.  |                  |              |            |       |               |             |            |       | Longer term strategies for addressing recruitment issues e.g. apprenticeships, growing our own.   |  |                    | 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.   |            |       |                       |
|         |  |  |  |                  |              |            |       |               |             |            |       | Benchmarking of salaries against peers to attract and retain talent for key areas.  |  |                    | Jul-22   |   |            |       |                       |
|         |  |  | 4. Low staff morale and performance.   |                  |              |            |       |               |             |            |       | Conduct planning session with HR team to review current recruitment practices, and meet with key stakeholders to develop comprehensive plan to address areas needing improvement.   |  |                    | Jul-22   |   |            |       |                       |
|         |  |  |  |                  |              |            |       |               |             |            |       |   |  |                    |  |   |            |       |                       |
| CR22    | The <b>financial sustainability of council services</b> is at risk due to uncertain funding from central government, level of inflation impacting on service delivery, and/or failure to make the required decisions to ensure the budget is balanced. This has been compounded further with the COVID-19 crisis.                                      | 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            | Good progress has been made towards updating the MTFS and producing a balanced budget for 2022/23 in spite of significant national uncertainty about the future of local government funding. | 4   | 5          | 20    | Sep-22                |
|         |  |  | 2. Adverse effect on reserves/balanced budget.   |                  |              |            |       |               |             |            |       | Monitor the use of additional funds made available to improve service delivery.   |  |                    | 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.   |  |                    | 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. |                  |              |            |       |               |             |            |       |   |  |                    |  |   |            |       |                       |

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| CR39a   | Cyber threat is an evolving, persistent and increasingly complex risk to the ongoing operation of County Council.<br>There is a risk of a successful <b>cyber attack</b> directly from external threats; or indirectly as a consequence of members or staff falling prey to social engineering or phishing attacks.<br>The potential outcome may 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    | Regular review, measurement and evaluation of corporate (technological/process) / organisational (behavioural) response to current and emerging cyber threats, where applicable to undertake pertinent actions to mitigate risks identified. | Head of IT                  | Ongoing            |   | 5            | 5          | 25    | Sep-22                |
|         |   |  | 2. The Council's reputation is damaged.                          |                  |              |            |       |               |             |            |       | 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.  |              |            |       |                       |
|         |   |  | 3. Resident's trust in the Council is undermined.                |                  |              |            |       |               |             |            |       | 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.  |              |            |       |                       |
|         |   |  | 4. Partners will not share data or information with the Council. |                  |              |            |       |               |             |            |       | Conduct tests including penetration, DR and social engineering. (conducted 6 monthly)  | Head of IT                  | Ongoing            | 2021 testing schedule defined and in delivery.  |              |            |       |                       |
|         |   |  | 5. Punitive penalties are made on 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).  |              |            |       |                       |
|         |   |  |  |                  |              |            |       |               |             |            |       | 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.   |              |            |       |                       |
|         |   |  |  |                  |              |            |       |               |             |            |       |  |                             |                    |   |              |            |       |                       |
| CR39b   | <b>Data protection responsibilities.</b> 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 <b>obligations</b> 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     | Jul-22                |
|         |   |  | 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. DPT has this task which is completed in March every year: March 2021 WSCC met expectations. Remainder is ongoing |              |            |       |                       |
|         |   |  | 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. Impact assessments completed. Further 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            | DP Team leader liaised with DASS March 21 to settle actions. Training slides provided with introduction to relevant policy and processes. Offer of ongoing assistance. Will contact new DASS on arrival May 22 to review position.                    |              |            |       |                       |
|         |   |  |  |                  |              |            |       |               |             |            |       | 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 developed to support operation of the Council's transformed internal IT function subsequent to the recent exit of the IT outsource.                             |              |            |       |                       |
|         |   |  |  |                  |              |            |       |               |             |            |       | Review IT systems implemented prior to 25 May 2018 to confirm compliance with updated regulations.   | Head of IT                  | ongoing            | Full and detailed inventory of the remaining systems was undertaken between Jan-Mar 2022, with a further 6 to 12 month period to complete the end to end rationalisation, cloud migration or termination of legacy applications.                      |              |            |       |                       |
|         |   |  |  |                  |              |            |       |               |             |            |       |  |                             |                    |   |              |            |       |                       |

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| CR50    | WSCC are responsible for ensuring the HS&W of its staff and residents. There is a risk that if there is a <b>lack of H&amp;S awareness and accountability</b> 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 govService. In-house audit tool currently being trialled to assess suitability for widespread implementation.  | 3            | 3          | 9     | Sep-22                |
|         |  |                                       | 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            | 1st phase H&S e-learning modules bespoke to the council H&S arrangements complete. 2nd phase currently being developed. 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.  |              |            |       |                       |
|         |  |                                       |  |                  |              |            |       |               |             |            |       | Regular engagement with services to ensure H&S responsibilities continue to be fully understood and embedded in BAU activities.   | Health and Safety Manager | Ongoing            | H&S Reps Committee used to reinforce H&S responsibilities, discuss concerns and escalate to H&S Governance if necessary.   |              |            |       |                       |
|         |  |                                       | 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 programme template created and was launched in some Directorates. C-19 and unforeseen resourcing issues in the H&S team prevented full launch across the council, and stopped the programme. Profiling activity to be re-started across all directorates once the team is better resourced. |              |            |       |                       |
|         |  |                                       |  |                  |              |            |       |               |             |            |       |   |                           |                    |  |              |            |       |                       |

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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. If the current and future commercial/economic viability of providers is not identified and supported, there is a risk of <b>failure of social care provision</b> which will result in funded and self-funded residents of West Sussex left without suitable care. | 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    | Jun-22                |
|         |  |                               | 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). |                                 |                    | 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 reprovion following closure of services.   |                  |              |            |       |               |             |            |       | Financial analysis of high risk provision - due diligence checks.  |                                 |                    | 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.  |                                 |                    | 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.                                 |                                 |                    | 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.   |                                 |                    | 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 March 2022.  |              |            |       |                       |
|         |  |                               | 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.   |                                 |                    | 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.  |                  |              |            |       |               |             |            |       |  |                                 |                    |  |              |            |       |                       |
|         |  |                               |  |                  |              |            |       |               |             |            |       |  |                                 |                    |  |              |            |       |                       |
| CR60    | There is a risk of failing to deliver the <b>HMIC FRS improvement plan</b> , 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            | The FRS Tranche 2 inspection outcomes are still expected to be reported in Spring 2022. The inspection covers a review of the three pillars of Efficiency, Effectiveness and People as well as a review against existing cause of concern and areas for improvement.   | 5            | 3          | 15    | Sep-22                |
|         |  |                               | 2. Corporate Governance Inspection   |                  |              |            |       |               |             |            |       |  |                                 |                    | The new CRMP has been developed and is now live as at 1st April 2022 to support ongoing continuous improvement. This bring in line to the future plans, all the HMICFRS judgement criteria and activity required. The Fire Reform White Paper was released in May 2022 and references reform areas including people, professionalism and governance and this too will be aligned to the CRMP in line with our HMICFRS improvements.  |              |            |       |                       |
|         |  |                               | 3. Legal implications of not delivering statutory services   |                  |              |            |       |               |             |            |       |  |                                 |                    |  |              |            |       |                       |
|         |  |                               | 4. Increased risk harm   |                  |              |            |       |               |             |            |       |  |                                 |                    |  |              |            |       |                       |
|         |  |                               |  |                  |              |            |       |               |             |            |       |  |                                 |                    |  |              |            |       |                       |

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|---------|--|---|--|------------------|--------------|------------|-------|---------------|-------------|------------|-------|---|---|--------------------|--|--------------|------------|-------|-----------------------|
|         |  |   |  |                  | Impact       | Likelihood | Score |               | Impact      | Likelihood | Score |   |   |                    |  | Impact       | Likelihood | Score |                       |
| CR61    | A 'serious incident' occurs resulting in the <b>death or serious injury of a child</b> where the Council is found to have failed in their duty to safeguard, prevent or protect the child from harm.   | 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). Improvement Plans include management development and HCC intervention. | Director of Children, Young People and Learning | 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 was 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. | 5            | 3          | 15    | Oct-22                |
|         |  |   | 2. Subject to investigation and further legal action taken against the Council.  |                  |              |            |       |               |             |            |       | Provide proactive improvement support to services to assure effective safeguarding practices.                     |   | ongoing            | 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. Outcomes of most recent Ofsted monitoring visit demonstrated positive progress.  |              |            |       |                       |
|         |  |   | 3. Immediate inspection and Government intervention.   |                  |              |            |       |               |             |            |       |   |   |                    |  |              |            |       |                       |
| CR65    | The review of <b>corporate leadership, governance and culture</b> 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    | Tolerate      | 3           | 2          | 6     |   |   |                    |  | 3            | 2          | 6     | Jul-22                |
|         |  |   | 2. External intervention   |                  |              |            |       |               |             |            |       |   |   |                    |  |              |            |       |                       |
|         |  |   | 3. Poor value for money  |                  |              |            |       |               |             |            |       |   |   |                    |  |              |            |       |                       |

| 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 |                       |
| CR69    | If the council fail to make the necessary improvements to progress from the previous ‘inadequate’ rating, there is a risk that <b>children’s services will fail to deliver an acceptable provision to the community.</b>  | 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           | 2          | 10    | 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. A strong year for improvement leading to a change of strategic direction by Secretary of State, resulting in removing the recommendation for childrens services to be placed into a trust. | 5            | 3          | 15    | Oct-22                |
|         |   |   | 2. Significant reputational damage.  |                  |              |            |       |               |             |            |       | Continue to work with Hants CC as a partner in practice to improve the breadth of children's service.  |  |                    | 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  |  |                    | 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 <b>children and young people will not be cared for in settings that best meet their needs,</b> which could lead to safeguarding concerns and enforcement action against the providers of unregistered homes and local authorities. | 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) | Sep-22             |  | 4            | 3          | 12    | Oct-22                |
|         |   |   | 2. Not fulfilling statutory duties to place children in appropriate care settings.     |                  |              |            |       |               |             |            |       | 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            |  |              |            |       |                       |
|         |   |   | 3. Adverse media coverage.   |                  |              |            |       |               |             |            |       |  |  |                    |  |              |            |       |                       |
|         |   |   | 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.             |                  |              |            |       |               |             |            |       |  |  |                    |  |              |            |       |                       |
|         |   |   |  |                  |              |            |       |               |             |            |       |  |  |                    |  |              |            |       |                       |



| 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 |                       |
| CR73    | If there is a failure to adequately prioritise, finance and resource our efforts to deliver on WSCC Climate Change commitments (e.g. 2030 Carbon Neutrality), there is a risk that there will be <b>insufficient capacity and capability to complete the necessary actions within the required timeframes</b> . This will lead to prolonged variations in weather and adverse impacts on WSCC service provision. | Director for Place Services   | Loss of public confidence in stated Climate Change Strategy  | Jan-22           | 4            | 3          | 12    | Treat         | 4           | 2          | 8     | Clear prioritisation of CC Strategy delivery within Our Council Plan   | Director for Place Services                            | ongoing            |             | 4            | 3          | 12    | Jul-22                |
|         |  |                               | Loss of credibility with Govt and Partners notably West Sussex districts & boroughs, South Downs National Park Authority, Environment Agency, Natural England & Southern Water   |                  |              |            |       |               |             |            |       | Built into county-wide Business Planning and budgeting process   | Director for Place Services                            | ongoing            |             |              |            |       |                       |
|         |  |                               | Negative impact on recruitment and retention of staff, and decline of productivity   |                  |              |            |       |               |             |            |       | SMART programme of actions based on clear definitions and metrics  | Director for Place Services                            | ongoing            |             |              |            |       |                       |
|         |  |                               | Local impacts on sea level rise, ecology and more frequent severe weather episodes may all impact on housing, health and welfare, economy, biodiversity and Natural Capital, revenue cost of services (e.g. Highways) and supply chains  |                  |              |            |       |               |             |            |       | Align pipeline of projects for existing and future funding opportunities   | Assistant Director (Environment and Public Protection) | ongoing            |             |              |            |       |                       |
|         |  |                               | Impact on public health due to rising temperatures   |                  |              |            |       |               |             |            |       | Recruitment and training policy to ensure all staff & elected members are suitably informed on climate change issues & that specialist skills are embedded through recruitment & training to enable delivery | Assistant Director (Environment and Public Protection) | ongoing            |             |              |            |       |                       |
|         |  |                               | Punitive penalties are made on the Council, or be liable for higher future carbon pricing / taxation to achieve carbon neutrality  |                  |              |            |       |               |             |            |       | Existing estate & infrastructure made climate change resilient & future developments designed to be as low carbon & climate change resilient ☑   | Director for Place Services                            | ongoing            |             |              |            |       |                       |
|         |  |                               | Damage to, or accelerated deterioration of, infrastructure/assets  |                  |              |            |       |               |             |            |       |  |  |                    |             |              |            |       |                       |
| CR74    | The overdue re-procurement of care and support at home services has been further postponed, meaning the contractual arrangements are non-compliant, inefficient to manage, difficult to enforce and present a risk of challenge and CQC criticism . The delay is to enable more time for the market to stabilise, to complete service reviews and to allow imminent legislative changes to take effect.          | Director of Adults and Health | 1. Risk of challenge to the on-going non-compliance and consequent need to remedy.   | Apr-22           | 5            | 3          | 15    |               | 5           | 2          | 10    | Update the 2009 contract terms and conditions by variation where these are significantly out of date   | Commissioning Lead - Older People, Adults and Health   | Jul-22             |             | 5            | 3          | 15    | Aug-22                |
|         |  |                               | 2. Increased scrutiny from government bodies.  |                  |              |            |       |               |             |            |       | Regular communication and engagement with providers on programme development/progress, and strategic direction/consequences of changes.  | Commissioning Lead - Older People, Adults and Health   | ongoing            |             |              |            |       |                       |
|         |  |                               | 3. The postponement of the Care and Support at Home services may in turn delay the retender of the 2007 Residential Care Home Contract (relevant to Older People, Lifelong services and Mental Health residential contracts) due to resources that will be required to procure both of these large business areas over the same timeframe. |                  |              |            |       |               |             |            |       | Service commitment to undertake re-procurement if and when required  | Director of Adults and Health                          | ongoing            |             |              |            |       |                       |
|         |  |                               | 4. Damage to Council's reputation  |                  |              |            |       |               |             |            |       | Focus resource onto managing provider relationships to improve contract management.  | Commissioning Lead - Older People, Adults and Health   | ongoing            |             |              |            |       |                       |
|         |  |                               |  |                  |              |            |       |               |             |            |       | Subject to appropriate approvals, opening up the Contingency Contract wider for providers to work with the Council in the interim  | Commissioning Lead - Older People, Adults and Health   | ongoing            |             |              |            |       |                       |