

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Risk Strategy	Risk Control/Action	Action Owner	Risk Update	Current Risk			Next Risk Review Date
									Impact	Likelihood	Score	
CR68	Due to increasing burdens as a result of <b>COVID-19</b> , there is a risk that we need to reprioritise our service provision to residents to accommodate dealing with the pandemic.	Chief Executive	1. Failing to deliver statutory duties.	Mar-20	Treat	Monitor business continuity and degradation plans.	CLT	Reviews of business continuity plans to be conducted once recovery plan/framework produced.	5	5	25	Jul-20
			2. Negative reputational impact.			Sustained involvement and influence in Local Resilience Forum (LRF) and Local Health Resilience (LHRP) Partnerships engagement.	Chief Executive	Outcomes to inform Tactical Management Group (TMG) and Strategic Management Group (SMG) for action.				
			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	Collaboration and agreement on services provision messages with directorates and ELT through current COVID-19 mechanisms (TMG and SMG).				
			4. Insufficient budget/budget exceeded.			To continue to lobby government groups to influence funding decisions.	Chief Executive					
						Review Financial Implication of COVID 19	Director of Finance & Support Services	Reported regularly to ELT and Cabinet.				
						Ensure management of specific COVID-19 risks to service areas.	ELT	TMG risk register has been produced and is being reviewed daily. Escalation of risks to SMG when necessary.				
CR1	The impact of a <b>no deal Brexit</b> may result in service delivery issues in Council services.	Chief Executive	1. Uncertainty on staff available to deliver council services i.e. care workers.	Nov-17	Tolerate	Regular meetings to review current national and organisational status.	ELT	Health Protection Team and Education Team to liaise weekly. Information communicated to SMG.	4	4	16	Jul-20
			2. Uncertainty on local businesses.			Brexit implications across all current corporate risks is being carried out. The Resilience and Emergency Team is engaged in planning across the South east.	Chief Executive	Gather data to inform impact of negotiations; liaise with network to share information; work with businesses to show ongoing commitment. Directorates to collate data to be used for analysis once Brexit is fully understood. Risk re-assessed 6 monthly or in event of significant Brexit statements.				
			3. Impact of growth projections.									
			4. Supply chain uncertainty in contracts.									
			5. Potential demand on resilience teams.									
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	Treat	Module on political management and systems for CLT and CMT to be developed and provided.	Director of Law & Assurance	In train	4	3	12	Sep-20
			2. Service improvement effort impeded.			Data on areas of non-compliance used to inform Directors to enforce compliance with standards.	Director of Law & Assurance	Further draft AGS to July RAAC (endorsed in Mar)				
			3. Resources misapplied - poor VFM.			Systems and processes to be simplified and guidance for specific procedures to be refreshed with output from Governance review (CR65).	Head of Democratic Services	Report to Governance Committee 6 July.				
			4. Complaints and claims.			Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice.	Director of Law & Assurance	Discussed as part of Audit planning. Review of information generated. TK to engage audit to determine output.				
			5. Censure by external inspection.			Audit plan focussing reviews on key corporate support systems to identify key areas in need of improvement.	Director of Law & Assurance	Discussed as part of Audit planning. Review of information generated. TK to engage audit to determine output.				

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CR11	Due to recent reports into service operations and senior leadership instability, there is a risk that the Council will not be seen as an attractive place to work by current and potential employees. This will result in problems <b>recruiting and retaining staff</b> in key skills areas.	Director of Human Resources & Org Change	1. Over-reliance on interim and agency staff.	Mar-17	Treat	Simplifying processes for recruiting and engaging with potential applicants for hard to fill posts.	Head of Res Org Dev & Talent	Partially completed. Recruiter licences for Linked-in and Reed purchased and being used to source candidates/reach out to candidates directly. "Engage" module to go live by Jun 20.	4	4	16	Aug-20
			2. Lack of corporate memory.			Provision of clear financial support for recruitment and retention policy and provisions procedures.	Head of Specialist HR Services	Social workers recruitment and retention package in place for 2019. 2020 offer currently under review. Corporate recruitment and retention package drafted and waiting for ELT sign off.				
			3. Inadequate pace/speed of delivery.			Application of policy and provisions for various hard to fill posts.	Head of HR Bus Ptr & Org Change					
			4. Low staff morale and performance.			Produce Directorate Workforce Strategies to identify skills, capacity and capability requirements.	Head of HR Bus Ptr & Org Change					
						Development of comprehensive employee value proposition.	Head of Res Org Dev & Talent					
						Longer term strategies for addressing recruitment issues e.g. apprenticeships, growing our own.	Head of Res Org Dev & Talent	3 year plans in place for apprenticeships (currently being refreshed). LGA consultancy engaged with; recommendations received. Continuing programme of marketing and awareness raising.				
CR22	The <b>financial sustainability of council services</b> is at risk due to uncertain funding from central government and/or failure to make the required decisions to ensure the budget is balanced. This has been compounded further with the COVID-19 crisis, and the recent Ofsted and HMIC FRS reports.	Director of Finance & Support Services	1. Insufficient government funding to deliver services.	Mar-17	Treat	Pursue additional savings options to help close the budget gap.	Director of Finance & Support Services		5	5	25	Jul-20
			2. Adverse effect on reserves/balanced budget.			Request additional funding from the relevant government departments to help deal with service improvement in Children's and Fire and Rescue.	Director of Finance & Support Services					
			3. Reputational impact through reduction of service quality			Monitor the use of additional funds made available to improve service delivery.	Director of Finance & Support Services					
			4. Increased liability of service delivery, transferred by external partners due to funding restrictions i.e. supporting homelessness.			To continue to lobby government groups to influence funding decisions.	Chief Executive					
			5. Additional unexpected service and cost pressures from savings decisions.			Financial impacts arising from the Covid-19 national emergency need to be reflected and addressed within the TMP and MTFS as appropriate.	Director of Finance & Support Services					
			6. Financial implications for both 2020/21 and the medium term arising from the national emergency circumstances associated with Covid-19.			Financial implications will be monitored and reported separately. Government has provided additional funding to support the local response.	Director of Finance & Support Services					

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CR39a	As a result of staff accessing unsafe links from external sources and unauthorised/insecure website browsing, the Council's systems will be subjected to a <b>Cyber-Security</b> attack leading to a loss of data or system failure.	Director of Finance & Support Services	1. The Council suffers significant financial loss or cost.	Mar-17	Treat	Improve staff awareness of personal & business information security practices & identification of cyber-security issues. Continued actions due to evolving threats.	Head of IT	Role specific training delivered to children's services due to analysis of breach data received. Regular comms distributed to all staff. Included as annual refresher. Interim course to communicate essential/key information as soon as possible. Password review completed. Phishing emails sent out and responses evaluated. Follow up exercise completed April '19. New awareness campaign being developed.	5	5	25	Jul-20	
			2. The Council's reputation is damaged.			Maintain IG Toolkit (NHS) & Public Service Network security accreditations.		Head of IT					Joint submission to NHS Digital in the 2019 assessment by the Data Protection Team; to cover ensure IGTK incorporates Information Security, along with Info Governance. PSN accreditation submitted.
			3. Resident's trust in the Council is undermined.			Conduct tests including penetration, DR and social engineering. (conducted 6 monthly)		Head of IT					Password review completed. Phishing emails sent out and responses evaluated. Follow up exercise completed April '19. New awareness campaign being developed. IT Health check undertaken with observations to be addressed.
			4. Partners will not share data or information with the Council.			Ensure that cyber-attack is identified early, that reporting & monitoring is effective, and recovery can be prompt.		Head of IT					Full audit not carried out by IA 2019. Instead a full review took place in May 2019 of progress against actions from the 2018 audit. Ethical Hacker training being carried out. Review of advanced threat management solution.
			5. Punitive penalties are made on the Council.			Provide capacity & capability to align with National Cyber-Security centre recommendations.		Head of IT					Maintain watching brief for updated guidance notes. WSCC has formally joined SE Warning Advice and Reporting Point (WARP).
						Test the effectiveness of DPIA for software systems deployed after 25 May 2018.		Head of IT					To be conducted annually
						Adopt ISO27001 (Information Security Management) aligned process & practices.		Head of IT					

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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	Tolerate	Test the effectiveness of DPIA	Head of IT	To be conducted annually	3	3	9	Sep-20
			2. The Council's reputation is damaged.			Maintain IG Toolkit (NHS) & Public Service Network security accreditations.	Head of IT	Joint submission to NHS Digital in 2019 assessment by the Data Protection Team; to ensure IGTK incorporates Information Security, with Information Governance. PSN accreditation submitted.				
			3. Resident's trust in the Council is undermined.			Undertake Data Privacy Impact Assessments (DPIA) when systems or processes change and carry out resulting actions.	Director of Law & Assurance	Processes settled. Most impact assessments completed. DPIA to be conducted annually.				
			4. Partners will not share data or information with the Council.			Enable safe data sharing, including using appropriate data standards & appropriate anonymization techniques.	Head of IT	As part of GDPR reviews of existing arrangements.				
			5. Punitive penalties are made on the Council.			Ensure the skills and knowledge is available to support Caldicott Guardian in ASC.	Head of Data Protection					
						Adopt ISO27001 (Information Security Management) aligned process & practices.	Head of IT					
						Review IT systems implemented prior to 25 May 2018 to confirm compliance with updated regulations.	Director of Law & Assurance	IT to identify applicable systems and provide support in resolving any risks of non-compliance.				
CR50	WSCC are responsible for ensuring the HS&W of its staff and residents. There is a risk that if there is a <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 Change	1. Increase risk of harm to employees, public and contractors.	Mar-17	Treat	Purchase, develop and introduce an interactive online H&S service led audit tool.	Health and Safety Manager		4	4	16	Aug-20
			2. Increase number of claims and premiums.			Conduct a training needs analysis, produce gap analysis to understand requirements and produce suitable courses as a consequence.	Health and Safety Manager	Partially completed. Fire Warden training and H&S eLearning included in annual refresher training from 1 Feb 19. TNA produced with suite of courses required identified. Courses to be commissioned include bespoke modules for induction & asbestos awareness.				
			3. Adverse reputational impact to Council.			Incorporate HS&W information into current performance dashboard.	Health and Safety Manager	Dashboard to capture details on sickness, absence and H&S. H&S data currently collated relates to RIDDOR and NON-RIDDOR incidents.				
			4. Increase in staff absence.			Carry out a Health at Work needs assessment.	Health and Safety Manager	Strategic Health & Wellbeing Strategy and Action Plan being developed. (led by Public Health)				
						Regular engagement with other LA's on best practice and lessons learned.	Health and Safety Manager					
						Develop and introduce a more comprehensive risk profile approach and front line service based audits.	Health and Safety Manager					

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CR58	If there were to be a <b>failure of social care provisions</b> there is a risk that both WSCC funded residents and self-funding residents are not being properly cared for; which may result in death or injury to individuals and significant reputational harm to the council.	Executive Director of Adults and Health	1. Potential that people will come to harm and Council will be unable to ensure statutory safeguarding duty.	Sep-18	Treat	Consideration of opportunities to provide services in house to enable contingency for provider failure.	Cx Lead	Cost identified for in house provision significant and not therefore progressed further at this stage. Exploring other options for emergency provision. Waiver completed to source emergency care through agency providers as part of COVID19 planning. Awaiting agreement of terms and conditions with providers prior to implementing.	5	5	25	Sep-20	
			2. CQC action against service provider which could lead to establishment closure at short notice			Collection of market information on Firefly. Analysis of information and appropriate level of quality assurance response.		Head of Contracts & Performance					Information used to support emergency planning and inform quality processes.
			3. Financial implication of cost of reprovision following closure of services.			Scoping and implementation of a multi agency failure prevention team.		Joint Strategic Director of Cx					Agreement was made in October 2019 with the CCG Chief Nurse to proceed with the joint programme. Workshop took place Dec 19 with agreement on the need for a joint residential/ nursing contract, exploration of income generation opportunities and potential of increased offer to providers who agree to managed rates.
			4. Reduced capacity in the market as a result of failure of provision.			Financial analysis of high risk provision - due diligence checks.		Head of Contracts & Performance					Working with strategic contracts to identify key providers for more regular financial checks.
			5. Delayed Transfer of Care (DTOC)			Development and embedding of multi agency Quality, Safeguarding and Improvement Group, Strategic Provider Concerns meeting and mechanisms to focus on specific providers where concerns arise.		Head of Safeguarding and Quality					QSIG established. Working towards embedding these mechanisms and confirming benefit in terms of preventative focus.
			6. Non-compliance with Care Act.			In the event of an incident, ensure the consistent implementation of Emergency Response Plans, including a full de-brief and lessons learned.		Head of Adult Operations					Emergency plans in place for residential services and Domiciliary Care provision. Continue to work with RET to ensure process is robust and reflects learning from incidences.
			7. Reputational impact. Public perception of the council being willing to accept poor standards of care. Low public confidence in social care.			Capacity Action plans for residential and non residential services to focus on long and short term actions to improve capacity to support potential contingencies.		Cx Lead					Number of people awaiting care is captured within daily performance management information which provides an indication on capacity, whilst wider updates on the action plan are paused during COVID19 in light of other priorities.

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CR59	Benefits from transformation are not realised within projected timescales because of a lack of robust and effective portfolio governance adversely impacting on in-year budget pressures.	Director of Finance & Support Services	1. Financial pressures through non-delivery of savings.	Nov-17	Treat	Review current programme to ensure robust project and programme plans are developed to implement changes and savings.	Director of Finance & Support Services	Review completed in time for new financial year, however due to COVID-19 plans and established working methods may need changing.	4	5	20	Jul-20	
			2. Failure to improve customer services.			Develop effective benefits tracking process.		Director of Finance & Support Services					Process completed and approved in time for new financial year, however due to COVID-19 this process may need changing.
			3. Inefficient and ineffective business processes.			Develop detailed programmes in collaboration with Directors to deliver required changes.		Director of Finance & Support Services					Engagement conducted and programmes agreed in time for new financial year, however due to COVID-19 plans and governance arrangements may need changing.
			4. Failure to deliver required cultural changes.										
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	Treat	Ensure robust project and programme governance in place and monitor delivery.	Chief Fire Officer	During the revisit, the HMIC FRS Advisory Board praised the project and programme plans, and PMO governance. They also reported tangible improvements of preventative and protective measures. Further praise was received regarding the accelerated pace of mitigating the risk to public safety.	5	3	15	Aug-20	
			2. Corporate Governance Inspection										
			3. Legal implications of not delivering statutory services										
			4. Increased risk harm										
CR61	A 'serious incident' occurs resulting in the <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.	Executive Director of Children, Young People and Learning	1. The Council would have let children down and as a result our reputation and credibility would be significantly damaged.	Jun-19	Treat	Implement Practice Improvement Plan (PIP).	Executive Director of Children, Young People and Learning	PIP currently being refreshed after 5 months progress of successful delivery.	5	5	25	Sep-20	
			2. Subject to investigation and further legal action taken against the Council.			Provide proactive improvement support to services to assure effective safeguarding practices.		Executive Director of Children, Young People and Learning					Specialist provider commissioned to support social workers in Children Looked After Service and Family, Support and Protection Service (in place by April 2020).
			3. Immediate inspection and Government intervention.										
CR65	The review of <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	Treat	Completion of improvement plan scoping phase.	Chief Executive	(See CR7)	4	3	12	Sep-20	
			2. External intervention			Develop plan to stabilise senior leadership team.		Chief Executive					Identifying actions to reduce risk of senior leadership churn.
			3. Poor value for money			Engage with external partners (including LGA) to scope and deliver Leadership development for Cabinet and Senior Officers.		Director of Law & Assurance					Scoping underway with LGA and external partners. Member Development Plan approved by Governance Committee Jun 20.
						Implementation of governance changes as approved by Council (17.12.19)		Director of Law & Assurance					Those for immediate implementation are complete. Others scheduled to meet Councils decision.

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CR66	Due to a <b>lack of suitably qualified and experienced Approved Mental Health Professionals (AMHP)</b> there is a risk that the Council will not carry out their statutory role under the Mental Health Act 1983 (amended 2007) due to being unable to meet the demand for mental health assessments.	Executive Director of Adults and Health	1. Increased risk of death or serious injury.	Jan-20	Treat	Full policy and process review.	Head of MH Improvement	Rapid Improvement Operational plan.	5	5	25	Sep-20
			2. WSCC subjected to legal action on behalf of customer or through employment tribunal.			Business Case to be produced for dedicated Hub and Spoke AMHP service.	Head of Adult Operations	Interim post recruited.				
			3. Wider impact on health and social care system through delays in carrying out assessments.									
CR67	The project to set up a company (known as a <b>Children's Trust</b> ) to provide children's services on behalf of WSCC significantly <b>diverts council resources</b> (capacity and capability) from core service delivery, to focussing on improving the quality of children's services.	Chief Executive	1. Progress of children's services improvement is slowed or limited by splitting of resources and energy.	Feb-20	Tolerate				5	2	10	Sep-20
			2. Delivery of Council services interrupted/impacted.									
			3. Impact on Corporate improvement.									
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>	Executive Director of Children, Young People and Learning	1. A child is exposed to dangers which could cause harm.	Mar-20	Treat	Deliver Children First Improvement Plan.	Senior Improvement Lead	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: Making it easier; Pillar 3 : Working together	5	5	25	Sep-20
			2. Significant reputational damage.			Continue to work with Hants CC as a partner in practice to improve the breadth of children's service.	Executive Director of Children, Young People and Learning	Steering group established to report progress of the 9 workstreams into Improvement Board.Hants CC continue to provide support to implement the three pillars as a partner in practice.				
			3. Reduced confidence by residents in the Councils ability to run children's services.									
			4. Legal implications through non-compliance or negligence.									