Risk No	Risk Category	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	
CR1	Political	As a result off **Brexit** there may be changes to laws and policies that may impact WSCC and partners (i.e. employment law).	Nathan Elvery	1. Uncertainty on staff available to deliver council services i.e. care workers. 2. Uncertainty on local businesses. 3. Impact of growth projections.	Nov-17	4	4	16	Tolerate	4	4	16	Brexit implications across all current corporate risks is being carried out			Gather data to inform impact of negotiations; liaise with network to share information; work with businesses to show ongoing commitment. Background activity by directorates to collate and determine data that can be used for analysis once Brexit is fully understood. Risk to be re-assessed 6 monthly or in the event of significant Brexit statements.	4	4	16	Dec-18
CR7	Governance	There is a culture of **non-compliance** and lack of standardisation in some **systems and processes**. Levels of familiarity with, and use of, corporate requirements for sound decisions and meeting legal obligations needs to improve.	Tony Kershaw	1. Invalid decisions.	Mar-17	4	4	16	Treat	3	2	6	Module on governance embedded in corporate training and the induction programme.	Head of Democratic Services	Mar-18	**Completed.**	4	3	12	Dec-18
				2. Fraud error.									Data on areas of non-compliance used to inform Directors to enforce compliance with standards.	Tony Kershaw	Dec-18	Included in Annual Governance Review. Partially completed				
				3. Poor VFM.									Guidance for specific procedures to be created.	Tony Kershaw	Dec-18	Partially completed.				
				4. Compliants and claims.									Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice.	Head of Democratic Services	Ongoing					
				5. Censure by audit inspection.									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	Managerial/ Professional	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.**	Heather Daley	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.	Lindsey Hannant	Dec-18	In progress.	4	4	16	Jan-19
				2. Lack of corporate memory.									Review the policy and provisions for recruiting and retaining hard to fill posts.	Lindsey Hannant		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.	Lindsey Hannant	Dec-18	In progress. Due to got to IT Governance Board in Dec 18				
				4. Low staff morale and performance.									Application of policy and provisions for various hard to fill posts	Jamie McGarry	Ongoing					
													Longer term strategies for addressing recruitment issues e.g. apprenticeships.	Lindsey Hannant	Ongoing	Developing 3 year plans. LGA consultancy engaged with; recommendations received. Marketing and awareness.				
CR14	Competitive	Due to a **lack of capacity or competition** in areas of the care market in which the Council operates, the Council is not able to manage or stimulate markets, or secure good deals. The LGA Peer Review identified that, in line with Care Act responsibilities, the nature of WSCC's relationship with the market needs to change to one of: 1. Partnership working, not solely commissioner to provider, 2. Co-design and 3. Co-production. The programme plan developed in response to the Peer Review will include the development of engagement strategies to deliver the above.	Kim Curry	1. The costs of care packages are increased as a lack of supply relative to demand.	Mar-17	5	4	20	Treat	4	3	12	Work with providers to improve recruitment and retention of their workforce.	Debbie Young	Ongoing	CAFHE posts embedded into HR	5	4	20	Jan-19
				2. The availability of care packages is reduced to lack of capacity, usually through lack of workforce.									Develop a Market Position Statement that clearly states the Council's requirements of the market and the methods by which it will support them.	Catherine Galvin	Jan-19					
				3. Customers must wait longer for care affecting their ability to remain independent or with lower care needs for longer.									Introduce and implement commissioning strategy developed with PwC.	Catherine Galvin	Jan-19					
				4. Inability to develop innovative service pathways due to lack of capacity or choice of care.									As a result of the Peer Review develop Market engagement strategy that includes processes for codesign and coproduction with	Catherine Galvin	Jan-19					
				5. Reputational damage for the Council and potential censure from inspectors.																

Ref	Category	Risk	Owner	Consequences	Date	I	L	Rating	Response	I	L	Rating	Mitigating Action	Action Owner	Status	Comments	I	L	Rating	Target Date
CR18	Competitive	**Limited cost consciousness** (activity costs, opportunity costs, etc.) and immaturity in **benchmarking and trend analysis in social care** may lead to a lack of awareness of how services sit in the marketplace. As a consequence the Council is not able to identify where it can make improvements.	Kim Curry	1. The Council does not achieve value for money in respect of its procurement and commissioning activity.	Mar-17	4	4	16	Treat	4	2	8	Linked to CR12 and CR14 make better use of data in understanding of service demand and impact, through DLT oversight.	Kim Curry	Ongoing		4	4	16	Jan-19
				2. Service redesign and innovative approaches can not be introduced through lack of market and trend intelligence.									Ensure that commissioners develop a strategy for wider market oversight and understanding of market place evolution to make best use of new opportunities.	Catherine Galvin	Jan-19					
				3. Budget setting and management is hampered as a result of insufficient or incomplete data.									Work with Insights Team to understand how data can underpin benchmarking activity and use of performance for predicting trend.	Kim Curry	Ongoing					
													Ensure system-wide partnership discussions with health and Districts & Boroughs consider collective approaches to marketplace strategy.	Kim Curry	Ongoing					
CR22	Reputational	West Sussex County Council has a large Council tax base, relatively low deprivation levels and West Sussex's economy is generally strong. If the Council do not seek to influence Central Government on the decisions taken on the national funding formula and on individual funding opportunities, there is a risk that the county will be disadvantaged and **miss out on funding**.	Nathan Elvery	1. Insufficient funding to deliver services.	Mar-17	4	4	16	Treat	4	3	12	To continue to work as part of a representative group of authorities through 3SC, SE7 and SESL to ensure the case can be made for West Sussex County Council and the needs of its residents.	Nathan Elvery	Ongoing		4	3	12	Mar-19
													To continue to work as part of the County Council Network (CCN) - to make the case for upper tier authorities with a large geography.	Nathan Elvery	Ongoing					
													To continue to support the Local Government Association and strength the links between WSCC and the LGA.	Nathan Elvery	Ongoing					
													To continue to engage with West Sussex MPs to ensure that they are aware of the specific impacts of Government policy on West Sussex residents.	Nathan Elvery	Ongoing					
													To continue to engage with Government Ministers and officials to put forward the case for West Sussex, with the LEP and District and Borough partners as appropriate.	Nathan Elvery	Ongoing					
CR24	Economic	The **Council's funding** is heavily reliant on the global, EU, national local economy (e.g. Government reductions for local government, future of EU grants with Brexit, local retention of Business Rates, inflation, energy costs, etc.). As a result income and costs may be adversely affected and budget planning more challenging. Budget and spending or savings decisions may also have unplanned consequences for service pressures and both internal and external costs	Katharine Eberhart	1. Adverse effect on reserves/balanced budget.	Mar-17	4	4	16	Treat	3	3	9	Influence development of funding initiatives through Treasurers working groups.	Katharine Eberhart	Ongoing	Delivery of Growth Deals with D and Bs to help support built environment.	3	4	12	Feb-19
				2. Reputational impact through reduction of service quality									Involvement in influencing groups such as county council networks.	Katharine Eberhart	Ongoing					
				3. Increased liability of service delivery, transferred by external partners due to funding restrcitions i.e. supporting homelessness									Interaction with MPs.	Katharine Eberhart	Ongoing	Business Rate Pools maximises available rates income support.				
				4. Additional unexpected service and cost pressures from savings decisions.									Respond to consultations.	Katharine Eberhart	Ongoing					
													Ensure sufficient budget provision to deal with uncertainty.	Katharine Eberhart	Feb-19					
CR36	Partnership/ Contractual/ Supplier	Due to the large number of contractors employed by the Council and potential instability, there is a risk that **inconsistent contract governance and monitoring** may lead to a failure of service	Katharine Eberhart	1. Failure to make planned improvements.	Mar-17	4	4	16	Treat	3	3	9	Create a central contracting unit to quality control contracting activities and support contract management in directorates.	Katharine Eberhart	Jan-19	Contract management service Is underway. Contract monitoring will commence in Q3 (end-Dec 18)	4	4	16	Jan-19
				2. Off contract spend.									Continuous monitoring of financial stability of contractors/supply chain	Katharine Eberhart	Ongoing					
				3. Poor value for money.																
				4. Failure to monitor outcomes for residents.																
				5. Commercial failure by contractor																

ID	Category	Risk	Owner	Consequences	Date	L	I	Score	Response	L	I	Score	Mitigating Actions	Action Owner	Due	Progress	L	I	Score	Review
CR39a	Technological	**Cyber-security**. The Council has a wealth of personal and confidential data that needs to be protected from corruption or loss as a result of deliberate and targeted malicious activity (e.g. virus, ransomware etc.). Similarly, the Council's on-line services are increasingly critical to service users and to the Council workforce, these need to be protected from service disruption through malicious technological attack (e.g. DDOS). There is a risk that Information is manipulated in such a way that it can no longer be accessed; or data is deleted, corrupted or stolen; or the Council is subject to a cyber-attack resulting in loss of technology-based digital services.	Katharine Eberhart	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.	Roland Mezulis / Caroline Pegg	Ongoing	Regular communications are being distributed to all members of staff. Requested to include as annual refresher. Request made for interim course to communicate essential/key information as soon as possible.	4	5	20	Jan-19
				2. The Council's reputation is damaged.									Improve risk assessments of data stores, both local and cloud-based, during procurement and deployment. DPIA template created and used for all data protection activities.	Roland Mezulis / Caroline Pegg	Dec-18	As part of new data privacy impact assessments. Privacy Impact Policy currently being drafted (including guidance)				
				3. Resident's trust in the Council is undermined.									Conduct tests including penetration, DR and social engineering.	Roland Mezulis	Dec-18	Next DR test due Nov 18.				
				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.	Roland Mezulis	Ongoing	New Information Security Breach reporting system in place.				
				5. Punitive penalties are made on the Council.									Provide capacity & capability to align with National Cyber-Security centre recommendations.	Roland Mezulis	Ongoing	Maintain watching brief for updated guidance notes.				
													Enable safe data sharing, including using appropriate data standards & appropriate anonymization techniques.	Roland Mezulis / Caroline Pegg	Dec-18	As part of GDPR reviews of existing arrangements.				
													Subscribe to early warning and intelligence sharing arrangements.	Roland Mezulis	Ongoing					
													Adopt ISO27001 (Information Security Management) aligned process & practices.	Roland Mezulis	Ongoing					
													Maintain IG Toolkit (NHS) & Public Service Network security accreditations.	Roland Mezulis	Dec-18	Joint submission to NHS Digital in the 2019 assessment by the Data Protection Team; to cover ensure IGTK incorporates Information Security, along with Information Governance.				
CR39b	Governance	**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.	Tony Kershaw	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.	Tony Kershaw	Sep-18	**Completed.**	4	3	12	Dec-18
				2. The Council's reputation is damaged.									Ensure that access to sensitive data and information is controlled.	Tony Kershaw	Ongoing					
				3. Resident's trust in the Council is undermined.									Ensure that data is appropriately mapped and classified.	Tony Kershaw	Sep-18	**Completed.**				
				4. Partners will not share data or information with the Council.									Develop & support effective information governance across the Council.	Tony Kershaw	Sep-18	**Completed.**				
				5. Punitive penalties are made on the Council.									Provide capacity & capability to align with GDPR requirements.	Tony Kershaw	Sep-18	**Completed.**				
													Adopt ISO27001 (Information Security Management) aligned process & practices.	Roland Mezulis	Dec-18					
													Maintain IG Toolkit (NHS) & Public Service Network security accreditations.	Roland Mezulis	Dec-18	Joint submission to NHS Digital in the 2019 assessment by the Data Protection Team; to ensure IGTK incorporates Information Security, along with Information Governance.				
													Undertake Data Privacy Impact Assessments (DPIA) when systems or processes change.	Tony Kershaw	Ongoing	Processes settled. Most impact assessments completed				
													Carry out actions resulting from completed or planned Data Privacy Impact Assessments (DPIA)	Tony Kershaw	Ongoing					
													Ensure mandatory training is undertaken and updated for annual refresher.	Tony Kershaw	Ongoing	Processes settled. Training content has been designed				

Ref	Category	Description	Owner	Consequences	Date	L	I	Rating	Response	L	I	Rating	Action	Action Owner	Action Date	Progress	L	I	Rating	Target Date
CR42	Technological	The Council's **IT infrastructure** is ageing and it has historically under-invested in IT. Although there is a strategy, priorities aren't clear and there is a lack of agility and speed in making changes; which may result in new and emerging IT opportunities not evaluated, core infrastructure and applications become unfit for purpose, shadow IT capability emerges creating data silos, cost and complexity.	Katharine Eberhart	1. Economies of scale are lost.	Mar-17	4	5	20		3	4	12	Clearly link IT investment with achievement of desired organisational outcomes. **Complete**	Roland Mezulis	Sep-18	1. IT business case agreed and in process of implementation. Phase 1 due for completion Jan 19. Phase 2 (migraton to cloud) by Apr 21.	4	4	16	Jan-19
				2. Data and information cannot be joined up to support re-design of service and process.									Undertake full review of existing infrastructure to identify opportunities from planned equipment refresh.	Roland Mezulis	Mar-19					
				3. Data quality suffers, introducing inaccuracies and, therefore, re-work and service failure.									Plan for IT investment implications arising from the end of current outsource arrangements. **Complete**	Roland Mezulis	Sep-18					
				4. Inaccurate reporting and decision- making.									Review commercial arrangements to ensure all parties are motivated to maintain pace with technology change. **Complete**	Roland Mezulis	Sep-18					
				5. Failure to re-configure services.									Work within our partners to enable agile and innovative responses to IT challenges and review of Continuous Service Improvement Plan.	Roland Mezulis	Jun-19					
				6. Joint working hampered.									Develop the rationale and implement principles that articulate the need to keep pace with technology change.	Roland Mezulis	Dec-18	Re-issue of IT strategy to re-state key principles.				
				7. Increased costs as systems require more support.																
				8. Adverse effect on morale.																
				9. Stress and absenteeism.																
				10. Adverse effect on the Council's partners and providers.																
CR50	Governance	**Insufficient health & safety governance** and training across the organisation and in relation to outsourced providers or via traded services eg schools, coupled with a lack of accountability by directorate; may lead to a serious health & safety incident occurring and/or not being reported.	Heather Daley	1. People come to harm.	Mar-17	4	5	20	Treat	4	3	12	Revise the governance structure and terms of reference for H&S.	Amanda Rablin	Jul-18	**Completed.** H&S and Wellbeing framework agreed and in place, with representative committee meetings and governance boards taking place 6 monthly.	4	4	16	Oct-18
				2. Complaints/claims/litigation.									Conduct a training needs analysis, produce gap analysis to understand requirements and produce suitable courses as a consequence.	Amanda Rablin/ Lindsey Hannant	Dec-18	TNA to be produced by Sep 18. LNA spreadsheets being created by L&D and H&S Manager. Fire Warden training to be included in annual refresher training				
				3. Increased costs.									Review well-being service delivery model.	Head of Specialist HR	Dec-18					
				4. Censure by audit/inspection/intervention by statutory agencies.									Incorporate HS&W information into current performance dashboard.	Amanda Rablin/ Colin Chadwick		Dashboard to capture details on sickness, absence and H&S.				
				5. Adverse publicity.									Invite peer review from other LGA to share best practice (critical friend).	Heather Daley	Oct-18	**Completed.** Review and report completed. Meeting between WSCC CEO, Dir HROC and Kent CC to discuss report and review current service delivery model				
				6. Reputation damage.									Review internal audit report and reporting mechanism.	Amanda Rablin	Oct-18	Review completed and outcomes to be identified. Outcomes feeding into training action/control. Draft IA report signed off by CEO. Final IA report to be completed and issued by IA by end Oct 18.				
				7. Adverse effect on morale.																
				8. Stress and absenteeism.																

ID	Type	Risk	Owner	Consequences	Date	L	I	Score	Response	L	I	Score	Control/Action	Action Owner	Date	Progress	L	I	Score	Date
CR53	Physical	The Council has an extensive asset base and its **asset management** strategy is inadequate. Condition surveys are out of data and some buildings are known not to be fit for purpose (e.g. condition, space, accessibility, parking). The lack of robust asset data may lead to poor maintenance scheduling, reactive maintenance, and pose a significant H&S risk.	Steve Read	1. Danger to life.	Mar-17	4	5	20	Treat	4	3	12	Asset Strategy completed and signed off and recommendations implemented.	Jo Twine	Aug-18	17/4/18 - Completed strategy going for approval at CAB on 1/5/18. To be presented to P&F committee for scrutiny Jul 18. Passed call-in. **Completed**	4	4	16	Aug-18
				2. Reputation damage and/or poor publicity.									Demolition of structures at Southwick, Barnham and the Wallis Centre.		Apr-18	**Completed.**				
				3. Litigation and compensation claims.									Strategic Outline Case for targeted asset improvement capital line.	Nick Smales	Apr-18	**Completed.**				
				4. Criminal prosecution (Corporate Manslaughter).									Facilities Management restructure.	Nick Smales	May-18	**Completed.**				
				5. Poor VFM.									Asset register completed.	Jo Twine	Aug-18	17/4/18 - Completed strategy going for approval at CAB on 1/5/18. To be presented to P&F committee for scrutiny Jul 18. Passed call-in. **Completed**				
				6. Financial - increased costs through reactive maintenance budget overspend.									Full asset condition survey to be carried out (£1.5m initially approved)	Jeremy Rigby	Apr-19	Draft preliminary survey expected on priority assets by end Dec 18 by MDC. Pilot asset condition survey underway by MDC. Product will be assessed in the New Year to refine requirements and validate VfM.				
				7. Adverse effect on the Council's partners and providers.																
CR54	Physical	A **child safeguarding failure** occurs due to a child dying or being seriously injured as a result of abuse and neglect. The child will be currently or recently known to childrens social care or IPEH (Integrated Prevention and Earliest Help).	Annie MacIver/ Ellie Evans	1. People come to harm.	Mar-17	5	4	20	Treat	4	3	12	S11 audits completed in timely fashion.	Annie MacIver	Ongoing		4	4	16	Oct-18
				2. Complaints/claims/litigation.									Recruit and retain sufficient number of qualified social workers	Annie MacIver	Ongoing	To be dealt with under CR11; LH to capture hard to fill posts through organisational wide engagement				
				3. Increased costs.									Manageable case loads	Annie MacIver	Ongoing					
				4. Censure by audit/inspection.									Front line family workers receive safeguarding training at level 3 or 4 as appropriate.	Annie MacIver	Ongoing					
				5. Adverse publicity.									Campaign material available advising public about how to make a referral.	Annie MacIver	Ongoing					
				6. Reputation damage.									Enhance risk knowledge and capability of Practice Managers to equip them to undertake their role effectively	Annie MacIver	Ongoing					
				7. Adverse effect on the Council's partners and providers.																
				8. Adverse effect on morale.																
				9. Stress and absenteeism.																
				10. Political turmoil.																

CR55	Physical	Due to a lack of compliance to The Care Act 2014 and local authority directives, an **adult safeguarding failure** occurs.	Kim Curry	1. Potential that people will come to harm as a result of safeguarding issues not being addressed quickly and comprehensively.	Mar-17	5	4	20	Treat	5	2	10	As part of the response to the Adults' Services Peer Review an improvement programme is being developed, of which a major project will be a review of Safeguarding. Specific actions and activity will need to be scoped following ASCIB on 12/6/18.	Dave Sargeant	Jun-18	**Complete.** The 100 day programme addressed the most serious issues identified by the review. It has focused on the immediate areas of concern, and key updates have included: 1. Changes in staff & management Practice including the implementation of a a new streamlined safeguarding form and Quality pathway to capture service quality issues. 3. A new safeguarding dashboard which identifies safeguarding concerns where decisions have not been made within 5 working days. 4. All previous Safeguarding audit recommendations have been reviewed to ensure action has been taken or current action plans are in place. 3. The introduction of a managed service to address the backlog will further reduce this risk 4. The longer term systemic challenges will be manged via a second phase of projects that incorporate the lessons learned and longer term deliverables identified by the initial programme.	5	3	15	Jan-19
		The LGA Peer Review identified that there is work for the Council to do in respect of Making Safeguarding Personal and the management of safeguarding processes. Consequently, a major piece of work will be delivered in the improvement work that Adults' Services must undertake. This is yet to be agreed through ASCIB but is likely to include: 1. Fundamental process review, 2. Making Safeguarding Personal guidance, 3. Improved performance monitoring arrangements 4. Addressing backlogs 5. Contract monitoring and quality process development.		2. Potential for legal challenge to WSCC for failure to comply with statutory obligations.									The new independent chair of the Safeguarding Adults Board is undertaking a review of its processes and governance.	Dave Sargeant	Jan-19	The Interim Head of Safeguarding is working with the Independent Chair to help strengthen WS SAB governance arrangements. A new SAB quality assurance framework has been drafted and a meeting with the statutory partners is planned to agree the priorities				
				3. Reputational damage to the Council for failure or manage safeguarding issues in a timely and comprehensive manner.									Sussex Health Care risks are being managed via a separate mechanism and being reviewed monthly at strategic oversight meeting. **CR58**	Kim Curry	Ongoing	Closure of Horncastle House 14th September, Threat of JR by SHC, Contingency plans in place for 2 homes.				
				4. Potential financial impact for the Council as a result of any legal action.									Ensure the sustainability and momentum of 100 day plan is continued	Dave Sargeant	Ongoing					
				5. Censure by inspectors for failure to tackle issues identified as a result of peer review exercise.																

CR56	Managerial/ Professional	The **LGA Peer Review of Adults' Services** in May 2018, highlighted a number of areas for improvement required within provision of Adults Social Care. These included: long waiting lists across a number of services; lack of understanding of and work aligned to the Care Act 2016; working in a non-evidenced base manner; lack of genuine partnership working to address system wide issues; little evidence that Making Safeguarding Personal has been understood or implemented; and issues regarding use of Mosaic.	Kim Curry	1. People are not assessed in a timely way and so their needs increase, reducing quality of life for the individual and incurring increased costs for the Council.	May-18	5	5	25	Treat	3	3	9	Develop and implement a 100 Day Action Plan to tackle the most serious issues raised within the review, including waiting lists.	Dave Sargeant	Sep-18	**Complete.** The 100 day programme addressed the most serious issues identified by the review. It has focused on the immediate areas of concern, including: 1. The introduction of management & performance reporting based upon accurate data 2. The introduction of a new leadership team structure 2. Changes in staff & management practice and the introduction of a managed service to tackle existing backlogs. 3. The longer term systemic challenges will be managed via a second phase of projects that incorporate the lessons learned and longer term deliverables identified by the initial programme	5	5	25	Jan-19
				2. People are not assessed based on their strengths leading to decompensation and costlier interventions.									Develop and implement a longer term strategy for continued improvement including co-design and co-production with partners.	Dave Sargeant	Dec-18	The Directorate is developing an inclusive three year plan that will ensure that AS policy and practice is fully Care Act compliant. The plan will inform future phases of the 100 day programme				
				3. The MOSAIC system leads practice and generates artificial service boundaries.									Continue to work to develop Mosaic to be more practise lead and supportive.	Dave Sargeant	Mar-19	The 100 day programme has initiated a process of system refinement and staff practice and training that has (and continues to) address MOSAIC design and staff knowledge				
				4. Partners, including the VCS, are not able to work with the Council in the best way to address need and help slow the demand for higher cost interventions.									Continue to work to develop through ASCIB a data suite that highlights performance and areas of concern.	Dave Sargeant	Dec-18	The 100 day programme has introduced a suite of reports that enable managers and staff to understand and react to performamace needs. This includes the Safe indicators for ASCIB and the supporting Leadership Team information pack. It also has developed a dash board report for localised social care team leaders				
				5. There is potential that future safeguarding issues may arise through lack of appropriate management at an early stage.									Regularly review the learning from the Peer Review to ensure that progress is being made.	Dave Sargeant	Ongoing	The review process will be managed via the leadership team using the new performance tools. The introduction of a new staff performance management system for staff will further support this initiative.				

CR57	Managerial/ Professional	There is a significant **backlog of Deprivation of Liberty Safeguards (DoLS) assessments**, both those received in paper format and in community teams, the latter can't be quantified due to lack of monitoring data.	Kim Curry	1. Customers may be being deprived of their liberty for reasons that are not in their best interests leaving the Council open to potential challenge.	May-18	5	5	25	Treat	3	3	9	Work with Audit to develop a clear action plan of key issues and mitigations to be introduced as a matter of urgency.	Dave Sargeant	Jul-18	Complete. The 100 day project has identified clarity on the current position of Dols assessments that are outstanding and an action plan has been developed and activated. This action plan is now embedded in the Service Improvement Plan and a comprehensive series of actions with time lines is in place.	5	5	25	Jan-19
				2. Customers may need additional restrictions put in place to ensure their safety but these are not being processed in a timely way leaving the Council open to potential challenge.									Communicate to all SW Teams the imperative to resolve these issues with appropriately trained staff and the need to ensure that recording is undertaken effectively, supported with training materials where required.	Dave Sargeant	Dec-18	Existing qualified BIAs employed by WSCC are now being required to contribute to the BIA rota, thus increasing the number of assessments carried out and contributing to a reducing back log.				
				3. The Councils performance in this area is reportable so could leave the Council open to reputational risk if the backlog is not reduced significantly.									Establish a working group to oversee the rectification of the issue with clearly defined targets, scope and authority.	Dave Sargeant	Jul-18	**Complete.** The Dols working group is established and meets regularly. A comprehensive action and workforce plan is being completed and a managed service commissioned to deal with and significantly reduce the back log of assessments.				
				4. Best Interest Assessor training and individuals with those skills are not being directed to tackle the backlog meaning that training resource is not being utilised effectively.									Report progress back via separate workstream of ASCIB Governance.	Dave Sargeant	Ongoing	A comprehensive workforce plan will inform a subsequent training plan and BIA training will be commissioned and delivered to appropriate staff and managers to significantly increase capacity				
				5. Staff morale in teams with significant backlogs will decline.																
CR58	Social	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.	Kim Curry	1. People are not safe and the council are not able to assure itself of its statutory safeguarding duty.	Sep-18	5	5	25	Treat	3	3	9	Ensure the consistent implementation of provider failure protocol.	Dave Sargeant			5	5	25	Jan-19
				2. Potential that people will come to harm.									Ensure engagement with RET for support and assistance with control in the event of an incident	Dave Sargeant						
				3. People apply for CQC legal action against SHC which could lead to establishment closure at short notice.									Post incident, ensure a full debrief and lessons learned is carried out.	Dave Sargeant		Existing process in place with RET.				
				4. Public perception that the council are willing to accept poor standards of care.									Ensure staff are aware of and are confident in applying provider failure protocol, and ensure they are aware of and compliant with their roles and responsibilities.	Dave Sargeant						