

**NORTH YORKSHIRE COUNTY COUNCIL
AUDIT COMMITTEE**

25 SEPTEMBER 2014

**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 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 DIRECTORATE RISK REGISTER

3.1 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.

3.2 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.

- 3.3 The draft detailed DRR is shown at **Appendix A**. 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.
- 3.4 A summary of the draft DRR is also attached at **Appendix B**. 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.
- 3.5 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 2014/January 2015.
- 3.6 The new risks that have been added to the risk register since September 2013 (date of last progress report to the Committee) are as follows:
- Deprivation of Liberty (DoLs) Supreme Court Ruling
 - Managing Effective Outcomes for Individuals
- 3.7 The risks that have been deleted from the Directorate risk register since September 2013 are as follows:
- Delivery of Liquid Logic Protocol System – Phase II
 - Learning Disability Transformation
 - FACS and Charging
 - Extra Care Housing and Regeneration Programme
- 3.8 The risks that have changed are as follows:
- Service Transformation and Finance and Resources risks have been amalgamated into HAS 2020 Transformation and Efficiency Programme (incl. the MTFS)
 - Partnership Working with the Health Environment and Integration risks have been amalgamated into Partnership and Integration with the NHS
 - Workforce Planning and Development and Cultural Change including 2020 North Yorkshire risks have been amalgamated into Workforce Planning and Development including Cultural Change
- 3.9 The significant actions that were achieved include the following:
- HAS 2020 Transformation and Efficiency Programme (incl. the MTFS) – there has been good progress made here including the Leadership team monitoring progress and delivery of the change and savings programme to ensure delivery against key objectives and within available resources.
 - Preparedness for Implementation of the Care Act – an integrated transformation plan and operating model which includes all requirements for the Care Act and Dilnot have been created, and signed off by HAS Leadership team. Lead managers have also been identified for all

workstreams. HAS Leadership team are receiving monthly updates and hold 'confirm and challenge' sessions with lead managers on all workstreams.

- Information Governance – there has been significant overall progress here, including data sharing agreements being underway with key agencies and in particular with Health; lessons are being learnt as a result of breaches that occur and corrective action has been taken; quarterly governance papers are received by the Leadership team.
- Major Failure due to Quality and/or Economic Issues in the Care Market – the Leadership team and HAS Executive receive monthly reports on these issues and monitor and challenge progress against key objectives.
- Maintaining Service Delivery – a robust 2020 HAS programme resource plan with Programme Sponsors has been developed and implemented which ensures sufficient capacity to deliver projects whilst maintaining 'business as usual' activity. Safe plans and processes with the Customer Services Centre continue to be reviewed and further developed to ensure the management of work between the Centre and the Adult Social Care service.
- Safeguarding Arrangements - a countywide safeguarding general manager was appointed towards the end of last year. Work continues with the Procurement, Partnerships and Quality Assurance team to improve quality assurance and to ensure that partners are fully engaged with Safeguarding boards centrally and locally, particularly new health partners (CCGs)

3.10 Any ranking changes of the risks are shown on the left hand side of the Summary report **Appendix B**. As mentioned above, the HAS 2020 Transformation and Efficiency Programme (incl. the MTFs) risk, the Partnership and Integration with the NHS risk and the Workforce Planning and Development including Cultural Change risk have substantially changed and are therefore shown as 'new'. Please see the table at the bottom of the appendix for an explanation of the left hand column.

4.0 **STATEMENT OF ASSURANCE**

4.1 The Audit Committee received a draft Statement of Assurance from the Corporate Director of Health and Adult Services in June 2014. This statement has subsequently been reviewed to include relevant updates in developments and improvements and is attached at **Appendix C**.

4.2 It is usual practice to report on progress against the Statement of Assurance. However, given that the Statement has only just been produced, there is no update possible at this stage.

5.0 **RECOMMENDATION**

5.1 That the Committee note the draft Risk Register for the Health & Adult Services Directorate and provide feedback or comments thereon.

RICHARD WEBB
Corporate Director – Health & Adult Services
5 September 2014

Report prepared by Paul Cresswell – Assistant Director- Resources and Nick Morgan,
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Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 14) – detailed**
 Report Date: 9th September 2014 (cpc)

Phase 1 - Identification												
Risk Number	3/217	Risk Title	3/217 - Deprivation of Liberty (DoLs) Supreme Court Ruling					Risk Owner	CD HAS		Manager	HAS AD ASCO
Description	Failure to manage increase in workload as a result of the DoLs Supreme Court judgment resulting in financial and reputational issues including potential legal action						Risk Group		Risk Type			
Phase 2 - Current Assessment												
Current Control Measures			Resources and capacity have been increased; action plan in place in line with ADAS recommendations; regular report on activity, performance and finance provided to Leadership Team; statutory process implemented.						Effectiveness			
Probability	H	Objectives	M	Financial	H	Services	H	Reputation	H	Category	1	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	3/191 - Continue to monitor resources and capacity issues						HAS AD ASCO	Tue-30-Jun-15				
Reduction	3/193 - Continue to provide regular briefings to staff and providers						HAS AD ASCO	Tue-30-Jun-15				
Reduction	3/255 - Maintain horizon scanning for future developments						HAS AD ASCO	Tue-30-Jun-15				
Reduction	3/320 - Maintain communication with key partners						HAS AD ASCO	Tue-30-Jun-15				
Reduction	3/1951 - Update action plan						HAS AD ASCO	Tue-30-Jun-15				
Phase 4 - Post Risk Reduction Assessment												
Probability	H	Objectives	M	Financial	H	Services	H	Reputation	H	Category	1	
Phase 5 - Fallback Plan												
									Action Manager			
Fallback Plan	3/556 - A further review of the action plan, with external support may be sought. Escalation to senior management with potential options for mitigation.							HAS AD ASCO				



Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 14) – detailed**

Report Date: 9th September 2014 (cpc)

Phase 1 - Identification													
Risk Number	3/184	Risk Title	3/184 - Workforce Planning and Development including Cultural Change						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 HASLT,						Effectiveness				
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	M	Category	1		
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 (ongoing)							HAS HoHR	Mon-31-Aug-15				
Reduction	3/164 - Continue to provide support to the independent provider workforce							HAS HoHR	Mon-31-Aug-15				
Reduction	3/201 - Continue to monitor compliance with Corporate and Directorate statutory/mandatory training							HAS HoHR	Mon-31-Aug-15				
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 (ongoing)							HAS AD ASCO HAS HoHR	Mon-31-Aug-15				
Reduction	3/231 - Ensure Directorate Managers are provided with training in people management processes, reorganisation and redundancy processes and change management. (ongoing)							HAS HoHR	Mon-31-Aug-15				
Reduction	3/232 - Ensure an effective relationship and communication with Unison through regular dialogue and DJCC meetings (ongoing)							HAS HoHR	Mon-31-Aug-15				
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 (ongoing)							HAS HoHR	Mon-31-Aug-15				
Reduction	3/234 - Ensure representation of operational managers at Directorate Workforce Development Group (ongoing)							HAS AD ASCO	Mon-31-Aug-15				
Reduction	3/263 - Monitor the impact of workforce development 2020 workstream changes on front line service users such as delivery of statutory training. Also "self service" for managers in relation to HR issues (ongoing)							HAS LT	Mon-31-Aug-15				
Reduction	3/322 - Implement Directorate restructure with minimal residual employee relations issues, ensure recruitment to any vacant posts and prepare staff to take up new roles							HAS LT	Tue-31-Mar-15				
Reduction	3/323 - Develop and implement a staff engagement plan							HAS LT	Tue-31-Mar-15				
Reduction	3/324 - Implement the resourcing strategy to support continuity of staffing in EPHs until they are replaced by Extra Care							HAS AD ASCO HAS HoHR	Mon-31-Aug-15				



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Risk Register: **Month 0 (Aug 14) – detailed**
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Reduction	3/325 - Develop and implement a skill mix in assessment teams for the future	HAS LT	Mon-31-Aug-15	
Reduction	3/326 - Develop and implement an OD/cultural change programme to support staff to implement the HAS 2020 programme	HAS LT	Mon-31-Aug-15	
Reduction	3/340 - Provide HR and WD advice and support to Managers leading Transformation Projects (ongoing)	HAS HoHR	Mon-31-Aug-15	
Reduction	3/341 - Provide timely and accurate workforce information and data (ongoing)	HAS HoHR	Mon-31-Aug-15	
Reduction	3/343 - Represent HAS at Corporate Workforce Planning and Development Group (ongoing)	HAS HoHR	Mon-31-Aug-15	
Reduction	3/1964 - Continue to engage with and contribute to all 2020 North Yorkshire workstreams (ongoing)	HAS LT	Mon-31-Aug-15	
Phase 4 - Post Risk Reduction Assessment				
Probability	M	Objectives	M	
		Financial	M	
		Services	L	
		Reputation	L	
		Category		4
Phase 5 - Fallback Plan				
				Action Manager
Fallback Plan	3/531 - Continue to prioritise resources to ensure continuity of service for front line service users			CD HAS



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Risk Register: **Month 0 (Aug 14) – detailed**
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Phase 1 - Identification											
Risk Number	3/218	Risk Title	3/218 - Managing effective outcomes for individuals					Risk Owner	CD HAS	Manager	HAS AD ASCO
Description	Failure to meet targets in line with national agenda, carer's assessment, review and direct payments resulting in poor outcomes for individuals and internal and external criticism, reputational issues.						Risk Group	Performance	Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			HASLT; OLT; embedded performance management; budgetary management; needs assessment questionnaire; individual targets for workers						Effectiveness		
Probability	M	Objectives	H	Financial	M	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/76 - Continue to embed reablement through all services						HAS AD ASCO	Tue-30-Jun-15			
Reduction	1/77 - Ensure actions for personalisation are embedded in 2020 Programme and Vision						HAS AD ASCO	Thu-30-Apr-15			
Reduction	1/78 - Set targets through robust service planning aligned to local account						HAS AD ASCO	Tue-30-Jun-15			
Reduction	1/79 - Hold bi-monthly CSM and TM forums						HAS AD ASCO	Tue-30-Jun-15			
Reduction	1/149 - Development of Think Local Act Personal co-produced Making it Real action plan						HAS AD ASCO	Tue-30-Sep-14			
Reduction	1/317 - Ensure effective assessment and review processes are maintained throughout the transformation programme						HAS AD ASCO	Tue-30-Jun-15			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	M	Services	M	Reputation	H	Category	2
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan	1/15 - Take action to balance budget, reset performance and efficiency targets, look at capacity plan								HAS AD ASCO		



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Risk Register: **Month 0 (Aug 14) – detailed**
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Phase 1 - Identification											
Risk Number	3/187	Risk Title	3/187 - Preparedness for implementation of the Care Act					Risk Owner	CD HAS	Manager	HAS AD ASCO
Description	Failure to prepare for the implementation of the new Care Act and embed into the Operating Model including the financial impact of 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						Risk Group	Performance	Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			AD in place; Lead Manager in post; Programme Plan developed; Workshop with Leadership Forum, Integrated Transformation Plan including requirements for the Care Act and Dilnot, HAS Operating Model.					Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/144 - Working at regional and national level to influence the financial case for NYCC						AD SR & Proc	Mon-31-Aug-15			
Reduction	3/236 - Develop an action plan for implementing the Operating Model to capture all Care Act requirements						HAS AD ASCO	Tue-30-Sep-14			
Reduction	3/237 - Ensure HASLT in Transformation Board mode continue to receive monthly updates and hold 'confirm and challenge' sessions with lead managers on all workstreams						CD HAS HAS LT	Fri-31-Jul-15			
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	2/550 - Tighten controls on who can receive services. Utilise BCF to support core activity. Re-allocate other work to prioritise the statutory requirements of the Act.									HAS AD ASCO	



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Risk Register: **Month 0 (Aug 14) – detailed**

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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 use 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; revised format of Corporate Information Governance Group and creation of Virtual Group (VIGG); Periodic update at HASLT performance board;						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 - Implementation of Caldicott 2						AD SR & Proc	Sat-31-Jan-15				
Reduction	3/148 - Continue to implement awareness raising campaign						AD SR & Proc	Sat-31-Jan-15				
Reduction	3/159 - Monitor completion of mandatory e-learning courses						AD SR & Proc	Sat-31-Jan-15				
Reduction	3/227 - Continue to ensure use of secure methods of data transfer						AD SR & Proc	Sat-31-Jan-15				
Reduction	6/124 - Progress data sharing issues with Health colleagues to ensure the benefits of this are realised						AD SR & Proc	Sun-31-May-15				
Reduction	6/130 - Ensure 'lessons learned' reports are completed following any breach						AD SR & Proc	Sat-31-Jan-15				
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	3/180	Risk Title	3/180 - Partnership and Integration with the NHS				Risk Owner	CD HAS	Manager	HAS AD T&I, HAS AD ASCO, Dir Public Health, HAS AD PP&QA	
Description	Failure, in the context of the changing NHS landscape, to develop effective partnerships with 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 and ICB, hosted by NYCC. HASLT members on some CCG Boards, Engagement in local Partnership arrangements with CCGs and Providers. CHC review set up internally. Draft plans for use of the Better Care Fund.					Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
Reduction	3/151 - Ensure S75 agreement signed by CCGs					Action Manager	AD SR & Proc	Action by	Wed-31-Dec-14	Completed	
Reduction	3/155 - Ensure Better Care Fund plan signed and agreed with Government					Action Manager	HAS AD T&I	Action by	Thu-30-Apr-15	Completed	
Reduction	3/160 - Complete and implement the Governance Review of HWB and ICB					Action Manager	HAS AD T&I	Action by	Thu-30-Apr-15	Completed	
Reduction	3/192 - Complete CHC review					Action Manager	HAS AD ASCO	Action by	Wed-30-Sep-15	Completed	
Reduction	3/206 - Undertake review of management and operational delivery of social care mental health services					Action Manager	HAS AD ASCO	Action by	Thu-30-Apr-15	Completed	
Reduction	3/207 - Develop new model for working with CCGs to co-lead transformation joint priorities and transformation					Action Manager	HAS AD T&I	Action by	Tue-30-Jun-15	Completed	
Reduction	3/208 - Ensure NHS partners are fully aware of the democratic and political environment they are operating within					Action Manager	CD HAS	Action by	Mon-31-Aug-15	Completed	
Reduction	3/209 - Actively monitor relationships, priorities and communications and ensure that HAS managers are fully engaged at appropriate level and review at HAS WLT on a regular basis					Action Manager	CD HAS	Action by	Mon-31-Aug-15	Completed	
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	H	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/532 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.							Action Manager			CD HAS



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Risk Register: **Month 0 (Aug 14) – detailed**
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Phase 1 - Identification											
Risk Number	3/188	Risk Title	3/188 - Maintaining Service Delivery				Risk Owner	CD HAS	Manager	HAS Prog Dir 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 2020 North Yorkshire. 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	Performance	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 and implement a robust 2020 HAS programme resource plan with Programme Sponsors which ensures sufficient capacity to deliver projects whilst maintaining BAU activity. The plan will develop over time as detail of specific project resource requirements becomes available. Where additional project capacity is required we will aim to source this from Corporate 2020 PMO.						HAS Prog Dir	Tue-30-Jun-15			
Reduction	3/238 - Build Programme control environment in HAS to ensure all key projects are supported and that synergy is achieved between workstreams to reduce duplication						HAS Prog Dir	Tue-30-Jun-15			
Reduction	3/239 - Continue to 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	Tue-30-Jun-15			
Reduction	3/240 - Ensure a clear escalation process is in place through to the Risk Enablement team						HAS AD ASCO	Tue-31-Mar-15			
Reduction	3/1950 - Deliver HAS restructure whilst ensuring effective service delivery						HAS AD ASCO	Tue-30-Jun-15			
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 14) – detailed**

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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 local care market to meet peoples need appropriately. Potential for judicial review as a result of ongoing HAS 2020 work and commissioning/procurement 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, experienced staff, regular communication with providers, bulletins, customer feedback, Engagement Group, legal services, CQC, Financial Services & insurance consultation, market analysis, capacity planning, contract non compliance, process, alerts system including brokerage, Service Unit & provider SCPs, contingency plans developed, QA Framework developed, guidance and ongoing training for purchasing staff, HASLT & HAS Exec receives monthly reports,					Effectiveness			
Probability	M	Objectives	M	Financial	M	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/153 - Carry out domiciliary care reprocurement (3 phases). Phase 1 implementation completion date shown						HAS AD PP&QA	Tue-30-Jun-15			
Reduction	3/253 - Ongoing quarterly Partnership and Partner Liaison meetings (market development board), market analysis and mapping and information sharing						HAS AD PP&QA	Thu-30-Apr-15			
Reduction	3/254 - Continue to monitor baseline assessments of providers, targets are reviewed at quarterly officer meetings						HAS AD PP&QA	Thu-30-Apr-15			
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						HAS AD PP&QA	Thu-30-Apr-15			
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						HAS AD PP&QA	Thu-30-Apr-15			
Reduction	47/185 - Regular engagement meetings with CQC, relevant Health Commissioning Organisations and the Police						HAS AD PP&QA	Thu-30-Apr-15			
Reduction	47/186 - Introduction of the CPQA database and planning for CONTROCC and Liquid Logic - dependent on LL rollout						HAS AD PP&QA	Thu-30-Apr-15			
Reduction	47/220 - Ensure communications with CCGs are robust and consistent						HAS AD PP&QA	Thu-30-Apr-15			
Reduction	47/221 - Work with Veritau on audits of individual suppliers						HAS AD PP&QA	Thu-30-Apr-15			
Reduction	47/223 - Work to embed quality monitoring into the regular performance monitoring of the Directorate						HAS AD PP&QA	Thu-30-Apr-15			



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Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	M	Services	M	Reputation	M	Category	4
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	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).										HAS AD PP&QA



Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 14) – detailed**

Report Date: 9th September 2014 (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, countywide safeguarding general manager appointed,						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 linked to consultation in light of the Care Act						HAS AD ASCO		Fri-31-Oct-14			
Reduction	3/145 - Continue to ensure partners are fully engaged with Safeguarding boards centrally and locally, particularly new health partners (CCGs)						HAS AD ASCO		Thu-30-Apr-15			
Reduction	3/187 - Continue to work with Procurement, Partnerships and Quality Assurance team to improve quality assurance						HAS AD ASCO HAS AD PP&QA		Thu-30-Apr-15			
Reduction	3/217 - Develop and implement new safeguarding board performance framework						HAS AD ASCO		Thu-30-Apr-15			
Reduction	3/321 - Carry out review of approach to domestic abuse, Prevent and serious incident data						HAS AD ASCO		Thu-30-Apr-15			
Reduction	3/1961 - Implement the concordat following Winterbourne View						HAS AD ASCO		Thu-30-Apr-15			
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, lessons learned from any serious case reviews									HAS AD ASCO		

Health and Adult Services Directorate

Risk Register: **Month 0 (Aug 14) – detailed**

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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 effectively						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; 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; PH team performance monitoring mechanism in place, updated JSNA process in place						Effectiveness			
Probability	L	Objectives	M	Financial	H	Services	M	Reputation	M	Category	3	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	5/246 - Continue to ensure Public Health statutory functions are met						Dir Public Health	Tue-30-Jun-15				
Reduction	5/247 - Implement the communication and engagement strategy for Health						Dir Public Health	Tue-30-Jun-15				
Reduction	5/248 - Ensure 2020 Finance considers Public Health needs and that Public Health team are aware of impact on resource and finance risk						Int Fin Acc	Tue-30-Jun-15				
Reduction	5/249 - Explicitly embed Public Health in the Councils mainstream strategies and policies eg. trading standards, education, children social care, LEP						Dir Public Health	Tue-30-Jun-15				
Reduction	5/251 - 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	Tue-30-Jun-15				
Reduction	5/252 - Continue to work closely with CoY Council especially around contracting and professional networks						Dir Public Health	Tue-30-Jun-15				
Reduction	5/254 - Develop more detailed financial arrangements for the Public Health budget with sign off by CMB and HAS Exec						AD SR & Proc Dir Public Health	Wed-31-Dec-14				
Reduction	5/313 - Ensure good systems are in place for monitoring our performance against the PHOF						Dir Public Health	Tue-30-Jun-15				
Reduction	5/314 - Report on quarterly basis to HAS LT and PH Business team						Dir Public Health	Tue-30-Jun-15				
Reduction	5/318 - Progress the issues of unsigned PH contracts and raise concerns at Directorate level						Dir Public Health	Wed-31-Dec-14				
Phase 4 - Post Risk Reduction Assessment												



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Probability	L	Objectives	M	Financial	H	Services	M	Reputation	M	Category	3
Phase 5 - Fallback Plan											
Fallback Plan	3/526 - Implement alternative arrangements to ensure public health functions are delivered.									Action Manager	
										Dir Public Health	



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Phase 1 - Identification												
Risk Number	3/5	Risk Title	3/5 - HAS 2020 Transformation and Efficiency Programme (incl. the MTFs)					Risk Owner	CD HAS		Manager	HAS AD ASCO HAS AD T&I
Description	Failure of the HAS 2020 Programmes to transform services, including cultural change by providing prevention, support when and where needed and information advice and guidance that enables people to live independent lives as part of their community; resulting in budget overspend, fragmented services, lack of equity and reputational problems						Risk Group	Financial		Risk Type		
Phase 2 - Current Assessment												
Current Control Measures			Corporate and HAS 2020 Governance arrangements including reporting to & monitoring by Directorate & Corp Programme Board; dedicated staff; Transformation Board; HAS Programme Briefs Produced; EIAs being developed; Exec members involved in programme development; HAS LT members assigned to specific programme activity; HAS Vision						Effectiveness			
Probability	L	Objectives	H	Financial	H	Services	H	Reputation	H	Category	3	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	1/155 - Design and implement a Prevention Strategy and action plan which models the investment needed and savings to be achieved by shifting to community sustainability, prevention and reablement models						Dir Public Health HAS LT	Tue-31- Mar-15				
Reduction	3/54 - Embed savings programme and programme management methodology						AD SR & Proc HAS AD T&I	Wed-31- Dec-14				
Reduction	3/156 - Commission a range of preventive services in local communities for CRC and Assessment Teams to refer people to						Dir Public Health HAS AD PP&QA	Thu-30- Apr-15				
Reduction	3/157 - Review the operating model and costs for START (by Dec 2014) 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						HAS AD ASCO	Wed-31- Dec-14				
Reduction	3/158 - Support the acceleration of extra care housing. Targets and projected savings have been agreed						HAS AD ASCO HAS AD PP&QA	Tue-31- Mar-15				
Reduction	3/185 - Appropriate engagement with staff and staff side in the transformational agenda including HR support where appropriate.						HAS LT	Mon-31- Aug-15				
Reduction	3/186 - Ensure that individual projects are supported by detailed business cases signed off by finance and HR						HAS Prog Dir	Tue-31- Mar-15				
Reduction	3/199 - Further develop financial modelling for care and support of people with complex learning disabilities and report to HASLT 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.						AD SR & Proc	Mon-31- Aug-15				
Reduction	3/211 - Ensure effective engagement with the Cross Cutting 2020 themes, particularly Customer and Stronger Communities						HAS Prog Dir	Mon-31- Aug-15				
Reduction	3/212 - Implement Liquid Logic phase 2 ensuring that it maximises the capacity of staff to work flexibly, reduce hands offs and duplication and share information.						AD SR & Proc	Mon-31- Aug-15				



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Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	M	Services	M	Reputation	M	Category	5
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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Change	Risk Title	Identity Risk Description	Person		Classification												Fallback Plan			
			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 -	3/217 - Deprivation of Liberty (DoLs) Supreme Court Ruling	Failure to manage increase in workload as a result of the DoLs Supreme Court judgment resulting in financial and reputational issues including potential legal action	CD HAS	HAS AD ASCO	H	M	H	H	H	1	5	30/06/2015	H	M	H	H	H	1	Y	HAS AD ASCO
- new -	3/184 - Workforce Planning and Development including Cultural Change	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	H	M	H	M	M	1	18	31/03/2015	M	M	M	L	L	4	Y	CD HAS
- new -	3/218 - Managing effective outcomes for individuals	Failure to meet targets in line with national agenda, carer's assessment, review and direct payments resulting in poor outcomes for individuals and internal and external criticism, reputational issues.	CD HAS	HAS AD ASCO	M	H	M	H	H	2	6	30/09/2014	M	H	M	M	H	2	Y	HAS AD ASCO
◀▶	3/187 - Preparedness for implementation of the Care Act	Failure to prepare for the implementation of the new Care Act and embed into the Operating Model including the financial impact of 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	CD HAS	HAS AD ASCO	M	H	H	H	H	2	3	30/09/2014	M	H	H	H	H	2	Y	HAS AD ASCO
◀▶	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	6	31/01/2015	M	L	M	L	H	2	Y	AD SR & Proc
- new -	3/180 - Partnership and Integration with the NHS	Failure, in the context of the changing NHS landscape, to develop effective partnerships with 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 HAS AD ASCO Dir Public Health HAS AD PP&QA	M	H	H	M	H	2	8	31/12/2014	M	H	H	M	H	2	Y	CD HAS






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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		
◀▶	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 2020 North Yorkshire. 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 Prog Dir HAS AD ASCO	M	M	H	M	H	2	5	31/03/2015	M	M	H	M	H	2	Y	HAS AD ASCO
▼	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 local care market to meet peoples need appropriately. Potential for judicial review as a result of ongoing HAS 2020 work and commissioning/procurement 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	30/04/2015	M	M	M	M	M	4	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	6	31/10/2014	L	H	H	M	H	3	Y	HAS AD ASCO
▼	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 effectively	CD HAS	Dir Public Health	L	M	H	M	M	3	10	31/12/2014	L	M	H	M	M	3	Y	Dir Public Health
- new -	3/5 - HAS 2020 Transformation and Efficiency Programme (incl. the MTFS)	Failure of the HAS 2020 Programmes to transform services, including cultural change by providing prevention, support when and where needed and information advice and guidance that enables people to live independent lives as part of their community; resulting in budget overspend, fragmented services, lack of equity and reputational problems	CD HAS	HAS AD ASCO HAS AD T&I	L	H	H	H	H	3	10	31/12/2014	L	M	M	M	M	5	Y	HAS AD ASCO

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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

