

Corporate Risk Register- October 2021

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date			
					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score				
CR68	The government have placed restrictions and imposed requirements on Local Authorities to support in the management of the COVID-19 pandemic. If local (county or district) responsibilities are prolonged or additional measures imposed, there is a risk services will fail to deliver existing work plans 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	Treat	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	3	15	Oct-21			
			2. Negative reputational impact.									Regular engagement with MHCLG and ensure information and direction is discussed and implemented through the Strategic Coordinating Group (SCG-Gold) and Tactical Coordination Group (TCG-Silver).								Chief Executive	ongoing	Outcomes to inform Tactical Management Group (TMG), Strategic Management Group (SMG), and Local Health Resilience Partnership (LARP) for action/info.
			3. Residents don't receive support required.									Develop communications when required to manage expectations of staff and residents on WSCC response position.								Head of Communications	ongoing	Collaboration and agreement on services provision messages with directorates and ELT through current COVID-19 mechanisms (TMG and SMG).
			4. Insufficient budget/budget exceeded.									To continue to lobby government groups to influence funding decisions.								Chief Executive	Ongoing	Sufficient funding received to date to deal with the cost.
			5. Increase risk to life.									IA to conduct review of lessons learned and communicate.								Director of Finance & Support Services	Sep-21	Work is in progress
			6. Information not shared appropriately.									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.
CR70	There is an increasing demand placed on the senior officers due to the ongoing threat of COVID19 and additional burdens due to devolved responsibilities. This may lead to a continued lack of capacity to deal with strategic/organisational issues , leading to poor decision making.	Chief Executive	1. Outcomes for residents not delivered	Aug-20	4	3	12	Tolerate	4	3	12	Continue to monitor service resource impact.	ELT	ongoing	Concerns raised through ELT	4	3	12	Dec-21			
			2. Residents don't receive support needed.									Provision of support to services when required.								SMG	ongoing	Support requests raised through TMG and escalated to SMG if required.
			3. Failing to deliver statutory duties																			
CR71	As part of the 'new normal' WSCC staff will be expected to continue to work from home (current exceptions being areas of critical business that cannot function in this way and staff unable to work in a safe environment at home). This may adversely effect the mental and physical wellbeing (and emotional resilience) of staff which will lead to an increase in absences and poor service delivery to residents.	Director of Human Resources & Org Dev	1. Increase in poor physical health of staff.	Aug-20	4	4	16	Tolerate	4	2	8	Mental health training and support (particularly for managers).	Health and Safety Manager	ongoing	Stress Management corporate guidance, mental health for managers e-learning series, adoption of mental health first aiders across the council and the employee assistance programme (EAP). Organisational drive to ensure managers undertake training.	4	2	8	Nov-21			
			2. Increase in poor mental health of staff.									DSE assessments carried out and regularly reviewed.								Health and Safety Manager	ongoing	Directorates responsible for completion of staff assessments. Comms to communicated the requirement to complete the DSE self-assessment and home working assessment.
			3. Increase in staff absence.									Appropriate comms to ensure officers are equipped to support staff.								Health and Safety Manager	ongoing	HSW messages being published regularly via One Voice and newsroom articles.
			4. Poor service delivery to residents.																			
			5. Increase in number of claims and premiums.																			

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	
CR7	There are governance systems which inhibit effective performance and a culture of non-compliance and also a lack of standardisation in some systems and processes . Skills and knowledge of systems inadequate and excessive effort required for sound decisions and outcomes.	Director of Law & Assurance	1. Delayed decisions impede service delivery.	Dec-19	4	4	16	Treat	2	2	4	Data on areas of non-compliance used to inform Directors to enforce compliance with standards.	Director of Law & Assurance	Ongoing	AGS actions approved November 2020 - updated and sent to RAAC March 21. 21/22 AGS actions approved and underway.	4	2	8	Oct-21
			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				
			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 underway as per agreed audit plan				
			4. Complaints and claims.																
			5. Censure by external inspection.																
CR11	There is a risk that the Council will not be seen as an attractive place to work by current and potential employees. This will result in problems recruiting and retaining staff in key skills areas.	Director of Human Resources & Org Dev	1. Over-reliance on interim and agency staff.	Mar-17	4	5	20	Treat	4	2	8	Application of policy and provisions for various hard to fill posts.	Head of HR Bus Ptr & Org Dev	Ongoing	Use of R&R package to recruit children's social workers. Relocation support for hard to fill roles awaiting sign off by ELT. Use of apprenticeships to build talent pipelines e.g. social worker, occupational therapist, management programmes.	4	3	12	Nov-21
			2. Lack of corporate memory.									Produce Directorate Workforce Strategies to identify skills, capacity and capability requirements.	Head of HR Bus Ptr & Org Dev	Dec-21	Reward & Retention package for Children's Social Workers produced. Development of Workforce Plan being carried out as part of Children First Improvement Plan.				
			3. Inadequate pace/speed of delivery.									Development of comprehensive employee value proposition.	Head of Res Org Dev & Talent	Feb-22	Part of People Framework Action Plan, will be progressed once initial kick start projects are delivered.				
			4. Low staff morale and performance.									Longer term strategies for addressing recruitment issues e.g. apprenticeships, growing our own.	Head of Res Org Dev & Talent	Ongoing	3 year plans in place for apprenticeships (currently being refreshed). LGA consultancy engaged with; recommendations received. Continuing programme of marketing and awareness raising, e.g. National Apprenticeships Week.				

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				
CR22	The financial sustainability of council services is at risk due to uncertain funding from central government and/or failure to make the required decisions to ensure the budget is balanced. This has been compounded further with the COVID-19 crisis, and the recent Ofsted and HMIC FRS reports.	Director of Finance & Support Services	1. Insufficient government funding to deliver services.	Mar-17	4	4	16	Tolerate	4	3	12	Pursue additional savings options to help close the budget gap.	Director of Finance & Support Services	Ongoing	Savings developed as part of the budget process for 2021/22. A balanced budget was approved by Full Council in Feb 21 although ongoing pressures for future years remain. Preparations are being made to begin the process to develop a balanced budget for 2022/23. Good progress has been made with further discussions planned for September, ahead of Members Discussion in the autumn. Work has begun to link budget preparation with business plan updates.	4	3	12	Sep-21			
			2. Adverse effect on reserves/balanced budget.									Monitor the use of additional funds made available to improve service delivery.								Director of Finance & Support Services	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.								Director of Finance & Support Services	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.																			
CR39a	As a result of failing to maintain and ensure the correct use of our security systems and protocols, there is a risk of a successful cyber attack directly from external threats; or indirectly as a consequence of staff accessing unsafe links from external sources and unauthorised/insecure website browsing. This will 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	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.	5	5	25	Dec-21			
			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.
			3. Resident's trust in the Council is undermined.									Conduct tests including penetration, DR and social engineering. (conducted 6 monthly)								Head of IT	Ongoing	2021 testing schedule defined and in delivery.
			4. Partners will not share data or information with the Council.									Ensure that cyber-attack is identified early, that reporting & monitoring is effective, and recovery can be prompt.								Head of IT	Ongoing	Proactive stance implemented to ensure a watching brief for threats/updated guidance notes. WSCC has formally joined SE Warning Advice and Reporting Point (WARP).
			5. Punitive penalties are made on the Council.									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.

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			
CR39b	Data protection responsibilities. The Council is a Data Controller and has obligations and responsibilities arising from that role. Council needs resources, skills, knowledge, systems and procedures to ensure obligations are met.	Director of Law & Assurance	1. Individuals or groups come to harm.	Mar-17	4	5	20	Tolerate	3	3	9	Test the effectiveness of DPIA	Head of 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	Oct-21		
			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.
			3. Resident's trust in the Council is undermined.									Undertake Data Privacy Impact Assessments (DPIA) when systems or processes change and carry out resulting actions.			Director of Law & Assurance					Ongoing	Processes settled. Most impact assessments completed. DPIA to be conducted 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	Head of IT and DP Team leader to liaise with DASS by end March 21 to settle actions
												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 evaluated for implementation to support operation of the Council's internal IT function post the end of the existing IT outsource
												Review IT systems implemented prior to 25 May 2018 to confirm compliance with updated regulations.			Director of Law & Assurance					Ongoing	Further DPIA review assessment (for pre May 2018 deployed systems) to coincide with review/novation/transformation (to Cloud) of specific IT systems resultant from the return of the Council's IT outsource contract.
CR50	WSCC are responsible for ensuring the HS&W of its staff and residents. There is a risk that if there is a lack of H&S awareness and accountability by directorates to capture and communicate in accordance with Council governance arrangements, it will lead to a serious health & safety incident occurring.	Director of Human Resources & Org 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 Firmstep.	3	3	9	Nov-21		
			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	Work on the TNA has been paused. H&S e-learning modules bespoke to the council H&S arrangements are being developed with L&D development colleagues (completion date estimated for end-Sep 21). 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.
			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 template created and being launched in some Directorates. C-19 has prevented full launch across the council.

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			
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, including the mandatory requirement for care staff to have a vaccination; however this also extends to WSCC staff requiring access to these facilities (i.e. Social Workers, OT), and contractors. If the current and future commercial/economic viability of providers is not identified and supported, there is a risk of failure of social care provision which will result in funded and self-funded residents of West Sussex left without suitable care.	Executive Director of Adults and Health	1. Potential that people will come to harm and Council will be unable to ensure statutory safeguarding duty.	Sep-18	5	5	25	Treat	3	3	9	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	Nov-21		
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).									Head of Contracts & Performance								ongoing	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 re-provision following closure of services.			Financial analysis of high risk provision - due diligence checks.									Head of Contracts & Performance								ongoing	Working with strategic contracts to identify key providers for more regular financial checks. 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.									Assistant Director (Operations)								ongoing	Emergency plans in place for residential services and Domiciliary Care provision. Continue to work with RET to ensure process is robust and reflects learning from incidences.
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.									Cx Lead								ongoing	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.									Cx Lead								ongoing	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 September 2021.
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.									Head of Contracts & Performance								ongoing	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.																					

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	
CR60	There is a risk of failing to deliver the HMIC FRS improvement plan , leading to an adverse affect on service delivery; which may result in failing any subsequent inspection.	Chief Fire Officer	1. Reputational damage 2. Corporate Governance Inspection 3. Legal implications of not delivering statutory services 4. Increased risk harm	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 has received a further Inspectorate Causes of Concern revisit. This revisit is the first time that the HMICFRS has specifically focussed on reviewing progress against all the causes of concern. The subsequent report from the Inspectorate, which have been shared with the FRS Scrutiny Committee at it's June meeting, highlights that the governance and scrutiny arrangements are now more effective than the last time that the service had a revisit and that significant progress has been made on the causes of concerns. It was made clear that that in the next inspection, which is planned for September 2021, further assessment of progress will be undertaken against these recommendations.	5	3	15	Nov-21
CR61	A 'serious incident' occurs resulting in the death or serious injury of a child where the Council is found to have failed in their duty to safeguard, prevent or protect the child from harm.	Executive Director of Children, Young People and Learning	1. The Council would have let children down and as a result our reputation and credibility would be significantly damaged. 2. Subject to investigation and further legal action taken against the Council. 3. Immediate inspection and Government intervention.	Jun-19	5	5	25	Treat	5	2	10	Implement Practice Improvement Plan (PIP). Improvement Plans include management development and HCC intervention. Provide proactive improvement support to services to assure effective safeguarding practices.	Executive Director of Children, Young People and Learning Executive Director of Children, Young People and Learning	Ongoing 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 will be 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. 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.	5	3	15	Sep-21
CR65	The review of corporate leadership, governance and culture recommended in the Children's Commissioner's report is not fully undertaken or effectively implemented leading to a lack of necessary improvement and further service failures or external intervention.	Chief Executive	1. Service failure 2. External intervention 3. Poor value for money	Dec-19	5	4	20	Tolerate	3	2	6	Develop plan to stabilise senior leadership team. Engage with external partners (including LGA) to scope and deliver Leadership development for Cabinet and Senior Officers. Implementation of governance changes as approved by Council (17.12.19)	Chief Executive Director of Law & Assurance Director of Law & Assurance	ongoing ongoing ongoing	Stable team - some tasks ongoing to maintain and to address limited interim roles in place Plan completed and approved. For implementation with LGA post election as part of induction programme Completed those for immediate or approved implementation to meet Council's decision. Further review post election.	3	2	6	Nov-21

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 children's services will fail to deliver an acceptable provision to the community.	Executive Director of Children, Young People and Learning	1. A child is exposed to dangers which could cause harm.	Mar-20	5	5	25	Treat	5	3	15	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.	5	4	20	Sep-21		
			2. Significant reputational damage.									Continue to work with Hants CC as a partner in practice to improve the breadth of children's service.			Executive Director of Children, Young People and Learning					ongoing	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			Children First Transformation Director					ongoing	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 children and young people will not be cared for in settings that best meet their needs, which could lead to safeguarding concerns and enforcement action against the providers of unregistered homes and local authorities.	Executive 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	Mar-22		4	4	16	Dec-21		
			2. Not fulfilling statutory duties to place children in appropriate care settings.									Conduct an annual review and update of the placement sufficiency and commissioning strategy, in line with the market position statement.			Assistant Director – Corporate Parenting					ongoing	
			3. Adverse media coverage.									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	
			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.																		