

**NORTH YORKSHIRE COUNTY COUNCIL
AUDIT COMMITTEE**

29 SEPTEMBER 2016

**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 **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 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 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 six month update review of the register will take place in December 2016/January 2017.
- 3.6 One risk has been deleted from the Directorate risk register since September 2015 namely Targeted Prevention. This is because the risk related to developing, recruiting and implementing a targeted prevention service and this has been completed.
- 3.7 The risk description for Partnership and Integration with the NHS has been comprehensively reworded to reflect changes in the risk. However this is not classed as a new risk because it continues to be around the original subject area.
- 3.8 The significant actions that were achieved include the following:
- Major Failure due to Quality and/or Economic Issues in the Care Market risk – the heat map exercise has been completed and has moved on to the related action plan being implemented, whilst ensuring inclusion of the NHS and Partners.
 - Financial Pressures risk – negotiations to achieve full protection of the Adult Social Care Better Care Fund spend for this year were successfully completed. A review of HAS 2020 including the benefits profiles for all savings lines was completed. Phase 2 of the data quality model for the Directorate has also been completed.
 - Managing Effective Outcomes for Individuals risk – The anticipated demand due to changes such as the Care Act and demographic changes was assessed. This has led to various actions including an implementation of the Care and Support pathway service redesign, and delivery of social care mental health services.
 - Partnership and Integration with the NHS risk – The completed action ‘negotiations to achieve full protection of the Adult Social Care Better Care Fund spend for this year’ as mentioned above, has a positive impact on this risk. There has also been a lot of work done on agreeing and implementing new models of care in preparation of the 2017 Integration Plans in all Clinical Commissioning Group localities. This work continues along with contribution to the Sustainability and Transformation Plans (STPs).
 - Safeguarding Arrangements risk – New policies and procedures reflecting the Care Act have been completed and training on these policies and procedures is ongoing.
 - Culture Change and Workforce Planning and Development risks – There has been much work done within the Directorate such as staff engagement

and training programmes but it is recognised that as services such as the Care and Support pathway is redesigned alongside Modern Council new ways of working, further work will continue.

- 3.9 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 RECOMMENDATION

- 4.1 That the Committee note the Risk Register for the Health and Adult Services Directorate and provide feedback or comments thereon.

RICHARD WEBB
Corporate Director – Health & Adult Services
September 2016

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

Risk Register: **Month 0 (August 2016) – summary**

Report Date: 8th September 2016 (pw)

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		
◀▶	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market.	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.	CD HAS	HAS AD Q&E	H	M	M	M	H	1	14	30/06/2016	H	M	M	M	M	2	Y	HAS AD Q&E
◀▶	3/229 - Financial Pressures	Financial pressures arising from difficulties in delivering HAS2020 Savings requirements, managing in year financial overspends, Better Care Fund contributions, market pressure and complexity of client needs leading to service impact or additional savings needing to be identified within HAS or corporately.	CD HAS	AD SR (HAS) & Proc	H	H	H	M	M	1	15	31/03/2016	M	H	H	M	M	2	N	
◀▶	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 C&S HAS AD Q&E	M	H	H	H	H	2	5	30/09/2016	M	H	H	H	H	2	Y	HAS AD C&S
◀▶	3/164 - Information Governance and Health and Safety	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate	CD HAS	AD SR (HAS) & Proc	M	L	M	L	H	2	8	31/12/2016	M	L	M	L	H	2	Y	AD SR (HAS) & Proc
◀▶	3/180 - Partnership and Integration with the NHS	Failure to agree outline integration plans by 2017 leading to full integration plans by 2020 with the NHS, and in the context of managing 3 ST Plans. This could result in a negative impact on Devolution proposals, fragmentation of NY partnership planning and delivery arrangements and inconsistency in service delivery to local people	CD HAS	HAS AD Integration HAS AD C&S Dir Public Health HAS AD Q&E	M	M	H	M	H	2	15	31/03/2016	M	M	H	M	H	2	Y	CD HAS



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2016) – summary**

Report Date: 8th September 2016 (pw)

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		
▼	3/218 - Managing effective outcomes for individuals	Failure to meet targets in line with the Care Act resulting in poor outcomes for individuals and internal and external criticism, reputational issues.	CD HAS	HAS AD C&S	M	H	H	H	H	2	11	31/05/2016	L	H	M	M	H	3	Y	HAS AD C&S
◀▶	3/226 - Transformation	Failure to carry out transformation of the care and support offer in a timely way such that savings are made, significant change and improvement is implemented and personal independence is maximised	CD HAS	HAS AD C&S	M	H	H	H	H	2	9	31/03/2016	L	M	H	M	M	3	Y	HAS AD C&S
◀▶	3/27 - Safeguarding Arrangements	Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.	CD HAS	HAS AD C&S HAS AD Q&E	M	H	H	M	H	2	12	31/12/2015	L	H	H	M	H	3	Y	HAS AD C&S
◀▶	3/228 - Extra Care Housing	Failure to effectively deliver the Extra Care Programme and EPH reprovion resulting in suboptimal financial savings, potential challenge to EPH reprovion proposals, poor project management of Extra Care Scheme Development	CD HAS	HAS AD Com	M	M	H	M	H	2	8	31/08/2016	L	L	H	L	M	3	Y	HAS AD Com
◀▶	3/184 - Workforce Planning and Development	Failure to appropriately plan and fulfil 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	M	M	H	H	M	2	10	31/08/2016	M	M	M	M	L	4	Y	CD HAS

Health and Adult Services Directorate

Risk Register: **Month 0 (August 2016) – summary**

Report Date: 8th September 2016 (pw)

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		
▼	3/220 - Cultural Change	Failure to change the Directorate culture at the same time as implementing the HAS Vision and the 2020 Transformation Programme for HAS by 2020 resulting in financial challenges and unmet savings, staff unclear about their roles and an inability to implement new ways of working	CD HAS	HAS HoHR	M	M	H	M	M	2	10	31/08/2016	L	M	M	M	M	5	Y	CD HAS
◀▶	3/167 - Public Health	Failure to deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions resulting in failure to maximise health gain in the County, inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant	CD HAS	Dir Public Health	L	M	H	M	M	3	10	31/12/2016	L	M	M	M	M	5	Y	Dir Public Health

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



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2016) – detailed**

Report Date: 8th September 2016 (pw)

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 Q&E	
Description	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.					Risk Group	Legislative	Risk Type	Q&E 2/159		
Phase 2 - Current Assessment											
Current Control Measures			Regular review and monitoring contracts; 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; alerts system including brokerage; Service Unit & provider BCPs; QA Framework developed; guidance and ongoing training for purchasing staff; engage with AD ASS; reg meetings with Q&M, Health Commissioner and police; robust comms with CCGs; quality monitoring embedded in Dir perf monitoring; market position statement					Effectiveness			
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	2/388 - Consider and implement the recommendations from the actual cost of care exercise; interim payment made awaiting acceptance. Carry out a formal consultation with providers and make decision with HAS Executive Member						HAS AD Q&E	Mon-31-Oct-16			
Reduction	2/434 - 2020 Market shaping/development project						HAS AD Com HAS AD Q&E	Sat-31-Mar-18			
Reduction	2/435 - Workforce group to develop and support workforce across the sector						HAS AD Q&E HAS HoHR	Sat-31-Mar-18			
Reduction	2/436 - Begin scoping an intervention team						HAS AD Q&E	Wed-31-May-17			
Reduction	3/153 - Develop and implement new model for personal care and support at home						HAS AD Com HAS AD Q&E	Fri-31-Mar-17			
Reduction	3/247 - Continue to revise and update a market position statement						HAS AD Com	Thu-31-Aug-17			
Reduction	3/253 - Re-establish quarterly Partnership and Partner Liaison meetings (market development board), market analysis and mapping and information sharing						HAS AD Q&E	Wed-31-May-17			
Reduction	3/254 - Jointly with Health continue to monitor baseline assessments QA framework and risk profiles of providers; targets are reviewed at quarterly officer meetings and info fed into engagement group						HAS AD Q&E	Wed-31-May-17			
Reduction	3/371 - Continue with regular engagement meetings with CQC locally and engage with CQCs national programme of identifying providers where there is significant risk of failure						HAS AD Q&E	Wed-31-May-17			
Reduction	3/472 - Implement action plan following outcome of heat map exercise and ensure inclusion of NHS and Partners						HAS HoHR	Fri-31-Mar-17			

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Risk Register: **Month 0 (August 2016) – detailed**

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Reduction	3/1954 - Complete heat map action plan.	HAS HoHR	Thu-30-Jun-16	Thu-30-Jun-16								
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 Q&E	Wed-31-May-17									
Reduction	47/186 - Introduction of the Q&M database and planning for electronic solutions; awaiting provider list renewal	HAS AD Q&E	Sat-30-Sep-17									
Reduction	47/221 - Work with Veritau on audits of individual suppliers (ongoing)	HAS AD Q&E	Wed-31-May-17									
Phase 4 - Post Risk Reduction Assessment												
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	M	Category	2	
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 established failure plan.										HAS AD Q&E	



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2016) – detailed**

Report Date: 8th September 2016 (pw)

Phase 1 - Identification											
Risk Number	3/229	Risk Title	3/229 - Financial Pressures				Risk Owner	CD HAS	Manager	AD SR (HAS) & Proc	
Description	Financial pressures arising from difficulties in delivering HAS2020 Savings requirements, managing in year financial overspends, Better Care Fund contributions, market pressure and complexity of client needs leading to service impact or additional savings needing to be identified within HAS or corporately.					Risk Group	Financial	Risk Type	Dir Only		
Phase 2 - Current Assessment											
Current Control Measures			Fortnightly performance and governance HAS LT meetings, Corp PMO resources applied to projects and programme management, regular monitoring of in year financial performance and reporting to portfolio Members, corp provision for financial pressures in HAS available for drawdown,				Effectiveness				
Probability	H	Objectives	H	Financial	H	Services	M	Reputation	M	Category	1
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	2/388 - Consider and implement the recommendations from the actual cost of care exercise; interim payment made awaiting acceptance. Carry out a formal consultation with providers and make decision with HAS Executive Member						HAS AD Q&E	Mon-31-Oct-16			
Reduction	3/153 - Develop and implement new model for personal care and support at home						HAS AD Com HAS AD Q&E	Fri-31-Mar-17			
Reduction	3/247 - Continue to revise and update a market position statement						HAS AD Com	Thu-31-Aug-17			
Reduction	3/379 - Carry out fundamental budget review which models cost drivers, demand and complexity of cases						AD SR (HAS) & Proc	Fri-31-Mar-17			
Reduction	3/383 - Negotiations to achieve full protection of adult social care BCF spend 2016/17 onwards						AD SR (HAS) & Proc HAS AD Integration	Thu-31-Mar-16	Wed-31-Aug-16		
Reduction	3/421 - Complete separate review of complexity of client needs						HAS AD C&S	Fri-30-Sep-16			
Reduction	3/422 - Complete performance dashboard project for iwswni programme (phase 1)						AD SR (HAS) & Proc	Fri-30-Sep-16			
Reduction	3/423 - Complete the Financial assessments, billing and contracts project to improve market and cost information and service standards						AD SR (HAS) & Proc	Fri-31-Mar-17			
Reduction	3/424 - Review of HAS 2020 including completion of benefits profiles for all savings lines						HAS LT	Thu-31-Mar-16	Thu-30-Jun-16		
Reduction	3/425 - Roll out phase 2 of HAS data model						AD SR (HAS) & Proc	Thu-31-Mar-16	Thu-30-Jun-16		
Reduction	3/460 - Negotiations to achieve full maintenance of adult social care BCF spend 2017/18 and beyond						AD SR (HAS) & Proc HAS AD Integration	Fri-31-Mar-17			
Reduction	3/461 - Complete performance dashboard project for iwswni programme (phase 2)						AD SR (HAS) & Proc	Sat-31-Dec-16			



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Reduction	3/463 - Develop new approaches to personal care at home	HAS AD C&S	Sat-31-Mar-18								
Reduction	3/472 - Implement action plan following outcome of heat map exercise and ensure inclusion of NHS and Partners	HAS HoHR	Fri-31-Mar-17								
Reduction	3/1954 - Complete heat map action plan.	HAS HoHR	Thu-30-Jun-16	Thu-30-Jun-16							
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan											



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2016) – detailed**

Report Date: 8th September 2016 (pw)

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 C&S HAS AD Q&E	
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	Legislative	Risk Type	C&S 1/219		
Phase 2 - Current Assessment											
Current Control Measures		Resources and capacity have been increased; action plan in place in line with ADAS recommendations; regular quarterly report on activity, performance and finance provided to Leadership Team; statutory process implemented; action plan reviewed and updated following external review; Corporate funding draw down						Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/100 - Ensure the In-House registered providers adhere to the DoLS supreme court judgement						HAS AD C&S	Wed-31-May-17			
Reduction	3/191 - Continue to monitor and appropriately manage resources and capacity issues						HAS AD C&S	Wed-31-May-17			
Reduction	3/193 - Continue to provide regular briefings to HASLT, staff and providers						HAS AD C&S	Wed-31-May-17			
Reduction	3/255 - Maintain horizon scanning for future developments						HAS AD C&S	Wed-31-May-17			
Reduction	3/320 - Maintain communication with key partners						HAS AD C&S	Wed-31-May-17			
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	3/556 - A further review of the action plan, with external support may be sought. Escalation to senior management with potential options for mitigation.							HAS AD C&S			



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2016) – detailed**

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Phase 1 - Identification											
Risk Number	3/164	Risk Title	3/164 - Information Governance and Health and Safety				Risk Owner	CD HAS		Manager	AD SR (HAS) & Proc
Description	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate					Risk Group	Legislative		Risk Type	SR&Proc 6/193	
Phase 2 - Current Assessment											
Current Control Measures			Info Gov - Monitoring of 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; Corporate Information Governance Group and Directorate Group (DIGG); Periodic update at HASLT performance board; regular security sweeps, asset owner training completed H & S - Corporate H & S policy, and action plan; wider HAS leadership team H&S training completed;					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 - Continue to implement Caldicott 2 where possible					AD SR (HAS) & Proc		Thu-31-Aug-17			
Reduction	3/148 - Continue to implement awareness raising campaign for information governance					AD SR (HAS) & Proc		Thu-31-Aug-17			
Reduction	3/159 - Monitor completion of mandatory e-learning courses					AD SR (HAS) & Proc		Fri-31-Mar-17			
Reduction	3/227 - Continue to ensure and promote use of secure methods of data transfer					AD SR (HAS) & Proc		Thu-31-Aug-17			
Reduction	3/364 - Review disposal arrangements of documents following issue of refreshed corporate policy and guidance					AD SR (HAS) & Proc		Wed-31-May-17			
Reduction	3/365 - Ensure 'lessons learned' reports are reviewed following any breach					AD SR (HAS) & Proc		Thu-31-Aug-17			
Reduction	3/366 - Arrange quarterly risk management and health and safety group meetings and include monitoring of action plan					AD SR (HAS) & Proc		Sat-31-Dec-16			
Reduction	6/124 - Progress data sharing issues with Health colleagues to ensure the benefits of this are realised					AD SR (HAS) & Proc		Thu-31-Aug-17			
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 and HSE when necessary							AD SR (HAS) & Proc			

Health and Adult Services Directorate

Risk Register: **Month 0 (August 2016) – detailed**

Report Date: 8th September 2016 (pw)

Phase 1 - Identification											
Risk Number	3/180	Risk Title	3/180 - Partnership and Integration with the NHS				Risk Owner	CD HAS	Manager	HAS AD Integration HAS AD C&S Dir Public Health HAS AD Q&E	
Description	Failure to agree outline integration plans by 2017 leading to full integration plans by 2020 with the NHS, and in the context of managing 3 ST Plans. This could result in a negative impact on Devolution proposals, fragmentation of NY partnership planning and delivery arrangements and inconsistency in service delivery to local people					Risk Group	Partnerships	Risk Type	Corp 20/47		
Phase 2 - Current Assessment											
Current Control Measures			Effective HWB partnership with clear governance providing strategic leadership with a shared performance dashboard; chief Officer representation influencing the development of STPs;. HASLT locality delivery model in place actively shaping local integration plans; Joint leadership in Harrogate delivering a new model of care and in Scarborough developing a new model of care; agreement in 2016/17 to protect social care through the Better Care Fund; agreement with NY Commissioner Forum to develop a joint commissioning strategy that will include CHC and other areas; Health and Well-being Strategy in place					Effectiveness			
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/156 - Ensure new S75 agreement signed by CCGs 2016/17 (ongoing)						AD SR (HAS) & Proc	Fri-30-Sep-16			
Reduction	3/208 - Ensure NHS partners are fully aware of the democratic and political environment they are operating within and liaise with Scrutiny colleagues to ensure a positive outcome (ongoing)						CD HAS	Thu-31-Aug-17			
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 (ongoing)						CD HAS	Thu-31-Aug-17			
Reduction	3/381 - Implement board development programme for HWB (ongoing)						HAS AD Integration	Wed-31-Aug-16	Wed-31-Aug-16		
Reduction	3/383 - Negotiations to achieve full protection of adult social care BCF spend 2016/17 onwards						AD SR (HAS) & Proc HAS AD Integration	Thu-31-Mar-16	Wed-31-Aug-16		
Reduction	3/384 - Agree and implement new models of care in preparation of 2017 Integration plans in all CCG localities incl. Vanguard (HaRD) Ambitions for Health						CD HAS	Fri-31-Mar-17			
Reduction	3/385 - Engage wider HASLT in testing the implications of different integration models						HAS AD Com HAS AD Integration	Fri-31-Mar-17			
Reduction	3/420 - Develop and implement outline integration plans with CCGs						HAS AD Integration	Fri-30-Jun-17			
Reduction	3/428 - Improve the DToC (Delayed Transfer of Care) performance to avoid financial penalties and reputational issues. Put in place affordable DToC (Delayed Transfer of Care) plans that avoid financial penalties						HAS AD C&SHAS AD Com	Fri-30-Jun-17			



Health and Adult Services Directorate

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Reduction	3/429 - Consider the viability of a local Risk Share Agreement with NHS Partners (ongoing)	AD SR (HAS) & Proc HAS AD Integration	Thu-31-Aug-17									
Reduction	3/430 - Review governance arrangements for the Health and Wellbeing Board to ensure delivery of the joint H & W Strategy	HAS AD Integration	Fri-31-Mar-17									
Reduction	3/460 - Negotiations to achieve full maintenance of adult social care BCF spend 2017/18 and beyond	AD SR (HAS) & Proc HAS AD Integration	Fri-31-Mar-17									
Reduction	3/466 - Contribute to 3 STP draft plans	CD HAS	Mon-31-Oct-16									
Reduction	3/467 - Develop and agree the scope for a joint commissioning programme (NYCF)	HAS AD Integration	Fri-30-Sep-16									
Reduction	3/468 - Arrange a HB workshop on the challenges of managing the health and social care economy in N Yorkshire	HAS AD Integration	Wed-30-Nov-16									
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	3/532 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.										CD HAS	

Health and Adult Services Directorate

Risk Register: **Month 0 (August 2016) – detailed**

Report Date: 8th September 2016 (pw)

Phase 1 - Identification											
Risk Number	3/218	Risk Title	3/218 - Managing effective outcomes for individuals				Risk Owner	CD HAS		Manager	HAS AD C&S
Description	Failure to meet targets in line with the Care Act resulting in poor outcomes for individuals and internal and external criticism, reputational issues.					Risk Group	Performance		Risk Type	C&S 1/17	
Phase 2 - Current Assessment											
Current Control Measures		HASLT; C&SLT; embedded performance management; budgetary management; needs assessment questionnaire; individual targets for workers; more direct intervention planned on testing out assessment pathway plan targets and savings							Effectiveness		
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	1/76 - Develop the care and support pathway and commence consultation					HAS AD C&S		Fri-29-Jul-16	Fri-29-Jul-16		
Reduction	1/78 - Set targets through robust service planning aligned to 2020 Vision					HAS AD C&S		Wed-31-May-17			
Reduction	1/79 - Hold bi-monthly CSM forums					HAS AD C&S		Wed-31-May-17			
Reduction	1/107 - Continue to embed the Dignity and Respect agenda					HAS AD C&S		Wed-31-May-17			
Reduction	1/317 - Ensure effective assessment and review processes are maintained throughout the transformation programme					HAS AD C&S		Wed-31-May-17			
Reduction	1/330 - Model anticipated demand using information from census and carers organisations; activity analysis completed on 15/16 data to assess potential demand under the new model					HAS AD C&S		Tue-31-May-16	Tue-31-May-16		
Reduction	1/331 - Awareness raising of care act responsibilities and engagement with NHS and other partners, including sign posting to National training					HAS AD C&S		Wed-31-May-17			
Reduction	1/333 - Maintain strong links to 2020 projects to ensure duties and requirements are taken into account					HAS AD C&S		Wed-31-May-17			
Reduction	3/206 - Undertake review and staff consultation of management and operational delivery of social care mental health services					HAS AD C&S		Wed-31-Aug-16	Thu-31-Mar-16		
Reduction	3/457 - Implement the care and support pathway service redesign					HAS AD C&S		Fri-31-Mar-17			
Reduction	3/458 - Implement the agreed management and operational delivery of social care mental health services					HAS AD C&S		Mon-31-Oct-16			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	H	Financial	M	Services	M	Reputation	H	Category	3



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2016) – detailed**
Report Date: 8th September 2016 (pw)

Phase 5 - Fallback Plan		Action Manager
Fallback Plan	1/15 - Review performance and capacity including access to additional funding	HAS AD C&S



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Phase 1 - Identification											
Risk Number	3/226	Risk Title	3/226 - Transformation				Risk Owner	CD HAS		Manager	HAS AD C&S
Description	Failure to carry out transformation of the care and support offer in a timely way such that savings are made, significant change and improvement is implemented and personal independence is maximised					Risk Group	Change Mgt		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; engagement with NHS commissioners and providers over assessment pathway process; prevention framework and action plan designed; workforce development plan in place;						Effectiveness		
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	1/155 - Design a Prevention Framework and action plan which models the investment needed and savings to be achieved by shifting to community sustainability and prevention; model out of consultation					HAS AD C&S Public Health Consultant		Thu-30-Jun-16	Tue-31-May-16		
Reduction	1/360 - Develop and deliver the customer service centre work around transformation; pilot complete using to test the new model and ways of working					HAS AD C&S		Wed-31-May-17			
Reduction	1/443 - Ensure suitable transitional management arrangements are made at AD level					CD HAS		Fri-31-Mar-17			
Reduction	1/444 - Engage with customers and staff to develop new practice and ways of working					HAS AD C&S		Wed-31-May-17			
Reduction	1/445 - Implement the governance programme that ensures milestones are clearly understood prior to full launch					HAS AD C&S		Fri-31-Mar-17			
Reduction	1/446 - Develop a performance and trend dashboard to monitor activity and savings					HAS AD C&S		Wed-31-May-17			
Reduction	3/157 - Develop a new enablement and reablement pathway, agreed in principle with NHS partners consultation to commence in April 2017 and also make provision for management of existing cases					HAS AD C&S		Thu-31-Aug-17			
Reduction	3/363 - Support the assessment pathway programme and specifically the Care and Support restructure through workforce planning and development					HAS HoHR HAS LT		Wed-31-Aug-16	Sun-31-Jul-16		
Reduction	3/1951 - Carry out detailed review of 2020 transformation savings that need to be achieved					HAS LT		Thu-31-Mar-16	Thu-31-Mar-16		
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	H	Services	M	Reputation	M	Category	3



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Phase 5 - Fallback Plan		Action Manager
Fallback Plan	1/15 - Review performance and capacity including access to additional funding	HAS AD C&S



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Phase 1 - Identification											
Risk Number	3/27	Risk Title	3/27 - Safeguarding Arrangements				Risk Owner	CD HAS	Manager	HAS AD C&S HAS AD Q&E	
Description	Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.					Risk Group	Partnerships	Risk Type	C&S 1/14		
Phase 2 - Current Assessment											
Current Control Measures			Detailed action plan; Safeguarding review for the County; revised Safeguarding Boards and sub groups linked to new Care Act provisions; Safeguarding Head of Locality 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 Forum; independent chair to Safeguarding Board in place; risk enablement panel developed; countywide safeguarding general manager in place; testing of initial performance metrics for Safeguarding Board has taken place; safeguarding procedures reviewed linked to consultation in light of the Care Act; safeguarding board performance framework; protocol for the relationship between Adults Social Care (and Children's Trust) and the Health and Wellbeing Board agreed and implemented; risk assessment tool launched;					Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/357 - Bringing in further experienced staff whenever possible						HAS AD C&S	Wed-31-May-17			
Reduction	2/85 - Implementation of new policies and procedures reflecting new Care Act duties; training to complete						HAS AD Q&E	Thu-31-Dec-15	Thu-31-Dec-15		
Reduction	2/161 - Continued vigilance to ensure our supervisory body role adheres to good practice and national guidance, evidenced by regular reports to HASLT and members						HAS AD Q&E	Wed-31-May-17			
Reduction	2/336 - Carry out the supervisory body role for DoLS to ensure the system works; within priorities agreed						HAS AD Q&E	Wed-31-May-17			
Reduction	3/145 - Continue to ensure partners are fully engaged with Safeguarding boards centrally and locally, particularly new health partners (CCGs) - ongoing, two board development days held						HAS AD C&S HAS AD Q&E	Wed-31-May-17			
Reduction	3/187 - Continue to work with Quality and Engagement team to improve quality assurance; including work with CQC, Health and Healthwatch						HAS AD C&S HAS AD Q&E	Thu-31-Aug-17			
Reduction	3/217 - Complete training in respect of safeguarding policies and procedures and wider awareness training for groups such as elected Members						HAS AD C&S	Sat-31-Dec-16			
Reduction	3/321 - Ongoing joint work with CYPS to carry out review of approach to domestic abuse and Prevent						HAS AD Q&E	Fri-31-Mar-17			
Reduction	3/464 - Revise existing safeguarding policies and procedures in light of operational experience						HAS AD C&S	Fri-31-Mar-17			
Reduction	3/1959 - Develop an information framework for serious incident data, eg drug death etc						AD SR (HAS) & Proc HAS AD Q&E	Sat-31-Dec-16			



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Reduction	3/1961 - Embedding safeguarding work to deliver the Transforming Care programme incl. embedding the care act role of Principal Social Worker and Safeguarding Board Manager				HAS AD C&S	Wed-31-May-17					
Reduction	47/77 - Revise and implement the Quality Assurance Framework				HAS Q&E Ho Q&M	Sun-31-Jul-16	Sun-31-Jul-16				
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	H	Financial	H	Services	M	Reputation	H	Category	3
Phase 5 - Fallback Plan											
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						Action Manager				
							HAS AD C&S				



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Phase 1 - Identification											
Risk Number	3/228	Risk Title	3/228 - Extra Care Housing				Risk Owner	CD HAS	Manager	HAS AD Com	
Description	Failure to effectively deliver the Extra Care Programme and EPH reprovision resulting in suboptimal financial savings, potential challenge to EPH reprovision proposals, poor project management of Extra Care Scheme Development					Risk Group	Strategic	Risk Type	47/151		
Phase 2 - Current Assessment											
Current Control Measures			Robust needs assessment (independently tested), Programme management structure, use of experienced external advisors in respect of legal, finance and procurement services, governance arrangements, member support, programme manager recruited, procurement of Framework partners outcome completed; call off contract timetable developed and aligned with necessary consultations; reviewed process for EPH reprovision to ensure fit for purpose; process for mini procurements agreed; financial investment and VfM for existing developments reviewed;					Effectiveness			
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/377 - Identify specific issues and requirements for each Scheme						HAS AD Com	Tue-31-Mar-20			
Reduction	3/378 - Develop bespoke programme for each Scheme						HAS AD Com	Tue-31-Mar-20			
Reduction	3/380 - Finance - ongoing close monitoring of financial model to ensure savings are achieved						HAS AD Com	Mon-30-Sep-19			
Reduction	3/426 - Carry out implementation reviews and consider lessons learned for future schemes						HAS AD Com	Mon-30-Sep-19			
Reduction	3/427 - Review impact of benefit (housing) changes and produce bespoke responses for schemes						HAS AD Com	Wed-31-Aug-16	Sun-31-Jul-16		
Reduction	3/459 - Regular review of Schemes within the timetable for the delivery of Extra Care and adjust where necessary to deliver savings						HAS AD Com	Tue-31-Mar-20			
Reduction	47/81 - Look at new and innovative approaches for smaller schemes						HAS AD Com	Tue-31-Mar-20			
Reduction	47/82 - Ensure effective utilisation of an agreed consultation process for procurement in respect of EPHs						HAS AD Com	Tue-31-Mar-20			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	L	Financial	H	Services	L	Reputation	M	Category	3
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan	557 - Continually review progress and changes in market conditions and Partner circumstances and make appropriate adjustments to the Programme							HAS AD Com			

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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 and fulfil 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	Dir Only			
Phase 2 - Current Assessment												
Current Control Measures	Workforce Strategy and OD Plan refreshed and agreed by HAS LT, HR representation on each 2020 programme board, draft staff engagement and communication plan, Care Act training delivered, Directorate restructure complete, Directorate Vision launched via Powerpoint communication, HAS Transformation Board, regular DJCC meetings with Unison, training plan in place, ASYE implemented,							Effectiveness				
Probability	M	Objectives	M	Financial		H	Services	H	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	3/164 - Support the independent and voluntary sector to develop its workforce's skills sets (ongoing)						HAS HoHR	Thu-31-Aug-17				
Reduction	3/218 - Continue to implement the Directorate Training Plan which encompasses all the key changes facing Operational Staff and equips Heads of Service and CSMs to ensure delivery (ongoing)						HAS AD C&S HAS HoHR	Thu-31-Aug-17				
Reduction	3/231 - Ensure Directorate Managers are provided with training in people management processes, reorganisation and redundancy processes and change management. (ongoing)						HAS HoHR	Thu-31-Aug-17				
Reduction	3/263 - Ensure use of Insight is embedded with Directorate managers and exceptions and performance issues are identified through quarterly reports to HAS LT and SHRA input to management teams and ensure appropriate action is taken (ongoing)						HAS LT	Thu-31-Aug-17				
Reduction	3/324 - Implement the resourcing strategy to support continuity of staffing in EPHs, reablement and personal care at home including EPH reprovision via the Extra Care programme (ongoing)						HAS AD C&S HAS HoHR	Thu-31-Aug-17				
Reduction	3/325 - Continue to develop and implement a skill mix in assessment teams to meet the additional resource requirements as a result of the Care Act implementation						AD SR (HAS) & Proc HAS AD C&S HAS HoHR	Fri-31-Mar-17				
Reduction	3/340 - Provide HR and WD advice and support to Managers leading Transformation Projects (ongoing)						HAS HoHR	Thu-31-Aug-17				
Reduction	3/363 - Support the assessment pathway programme and specifically the Care and Support restructure through workforce planning and development						HAS HoHR HAS LT	Wed-31-Aug-16	Sun-31-Jul-16			
Reduction	3/1952 - Develop an integrated workforce strategy with the NHS						HAS LT	Fri-31-Mar-17				
Reduction	3/1964 - Continue to engage with and contribute to all 2020 North Yorkshire workstreams (ongoing)						HAS LT	Thu-31-Aug-17				
Phase 4 - Post Risk Reduction Assessment												
Probability	M	Objectives	M	Financial		M	Services	M	Reputation	L	Category	4



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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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Phase 1 - Identification											
Risk Number	3/220	Risk Title	3/220 - Cultural Change				Risk Owner	CD HAS		Manager	HAS HoHR
Description	Failure to change the Directorate culture at the same time as implementing the HAS Vision and the 2020 Transformation Programme for HAS by 2020 resulting in financial challenges and unmet savings, staff unclear about their roles and an inability to implement new ways of working					Risk Group	Personnel		Risk Type	Dir Only	
Phase 2 - Current Assessment											
Current Control Measures			Leadership Forum, Wider Leadership team, Workforce strategy and OD Plan; Care Act training delivered; Directorate restructure complete and associated development plan delivered; Directorate Vision developed and being implemented; business cases developed and programmes being implemented for assessment pathway and targeted prevention; Make Every Contact Count training developed; comprehensive staff engagement and communication plan developed; activity dashboards developed providing evidence of progress;						Effectiveness		
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/201 - Leadership to communicate and consult on the transformation programme						HAS AD C&S	Fri-31-Mar-17			
Reduction	3/232 - Embed the locality leadership model						HAS LT	Wed-31-Aug-16	Wed-30-Sep-15		
Reduction	3/233 - Ensure effective liaison with the Stronger Communities team to maximise access to community assets and delay use of mainstream services (ongoing)						HAS LT	Thu-31-Aug-17			
Reduction	3/234 - Ensure effective targeted prevention activity to maximise access to community assets and delay use of mainstream services						HAS AD C&S	Wed-31-Aug-16	Thu-30-Jun-16		
Reduction	3/322 - Review, revise and implement management arrangements for Mental Health services						HAS AD C&S HAS HoHR	Mon-31-Oct-16			
Reduction	3/323 - Roll out Make Every Contact Count training to the Directorate workforce						Dir Public Health HAS HoHR	Sat-30-Sep-17			
Reduction	3/341 - Implement a comprehensive staff engagement and communication plan (ongoing)						HAS LT	Thu-31-Aug-17			
Reduction	3/343 - Ensure development and delivery of staff training programmes to support culture change including identification of appropriate resource						Principal Workforce Development Advisor	Thu-31-Aug-17			
Reduction	3/372 - Ensure leadership and management continue to evolve methods of effective communication to enable involvement and feedback from staff and co-production with service users and partners (ongoing)						HAS LT	Thu-31-Aug-17			
Reduction	3/465 - Review wider Mental Health team structures						HAS AD C&S HAS HoHR	Tue-31-Oct-17			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	M	Services	M	Reputation	M	Category	5



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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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Phase 1 - Identification											
Risk Number	3/167	Risk Title	3/167 - Public Health				Risk Owner	CD HAS	Manager	Dir Public Health	
Description	Failure to deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions resulting in failure to maximise health gain in the County, inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant					Risk Group	Partnerships	Risk Type	PH 5/196		
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 in place; development of financial framework; recommissioned most of the Public Health services					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	Fri-30-Jun-17			
Reduction	5/247 - Develop the Public Health Advisory Service for CCGs; held up by inability to recruit to consultant post						Dir Public Health	Sat-31-Dec-16			
Reduction	5/248 - Ensure 2020 Finance considers Public Health needs and that Public Health team are aware of impact on resource and finance risk (development of 5 year indicative framework)						Int Fin Acc	Fri-30-Jun-17			
Reduction	5/249 - Explicitly embed Public Health in the Councils mainstream strategies and policies eg. trading standards, education, children social care, LEP (ongoing) and embed within the HAS locality model						Dir Public Health	Fri-30-Jun-17			
Reduction	5/251 - Continue to 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-30-Jun-17			
Reduction	5/252 - Continue to work closely with CoY Council especially around contracting and professional networks						Dir Public Health	Fri-30-Jun-17			
Reduction	5/254 - Develop more detailed business plan and financial arrangements (5 year indicative framework being developed) for the Public Health budget with sign off by CMB and HAS Exec within new financial framework						AD SR (HAS) & Proc Dir Public Health	Fri-30-Jun-17			
Reduction	5/313 - Ensure good systems are in place for monitoring our performance against the PHOF; reported as part of the Council's performance framework						Dir Public Health	Fri-30-Jun-17			
Reduction	5/314 - Report on quarterly basis to HAS LT and PH Business team						Dir Public Health	Fri-30-Jun-17			
Reduction	5/345 - Ensure partners are aware of implications of grant fund cut						Dir Public Health	Fri-30-Jun-17			

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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	3/526 - Further develop and implement alternative delivery models taking into account good practice elsewhere									Dir Public Health	

