

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	Apr-19
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. 2. Fraud error. 3. Poor VFM. 4. Compliant and claims. 5. Censure by audit inspection.	Mar-17	4	4	16	Treat	3	2	6	Module on governance embedded in corporate training and the induction programme. Data on areas of non-compliance used to inform Directors to enforce compliance with standards. Guidance for specific procedures to be created. Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice. Audit plan focussing reviews on key corporate support systems to identify key areas in need of improvement.	Head of Democratic Services Tony Kershaw Tony Kershaw Head of Democratic Services Head of Audit	Mar-18 Dec-18 Dec-18 Ongoing Ongoing	Completed. Included in Annual Governance Review. Partially completed. Partially completed. Discussed as part of Audit planning. Review of information generated. TK to engage audit to determine output	4	3	12	Dec-18
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. 2. Lack of corporate memory. 3. Inadequate pace/speed of delivery. 4. Low staff morale and performance.	Mar-17	4	5	20	Treat	4	3	12	Identification of hard to fill posts and reasons. Review the policy and provisions for recruiting and retaining hard to fill posts. Simplifying processes for recruiting and engaging with potential applicants for hard to fill posts. Application of policy and provisions for various hard to fill posts Longer term strategies for addressing recruitment issues e.g. apprenticeships.	Lindsey Hannant Lindsey Hannant Lindsey Hannant Jamie McGarry Lindsey Hannant	Apr-19 Apr-19 Ongoing Ongoing	In progress. Reviewing resettlement policy; going to ELT July 18. Presented to ELT. Repayment terms in development. Completed In progress. Due to got to IT Governance Board in Dec 18 Developing 3 year plans. LGA consultancy engaged with; recommendations received. Marketing and awareness.	4	4	16	Jan-19
CR22	Reputational	Due to WSCC having a large council tax base and low deprivation levels, there is risk that the will receive a lower level of funding from Central Government.	Nathan Elvery	1. Insufficient funding to deliver services.	Mar-17	4	4	16	Tolerate	4	3	12	To continue to lobby government groups to influence funding decisions	Nathan Elvery	Ongoing		5	4	20	Mar-19
CR24	Economic	The Council's funding is reliant on the national and local economy for national and local funding. Changes in government policy may adversely impact the costs of providing Council services. Due to an economic downturn, there is a risk that the Council will come under increasing budget pressure which may negatively impact on the provision of services.	Katharine Eberhart	1. Adverse effect on reserves/balanced budget. 2. Reputational impact through reduction of service quality 3. Increased liability of service delivery, transferred by external partners due to funding restrictions i.e. supporting homelessness 4. Additional unexpected service and cost pressures from savings decisions.	Mar-17	4	4	16	Treat	3	3	9	Influence development of funding initiatives through Treasurers working groups. Involvement in influencing groups such as county council networks. Interaction with MPs. Respond to consultations. Ensure sufficient budget provision to deal with uncertainty.	Katharine Eberhart Katharine Eberhart Katharine Eberhart Katharine Eberhart Katharine Eberhart	Ongoing Ongoing Ongoing Ongoing Feb-19	Delivery of Growth Deals with D and Bs to help support built environment. Business Rate Pools maximises available rates income support.	3	4	12	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																
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	Role specific training to be delivered to childrens services due to analysis of breach data recieved. Regular communications are being distributed to all members of staff. Requested to include as annual refresher (complete) . Request made for interim course to communicate essential/key information as soon as possible. (Complete)	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) Complete Jan 19				
				3. Resident's trust in the Council is undermined.									Conduct tests including penetration, DR and social engineering.	Roland Mezulis	Ongoing	Next DR test due Nov 19. Nov 18 DR test complete, lessons learned collated and actions to be confirmed				
				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. WSCC has formally joined SE Warning Advice and Reporting Point (WARF)				
													Subscribe to early warning and intelligence sharing arrangements.	Roland Mezulis	Ongoing	WSCC has formally joined SE Warning Advice and Reporting Point (WARF)				
													Adopt ISO27001 (Information Security Management) aligned process & practices.	Roland Mezulis	Ongoing					
													Maintain IG Toolkit (NHS) & Public Service Network security accreditations.	Roland Mezulis	Ongoing	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. Renew PSN accreditation by Mar 19.				

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	Ongoing	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. Renew PSN accreditation by Mar 19.				
													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					
													Enable safe data sharing, including using appropriate data standards & appropriate anonymization techniques.	Roland Mezulis / Caroline Pegg	Ongoing	As part of GDPR reviews of existing arrangements.				
	Ensure mandatory training is undertaken and updated for annual refresher.	Tony Kershaw	Ongoing	Processes settled. Training content has been designed																
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	Ongoing	Fire Warden training and H&S Elearning to be included in annual refresher training from 1 Feb 19. TNA produced with suite of courses identified. LNA spreadsheets being created by L&D and H&S Manager.				
				3. Increased costs.									Implementation of wellbeing interventions identified within People Strategy.	Colin Chadwick	Apr-20	Appraisal form redesigned to include wellbeing. Timewise diagnostic undertaken.				
				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	Apr-19	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. H&S Policy to be reviewed and approved.				
				7. Adverse effect on morale.									Health and Wellbeing needs assessment	Amanda Rablin/ Dan Barrett/ Kate Bailey	Apr-19					
				8. Stress and absenteeism.																

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 Maclver Andrew Fraser/ Ellie Evans	1. People come to harm.	Mar-17	5	4	20	Treat	4	3	12	S11 audits completed in timely fashion.	Annie Maclver	Ongoing	To be dealt with under CR11; LH to capture hard to fill posts through organisational wide engagement	4	4	16	Oct-18
				2. Complaints/claims/litigation.									Recruit and retain sufficient number of qualified social workers	Annie Maclver	Ongoing					
				3. Increased costs.									Manageable case loads	Annie Maclver	Ongoing					
				4. Censure by audit/inspection.									Front line family workers receive safeguarding training at level 3 or 4 as appropriate.	Annie Maclver	Ongoing					
				5. Adverse publicity.									Campaign material available advising public about how to make a referral.	Annie Maclver	Ongoing					
				6. Reputation damage.									Enhance risk knowledge and capability of Practice Managers to equip them to undertake their role effectively	Annie Maclver	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.	5	3	15	Jan-19
				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. 2. People are not assessed based on their strengths leading to decompensation and costlier interventions. 3. The MOSAIC system leads practice and generates artificial service boundaries. 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. 5. There is potential that future safeguarding issues may arise through lack of appropriate management at an early stage.	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.	5	5	25	Jan-19
													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				
													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				
													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 performance 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				
													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						