

**NORTH YORKSHIRE COUNTY COUNCIL
AUDIT COMMITTEE**

26 SEPTEMBER 2013

**INTERNAL CONTROL MATTERS FOR THE HEALTH & ADULT SERVICES
DIRECTORATE**

**Report of the
Corporate Director – Health & Adult Services**

1.0 PURPOSE OF THE REPORT

- 1.1 To provide members with an update of progress against the areas for improvement identified in the Health & Adult Services (HAS) Directorate's **Statement of Assurance**.
- 1.2 To provide details of the draft **Risk Register** for the HAS Directorate.

2.0 BACKGROUND

- 2.1 The Audit Committee is required to assess the quality and effectiveness of the corporate governance arrangements operating within the County Council. In relation to the HAS Directorate the Committee receives assurance through the work of internal audit (detailed in a separate report to the Committee), details of the Statement of Assurance provided by the Corporate Director, together with the Directorate Risk Register.

3.0 STATEMENT OF ASSURANCE

- 3.1 Management Board, the Chief Executive and each Corporate Director produce a **Statement of Assurance** (SoA) at the end of each financial year. In this Statement the Corporate Director identifies those items that may give rise to internal control or performance risk issues for the Directorate in the forthcoming year. These issues feed into the process that enables the Annual Governance Statement (AGS) to be prepared for the County Council as a whole.
- 3.2 The SoA for the Health & Adult Services Directorate identified a number of areas for improvement together with proposed actions. These areas for improvement and the latest position on the action proposed were reviewed at the meeting of this Committee on 27th June 2013. The relevant part of the SoA is available again as **Appendix A** together with comments/updates on progress since that meeting.

4.0 DIRECTORATE RISK REGISTER

- 4.1 The **Directorate Risk Register** (DRR) is the end product of a systematic process that initially identifies risks at Service Unit level and then aggregates

these via a sieving process to Directorate level. A similar process sieves Directorate level risks into the Corporate Risk Register.

- 4.2 The Risk Prioritisation System used to derive all Risk Registers across the County Council categorises risks as follows:

Category 1 and 2 are high risk (RED)
Category 3 and 4 are medium risk (AMBER)
Category 5 is low risk (GREEN)

These categories are of course relative not absolute assessments - equally the Risk Register at Directorate level is designed to identify the dozen or so principal risks that may impact on the achievement of performance targets etc. for the Directorate as a whole in the year – it is not a full Register of all the risks that are managed in the Directorate.

- 4.3 The draft detailed DRR is shown at **Appendix B**. This shows a range of key risks and the risk reduction actions designed to minimise them together with a ranking of the risks both at the present time and after mitigating action.
- 4.4 A summary of the draft DRR is also attached at **Appendix C**. As well as providing a quick overview of the risks and their ranking, it also provides details of the change or movement in the ranking of the risk since the last review in the left hand column.
- 4.5 A review of the HAS DRR has just been completed although not yet signed off by the HAS Directorate Management Board so the DRR in the appendices are in draft form. A six month update review of the register will take place in December/January 2014.

5.0 RECOMMENDATION

5.1 That the Committee:

- (i) note the position on the Health & Adult Services Directorate Statement of Assurance;
- (ii) note the draft Risk Register for the Health & Adult Services Directorate; and
- (iii) provide feedback and comments on the Statement of Assurance and Directorate Risk Register and any related issues.

HELEN TAYLOR
Corporate Director – Health & Adult Services
5 September 2013

Report prepared by Nick Morgan, Directorate Finance Manager
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Appendix A

**AREAS FOR IMPROVEMENT IDENTIFIED
 HEALTH & ADULT SERVICES DIRECTORATE**

Areas for improvement in 2012/13		Action proposed	Further developments
A	Demand outstrips budget provision for adult social care	<p>HAS have developed a resource predictive model based on nationally approved population and demographic trend analysis. These tools and techniques have been used to create a forecasting model to predict the pattern and anticipated cost which could occur within the County. In response to this financial pressure the County Council has provided, within the Medium Term Financial Strategy, incremental budget provision of £3m per annum.</p> <p>This provision will be managed centrally drawn down by HAS as required.</p> <p>In addition the trend information will be monitored on a quarterly basis to ensure awareness of cost and volume changes relating to service delivery.</p> <p>There are other known financial challenges relating to other authorities exercising ordinary residence rights of clients living within the North Yorkshire boundary, resulting in NYCC becoming responsible for the person's care and financial liability. This is a significant risk because of the 2 large community villages within the County which provide accommodation for in excess of</p>	<p>Information from the first quarter indicates growing demand pressure but on current trends this can be managed within the funding available</p> <p>HAS continues to monitor the situation with regard to ordinary residence issues and we have a provision to meet any one-off backdated claims</p> <p>As part of the Directorate's savings programme there will be withdrawal of Supporting People funding from those individuals care managed by other local authorities. HAS has now written to those authorities affected</p>

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		150 people and the FE college for visually impaired people in Harrogate.	
B	Increasing challenge of delivering savings	<p>A programme approach to monitoring the savings projects and significant service change within HAS has been introduced. This enables monitoring of the achievement of individual projects and oversight of the overall programme.</p> <p>The HAS Transformation Board is a meeting of senior management from HAS which receives monthly reports to allow the monitoring of progress and identification of interdependencies and risks.</p> <p>As the financial challenge increases sound arrangements for monitoring progress and delivery of the change and savings programme are important to ensure delivery against key objectives and within available resources.</p>	<p>The consultation process for changes to FACS and charging is now open</p> <p>Further savings have been identified against the learning disabilities transformation programme</p> <p>All other savings programmes are currently on track</p>
C	Market forces lead to increases in the price of care that cannot be contained within budgets, or threaten market disruption, and service continuity	<p>HAS continue to undertake negotiations and dialogue with the independent sector through the Market Development Board. This is a forum comprising representatives from the independent sector, voluntary sector, health and NYCC. In the context of personalisation and transformational programme there is and will continue to be significant sharing of information to understand the market pressures within the County and take appropriate action as required. In addition there has been work with the independent sector to ensure business and service continuity. This should be viewed within the context of a national situation of increasing judicial challenge to those fees paid by Local Authorities. During 2012-13 NYCC received a challenge by Judicial Review in relation to the Residential and Nursing Home Fees. A consent order has been agreed -</p>	<p>The independent cost of care exercise has been concluded by GENICA and consideration is being given to this information in the on-going fees negotiations</p> <p>Work is also underway to identify an agreed methodology for future indexation of fees</p> <p>The domiciliary care procurement/ market engagement process is underway with very high provider attendance at the first sessions</p>

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		<p>work and discussions are on-going.</p> <p>HAS is also working with the market to provide more creative solutions and services rather than relying on the traditional approaches to meeting people's support requirements. During 2013-14 a preventative services strategy will be developed to ensure citizens of North Yorkshire are aware of the universal services which are on offer and support them to live healthily and more independently.</p>	
<p>D</p>	<p>Implementation of the Change and Improvement Agenda</p>	<p>The HAS Directorate has an ambitious efficiency and transformational programme which seeks to make cost savings by improving service outcomes as well as disinvesting in traditional forms of service delivery. There has been investment in low level prevention services and supporting people at home through the use of preventative technology such as telecare. The priority is also to reduce reliance on residential care and support more people within their home as well as increase the range of supported accommodation through Extra Care. In addition work continues to transform the in-house personal care service to provide a reablement service. For the majority of clients requiring support from the Directorate it is intended that this service will be the initial service offer. Assessments will be undertaken to determine the individual life skills and a plan developed to improve these skills and the level of independence.</p> <p>The challenge will be to continue with this approach as resources continue to be squeezed and expectations from the public heighten. There may be additional service pressures arising from the Welfare Reforms.</p>	<p>The directorate's Extra Care programme report has now gone to Executive and approval has been given to proceed to develop an outline business case</p> <p>As part of shifting the balance away from residential provision HAS set a target reduction of 60 residential places for 2013-2014 and the directorate is currently on target to achieve this</p> <p>Officers have attended initial information sessions on the implications of some of the proposed national developments</p>

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		<p>HAS will also need to prepare for the changes arising from the Social Care and Support White Paper in 2015. The impact is to extend the remit of the Council to:-</p> <ul style="list-style-type: none"> • a larger number of clients than previously assessed within HAS (self-funders), • a statutory responsibility to provide services to carers, • the introduction of national eligibility guideline for access to care and • new financial limits on the total cost people can be expected to pay for care. 	
<p>E</p>	<p>Personalisation and Think Local Act Personal (TLAP)</p>	<p>Progress continues to be made in meeting the milestones required by the Department of Health. The Council has been accepted onto the Regional 'Making it Real development programme' and has established a Making it Real team, including service users. The group will co-produce an Action Plan of priorities required to develop the personalisation agenda and will publicise progress against the plan on the Think Local Act Personal and NYCC websites.</p> <p>This is a challenging agenda - the national target is for 70% of those people who are eligible for services to have an indicative personal budget.</p> <p>In order to explore alternative approaches and encourage people to manage their own care, an Individual Service Fund (ISF) pilot started in December 2012. This provides an alternative way for people to take their personal budget and enables people who do not want the responsibility of a direct payment to choose how and when they receive support from their provider.</p>	<p>The established Making it Real team, (including service users) have attended NYCC Partnership Boards and carried out consultation. The initial two action plan priority areas have been identified and jointly agreed as a focus to develop the personalisation agenda.</p> <p>Attendance at the regional Sector Led Improvement event where Performance and Personalisation contacts were made with our selected supporting authorities along with arrangements to share good practice.</p> <p>The ISF pilot has illustrated alternative options for how people take their personal budget. This</p>

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		<p>It is anticipated nationally that ISFs could help engineer a shift away from a “time and task” approach to commissioning.</p> <p>The Direct Payment Support Service (DPSS) already supports children and young people with Direct Payments. However, further discussion between HAS and CYPS has begun to explore this transition period to maximise Direct Payment support.</p> <p>The administrative arrangements for direct payments have been reviewed and a plan to simplify and streamline the process has been produced. It is intended that this will remove internal barriers which may have been a stumbling block for staff and lead to improved referral rate for clients choosing to take up a Direct Payment.</p> <p>A new process for the administration of one-off direct payments has already been introduced and this will be rolled out to all direct payments before the end of the year.</p> <p>Initial 6/8 week reviews were introduced in 2012/13 to ensure that Direct payment recipients are managing their personal care and financial arrangements more effectively. This check has provided an earlier indication of potential problems or where additional support is required. All people receiving a direct payment also had a Direct Payments financial review in 2012/13.</p>	<p>enables people who do not want the responsibility of a direct payment to still exercise greater control over their services. Case examples are being gathered to further ‘market’ this option</p> <p>As well as supporting Childrens and Young People’s services a further agreement has been made for the DPSS to support the development of Personal Health Budgets for CCG’s through the VACCU.</p> <p>Uptake of personal budgets and direct payments will form one of the core elements of the Bi-monthly performance management meetings</p>
F	Health challenges	The Council will need to establish new financial and	

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	<p>operational working arrangements arising from the dissolution of North Yorkshire and York PCT and the creation of local CCG's, Health England as well as the existing acute and community service providers.</p> <p>The Health and Wellbeing Board moved from "shadow" to full form in April 2013. The Council also assumed new responsibilities for Public Health - the new Director of Public Health will play a pivotal role in driving this agenda forward.</p> <p>The local health economy continues to be under severe financial strain and opportunities may exist to address this through health and social care integration. An integrated board has been created to provide the officer forum to explore the options and progress this agenda.</p>	<p>There have now been national announcements on funding for improved integration between social care and health. The headline figure is £3.8 billion although this total does include monies already transferred to local authorities as part of existing arrangements.</p> <p>The Integrated Commissioning Board consisting of the Director of HAS, Director of Public Health and the accountable officers from the North Yorkshire CCGs is now in operation and early priorities include development of appropriate governance arrangements</p> <p>The first Public Health Report has now been published</p>
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Appendix B

Phase 1 – Identification											
Risk Number	3/5	Risk Title	3/5 - Service Transformation				Risk Owner	CD HAS	Manager	HAS AD ASCO HAS AD T&I	
Description	Failure to carry out service transformation to mitigate unavoidable budget pressures arising from statutory responsibilities, demographic change across all ages, increased ordinary residence, changes to CHC and decrease in number of self funders. In addition, failure to establish a clear HAS Operating Model which incorporates requirements for Health Integration, The Care Bill and Future Council which leads to fragmented services, lack of equity and reputational problems.					Risk Group	Financial	Risk Type			
Phase 2 - Current Assessment											
Current Control Measures		1. Range of routine business processes to support the budget building process, proposals to deliver efficiencies in place. Equitable resource allocation in place increasing focus on resource allocation based on risk, standard agenda on budget items, regular financial monitoring, good communication of budgeting information, budget workshops for managers, brokerage, improved financial assessment referral system, panel process for resource allocation. 2. Transformation Board oversees creation of a New Target Operating Model (TOM) which re-designs the NYCC ASC Offer to focus on prevention and reablement and aims to achieve a shift to self-assessment, use of CSC, and overall reductions in the cost of assessment and delivery of services. Quarterly monitoring of demographic modelling.					Effectiveness				
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
Reduction	1/155 - Design and implement a Prevention Strategy which models the investment needed and savings to be achieved by shifting to community sustainability, prevention and reablement models					Action Manager	Dir Public Health HAS AD T&I	Action by	Wed-30-Apr-14	Completed	0%
Reduction	3/156 - Commission a range of preventive services in local communities for CSC and Assessment Teams to refer people to.					Action Manager	Dir Public Health HAS AD PP&QA	Action by	Wed-30-Apr-14	Completed	0%
Reduction	3/157 - Review the operating model and costs for START to include interface with NHS Intermediate Care and with Assessment Teams to ensure we progress the most cost effective form of service provision transferring towards 100% START and away from longer term support and/or residential care. Targets and projected savings to be agreed					Action Manager	HAS AD ASCO	Action by	Wed-30-Apr-14	Completed	0%
Reduction	3/158 - Support the acceleration of extra care housing. Targets and projected savings to be agreed					Action Manager	HAS AD ASCO HAS AD PP&QA	Action by	Wed-30-Apr-14	Completed	0%
Reduction	3/186 - Continue to contribute to the One Council Customer Access workstream including Care Directory and enhanced customer journey and determine how CSC links with NHS Access points					Action Manager	HAS AD ASCO	Action by	Wed-30-Apr-14	Completed	0%
Reduction	3/199 - Further develop financial modelling for care and support of people with complex learning disabilities and report to HASMB on opportunities to further shift the model of care and reduce costs to mitigate impact of greater numbers. Ensure this modelling is reflected in the Market Position Statement.					Action Manager	AD SR & Proc	Action by	Thu-31-Jul-14	Completed	0%
Reduction	3/200 - Review the Equipment Service and Telecare Services to ensure we are obtaining value for money and the best possible impact in reducing care costs					Action Manager	HAS AD PP&QA	Action by	Wed-30-Apr-14	Completed	0%
Reduction	3/211 - Carry out amendments to the timing of the quarterly monitoring of demographic modelling					Action Manager	AD SR & Proc	Action by	Thu-31-Jul-14	Completed	0%
Reduction	3/212 - Implement new case management IT system ensuring that it maximises the capacity of staff to work flexibly, reduce hands					Action Manager	AD SR & Proc	Action by	Mon-31-Mar-14	Completed	0%

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	offs and duplication and share information.										
Phase 4 - Post Risk Reduction Assessment											
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 5 - Fallback Plan											
											Action Manager
Fallback Plan	3/525 - Accelerate the implementation of the financial efficiencies already identified, ensure Member and public awareness of seriousness and risk to statutory duty. Carry out review of control mechanisms and escalate issues										HAS AD ASCO



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Phase 1 - Identification												
Risk Number	3/26	Risk Title	3/26 - Finance and Resources - Failure to manage and deliver the efficiency agenda						Risk Owner	CD HAS	Manager	AD SR & Proc
Description	The budget is predicated on delivering a transformation agenda resulting in major financial efficiencies. Failure to achieve these efficiencies in a timely manner would result in budget overspend, the need for urgent possibly inappropriate reduction in front line services, major cuts in senior management structures and financial risk to the Council's other Directorates.						Risk Group	Performance	Risk Type			
Phase 2 - Current Assessment												
Current Control Measures		Govt rules, Fin Procedure Rules, Fin systems, experienced staff, training, mgt supervision, Veritau, authorisation process, common database to improve comms and performance, appropriate staff side engagement and processes, Corporate RAG monitoring framework and process in place, savings programme and programme management methodology developed						Effectiveness				
Probability	H	Objectives	L	Financial	M	Services	L	Reputation	H	Category	1	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed	%		
Reduction	3/54 - Embed savings programme and programme management methodology						AD SR & Proc	Thu-31-Jul-14		0%		
Reduction	3/162 - Ongoing monitoring and progress reports with AD accountable for efficiency delivery						AD SR & Proc	Thu-31-Jul-14		0%		
Reduction	3/185 - Appropriate engagement with staff and staff side in the transformational agenda including HR support where appropriate.						HAS MB	Thu-31-Jul-14		0%		
Reduction	3/189 - Secure and ensure utilisation of NHS transferred monies in a transformational way to support budget efficiency targets						CD HAS HAS AD T&I	Thu-31-Jul-14		0%		
Reduction	3/190 - Continue Corporate RAG monitoring						AD SR & Proc	Thu-31-Jul-14		0%		
Reduction	3/191 - Maximise the uptake of charges and income generation						AD SR & Proc	Thu-31-Jul-14		0%		
Reduction	3/265 - Identify underperforming areas and take appropriate action						AD SR & Proc	Thu-31-Jul-14		0%		
Phase 4 - Post Risk Reduction Assessment												
Probability	M	Objectives	L	Financial	L	Services	L	Reputation	H	Category	2	
Phase 5 - Fallback Plan												
										Action Manager		
Fallback Plan	3/30 - Maintain current arrangements, turn off one off short term spend, introduce moratorium on vacancies									AD SR & Proc		

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Phase 1 - Identification											
Risk Number	3/32	Risk Title	3/32 - Learning Disability Transformation					Risk Owner	CD HAS	Manager	HAS AD ASCO
Description	Failure to implement the Learning Disability Transformation and achieve the required £3.2M of savings by 2014/15 resulting in budget pressure, loss of opportunities to modernise, political concerns and reduced performance, increased pressure in this area following Winterbourne View review and removal of ILF from 2015						Risk Group	Strategic	Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			National strategy (Valuing People Now), targets, recognition of urgency to transform services, Partnership boards, broad stakeholder agreement, County wide Partnership Board, consultation with staff group, an agreed way forward with Exec Member, workshop with Members held, CYPs involved in transition planning and creation of transition board. Transition Steering Group, dedicated Programme Board reporting to HASMB						Effectiveness		
Probability	M	Objectives	M	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed	%	
Reduction	1/131 - Implementation of complex needs review team						HAS AD ASCO	Wed-30-Apr-14		0%	
Reduction	3/258 - Further embed the staffing structures and promote the required culture change						HAS AD ASCO	Wed-30-Apr-14		0%	
Reduction	3/259 - Better on-going communication with providers, users and family carers						HAS AD ASCO	Wed-30-Apr-14		0%	
Reduction	3/261 - Better understand the financial implications of the commissioning and decommissioning strategies						HAS AD ASCO HAS AD PP&QA	Wed-30-Apr-14		0%	
Reduction	3/264 - Better procurement of external services, particularly employment services and housing based options						HAS AD ASCO HAS AD PP&QA	Wed-30-Apr-14		0%	
Reduction	3/1957 - Ensure link to HASMB transformational board						HAS AD ASCO	Wed-30-Apr-14		0%	
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	H	Reputation	H	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/37 - Accelerate decision to review in house provision along with alternative provisions									HAS AD ASCO	

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Phase 1 - Identification												
Risk Number	3/187	Risk Title	3/187 - Preparedness for implementation of the Care White Paper						Risk Owner	CD HAS	Manager	HAS AD T&I
Description	Failure to prepare for the implementation of the new Care White Paper including the Dilnot proposals on lifetime charges, revised capital limit, portable assessment, increase in a number of clients requiring assessment for both care needs and finance leading to loss of reputation and under capacity. Failure to embed the above as part of overall Operating Model Failure to model and predict the financial implications of Dilnot and Care and Support Bill						Risk Group		Risk Type			
Phase 2 - Current Assessment												
Current Control Measures			Interim AD in place. Lead Manager identified, Programme Plan under development. Workshop planned with Leadership Forum						Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed	%		
Reduction	3/24 - Creation of an Integrated Transformation Plan which includes all requirements for the Care Bill and Dilnot, Plan signed off by HASB and lead managers identified for all workstreams							HAS AD T&I	Mon-30-Sep-13		0%	
Reduction	3/235 - Design the HAS Operating Model which captures all elements of the Care Bill							HAS AD T&I	Mon-30-Sep-13		0%	
Reduction	3/236 - Develop and implement an action plan for Operating Model to capture all Care Bill requirements							HAS AD T&I	Sat-30-Nov-13		0%	
Reduction	3/237 - Ensure HASMB in Transformation Board mode to receive monthly updates and hold 'confirm and challenge' sessions with lead managers on all workstreams							CD HAS HAS MB	Tue-31-Dec-13		0%	
Phase 4 - Post Risk Reduction Assessment												
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2	
Phase 5 - Fallback Plan												
										Action Manager		
Fallback Plan	3/538 - Tighten controls on who can receive services. Utilise TIF to support core activity. Re-allocate other work to prioritise the statutory requirements of the Bill.									HAS AD T&I		

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Phase 1 - Identification												
Risk Number	3/164	Risk Title	3/164 - Information Governance					Risk Owner	CD HAS		Manager	AD SR & Proc
Description	Ineffective information governance arrangements lead to unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies resulting in loss of reputation, poor decision making, fine, etc					Risk Group	Legislative		Risk Type			
Phase 2 - Current Assessment												
Current Control Measures			Mandatory eLearning for all staff, information management through key messages and intranet , application of Caldicott principles, information governance procedures, Corporate laptop and security encryption, continued us of information asset register, implementation of process if/when data breaches occur including cascading lessons learnt, implementation of secure data transfer methods, developing robust information sharing protocols,					Effectiveness				
Probability	M	Objectives	L	Financial	M	Services	L	Reputation	H	Category	2	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed	%		
Reduction	3/147 - Ongoing review of Caldicott implementation					AD SR & Proc		Sat-31-May-14		0%		
Reduction	3/148 - Continue to implement awareness raising campaign					AD SR & Proc		Sat-31-May-14		0%		
Reduction	3/159 - Monitor completion of mandatory e-learning courses					AD SR & Proc		Sat-31-May-14		0%		
Reduction	3/193 - Update information asset register to include public health					AD SR & Proc		Tue-31-Dec-13		0%		
Reduction	3/227 - Implement secure methods of data transfer (including GCSx and Secure Mail Delivery systems)					AD SR & Proc		Sat-31-May-14		0%		
Phase 4 - Post Risk Reduction Assessment												
Probability	M	Objectives	L	Financial	M	Services	L	Reputation	H	Category	2	
Phase 5 - Fallback Plan												
									Action Manager			
Fallback Plan	3/36 - Media management, staff disciplinary, work with Information Commissioner's Office , review all data breaches for lessons learnt								AD SR & Proc			

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Phase 1 - Identification											
Risk Number	3/167	Risk Title	3/167 - Public Health				Risk Owner	CD HAS		Manager	Dir Public Health
Description	Failure to fully implement the public health model within the County Council and carry out Public Health responsibilities resulting in inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant					Risk Group	Partnerships		Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			Recruitment to public health team, Secured project management support for major service commissioning, Regular Public Health business and team meetings, Consultant link roles with NYCC Directorates, CCGs and Districts, Public Health service plan developed, Consultation on public health commissioning intentions, draft MOU for Advice Service with CCGs in place, Joint Contracts group with CYC, Health and Wellbeing Board, H & W Strategy, Link to relevant Em Planning/Health Protection structures in place, Leading work on the Prevention Framework,					Effectiveness			
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed	%	
Reduction	3/150 - Continue to ensure Public Health statutory functions are met						Dir Public Health	Wed-30-Apr-14		0%	
Reduction	3/152 - Further develop communication and engagement strategy for Health						Dir Public Health	Thu-31-Oct-13		0%	
Reduction	3/153 - Continue to put commissioning and contracting arrangements in place						Dir Public Health	Wed-30-Apr-14		0%	
Reduction	3/154 - Explicitly embed Public Health in the Councils mainstream strategies and policies eg. trading standards, education, children social care, LEP						Dir Public Health	Mon-30-Jun-14		0%	
Reduction	3/156 - Review JSNA process and update JSNA as new data becomes available						Dir Public Health	Sat-30-Nov-13		0%	
Reduction	3/213 - Ensure sufficient capacity and skills in the Public Health team and in the interim, explore alternative solutions to release more time for consultant level work						Dir Public Health	Fri-31-Jan-14		0%	
Reduction	3/215 - Continue to work closely with CoY Council especially around contracting and professional networks, and work towards signing a formal MoU.						Dir Public Health	Wed-30-Apr-14		0%	
Reduction	3/1958 - Develop Public Health team performance monitoring mechanisms						Dir Public Health	Mon-30-Sep-13		0%	
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/526 - Implement alternative arrangements to ensure public health functions are delivered.									Dir Public Health	

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Phase 1 - Identification											
Risk Number	3/188	Risk Title	3/188 - Maintaining Service Delivery					Risk Owner	CD HAS	Manager	HAS AD T&I HAS AD ASCO
Description	Failure to maintain service delivery whilst undergoing significant system and organisational change including the introduction of new ways of working, a new client database and making significant savings as part of the Future Council. To include also capacity issues for both project staff and management to ensure successful completion of the project. This results in loss of morale and inability to deliver services to the people of North Yorkshire.						Risk Group		Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			Operational management team in place to review and monitor any impact, increased capacity in assessment teams,					Effectiveness			
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed	%	
Reduction	3/184 - Develop a robust Transformation Plan which ensures all BAU and critical operational activity is mapped and supported during period of change						HAS AD ASCO HAS AD T&I	Sat-30- Nov-13		0%	
Reduction	3/238 - Resource mapping in HAS to ensure all key projects are supported and that synergy is achieved between workstreams to reduce duplication						HAS AD ASCO HAS AD T&I	Thu-31- Jul-14		0%	
Reduction	3/239 - Develop safe plans and processes with Customer Service Centre to manage as much work as possible to reduce pressure on ASC while reducing hand offs to ASC						HAS AD ASCO	Mon-31- Mar-14		0%	
Reduction	3/240 - Ensure a clear escalation process is in place through to the Risk Enablement team						HAS AD ASCO	Tue-31- Mar-15		0%	
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/537 - Reduce activity to ensure statutory duties delivered. Re-phase programme of work to reduce pressure at key pinch points.									HAS AD ASCO	

Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Phase 1 - Identification											
Risk Number	3/189	Risk Title	3/189 - Delivery of Liquid Logic Protocol System					Risk Owner	CD HAS	Manager	AD SR & Proc
Description	Failure to successfully implement the new client database and contract management system by April 2014 to include data migration, staff training, connectivity and hardware considerations resulting in loss of reputation and poor working practices					Risk Group	Technological	Risk Type			
Phase 2 - Current Assessment											
Current Control Measures			Successful procurement completed, fixed cost agreed, training approach agreed, system built by suppliers,					Effectiveness			
Probability	M	Objectives	M	Financial	M	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed	%	
Reduction	6/123 - Agree training approach						AD SR & Proc	Fri-31-May-13	Fri-31-May-13	100%	
Reduction	6/125 - Ensure supplier builds system						AD SR & Proc	Wed-31-Jul-13	Wed-31-Jul-13	100%	
Reduction	6/271 - Continue momentum on stakeholder engagement and expectation management						AD SR & Proc	Wed-30-Apr-14		0%	
Reduction	6/406 - Completion of the four data migration rounds						AD SR & Proc	Wed-30-Apr-14		0%	
Reduction	6/407 - Carry out necessary training including 'care practice' aspects						AD SR & Proc	Wed-30-Apr-14		0%	
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	M	Services	H	Reputation	H	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/534 - Continue to use the existing Care Management System (AIS)								Action Manager		AD SR & Proc

Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Phase 1 - Identification												
Risk Number	3/183	Risk Title	3/183 - Partnership Working with the Health Environment					Risk Owner	CD HAS		Manager	HAS AD T&I
Description	Failure to effectively transform commissioning and service deliveries in order to manage collective budgets (intermediate care, continuing health care, reablement health monies) resulting in poor performance, ineffective use of resources, duplication of service &/or activity and external criticism					Risk Group	Partnerships		Risk Type			
Phase 2 - Current Assessment												
Current Control Measures			Regular meetings and discussions at senior and GM and locality level with CCGs, County wide Integrated Commissioning Board have clear ToR and draft Governance arrangements for signing off programme plans and investments, Project Boards at Locality Level oversee Transformation plans and Integrated working. Health Integration Team supports strategic activity in each CCG to improve shared planning and business management. Monthly HASMB in Transformation Board Mode to oversee integration work with NHS. External support from Andrew Cozens as critical friend.						Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed	%		
Reduction	1/81 - Work on projects as part of integrated local plans and continue regular dialogue at senior management and local level regarding areas of joint responsibility with Trusts and CCGs.						HAS AD ASCO	Wed-30-Apr-14		0%		
Reduction	1/85 - Developing to an agreed specification and service model for reablement and ensuring this is integrated with NHS Intermediate care and that savings continue to be delivered						HAS AD ASCO	Mon-31-Mar-14		0%		
Reduction	3/247 - Building on the agreed framework, develop a clear plan for Commissioning and Delivery Integration with each CCG and with the PCU						HAS AD PP&QA HAS AD T&I	Wed-30-Apr-14		0%		
Reduction	3/1951 - Implementation of Government's Framework for Health integration to be overseen by ICB and HWBB and incorporate clear systems for monitoring investment, savings and impact.						CD HAS	Fri-31-Jan-14		0%		
Reduction	3/1959 - Provide Operations and Commissioning and Procurement Teams with clear model re NYCC Offer so they can negotiate with CCGs and Trusts. Develop a clear understanding of what must be agreed County Wide and what could be open to local negotiation.						HAS AD T&I	Sat-30-Nov-13		0%		
Phase 4 - Post Risk Reduction Assessment												
Probability	L	Objectives	H	Financial	H	Services	H	Reputation	H	Category	3	
Phase 5 - Fallback Plan												
Fallback Plan	1/16 - Escalation to HAS MB or ICB to resolve problems, discussions with NHS England, Commissioning Board and LAT; additional Support from across ADASS and LGA Sector Led Improvement Teams									Action Manager	HAS AD T&I	

Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Phase 1 - Identification											
Risk Number	3/180	Risk Title	3/180 - Integration					Risk Owner	CD HAS	Manager	HAS AD T&I
Description	Failure, in the context of the changing NHS landscape, to develop effective partnerships with the emerging NHS Commissioners and other NHS organisations to achieve the necessary changes to the North Yorkshire Health economy that will provide better outcomes for patients and local communities. This failure will have a negative impact on the development of integrated services, delay the transformation of HAS services, give rise to increased costs to HAS and cause the loss of opportunities that joint provision may have.						Risk Group	Partnerships	Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			H & W Board. HASMB members on CCG Boards, Engagement in local Partnership arrangements with CCG's and Providers, plans for use of the NHS transfer (reablement) budget agreed, engagement with the North Yorkshire Review, concerns raised with NHS Chief Executive nationally, working arrangements for adult safeguarding agreed and authorised, interim AD T&I appointed and recruitment process for permanent post underway						Effectiveness		
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed	%	
Reduction	3/151 - Develop Health & Social Care performance framework in line with national expectations for all Health partners						CD HAS	Fri-31-Jan-14		0%	
Reduction	3/155 - Determine public partnership approach for delivering local Clinical Commissioning Group Healthwatch etc.						CD HAS	Thu-31-Jul-14		0%	
Reduction	3/160 - Monitor working arrangements for adult safeguarding						CD HAS	Thu-31-Jul-14		0%	
Reduction	3/192 - Produce a Governance Framework to ensure ICB can monitor all spend and changes from the Transformation and Integration Fund.						HAS AD T&I	Sat-30-Nov-13		0%	
Reduction	3/206 - Respond promptly to forthcoming DH Guidance on Joint Governance Framework and secure urgent local agreements						CD HAS	Thu-31-Jul-14		0%	
Reduction	3/207 - Continue to work with Commissioning Board local office and CCG's to develop robust change programmes for April 2014 onwards						CD HAS	Thu-31-Jul-14		0%	
Reduction	3/208 - Ensure NHS partners are fully aware of the democratic and political environment they are operating within						CD HAS	Thu-31-Jul-14		0%	
Reduction	3/209 - Actively monitor effectiveness of current controls and ensure that HAS managers are fully engaged at appropriate level and review At HASMB on a monthly basis						HAS AD T&I	Thu-31-Jul-14		0%	
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	H	Financial	H	Services	H	Reputation	H	Category	3
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/532 - Escalation to County Council Executive, further engagement with senior tiers in NHS regionally and nationally. Consider partnerships with other NHS providers								CD HAS		

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Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Phase 1 - Identification												
Risk Number	3/182	Risk Title	3/182 - Cultural Change including One Council						Risk Owner	CEO	Manager	CD HAS
Description	Failure to design, develop and implement the Transformation Programme for HAS in conjunction with One Council and other priorities leading to operational overload and poor project implementation.						Risk Group	Change Mgt	Risk Type			
Phase 2 - Current Assessment												
Current Control Measures			Engagement with and positive contribution to all One Council workstreams, transfer of overall business admin and support arrangements,						Effectiveness			
Probability	M	Objectives	H	Financial	L	Services	M	Reputation	M	Category	2	
Phase 3 - Risk Reduction Actions												
Reduction	3/205 - Establish a more robust client role for HR, Workforce Development and admin support within the key workstreams related to Transformation						Action Manager	HAS AD T&I HAS HoHR HAS MB	Action by	Sat-30-Nov-13	Completed	0%
Reduction	3/216 - Develop an integrated Workforce and Training Plan which ensures HAS builds capacity and capability across Operations, Commissioning and Procurement and in Change Management						Action Manager	HAS HoHR	Action by	Tue-31-Dec-13	Completed	0%
Reduction	3/218 - Develop an Integrated Operational Training Programme which encompasses all the key changes facing Operational Staff and equips GMs and CSMs to ensure delivery						Action Manager	HAS AD ASCO HAS HoHR	Action by	Thu-31-Jul-14	Completed	0%
Reduction	3/230 - Identify the resources needed for Workforce Development and how the TIF could support this need						Action Manager	HAS AD T&I	Action by	Fri-28-Feb-14	Completed	0%
Reduction	3/263 - Monitor the impact of workforce development changes on front line service users such as deliver of statutory training. Also "self service" for managers in relation to HR issues						Action Manager	HAS MB	Action by	Thu-31-Jul-14	Completed	0%
Reduction	3/1964 - Continue to engage with and contribute to all One Council workstreams						Action Manager	HAS MB	Action by	Thu-31-Jul-14	Completed	0%
Reduction	3/1965 - Continue to monitor and deal with the effects arising out of each of the workstreams and ensure protection of service to front line users						Action Manager	HAS MB	Action by	Thu-31-Jul-14	Completed	0%
Phase 4 - Post Risk Reduction Assessment												
Probability	L	Objectives	H	Financial	L	Services	M	Reputation	M	Category	3	
Phase 5 - Fallback Plan												
Fallback Plan	3/531 - Continue to prioritise resources to ensure continuity of service for front line service users									Action Manager		HAS MB

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Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Phase 1 - Identification												
Risk Number	3/162	Risk Title	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market.					Risk Owner	CD HAS	Manager	HAS AD PP&QA	
Description	Fundamental breach of contract by key provider(s) (including health) resulting in significant un-met service needs, loss of reputation, potential legal proceedings (e.g. failure of major provider) and long term impact in trust in the market to meet peoples need appropriately. The current judicial review on residential fees which is subject to a court stay continues to be a risk in terms of the Directorate's budgeting for care services and provider ability and willingness to provide services to the Council						Risk Group	Legislative	Risk Type			
Phase 2 - Current Assessment												
Current Control Measures			Regular review and monitoring contracts (defined by service), standard contract terms, approvals process, regular meetings to share best practice, training, experienced staff, regular communication with providers, bulletins, customer feedback, Partnership Group, legal services, CQC, Financial Services & insurance consultation, market analysis, capacity planning, contract non compliance, process, alerts system including brokerage, Service Unit & provider SCPs, strengthened team, contingency plans developed, QA Framework developed					Effectiveness				
Probability	M	Objectives	M	Financial	M	Services	M	Reputation	H	Category	2	
Phase 3 - Risk Reduction Actions												
Reduction	3/252 - Guidance and ongoing training for purchasing staff						Action Manager	HAS AD PP&QA	Action by	Sat-31-May-14	Completed	0%
Reduction	3/253 - Ongoing Partnership and Partner Liaison meetings (market development board), market analysis and mapping and information sharing						Action Manager	HAS AD PP&QA	Action by	Sat-31-May-14	Completed	0%
Reduction	3/254 - Continue to monitor baseline assessments of providers						Action Manager	HAS AD PP&QA	Action by	Sat-31-May-14	Completed	0%
Reduction	3/255 - Ongoing effective use of provider forums						Action Manager	HAS AD PP&QA	Action by	Sat-31-May-14	Completed	0%
Reduction	3/1962 - Continue and complete the work to implement the findings of the actual cost of care exercise. This will involve formulating a proposal, undertaking full consultation with providers and implementing the settlement						Action Manager	HAS AD PP&QA	Action by	Tue-31-Dec-13	Completed	0%
Reduction	3/1963 - Continue to engage in ADASS work to manage major problems occurring, such as financial issues in the care provider market and ensure robust contingency planning and to learn lessons from serious case reviews at a national level						Action Manager	HAS AD PP&QA	Action by	Mon-31-Mar-14	Completed	0%
Reduction	47/185 - Ongoing engagement meetings with CQC, relevant Health Commissioning Organisations and the Police						Action Manager	HAS AD PP&QA	Action by	Sat-31-May-14	Completed	0%
Reduction	47/186 - Introduction of the CPQA database and planning for CONTROCC and Liquid Logic						Action Manager	HAS AD PP&QA	Action by	Tue-31-Dec-13	Completed	0%
Reduction	47/220 - Ensure communications with CCGs are robust and consistent						Action Manager	HAS AD PP&QA	Action by	Sat-31-May-14	Completed	0%
Reduction	47/221 - Work with Veritau on audits of individual suppliers						Action Manager	HAS AD PP&QA	Action by	Sat-31-May-14	Completed	0%
Phase 4 - Post Risk Reduction Assessment												
Probability	L	Objectives	M	Financial	M	Services	M	Reputation	H	Category	3	
Phase 5 - Fallback Plan												
Fallback	3/523 - Make client safe, crisis meeting, implement relevant steps, consultation with senior staff and relevant organisations (e.g. Police CQC). Effective communication to relevant parties, utilise contingency plan(s).							Action Manager				
								HAS AD PP&QA				

Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 13)**
Report Date: 3rd September 2013 (cpc)

Plan		
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Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Phase 1 - Identification												
Risk Number	3/168	Risk Title	3/168 - Extra Care Housing & Regeneration Programme					Risk Owner	CD HAS		Manager	HAS AD PP&QA
Description	Failure of the agreed procurement process to secure a partner to deliver the extra care housing and regeneration programme and to understand and mitigate the legal and financial risks arising from the procurement and EPH and associated services re-provision programme.						Risk Group	Strategic		Risk Type		
Phase 2 - Current Assessment												
Current Control Measures			Robust needs assessment (independently tested), significant Market testing, Programme management structure, use of experienced external advisors, governance arrangements, member support,						Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	M	Category	2	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed	%		
Reduction	3/1950 - Engage and utilise external advise in respect of legal services, finance services and procurement services						HAS AD PP&QA	Mon-31-Mar-14		0%		
Reduction	3/1952 - Develop Gateway Procurement document including procurement options for the launch of the procurement if agreed						HAS AD PP&QA	Tue-31-Dec-13		0%		
Reduction	3/1953 - Develop procurement process including documentation to support competitive dialogue and evaluation tools						HAS AD PP&QA	Mon-31-Mar-14		0%		
Reduction	3/1954 - Develop communications and consultation processes including Members						HAS AD PP&QA	Sat-31-May-14		0%		
Reduction	3/1955 - Complete robust outlined business plan to support launching of procurement process						HAS AD PP&QA	Tue-31-Dec-13		0%		
Reduction	47/225 - Complete work required to obtain Executive approval for procurement process						HAS AD PP&QA	Fri-31-Jan-14		0%		
Reduction	47/226 - Launch procurement process once Executive approval is given						HAS AD PP&QA	Fri-31-Jan-14		0%		
Phase 4 - Post Risk Reduction Assessment												
Probability	L	Objectives	H	Financial	M	Services	M	Reputation	M	Category	3	
Phase 5 - Fallback Plan												
Fallback Plan	3/527 - To approach the project in a staged manner with regular reviews to decide upon required changes or partial completion or abandonment.									Action Manager	HAS AD PP&QA	

Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Phase 1 - Identification											
Risk Number	3/27	Risk Title	3/27 - Safeguarding Arrangements				Risk Owner	CD HAS		Manager	HAS AD ASCO
Description	Failure to have a robust Safeguarding regime in place results in risk to service users, failure to reach required standard on CQC and adverse effect on Directorate reputation.					Risk Group	Partnerships		Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			Detailed action plan, Safeguarding review for the County, revised Safeguarding Boards and sub groups, Safeguarding general manager and team, strengthening of Safeguarding policy team, case file audit and review, training plan, best interest assessors in post, better understanding & embedding of Mental Capacity Act. Independent chair to Safeguarding Board appointed, risk enablement panel developed,					Effectiveness			
Probability	L	Objectives	H	Financial	H	Services	M	Reputation	H	Category	3
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed	%	
Reduction	1/123 - Review of safeguarding procedures					HAS AD ASCO		Tue-31-Dec-13		0%	
Reduction	1/124 - Appoint countywide safeguarding general manager					HAS AD ASCO		Wed-31-Jul-13	Fri-30-Aug-13	100%	
Reduction	3/144 - Develop and implement trend spotting methodology					HAS AD ASCO		Wed-30-Apr-14		0%	
Reduction	3/145 - Continue to ensure partners are fully engaged with Safeguarding boards centrally and locally, particularly new health partners (CCGs)					HAS AD ASCO		Wed-30-Apr-14		0%	
Reduction	3/187 - Continue to work with Procurement, Partnerships and Quality Assurance team to improve quality assurance					HAS AD ASCO HAS AD PP&QA		Wed-30-Apr-14		0%	
Reduction	3/217 - Develop and implement new performance framework					HAS AD ASCO		Tue-31-Dec-13		0%	
Reduction	3/1961 - Implement the concordat following Winterbourne View and continue to ensure lessons are learned through serious case reviews					HAS AD ASCO		Wed-30-Apr-14		0%	
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	H	Financial	H	Services	M	Reputation	H	Category	3
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan	3/33 - Escalate to Safeguarding Board / Mgt Board and carry out necessary review and action improvement plans								HAS AD ASCO		

Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Phase 1 - Identification												
Risk Number	3/190	Risk Title	3/190 - Public consultation – FACS and Charging					Risk Owner	CD HAS		Manager	AD SR & Proc HAS AD ASCO
Description	Failure to consult appropriately with the public on possible changes to eligibility thresholds and charging. Failure to do so could lead to possible judicial review. Inappropriate or unnecessary limited consultation may lead to a rise in complaints with attendant impact on impact on the reputation of the Council. A judicial review may cause the suspension of community care and financial reassessments until its outcome is delivered, leading to a significant reduction and delay in the projected savings.						Risk Group	Financial		Risk Type		
Phase 2 - Current Assessment												
Current Control Measures			Established project board with robust governance arrangements and focussed sub group delivering consultation plan, project board includes a representative from legal dept, consultation process in place, draft EIAs in place, live website for interaction with and to provide information to the public,					Effectiveness				
Probability	L	Objectives	M	Financial	H	Services	L	Reputation	H	Category	3	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed	%		
Reduction	3/202 - Regular review of consultation plan and process at both Project Board and Transformation Board						AD SR & Proc HAS AD ASCO	Wed-30- Apr-14		20%		
Reduction	3/210 - Ensure regular updates are provided to Members through the Care and Independence O&SC						HAS AD ASCO	Wed-30- Apr-14		0%		
Reduction	3/228 - Continue to review the draft EIAs for FACS and Charging proposals through the consultation process						AD SR & Proc HAS AD ASCO	Sat-30- Nov-13		0%		
Reduction	3/229 - Arrange consultation meetings around the County that will be chaired by independent people						AD SR & Proc HAS AD ASCO	Sat-30- Nov-13		0%		
Phase 4 - Post Risk Reduction Assessment												
Probability	L	Objectives	M	Financial	H	Services	L	Reputation	H	Category	3	
Phase 5 - Fallback Plan												
Fallback Plan	3/535 - Escalate to Project Board in first instance and to HASMB as necessary									Action Manager	HAS AD ASCO AD SR & Proc	

Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Phase 1 - Identification												
Risk Number	3/184	Risk Title	3/184 - Workforce Planning and Development					Risk Owner	CD HAS		Manager	HAS HoHR
Description	Failure to appropriately plan workforce requirements and / or develop staff in line with transformation agenda resulting in reduction in quality of service and transformation objectives not achieved					Risk Group	Personnel		Risk Type			
Phase 2 - Current Assessment												
Current Control Measures			Annual training needs analysis, Training plan in place, Regular Leadership forum, Chief Exec led transformation seminars, directorate WD Group and Corporate WD Group, new training and learning structure, training admin system and Learning Zone. HR and WD representatives are members of Directorate Management Teams and key members of project groups progressing transformation projects. Workforce Strategy and Plan refreshed and monitored with regular update reports to HASMB.					Effectiveness				
Probability	L	Objectives	M	Financial	H	Services	M	Reputation	M	Category	3	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed	%		
Reduction	3/23 - Ensure an effective relationship and communication with the Central Training and Learning team						HAS HoHR	Thu-31-Jul-14		0%		
Reduction	3/164 - Continue to provide support to the independent provider workforce						HAS HoHR	Thu-31-Jul-14		0%		
Reduction	3/201 - Continue to monitor compliance with Corporate and Directorate statutory/mandatory training						HAS HoHR	Thu-31-Jul-14		0%		
Reduction	3/231 - Ensure Directorate Managers are provided with training in people management processes, reorganisation and redundancy processes and change management.						HAS HoHR	Thu-31-Jul-14		0%		
Reduction	3/232 - Ensure an effective relationship and communication with Unison through regular dialogue and DJCC meetings						HAS HoHR	Thu-31-Jul-14		0%		
Reduction	3/233 - Ensure Directorate training needs are identified in a timely way, clearly specified and costed and that staff groups requiring the training are identified and their abstraction is planned						HAS HoHR	Thu-31-Jul-14		0%		
Reduction	3/234 - Ensure representation of operational managers at Directorate Workforce Development Group						HAS AD ASCO	Thu-31-Jul-14		0%		
Reduction	3/340 - Provide HR advice and support to Managers leading Transformation Projects						HAS HoHR	Thu-31-Jul-14		0%		
Reduction	3/341 - Provide timely and accurate workforce information and data						HAS HoHR	Thu-31-Jul-14		0%		
Reduction	3/343 - Represent HAS at Corporate Workforce Planning and Development Group (ongoing)						HAS HoHR	Thu-31-Jul-14		0%		
Phase 4 - Post Risk Reduction Assessment												
Probability	L	Objectives	M	Financial	M	Services	L	Reputation	L	Category	5	
Phase 5 - Fallback Plan												
Fallback Plan	5/53 - Review fitness for purpose of workforce strategy and plan in a systematic way									Action Manager		
										CD HAS		

Health and Adult Services Directorate

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Report Date: 3rd September 2013 (cpc)

Appendix C

Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
◀▶	3/5 - Service Transformation	Failure to carry out service transformation to mitigate unavoidable budget pressures arising from statutory responsibilities, demographic change across all ages, increased ordinary residence, changes to CHC and decrease in number of self funders. In addition, failure to establish a clear HAS Operating Model which incorporates requirements for Health Integration, The Care Bill and Future Council which leads to fragmented services, lack of equity and reputational problems.	CD HAS	HAS AD ASCO HAS AD T&I	H	H	H	H	H	1	9	31/03/2014	H	H	H	H	H	1	Y	HAS AD ASCO
▲	3/26 - Finance and Resources - Failure to manage and deliver the efficiency agenda	The budget is predicated on delivering a transformation agenda resulting in major financial efficiencies. Failure to achieve these efficiencies in a timely manner would result in budget overspend, the need for urgent possibly inappropriate reduction in front line services, major cuts in senior management structures and financial risk to the Council's other Directorates.	CD HAS	AD SR & Proc	H	L	M	L	H	1	7	31/07/2014	M	L	L	L	H	2	Y	AD SR & Proc
▼	3/32 - Learning Disability Transformation	Failure to implement the Learning Disability Transformation and achieve the required £3.2M of savings by 2014/15 resulting in budget pressure, loss of opportunities to modernise, political concerns and reduced performance, increased pressure in this area following Winterbourne View review and removal of ILF from 2015	CD HAS	HAS AD ASCO	M	M	H	H	H	2	6	30/04/2014	M	M	H	H	H	2	Y	HAS AD ASCO
- new -	3/187 - Preparedness for implementation of the Care White Paper	Failure to prepare for the implementation of the new Care White Paper including the Dilnot proposals on lifetime charges, revised capital limit, portable assessment, increase in a number of clients requiring assessment for both care needs and finance leading to loss of reputation and under capacity. Failure to embed the above as part of overall Operating Model Failure to model and predict the financial implications of Dilnot and Care and Support Bill	CD HAS	HAS AD T&I	M	H	H	H	H	2	4	30/09/2013	M	H	H	H	H	2	Y	HAS AD T&I
◀▶	3/164 - Information Governance	Ineffective information governance arrangements lead to unauthorised disclosure of personal and sensitive data, poor quality or delayed responses to FoI requests, and inability to locate key data upon which the Council relies resulting in loss of reputation, poor decision making, fine, etc	CD HAS	AD SR & Proc	M	L	M	L	H	2	5	31/12/2013	M	L	M	L	H	2	Y	AD SR & Proc
- new -	3/167 - Public Health	Failure to fully implement the public health model within the County Council and carry out Public Health responsibilities resulting in inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant	CD HAS	Dir Public Health	M	M	H	M	M	2	8	30/09/2013	M	M	H	M	M	2	Y	Dir Public Health

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Risk Register: **Month 0 (Aug 13)**

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Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
- new -	3/188 - Maintaining Service Delivery	Failure to maintain service delivery whilst undergoing significant system and organisational change including the introduction of new ways of working, a new client database and making significant savings as part of the Future Council. To include also capacity issues for both project staff and management to ensure successful completion of the project. This results in loss of morale and inability to deliver services to the people of North Yorkshire.	CD HAS	HAS AD T&I HAS AD ASCO	M	M	H	M	H	2	4	30/11/2013	M	M	H	M	H	2	Y	HAS AD ASCO
- new -	3/189 - Delivery of Liquid Logic Protocol System	Failure to successfully implement the new client database and contract management system by April 2014 to include data migration, staff training, connectivity and hardware considerations resulting in loss of reputation and poor working practices	CD HAS	AD SR & Proc	M	M	M	H	H	2	5	31/05/2013	M	M	M	H	H	2	Y	AD SR & Proc
▼	3/183 - Partnership Working with the Health Environment	Failure to effectively transform commissioning and service deliveries in order to manage collective budgets (intermediate care, continuing health care, reablement health monies) resulting in poor performance, ineffective use of resources, duplication of service &/or activity and external criticism	CD HAS	HAS AD T&I	M	H	H	H	H	2	5	30/11/2013	L	H	H	H	H	3	Y	HAS AD T&I
▼	3/180 - Integration	Failure, in the context of the changing NHS landscape, to develop effective partnerships with the emerging NHS Commissioners and other NHS organisations to achieve the necessary changes to the North Yorkshire Health economy that will provide better outcomes for patients and local communities. This failure will have a negative impact on the development of integrated services, delay the transformation of HAS services, give rise to increased costs to HAS and cause the loss of opportunities that joint provision may have.	CD HAS	HAS AD T&I	M	H	H	H	H	2	8	30/11/2013	L	H	H	H	H	3	Y	CD HAS
◀▶	3/182 - Cultural Change including One Council	Failure to design, develop and implement the Transformation Programme for HAS in conjunction with One Council and other priorities leading to operational overload and poor project implementation.	CEO	CD HAS	M	H	L	M	M	2	7	30/11/2013	L	H	L	M	M	3	Y	HAS MB
▲	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market.	Fundamental breach of contract by key provider(s) (including health) resulting in significant un-met service needs, loss of reputation, potential legal proceedings (e.g. failure of major provider) and long term impact in trust in the market to meet peoples need appropriately. The current judicial review on residential fees which is subject to a court stay continues to be a risk in terms of the Directorate's budgeting for care services and provider ability and willingness to provide services to the Council	CD HAS	HAS AD PP&QA	M	M	M	M	H	2	10	31/12/2013	L	M	M	M	H	3	Y	HAS AD PP&QA

Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 13)**

Report Date: 3rd September 2013 (cpc)

Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
▼	3/168 - Extra Care Housing & Regeneration Programme	Failure of the agreed procurement process to secure a partner to deliver the extra care housing and regeneration programme and to understand and mitigate the legal and financial risks arising from the procurement and EPH and associated services re-provision programme.	CD HAS	HAS AD PP&QA	M	H	H	M	M	2	7	31/12/2013	L	H	M	M	M	3	Y	HAS AD PP&QA
◀▶	3/27 - Safeguarding Arrangements	Failure to have a robust Safeguarding regime in place results in risk to service users, failure to reach required standard on CQC and adverse effect on Directorate reputation.	CD HAS	HAS AD ASCO	L	H	H	M	H	3	7	31/07/2013	L	H	H	M	H	3	Y	HAS AD ASCO
- new -	3/190 - Public consultation – FACS and Charging	Failure to consult appropriately with the public on possible changes to eligibility thresholds and charging. Failure to do so could lead to possible judicial review. Inappropriate or unnecessary limited consultation may lead to a rise in complaints with attendant impact on impact on the reputation of the Council. A judicial review may cause the suspension of community care and financial reassessments until its outcome is delivered, leading to a significant reduction and delay in the projected savings.	CD HAS	AD SR & Proc HAS AD ASCO	L	M	H	L	H	3	4	30/11/2013	L	M	H	L	H	3	Y	HAS AD ASCO AD SR & Proc
◀▶	3/184 - Workforce Planning and Development	Failure to appropriately plan workforce requirements and / or develop staff in line with transformation agenda resulting in reduction in quality of service and transformation objectives not achieved	CD HAS	HAS HoHR	L	M	H	M	M	3	10	31/07/2014	L	M	M	L	L	5	Y	CD HAS

Key	
▲	Risk Ranking has worsened since last review.
▼	Risk Ranking has improved since last review
◀▶	Risk Ranking is same as last review
- new -	New or significantly altered risk