Corporate risk performance summary for threat risks

Risk Code and Title	Q1 Rating	Q1 Matrix	Q2 Rating	Q2 Matrix	Q3 Rating	Q3 Matrix
CRR9 - Safeguarding Vulnerable Children	28 ⬇		28 ▬		21 ⬆	
CRR10 - Safeguarding Adults at Risk with Care and support needs	21 ▬		21 ▬		21 ▬	
CRR39 - Adult and Social Care major provider/supplier failure	14 ▬		21 ⬇		21 ▬	
CRR23 - Adult and Social Care (ASC) Transformation Programme 2020/21-2021/22	20 ⬇		15 ⬆		15 ▬	
CRR36 - SEND	10 ▬		10 ▬		10 ▬	
CRR45 - Failure to deliver statutory duty in respect of the safeguarding of Children					9 NEW	

Corporate risk performance summary for external and civil contingency risks

Risk Code and Title	Q1 Rating	Q1 Matrix	Q2 Rating	Q2 Matrix	Q3 Rating	Q3 Matrix
BCCC4 – COVID-19 Population Health					15 NEW	

Threat Risk Title and Description	Performance	Current Risk Level			Tolerance Risk Level		
		Likelihood	Impact	Risk Rating	Likelihood	Impact	Risk Rating
CRR9 - Safeguarding Vulnerable Children The council fails to prevent increased risk of harm to children, resulting in harm or death to a vulnerable child. Key potential causes are: • Demand for services exceeds service capacity and capability. • Inadequate controls result in harm. • Increase in child protection, complex safeguarding risks, criminal exploitation, serious youth violence and gang affiliation. • Hidden harm resulting from periods of lockdown, increased stress in families and service disruption during COVID • Placement failure due to COVID infection across children's home or fostering households. • An increase in demand of 6% evident across care population - specific pressures are clear for teenagers and unaccompanied children requiring our care	⬆	3	7	21	1	7	7

What we have done	What we are doing
Quality Assurance and performance framework in place and reported on at regular intervals through to cabinet members and Scrutiny. DCS quarterly assurance report to Corporate Leadership Board and action taken to address areas for improvement. The Keeping Bristol Safe Board provides independent scrutiny of children's safeguarding and safer communities' arrangements in the city and holds BCC and partner agencies to account. Services and structure aimed at ensuring delivery of a safe system of work for safeguarding children and communities. Recent inspection activity (Inspection of Local Authority Children's Services) and peer review indicates that progress has been made across services in ensuring children/adults are safeguarded. (Sep 2018 and Dec 2021)	Reviewing areas of specific vulnerability and implementing improvements: • reviewing resource and performance for missing children • reviewing quality assurance practice to ensure consistent quality of audits and sufficient number • working with a strategic partner to review and redesign extrafamilial harm pathway and services • reviewing child sexual abuse pathway with partners • revising (as part of KBSP) Threshold document • implementing 'Safe and Together' approach to Domestic Abuse in families

Risk Owners:	Executive Director People, Director Children's and Families Services.	Action Owners:	Director Children's and Families Services.	Portfolio Flag:	Children and Young People	Strategic Theme:	Our Organisation, Empowering and Caring, Wellbeing.

Threat Risk Title and Description	Performance	Current Risk Level			Tolerance Risk Level		
		Likelihood	Impact	Risk Rating	Likelihood	Impact	Risk Rating
CRR39 - Adult and Social Care major provider/supplier failure Failures or closures in the supply chain mean insufficient supply to source adequate appropriate support and meet Care Act needs. Key potential causes are: • Major national care home provider goes into liquidation or starts to sell care homes. • Major local provider/unable to meet demand due to recruitment / workforce/ or organisational issues.	▬	3	7	21	2	7	14

What we have done	What we are doing
As of 11/10/2021 ASC supply of key forms of care is in crisis due primarily to workforce shortages. Homecare, services to access the community and supported living are the key services at risk of not enough supply of care (in-house or externally commissioned) to meet needs. Daily review of supply and sustainability issues and x3 week business continuity meetings across operations, commissioning and brokerage and wider system calls on hospital demand and OOH flow. All document in an ASC business continuity risk log and plan and overall supply picture is documented in a weekly SITREP provided by commissioning. Strong contract and performance management including quarterly corporate reporting on quality. Cost pressures increasing and seeking investment from health to join up approaches and support supply and flow in all care pathways. Provider Financial sustainability process in place working alongside procurement colleagues. Work on managing market prices albeit this is challenging in current climate.	1) sourced PH Covid money to support investment in supply of care for vulnerable people 2) funding VCSE organisations such as Age Uk Home Support service and other organisations to deliver care at home 3) continuing incentive schemes and block contracts to try to better ensure/ guarantee supply of care, mainly homecare and 4) provider crisis meetings to work through these wicked issues, mainly workforce related, and solutions as they see them. Timely distribution of Government funding (e.g., Infection Control Fund) and use of LA (Local Authorities) discretionary payments to support providers. Innovative use of Workforce Capacity fund to support bank staff project and wellbeing and resilience training for care workers, funding for Proud to Care projects. Continued and increased QA (Quality Assurance) team intervention and prevention work with providers. Fortnightly liaison meetings with CQC and CCG reps and closer working with neighbouring authorities. Fortnightly meetings with Care Provider association and key city providers to assess and plan risks to the sector and wider monthly provider forum. Review of Provider Financial Sustainability process- updating of paperwork and process more transparent and collaborative with providers as new factors emerging (e.g. rising insurance costs, Brexit). Updating of continuity plan and Provider Failure policy to address impact of pandemic.

Risk Owners:	Executive Director People, Director Adult Social Care.	Action Owners: Director Adult Social Care	Portfolio Flag:	Adult Social Care.	Strategic Theme:	Our Organisation, Empowering others and Caring, Fair and Inclusive, Well connected, Wellbeing.

Threat Risk Title and Description	Performance	Current Risk Level			Tolerance Risk Level		
		Likelihood	Impact	Risk Rating	Likelihood	Impact	Risk Rating
CRR36 - SEND Delivery of the recovery plan with agreed priorities and actions and clear milestones forming the Written Statement of Action (WSOA) following the SEND local area OFSTED inspection in October 2019. Key potential causes are: • Covid-19 delaying ability to complete actions and creating increased pressure across the locality partnership. • Increasing demands for services outweighing current capacity to clear the backlog on statutory assessments. • Judicial Review or similar legal actions causing attention to be diverted from BAU. • Unprecedented national and local demand for Statutory assessment. • Recruitment and retention including national shortage of Educational Psychologists.	▬	2	5	10	1	5	5

What we have done	What we are doing
Independently chaired SEND improvement Board meets bi-monthly to oversee improvement progress. Multi agency delivery group 'SEND Partnership Group' (SPG) includes social care, health, and schools meets monthly and reports to the improvement Board. Delivered the 1st phase of the SEND improvement journey through the Written Statement of Action to its formal conclusion in July 2021. 89% of July milestones were achieved or on track for the autumn. The 11% not achieved are all underway and have new timeframes agreed through the Local Area SEND governance arrangements. DFE monitoring of WsoA concluded and overall impressed with achievements and how well the council and its partners are working together to address all areas of weakness. Implemented quality assurance activity, including routine service user feedback and improved data capture and quality, enabling the development of robust data sets that have enhanced operational and strategic performance management and enabled better service planning to meet demand. Investment in key priority areas such as additional staff in statutory SEND and EP team. Re-structured and re-focused the work of the statutory SEND team. All EHCP systems and processes reviewed and remodelled with parent carers, including co-production of a new EHCP template and child centred model of assessment. Focused on early identification and intervention to reduce demand for statutory EHC Plans e.g. training and guidance for schools staff and leaders relating to their responsibilities for meeting the needs of children and young people with SEND. Committed to further follow up monitoring visits, beyond the life of the WSoA, with DfE and NHS advisers.	Developing the next iteration of the SEND action plan taking account of: - other programmes of work / strategic developments and initiatives - the progress made and what still needs to be done to address the five significant areas of weakness identified in the SEND inspection - other areas for improvement identified through ongoing analysis of data and service user feedback. Ongoing work with stakeholders and partners across the local area to continue to improve services and the service user experience. Ongoing governance and monitoring activity including Scrutiny. Inviting the DFE and NHSE advisers to continue to act as critical friends regarding progress made against the inspection findings and the new SEND action plan. Developing a service user engagement and co-production framework to align partnership activity, reach seldom heard voices and embed a sustainable BAU model of engagement and co-production at a strategic level. Creating a separate accelerated action plan to address the significant increase in demand for statutory needs assessments and impact on 20 week timeliness. Preparing for the re-inspection which is likely to take place between Autumn – Spring 2021/22.

Risk Owners:	Director Adult and Social Care, Service Director Education and Skills	Action Owners:	Service Director Education and Skills	Portfolio Flag:	Education and Skills	Strategic Theme:	Our Organisation, Empowering and Caring, Fair and Inclusive, Well Connected, Wellbeing

Threat Risk Title and Description	Performance	Current Risk Level			Tolerance Risk Level		
		Likelihood	Impact	Risk Rating	Likelihood	Impact	Risk Rating
CRR10 - Safeguarding Adults at Risk with Care and support needs. The council fails to ensure adequate safeguarding measures are in place, Adults at risk. Key potential causes are: • Adequacy of controls. • Management and operational practices. • Demand for services exceeds capacity and capability. • Poor information sharing. • Lack of capacity or resources to deliver safe practice. • Failure to commission safe care for adults at risk. • Failure to meet the requirements of the 'Prevent Duty' placed on Local Authorities. • Increased destitution in families, impacting on mental ill health, managing increased infection within the population. (COVID19) • Increased isolation. (COVID19) • Carer strain / resilience. (COVID19) • Absence of building based services whilst we have reduced community solutions. (COVID19)	▬	3	7	21	1	7	7

What we have done	What we are doing
Bristol has the Keeping Bristol Safe Partnership (KBSP), which covers Adult Safeguarding, Children's Safeguarding and Community Safety. The Board has senior executive representation and ensures a strong focus on matters of strategic concern. The Keeping Bristol Safe Board provides independent scrutiny of adult safeguarding in the city and holds BCC and partner agencies to account. The Keeping Adults Safe board reports into the KBSP and has oversight of adult safeguarding priorities. KBSP business plan priorities are agreed and being actioned and regularly reviewed. The Adult Social Care Transformation programme has been established to implement policy objectives of delivering financial sustainability and 'right positioning' care delivery in the Bristol health, care, and wellbeing system. An active strategy is in place to attract, recruit and retain social workers through a variety of routes with particular emphasis on experienced social workers. Regular strategies and campaigns support the recruitment and retention of high calibre social workers and managers, with competent agency social workers and managers used on temporary basis to fill vacancies. All key staff working with people directly at risk are trained in the essentials of safeguarding and BCC has an ongoing awareness-raising 'Prevent' training programme.	Social workers and other social care practitioners are working with multi-agency partners supporting adults and older people to live safely within their families and communities. Planning placed based approaches to include working with micro providers. The Adults Delivery Group is up and running and a new Transitions theme has also been instituted. Whilst the Covid-19 situation has changed the complexion of adult safeguarding, it is anticipated that the likelihood and impact of incidence will be similar This is being monitored through Power BI and reported to DMT by exception. Services operating within Covid guidance and are provision a near to normal to pre Covid. Business Continuity response enacted to manage increased demand, potential gaps in workforce or services. Development and delivery of an Adults Multi-agency Safeguarding Hub as a priority for the partnership .

	Power BI data set being used to monitor performance, trends, timeliness alongside auditing.
Community Finance Support Scheme meets regularly to respond to provide financial protection to adults with Care and Support needs who are unable to protect themselves and have no one willing or unable to act on their behalf.	Review of Safeguarding Pathways and creation of Standard Operating Procedures and Performance Clinics.
Annual report shared with Elected Members to allow for scrutiny of progress of the KBSP.	Highlight reporting of concerns and issues monthly.
The quality assurance and performance visits to teams	
Corporate safeguarding policy in draft and going to Cabinet to be agreed and signed off.	
Regular attendance at Channel, MARAC (Multi Agency Risk Assessment Conference) and Multi Agency Public Protection Arrangements are in place (MAPPA) with BCC contributors to support risk management.	
Safeguarding Discussion Forum set up to ensure complex or stuck cases are addressed in a timely manner.	
Improving Performance-Developed a new data collection with Power BI which is entering its testing phase.	
Focused work is being undertaken to address the backlog in safeguarding referrals due to reduced capacity and an action plan is in place. Agency staff agreed to increase capacity within the safeguarding adults team. Flow and capacity issues in the First teams have an action plan being constructed for sign off at Director level.	
Commissioning capacity has increased this to lead on monitoring and assuring quality in the care sector with clear links to adult safeguarding. Provider failure process is enacted to support and manage whole service risks.	
Corporate safeguarding policy in draft and going to CLB to be agreed and signed off procedures being written to accompany this for publication on the Source. Strategic Safeguarding Leads Group Meeting set up.	
Improving Performance-Developed a new data collection with Power BI which tested and is live.	

Risk Owners:	Executive Director People, Director Adult Social Care.	Action Owners: Director Adult Social Care.	Portfolio Flag:	Adult Social Care	Strategic Theme:	Strategy Theme: Our Organisation, Empowering others and Caring, Fair and Inclusive, Well connected, Wellbeing.

Threat Risk Title and Description	Performance	Current Risk Level			Tolerance Risk Level		
		Likelihood	Impact	Risk Rating	Likelihood	Impact	Risk Rating
CRR23 - Adult and Social Care (ASC) Transformation Programme 2020/21-2021/22 Failure to deliver the required outcomes and savings from the new 2020/21 ASC Transformation Programme. Key potential causes are: Wider factors impacting on demand • Rapid increased demand and complexity due to COVID-19. • Increase of needs due to more health services being delivered in the community without appropriate funding following the patient. • Increased complex needs across our demographics that must be met under the Care Act Wider factors impacting on supply. • Financial pressures on an already vulnerable provider market during sustained changes forced on provider during COVID-19. • Time to commission and embed alternative Tier 3 services as another option to traditional care homes, such as Extra Care Housing, supported Living, shared lives • Time to commission and develop genuine step up/ step down alternatives to Tier 3 long term care (Home first, VCSE, reablement for all). • Ability to joint fund this supply using the BCF with NHS (National Health Service) partners working in an Integrated Care System model. • Ability to prioritise the programme under one city plans and to have the corporate support and investment needed alongside ASC staff to deliver on the proposed solutions	▬	3	5	15	1	5	5

What we have done	What we are doing
Established Transformation programme board chaired by Cabinet Member for Adult Social Care with the Chief Executive and Executive Director and DASS meet monthly to keep the focus and impetus on the aims and objectives of the programme. A set of ASC POWERBI accelerators have been developed delivering a detailed understanding of activity and cost across the services delivered to support DMT in building the right solutions and having the evidence of the impact their decisions are having on service numbers and cost. Improving Pricing Control - Procured Care Cubed and written to providers to notify them that we will be negotiating rates based on the national care funding calculator. New processes are just being established for how care cubed will be used operationally.	Following a Deep Dive review with corporate services as the Transformation team, the programme was taken out of exception and Delivery Executive approved a revised savings proposal and new approach to the ASC transformation work, which aims to increase delivery confidence The revised programme is made up of three key workstreams: • In-house service review (Rehab Centres) • Developing the Strengths based model of care • Knowledge Function Other priorities will be service-led BAU workstreams which include • Commissioning & Market Management • Strengths based practice

Improving Business Intelligence - ASC are leading the corporate objective to move our performance management onto PowerBI. Working with the Intelligent-I team the transformation team are creating a number of sophisticated ASC dashboards which will open ASC data to staff. Giving staff the tools, they need for proactive performance management to become everybody's business. Work is planned to be ongoing with intelligent-I until August.

Improving ASC process issues - To drive the right behaviour, we are working on a new Standard Operating Process (SOP) which can start to increase strengths based practice, greater use of community assets and avoid use of Tier 3 services.

Making change everybody's business - New 'change Agent' roles have been established across the business to champion change.

Realignment of operations - Care management have now completed a consultation with staff about the realignment of teams into the wider system 'Integrated Care Partnerships' (ICP) model for community health and care delivery. This will go live in November. This will help ASC align closer to community health partners such as Sirona and Primary care Networks but also start to develop a more robust locality model offering a greater range of Tier 1 and 2 services working closely with the VCS.

Inhouse services reviewed - ASC commissioned Mutual Ventures to review our £15m of in-house service provision. Each service is unique and brings different benefits. This created 'road maps' for each service to be taken through the key decision pathway to get authority to proceed with the modernisation of these services. The first of which is a recommendation for the re-provision of Rehab centres going to cabinet in December.

Dashboards created - The team have worked with commissioning and care management to pull out the top priorities for transformation work over the next 12 months. These will be shared with staff and be the golden thread for ASC that link the more detailed business cases to a clear set of actions.

We took the programme into Exception in August due to non-delivery of agreed savings caused by additional COVID pressures, increased demand, business continuity and care supply and workforce challenges. In October Delivery Exec agreed a re-modelled savings plan and re-prioritised set of programme workstreams/ priorities and associated capacity/ support required to deliver. | • Knowledge Function

In addition, we are developing future service priorities:
• Care Providers Strategic Partnerships
• Housing access to General Needs Housing (delivered through Better Lives at Home programme and in partnership with G&R Directorate)
• Fair price of care
• In-house Services phase 2

In the interim a number of immediate actions have been taken to address the budget pressures on ASC:
•   All new cases to be referred to Reablement before a longer-term package of care is agreed, increasing the amount of cost avoidance as a result of delaying or avoiding the need for more long-term care
•   Brokerage to take up to 5 days to secure best value care packages (for non-urgent needs)
•   Authorisation of high-cost packages:
•   Additional scrutiny from Deputy Directors for Commissioning and Operations for all placements over £1000
•   SM to sign off and quality control of cases to be booked into Case Discussion Forum (including ensuring that practitioners have explored all alternative care options before referral to CDF)
•   Prioritise reviews of all relevant packages that have been set up during COVID, with additional COVID related spend
•   Increase referrals to the TEC team (based on specific targeted cohorts e.g. night time care in Supported Living)
•   Single point of coordination for all CHC joint funded and single funded packages
•   Ensuring that brokerage and commissioning staff work closely with Care Management when agreeing care packages, which will be further embedded when locality model is introduced (from September) |

| Risk Owners: Director Adult Social Care | Action Owners: Director Adult Social Care | Portfolio Flag: Adult Social Care | Strategic Theme: | Our Organisation, Empowering others and Caring, Fair and Inclusive, Well connected, Wellbeing. |

Threat Risk Title and Description	Performance	Current Risk Level			Tolerance Risk Level		
		Likelihood	Impact	Risk Rating	Likelihood	Impact	Risk Rating
CRR45 - Failure to deliver statutory duty in respect of the safeguarding of Children Failure to deliver statutory duty in respect of the safeguarding of children resulting in harm or death to a child or other unmitigated risk to the local authority. Key potential causes are: • Staffing failure: recruitment and retention • COVID failure: business continuity plans fail due to higher infection/isolation • Management failure: failure to oversee and respond in a timely way to child protection concerns, leaving children at risk	**NEW**	3	3	9	2	3	6

What we have done	What we are doing
• Recruitment and retention strategy implemented including SW apprentices • Systemic unit model and integrated locality arrangements ensures management oversight and swift decision making • Skilled and stable workforce with low use of agency workers • Strong multiagency children's safeguarding partnership under Keeping Bristol Safe arrangements	• Revising the recruitment and retention strategy in response to evidence of turnover and vacancies in areas of particular pressure (front door, experienced social workers and frontline managers) • Benchmarking salaries with regional levels • Over-recruiting where required • Investing in training and development • Proposed business case to increase apprenticeships • Reviewing system pressures and taking action on a weekly basis

Risk Owners:	Executive Director People, Director Children's and Families Services.	Action Owners:	Director Children's and Families Services.	Portfolio Flag:	Children and Young People	Strategic Theme:	Our Organisation, Empowering and Caring, Wellbeing.

Corporate external and civil contingency risks

External and Civil Contingency Risk Title and Description	Performance	Current Risk Level			Tolerance Risk Level		
		Likelihood	Impact	Risk Rating	Likelihood	Impact	Risk Rating
BCCC4 - COVID-19 – Population Health Covid 19 poses multiple risks to population health. Directly from infection; indirectly through social and economic impacts; and through pressures on the health and care system. Key potential causes are: Infection from Covid, proportion of severe illness, long Covid and deaths. Disruption to work, school, university. Emotional and mental health impacts, for all ages including loneliness. Food poverty.	NEW	3	5	15	2	7	14

What we have done	What we are doing
Well established local Outbreak Management and Response Plan. Strong surveillance. Established Protecting Health function which is mainstreamed and not dependant on COMF. Fostering alliances to tackle health inequality and race and health (causes of the causes). Priority programmes focussed on mental health and wellbeing and food poverty jointly with city partners	Daily situation reports. Weekly death management and vaccine reports. Focussed coms and engagement. Active prevention and control measures, including Investment in IPC which protects and reduces demand n Care and ASC. Ongoing community engagement and mental health work. Delivery of LOMP.

Risk Owners: Executive Director People, Service Director Public Health	Action Owners: Service Director Public Health	Portfolio Flag: Mayor	Strategic Theme: Our Organisation, Empowering and Caring, Fair and Inclusive, Well Connected, Wellbeing

Risk Scoring Matrix

		Threat Impact (Negative risks)				Opportunity Impact (Positive Risk)					
Threat Likelihood	Almost certain / 4	4 (Low)	12 (Medium)	20 (High)	28 (Critical)	28 (Significant)	20 (High)	12 (Medium)	4 (Low)	4	Almost certain
	Likely / 3	3 (Low)	9 (Medium)	15 (High)	21 (High)	21 (High)	15 (High)	9 (Medium)	3 (Low)	3	Likely
	Unlikely / 2	2 (Low)	6 (Medium)	10 (Medium)	14 (High)	14 (High)	10 (Medium)	6 (Medium)	2 (Low)	2	Unlikely
	Rare / 1	1 (Low)	3 (Low)	5 (Medium)	7 (Medium)	7 (Medium)	5 (Medium)	3 (Low)	1 (Low)	1	Rare
		1 Minor	3 Moderate	5 Major	7 Critical	7 Exceptional	5 Significant	3 Modest	1 Slight		Opportunity Likelihood

Threat Level	Opportunity Level	Level of Risk	Actions Required
1-4	1-4	Low	May not need any further action / monitor at the Service level.
5-12	5-12	Medium	Action required, manage and monitor at the Directorate level.
14-21	14-21	High	Must be addressed - if Directorate level consider escalating to the Corporate Risk Report, if Corporate consider escalating to the Cabinet Lead.
28	28	Critical / Significant	Action required - escalate if a Directorate level risk, escalate to the Corporate Level, if Corporate bring to the attention of the Cabinet Lead to confirm action to be taken.

LIKELIHOOD AND IMPACT RISK RATING SCORING

Likelihood Guidance

Likelihood	Likelihood Ratings 1 to 4			
	1	2	3	4
Description	Might happen on rare occasions.	Will possibly happen, possibly on several occasions.	Will probably happen, possibly at regular intervals.	Likely to happen, possibly frequently.
Numerical Likelihood	Less than 10%	Less than 50%	50% or more	75% or more

Severity of Impact Guidance (Risk to be assessed against all of the Categories, and the highest score used in the matrix).

Impact Category	Impact Levels 1 to 7			
	1	3	5	7
Service provision	Very limited effect (positive or negative) on service provision. Impact can be managed within normal working arrangements.	Noticeable and significant effect (positive or negative) on service provision. Effect may require some additional resource, but manageable in a reasonable time frame.	Severe effect on service provision or a Corporate Strategic Plan priority area. Effect may require considerable /additional resource but will not require a major strategy change.	Extremely severe service disruption. Significant customer opposition. Legal action. Effect could not be managed within a reasonable time frame or by a short-term allocation of resources and may require major strategy changes. The Council risks 'special measures'. Officer / Member forced to resign.
Communities	Minimal impact on community.	Noticeable (positive or negative) impact on the community or a more manageable impact on a smaller number of vulnerable groups / individuals which is not likely to last more than six months.	A more severe but manageable impact (positive or negative) on a significant number of vulnerable groups / individuals which is not likely to last more than twelve months.	A lasting and noticeable impact on a significant number of vulnerable groups / individuals.
Environmental	No effect (positive or negative) on the natural and built environment.	Short term effect (positive or negative) on the natural and or built environment.	Serious local discharge of pollutant or source of community annoyance that requires remedial action.	Lasting effect on the natural and or built environment.
Financial Loss / Gain	**Under £0.5m**	**Between £0.5m - £3m**	**Between £3m - £5m**	**More than £5m**
Fraud & Corruption Loss	Under £50k	Between £50k - £100k	Between £100k - £1m	More than £1m
Legal	No significant legal implications or action is anticipated.	Tribunal / BCC legal team involvement required (potential for claim).	Criminal prosecution anticipated and / or civil litigation.	Criminal prosecution anticipated and or civil litigation (> 1 person).
Personal Safety	Minor injury to citizens or colleagues.	Significant injury or ill health of citizens or colleagues causing short-term disability / absence from work.	Major injury or ill health of citizens or colleagues may result in. long term disability / absence from work.	Death of citizen(s) or colleague(s). Significant long-term disability / absence from work.
Programme / Project Management (Including developing commercial enterprises)	Minor delays and/or budget overspend but can be brought back on schedule with this project stage. No threat to delivery of the project on time and to budget and no threat to identified benefits / outcomes.	Slippage causes significant delay to delivery of key project milestones, and/or budget overspends. No threat to overall delivery of the project and the identified benefits / outcomes.	Slippage causes significant delay to delivery of key project milestones; and/or major budget overspends. Major threat to delivery of the project on time and to budget, and achievement of one or more benefits / outcomes.	Significant issues threaten delivery of the entire project. Could lead to project being cancelled or put on hold.
Reputation	Minimal and transient loss of public or partner trust. Contained within the individual service.	Significant public or partner interest although limited potential for enhancement of, or damage to, reputation. Dissatisfaction reported through council complaints procedure but contained within the council. Local MP involvement. Some local media/social media interest.	Serious potential for enhancement of, or damage to, reputation and the willingness of other parties to collaborate or do business with the council. Dissatisfaction regularly reported through council complaints procedure. Higher levels of local or national interest. Higher levels of local media / social media interest.	Highly significant potential for enhancement of, or damage to, reputation and the willingness of other parties to collaborate or do business with the council. Intense local, national and potentially international media attention. Viral social media or online pick-up. Public enquiry or poor external assessor report.