

**NORTH YORKSHIRE COUNTY COUNCIL  
AUDIT COMMITTEE**

**24 NOVEMBER 2017**

**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 outline some of the key service risks and governance developments within the Directorate
- 1.2 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 KEY GOVERNANCE DEVELOPMENT AND RISK ISSUES**

- 3.1 There are a number of key governance developments in the forthcoming year which may impact on the Directorate. Several of these are set out in more detail below, with a summary of progress to date:

**Commissioning and the Market**

Whilst we have an extensive and varied market for care and support, in line with national trends, we have seen increasing fragility over the last few years, with workforce a key pressure as providers find it harder to recruit and retain quality staff. The downside of near full employment in much of the County is the challenge of attracting people into the care sector.

The geographic scale and diversity of North Yorkshire also creates unique challenges for Market Development. Care Homes do not rely solely on Council placements, with only a third of beds funded by the Council; a further third occupied by people who are self-funders; and the rest by people who are funded by Continuing Health Care or other Councils. The council has looked to

develop the home care market and Extra Care as alternatives and the latter has been largely successful. Home Care, particularly in rural areas, presents significant challenges in availability of supply.

We maintain approved provider lists for residential and nursing care homes, regulated and non-regulated community support services, and have framework contracts for domiciliary care in two areas of the county. There are areas of the county where we are struggling to secure care at home for people, mostly but not exclusively in very rural areas.

We use a variety of channels to work with the providers, including through the Independent Care Group (ICG), which we grant fund to support their costs, as well as provider forums and regular provider bulletins. Providers are keen to work collaboratively on wider issues than funding but fee levels continue to be a concern to all our providers. We undertook a second cost of care exercise for residential and nursing care homes last year, jointly commissioned with the ICG, and our fee levels are relatively high within the region. However providers still feel that our fees are low.

Our Workforce Heatmap project confirms what providers tell us: that there are issues about wage levels, as well as the demands of care workers' roles, with an increasing complexity of the needs that staff are being asked to support. We know a number of providers are already paying above National Minimum Wage, but still struggle to recruit. Competition with other sectors, including retail and tourism, offer attractive alternatives for our traditional workforce. We are working with staff in the sector, with colleges and schools to explore ways to attract more people in to the care sector. Our [www.makecarematter.co.uk](http://www.makecarematter.co.uk) website is working across sectors to target potential new recruits to social care.

Our domiciliary care providers and care home providers are above the national average for good and outstanding CQC ratings, but we want to do more to support improvement and will use some of the additional social care funding, announced by the Chancellor in March 2017, to work with the ICG to support the development of more sector led improvement capacity. We have lost providers from the market because of quality issues, many impacted by failings around leadership and retention of nursing staff. We do still see new homes being developed, although most at fee levels far in excess of our standard fees. As a consequence, we are also about to commission a feasibility study into the options around the Council and the NHS building and/or running nursing homes in particular – currently Councils cannot provide nursing home services.

We are in the early stages of piloting the use of our brokerage teams to support NHS placements for CHC, in an effort to better coordinate the use of care placements and to achieve better value for money.

### **Working with Health, including Delayed Transfers of Care (DTC)**

Following the publication of Improved Better Care Fund (IBCF) guidance and further work with NHS partners, the IBCF proposals have been agreed with CCGs and endorsed by the Health & Wellbeing Board, and plans now

articulated for schemes and activity commenced on key projects. These projects relate to the £2bn national grant over three years that the Chancellor announced in March 2017. NYCC's Executive has agreed to take a risk of up to £3.8m on recurrent schemes if this funding does not become permanent after 2019/20.

NYCC has had to agree to a nationally mandated target for reducing DTOCs and, accordingly, has made NHS England aware that this target will be difficult to achieve given the market development and workforce issues set out above. As with other Councils, there remains a potential risk that Government funding will be clawed back from NYCC if the national target is not met.

Local procedures for managing DTOCs with the NHS have been strengthened, in line with national Care Act requirements.

Elsewhere, work continues on integration with the NHS. A joint bid with GPs and other partners was made recently to run the first NHS Multi-Specialty Community Provider (MCP) in the Scarborough and Ryedale CCG and the outcome of this tender will be public by the time that the Committee meets.

S75 Integrated Planning and Commissioning Boards are being established with HRW CCG and SRCCG and work continues to look at integrated commissioning and service delivery models in the Harrogate and Rural District CCG area. Executive approval for these arrangements continues to vest sovereignty around budgets and policy within the County Council, thereby mitigating any potential risk.

A joint Continuing Health Care Board has been established between the CCGs and NYCC to try and find a positive way forward on this issue which is of significant public interest and which carries high risk in terms of cost and quality.

At a corporate level, a 2020 Health and Integration Programme has been established to oversee joint working with the NHS and this programme reports directly into Management Board. It comprises three main areas of activity: integrated commissioning, integrated community services and shared business functions.

### **MTFS: 2020 Savings and Budget Pressures**

As part of the Council's 2020 programme, HAS has a current savings programme adding up to £17m over the period 2016-2020. The current financial year has a target of over £8m. While overall this programme remains on target, the Directorate continues to face budget pressures relating to increasing demand, issues within the care market and the need to play a part in reducing Delayed Transfers of Care. Temporary (and reducing) funding has been allocated through the IBCF (see above) to assist with some of these pressures but there is currently no guarantee of it continuing beyond 2020 and this limits the step changes we would wish to make on care worker pay and

structural reform of the market. The added conditions around DTOC also provide uncertainty.

A significant element of the 2020 savings is predicated around the biggest changes to social care practice (Living Well, Customer Centre Care and Support triage, Strength Based Assessment) since 1993. All the key components of the Council's prevention strategy are now in place and appear to be managing demand at current levels. However, contacts with the Council have increased significantly and market pressures are converting into cost drivers.

April 2017's major restructure of 2000 frontline staff in the directorate is beginning to bed down, following transitional issues but it will take approximately 12 months to settle into a new form.

Good progress continues to be made with Extra Care and the Government's recent announcement on housing funding and welfare reform will, it is hoped, stabilise some national issues around investor confidence.

A fundamental budget review of all resources in the Directorate is currently taking place to ensure limited resources are targeted where they can best help mitigate against these pressures. Oversight of the budget will be a key strategic priority for the directorate and the council in the coming years.

#### 4.0 **DIRECTORATE RISK REGISTER**

4.1 The **Directorate Risk Register** (DRR) is the end product of a systematic process that initially identifies risks at Service Unit level and then aggregates these via a sieving process to Directorate level. A similar process sieves Directorate level risks into the Corporate Risk Register.

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

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

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

4.3 The 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.

4.4 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.

- 4.5 A six month update review of the register will take place in February 2018
- 4.6 There have been no new risks added to the risk register since September 2016 (date of last progress report to the Committee).
- 4.7 No risks have been deleted from the Directorate risk register since September 2016.
- 4.8 The significant actions that were achieved include the following:
- Financial Pressures/Transformation – a review of all HAS 2020 projects has taken place and there have been Deep Dive sessions with the Chief Executive and Corporate Director – Resources, Benefits profiles for all savings lines have been completed
  - Major Failure due to Quality and/or Economic Issues in the Care Market – Recommendations from the cost of care exercise have been implemented and additional funding for a market improvement team has been allocated from the Improved Better Care Fund (IBCF) grant
  - Workforce Planning and Development – Care and Support Restructure implemented 1 April 2017. A Practice Team has been established.
  - Deprivation of Liberty (DoLs) Supreme Court Ruling – briefing to CMB with ongoing quarterly reports. A review of backlog and risks carried out
  - Managing effective outcomes for individuals – Care and Support pathway developed and implemented. Management of delivery of social care mental health services implemented (phase 1).
  - Safeguarding Arrangements – Information framework for serious incident data in place
  - Extra Care Housing – impact of housing benefit changes reviewed
  - Cultural Change – Locality Leadership model implemented. Targeted prevention used to maximise access to community assets and delay use of mainstream services
- 4.9 Any ranking changes of the risks are shown on the left hand side of the Summary report **Appendix B**.

5.0 **RECOMMENDATION**

- 5.1 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  
November 2017

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – summary**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre					RR		Post					FBPlan	Action Manager		
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv			Rep	Cat
◀▶	<b>3/229 - Financial Pressures</b>	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	CSD AD SR (AH)	H	H	M	M	M	1	9	31/10/2017	M	H	H	M	M	2	N	
◀▶	<b>3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market</b>	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 Com	H	M	M	M	H	1	14	30/09/2017	H	M	M	M	M	2	Y	HAS AD Com
▲	<b>3/184 - Workforce Planning and Development</b>	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	H	M	H	H	M	1	11	30/09/2017	M	M	M	H	L	2	Y	CD HAS
◀▶	<b>3/217 - Deprivation of Liberty (DoLs) Supreme Court Ruling</b>	Failure to manage increase in workload (and manage the existing backlog) 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	M	H	H	H	H	2	7	30/09/2017	M	H	H	H	H	2	Y	HAS AD C&S
◀▶	<b>3/164 - Information Governance and Health and Safety</b>	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	CSD AD SR (AH)	M	L	M	L	H	2	10	30/09/2017	M	L	M	L	H	2	Y	CSD AD SR (AH)
◀▶	<b>3/180 - Partnership and Integration with the NHS</b>	Failure to deliver the 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 H&I HAS AD C&S Dir Public Health HAS AD Com	M	M	H	M	H	2	14	31/08/2017	M	M	H	M	H	2	Y	CD HAS

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – summary**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**




Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
◀▶	<b>3/218 - Managing effective outcomes for individuals</b>	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	10	31/03/2018	L	H	M	M	H	3	Y	HAS AD C&S
◀▶	<b>3/27 - Safeguarding Arrangements</b>	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 H&I	M	H	H	M	H	2	14	31/03/2018	L	H	H	M	H	3	Y	HAS AD C&S
◀▶	<b>3/226 - Transformation</b>	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	6	31/12/2017	L	M	H	M	M	3	Y	HAS AD C&S
◀▶	<b>3/228 - Extra Care Housing</b>	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	CD HAS	HAS AD Com	M	M	H	M	H	2	8	31/03/2018	L	L	H	L	M	3	Y	HAS AD Com
▲	<b>3/220 - Cultural Change</b>	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	8	31/03/2018	M	M	M	M	M	4	Y	CD HAS
◀▶	<b>3/167 - Public Health</b>	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	8	31/10/2017	L	M	M	M	M	5	Y	Dir Public Health

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – summary**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Key	
	Risk Ranking has worsened since last review.
	Risk Ranking has improved since last review
	Risk Ranking is same as last review
<b>- new -</b>	New or significantly altered risk





## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/229	<b>Risk Title</b>	3/229 - Financial Pressures				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	CSD AD SR (AH)	
<b>Description</b>	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.					<b>Risk Group</b>	Financial	<b>Risk Type</b>	C&S 1/252		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			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; reviewed HAS 2020 including completion of benefits profiles for all savings lines; phase 2 of HAS data model rolled out; heat map action plan completed; recommendations from the actual cost of care exercise implemented; tracking of paper records in place for performance;								
<b>Probability</b>	H	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	1
Phase 3 - Risk Reduction Actions											
<b>Reduction</b>	1/501 - Carry out review of revised practice within the care pathway					<b>Action Manager</b>	HAS AD C&S	<b>Action by</b>	Wed-31-Jan-18	<b>Completed</b>	
<b>Reduction</b>	3/153 - Test innovations around new models for personal care and support at home					<b>Action Manager</b>	HAS AD Com	<b>Action by</b>	Sat-31-Mar-18	<b>Completed</b>	
<b>Reduction</b>	3/247 - Continue to revise and update a market position statement					<b>Action Manager</b>	HAS AD Com	<b>Action by</b>	Fri-31-Aug-18	<b>Completed</b>	
<b>Reduction</b>	3/379 - Carry out fundamental budget review which models cost drivers, demand and complexity of cases					<b>Action Manager</b>	CSD AD SR (AH)	<b>Action by</b>	Tue-31-Oct-17	<b>Completed</b>	
<b>Reduction</b>	3/421 - Complete separate review of complexity of client needs; will be addressed as part of the strength based review					<b>Action Manager</b>	HAS AD C&S	<b>Action by</b>	Sat-31-Mar-18	<b>Completed</b>	
<b>Reduction</b>	3/423 - Complete the Financial assessments, billing and contracts (ABC) project to improve market and cost information, service standards and information security					<b>Action Manager</b>	CSD AD SR (AH)	<b>Action by</b>	Wed-31-Oct-18	<b>Completed</b>	
<b>Reduction</b>	3/460 - Ensure that we account for the BCF funding as per the Regulations on a quarterly basis					<b>Action Manager</b>	CSD AD SR (AH)	<b>Action by</b>	Fri-31-Aug-18	<b>Completed</b>	
<b>Reduction</b>	3/472 - Implement action plan following outcome of heat map exercise and ensure inclusion of NHS and Partners - ongoing					<b>Action Manager</b>	HAS HoHR	<b>Action by</b>	Fri-31-Aug-18	<b>Completed</b>	
<b>Reduction</b>	3/477 - Carry out 2020 Benefits deep dive and review of 4% savings business cases					<b>Action Manager</b>	CD HAS	<b>Action by</b>	Tue-31-Oct-17	<b>Completed</b>	
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	2
Phase 5 - Fallback Plan											



## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

		Action Manager
<b>Fallback Plan</b>		



## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/162	<b>Risk Title</b>	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD Com	
<b>Description</b>	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.					<b>Risk Group</b>	Legislative	<b>Risk Type</b>	Corp 20/194		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			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; heat map action plan; recommendations from the actual cost of care exercise implemented; funding for market improvement team agreed through BCF;								
<b>Probability</b>	H	<b>Objectives</b>	M	<b>Financial</b>	M	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	I
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	2/434 - 2020 Market shaping/development project work						HAS AD Com	Sat-31-Mar-18			
<b>Reduction</b>	2/435 - Workforce group to develop and support workforce across the sector						HAS HoHR	Sat-31-Mar-18			
<b>Reduction</b>	2/436 - Begin scoping a market improvement team						HAS AD Com	Thu-31-Aug-17	Mon-31Jul-17		
<b>Reduction</b>	2/486 - Monitor issues caused by the complex partner relationships, meetings and structures and raise at HASLT where appropriate						HAS AD Com	Mon-30-Apr-18			
<b>Reduction</b>	3/23 - Carry out recruitment for market improvement team						HAS AD Com	Thu-30-Nov-17			
<b>Reduction</b>	3/153 - Test innovations around new models for personal care and support at home						HAS AD Com	Sat-31-Mar-18			
<b>Reduction</b>	3/247 - Continue to revise and update a market position statement						HAS AD Com	Fri-31-Aug-18			
<b>Reduction</b>	3/253 - Re-establish quarterly Partnership and Partner Liaison meetings (market development board), market analysis and mapping and information sharing (Locality Provider Group in place); engagement processes being reviewed						HAS AD Com	Mon-30-Apr-18			
<b>Reduction</b>	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; pursue opportunities for joint working between HAS and NHS						HAS AD Com	Mon-30-Apr-18			
<b>Reduction</b>	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; being reviewed						HAS Ho Q&M	Mon-30-Apr-18			

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

<b>Reduction</b>	3/472 - Implement action plan following outcome of heat map exercise and ensure inclusion of NHS and Partners - ongoing	HAS HoHR	Fri-31-Aug-18								
<b>Reduction</b>	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; more work being done to enhance regional ways of working	HAS AD Com	Mon-30-Apr-18								
<b>Reduction</b>	47/186 - Introduction of the Q&M database and planning for electronic solutions; awaiting provider list renewal (provider list in place); now part of a corporate system change	CSD AD SR (AH)	Sat-30-Sep-17								
<b>Reduction</b>	47/221 - Work with Veritau on audits of individual suppliers (ongoing)	HAS Ho Q&M	Mon-30-Apr-18								
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	H	<b>Objectives</b>	M	<b>Financial</b>	M	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
<b>Fallback Plan</b>	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.									<b>Action Manager</b>	HAS AD Com



## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/184	<b>Risk Title</b>	3/184 - Workforce Planning and Development				<b>Risk Owner</b>	CD HAS		<b>Manager</b>	HAS HoHR
<b>Description</b>	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					<b>Risk Group</b>	Personnel		<b>Risk Type</b>	Dir Only	
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Workforce Strategy and OD Plan refreshed and agreed by HAS LT; HR representation on each 2020 programme board; 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; assessment pathway programme and specifically the Care and Support restructure completed; Practice team established; Practice development sessions for practitioners rolled out;								
<b>Probability</b>	H	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	M	<b>Category</b>	I
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	3/164 - Develop an offer to provide a training academy and a recruitment excellence centre to support the independent and voluntary sector						HAS HoHR	Sat-30-Sep-17			
<b>Reduction</b>	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	Fri-31-Aug-18			
<b>Reduction</b>	3/231 - Ensure Directorate Managers are provided with training in people management processes, reorganisation and redundancy processes and change management. (ongoing)						HAS HoHR	Fri-31-Aug-18			
<b>Reduction</b>	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	Fri-31-Aug-18			
<b>Reduction</b>	3/324 - Implement and embed recruitment standards and report on vacancy positions on a monthly basis (ongoing)						HAS AD C&S HAS HoHR	Fri-31-Aug-18			
<b>Reduction</b>	3/325 - Implement the offer to provide a training academy and a recruitment excellence centre to support the independent and voluntary sector						HAS HoHR	Mon-30-Apr-18			
<b>Reduction</b>	3/340 - Provide HR and WD advice and support to Managers leading Transformation Projects (ongoing)						HAS HoHR	Fri-31-Aug-18			
<b>Reduction</b>	3/463 - Implement a coordinated campaign to fulfil the vacancy requirement for Care and Support following the restructure						HAS AD C&S HAS HoHR	Wed-31-Jan-18			
<b>Reduction</b>	3/1952 - Develop proposals and implement Directorate management structure phase 2						CD HAS	Sat-31-Mar-18			
<b>Reduction</b>	3/1953 - Carry out the post implementation review of the Care and Support restructure						HAS AD C&S	Sun-31-Dec-17			
<b>Reduction</b>	3/1964 - Continue to engage with and contribute to all 2020 North Yorkshire workstreams (ongoing)						HAS LT	Fri-31-Aug-18			
Phase 4 - Post Risk Reduction Assessment											

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Probability	M	Objectives	M	Financial	M	Services	H	Reputation	L	Category	2
<b>Phase 5 - Fallback Plan</b>											
											<b>Action Manager</b>
<b>Fallback Plan</b>	3/531 - Continue to prioritise resources to ensure continuity of service for front line service users										CD HAS



## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/217	<b>Risk Title</b>	3/217 - Deprivation of Liberty (DoLs) Supreme Court Ruling				<b>Risk Owner</b>	CD HAS		<b>Manager</b>	HAS AD C&S
<b>Description</b>	Failure to manage increase in workload (and manage the existing backlog) as a result of the DoLs Supreme Court judgment resulting in financial and reputational issues including potential legal action					<b>Risk Group</b>	Legislative		<b>Risk Type</b>	C&S 1/219	
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Resources and capacity have been increased; action plan in place in line with ADASS recommendations; regular report on activity, performance and finance provided to Leadership Team; statutory process implemented; action plan reviewed following external review; Corporate funding draw down; briefing report to CMB with ongoing quarterly reports; training reviewed; review of backlog and risks carried out;								
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	1/100 - Ensure the In-House registered providers adhere to the DoLS supreme court judgement						HAS AD C&S	Thu-31-May-18			
<b>Reduction</b>	1/502 - Work through backlog management plan for the lower risk (as defined by ADASS) people including proposal for extra resource to assist in this area						HAS AD C&S	Thu-31-May-18			
<b>Reduction</b>	1/503 - Carry out business change LEAN review to maximise process efficiency						HAS AD C&S	Sat-30-Sep-17			
<b>Reduction</b>	3/191 - Continue to monitor and appropriately manage resources and capacity issues						HAS AD C&S	Thu-31-May-18			
<b>Reduction</b>	3/193 - Continue to provide regular briefings to HASLT, staff and providers						HAS AD C&S	Thu-31-May-18			
<b>Reduction</b>	3/255 - Maintain horizon scanning for future developments						HAS AD C&S	Thu-31-May-18			
<b>Reduction</b>	3/320 - Maintain communication with key partners						HAS AD C&S	Thu-31-May-18			
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	H	<b>Category</b>	2
Phase 5 - Fallback Plan											
<b>Fallback Plan</b>	3/556 - A further review of the action plan, with external support may be sought. Escalation to senior management with potential options for mitigation.									<b>Action Manager</b>	HAS AD C&S

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/164	<b>Risk Title</b>	3/164 - Information Governance and Health and Safety				<b>Risk Owner</b>	CD HAS		<b>Manager</b>	CSD AD SR (AH)
<b>Description</b>	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate					<b>Risk Group</b>	Legislative		<b>Risk Type</b>	Dir Only	
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			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;								
<b>Probability</b>	M	<b>Objectives</b>	L	<b>Financial</b>	M	<b>Services</b>	L	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	3/147 - Continue to implement Caldicott 2 where possible						CSD AD SR (AH)	Fri-31-Aug-18			
<b>Reduction</b>	3/148 - Continue to implement awareness raising campaign for information governance						CSD AD SR (AH)	Fri-31-Aug-18			
<b>Reduction</b>	3/227 - Continue to ensure and promote use of secure methods of data transfer						CSD AD SR (AH)	Fri-31-Aug-18			
<b>Reduction</b>	3/364 - Review disposal arrangements of documents following issue of refreshed corporate policy and guidance						CSD AD SR (AH)	Thu-31-May-18			
<b>Reduction</b>	3/365 - Ensure 'lessons learned' reports are reviewed following any breach						CSD AD SR (AH)	Fri-31-Aug-18			
<b>Reduction</b>	3/366 - Review H&S management including membership and content of Directorate RMG						CSD AD SR (AH)	Sat-30-Sep-17			
<b>Reduction</b>	3/373 - Work closely with the new Data Governance team in Strategic Support (and carry out review of local Info gov arrangements)						CSD AD SR (AH)	Fri-31-Aug-18			
<b>Reduction</b>	3/423 - Complete the Financial assessments, billing and contracts (ABC) project to improve market and cost information, service standards and information security						CSD AD SR (AH)	Wed-31-Oct-18			
<b>Reduction</b>	3/431 - Carry out review of current wheelchair and fire safety guidance						CSD AD SR (AH)	Sat-30-Sep-17			
<b>Reduction</b>	6/124 - Progress data sharing issues with Health colleagues to ensure the benefits of this are realised						CSD AD SR (AH)	Fri-31-Aug-18			
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	M	<b>Objectives</b>	L	<b>Financial</b>	M	<b>Services</b>	L	<b>Reputation</b>	H	<b>Category</b>	2
Phase 5 - Fallback Plan											
<b>Fallback Plan</b>	3/36 - Media management, staff disciplinary, work with Information Commissioner's Office and HSE when necessary								<b>Action Manager</b>		
									CSD AD SR (AH)		



## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/180	<b>Risk Title</b>	3/180 - Partnership and Integration with the NHS				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD H&I HAS AD C&S Dir Public Health HAS AD Com	
<b>Description</b>	Failure to deliver the 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					<b>Risk Group</b>	Partnerships	<b>Risk Type</b>	Corp 20/47		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			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 through Vanguard, and further developing and implementing joint commissioning and potentially delivery in Scarborough; agreement in 2016/17 to protect social care through the Better Care Fund; agreement with NY Commissioner Forum to develop joint commissioning arrangements that will include CHC and other areas; Health and Well-being Strategy in place; corporate task and finish group for DToC in place; HWB development sessions;								
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	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-May-18			
<b>Reduction</b>	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-May-18			
<b>Reduction</b>	3/384 - Agree and implement new models of care in all CCG localities (2 localities Harrogate and Scarborough by Sept 2017 identified and progressing, and remaining 3 localities by Sept 2018)						CD HAS	Sun-30-Sep-18			
<b>Reduction</b>	3/385 - Engage wider HASLT in testing the implications of different integration models (ongoing)						HAS AD Com HAS AD H&I	Thu-31-May-18			
<b>Reduction</b>	3/420 - Develop and implement outline integration plans with CCGs						HAS AD H&I	Tue-31-Oct-17			
<b>Reduction</b>	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 – H&I overview with C&S delivery						HAS AD C&S HAS AD H&I	Thu-31-May-18			
<b>Reduction</b>	3/429 - Consider the viability of local Risk Management Agreements with NHS Partners for integration plan(s), locality plan(s) and joint commissioning arrangements (ongoing)						CSD AD SR (AH) HAS AD Com	Fri-31-Aug-18			
<b>Reduction</b>	3/430 - Review governance arrangements for the Health and Wellbeing Board to ensure delivery of the joint H & W Strategy						HAS AD H&I	Sat-31-Mar-18			
<b>Reduction</b>	3/460 - Ensure that we account for the BCF funding as per the Regulations on a quarterly basis						CSD AD SR (AH)	Fri-31-Aug-18			

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

<b>Reduction</b>	3/466 - Continue to monitor the impact of the challenge of having 3 STPs including through health scrutiny,	CD HAS	Thu-31-May-18								
<b>Reduction</b>	3/467 - Develop and agree the scope for joint commissioning arrangements	HAS AD Com HAS AD H&I	Sat-31-Mar-18								
<b>Reduction</b>	3/473 - Establish an Integrated Planning and Commissioning Board with Scarborough CCG	CSD AD SR (AH) HAS AD H&I	Thu-31-Aug-17								
<b>Reduction</b>	324/491 - Ensure that additional social care funding is used in a sustainable way (ie non recurrent). Further lobbying required with Govt to establish how this dovetails with improved BCF and additional funding post green paper.	CD HASCD SR	Sat-31-Mar-18								
<b>Reduction</b>	324/492 - Carry out preparations for potential CQC area review regarding integration	HAS LT	Sun-31-Dec-17								
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
											<b>Action Manager</b>
<b>Fallback Plan</b>	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 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/218	<b>Risk Title</b>	3/218 - Managing effective outcomes for individuals				<b>Risk Owner</b>	CD HAS		<b>Manager</b>	HAS AD C&S
<b>Description</b>	Failure to meet targets in line with the Care Act resulting in poor outcomes for individuals and internal and external criticism, reputational issues.					<b>Risk Group</b>	Performance		<b>Risk Type</b>	C&S 1/17	
Phase 2 - Current Assessment											
<b>Current Control Measures</b>		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; care and support pathway developed and implemented; demand modelled using census information; bi-monthly CSM forums; management of delivery of social care mental health services implemented (phase 1)									
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
						<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>			
<b>Reduction</b>	1/78 - Continue to set targets through robust service planning aligned to Directorate Vision					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	1/79 - Hold bi-monthly CSM forums					HAS AD C&S		Wed-31-May-17	Tue-31-Jan-17		
<b>Reduction</b>	1/107 - Continue to embed the Dignity and Respect agenda					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	1/317 - Ensure effective assessment and review processes are maintained throughout the transformation programme					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	1/331 - Continue with awareness raising of care act responsibilities and engagement with NHS and other partners, including sign posting to National training					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	1/333 - Maintain strong links to 2020 projects to ensure duties and requirements are taken into account					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	3/206 - Maintain robust DToC approach with a view to minimising numbers and impact					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	3/457 - Embed the care and support pathway service redesign					HAS AD C&S		Sat-31-Mar-18			
<b>Reduction</b>	3/458 - Implement the agreed management of delivery of social care mental health services (phase 1);					HAS AD C&S		Sat-30-Sep-17	Fri-30-Jun-17		
<b>Reduction</b>	3/475 - Develop a business case for and implement the operational delivery of social care mental health services (phase 2)					HAS AD C&S		Thu-28-Feb-19			
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	L	<b>Objectives</b>	H	<b>Financial</b>	M	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	3
Phase 5 - Fallback Plan											
									<b>Action Manager</b>		
<b>Fallback Plan</b>	1/15 - Review performance and capacity including access to additional funding								HAS AD C&S		

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/27	<b>Risk Title</b>	3/27 - Safeguarding Arrangements				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD C&S HAS AD H&I	
<b>Description</b>	Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfill 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.					<b>Risk Group</b>	Partnerships	<b>Risk Type</b>	C&S 1/14		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Detailed action plan; Safeguarding general manager and team; strengthening of Safeguarding policy team; case file audit and review; independent chair to Safeguarding Board in place; risk enablement panel in place and being reviewed; countywide safeguarding general manager in place; testing of initial performance metrics for Safeguarding Board has taken place further developing performance activity; initial safeguarding procedures reviewed linked to consultation in light of the Care Act and are being reviewed again; safeguarding board performance framework; Q&E [protocol for the relationship between Adults Social Care (and Children's Trust) and the Health and Wellbeing Board agreed and implemented;] information framework for serious incident data, eg drug death etc in place								
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
						<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>			
<b>Reduction</b>	1/357 - Bringing in further experienced staff whenever possible to address significant vacancies in the structure					HAS AD C&S	Thu-31-May-18				
<b>Reduction</b>	1/514 - Ensure in house provider workforce have appropriate training and development in this area					HAS C&S Ho PS	Thu-31-May-18				
<b>Reduction</b>	1/515 - Ensure we have the ability to embed the lessons learned from serious case reviews including identification of authors of independent reports					HAS AD C&S	Thu-31-May-18				
<b>Reduction</b>	1/516 - External audit (ADASS review) of safeguarding activities to assist with benchmarking and identifying areas of improvement					HAS AD C&S	Thu-31-May-18				
<b>Reduction</b>	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 H&I	Mon-30-Apr-18				
<b>Reduction</b>	2/336 - Carry out the supervisory body role for DoLS to ensure the system is as effective as possible within existing resources					HAS AD H&I	Mon-30-Apr-18				
<b>Reduction</b>	2/343 - Scoping work in preparation of implementing Law Commission proposals					HAS AD C&S HAS AD H&I	Mon-30-Apr-18				
<b>Reduction</b>	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 H&I	Thu-31-May-18				
<b>Reduction</b>	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 H&I	Thu-31-May-18				

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

<b>Reduction</b>	3/217 - Complete training in respect of safeguarding policies and procedures and wider awareness training for groups such as elected Members; Member awareness training still to consider; new policies and procedures now in place and to be worked through in the coming year	HAS AD C&S	Thu-31-May-18								
<b>Reduction</b>	3/321 - Ongoing joint work with CYPs to carry out review of approach to domestic abuse and Prevent	HAS AD H&I	Sat-31-Mar-18								
<b>Reduction</b>	3/464 - Revise existing safeguarding policies and procedures in light of operational experience; new pols and procs to be embedded	HAS AD C&S	Fri-31-Mar-17	Fri-31-Mar-17							
<b>Reduction</b>	3/1959 - Develop an information framework for serious incident data, eg drug death etc; operational implementation being discussed	CSD AD SR (AH) HAS AD H&I	Mon-31-Jul-17	Mon-31-Jul-17							
<b>Reduction</b>	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	Thu-31-May-18								
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	L	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	3
<b>Phase 5 - Fallback Plan</b>											
<b>Fallback Plan</b>	3/33 - Escalate to Safeguarding Board / Mgt Board and carry out necessary review and action improvement plans, lessons learned from any serious case reviews									<b>Action Manager</b>	HAS AD C&S

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/226	<b>Risk Title</b>	3/226 - Transformation				<b>Risk Owner</b>	CD HAS		<b>Manager</b>	HAS AD C&S
<b>Description</b>	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					<b>Risk Group</b>	Change Mgt		<b>Risk Type</b>	C&S 1/222	
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			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; detailed review of 2020 transformation savings;								
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
						<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>			
<b>Reduction</b>	1/360 - Continue to deliver the customer service centre aspects of new ways of working					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	1/444 - Continue to engage with customers and staff around new practice and ways of working and respond to issues raised					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	1/446 - Develop a performance and trend dashboard to monitor activity and savings; revisit performance reports with strategic support service					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	1/511 - Embed the new pathways and ensure that a strength based approach applies across the piece including with health					HAS AD C&S		Thu-31-May-18			
<b>Reduction</b>	1/512 - Carry out a formal nine month review of new ways of working, and take earlier intervention if required					HAS AD C&S		Sun-31-Dec-17			
<b>Reduction</b>	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	Mon-3-Apr-17		
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	L	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	3
Phase 5 - Fallback Plan											
										<b>Action Manager</b>	
<b>Fallback Plan</b>	1/15 - Review performance and capacity including access to additional funding								HAS AD C&S		

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/228	<b>Risk Title</b>	3/228 - Extra Care Housing				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD Com	
<b>Description</b>	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					<b>Risk Group</b>	Strategic	<b>Risk Type</b>	Comm 47/248		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			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; impact of benefit (housing) changes reviewed								
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	3/377 - Identify specific issues and requirements for each Scheme						HAS AD Com	Tue-31-Mar-20			
<b>Reduction</b>	3/378 - Develop bespoke programme for each Scheme						HAS AD Com	Tue-31-Mar-20			
<b>Reduction</b>	3/380 - Finance - ongoing close monitoring of financial model to ensure savings are achieved; savings profile reviewed and still on track						HAS AD Com	Mon-30-Sep-19			
<b>Reduction</b>	3/426 - Carry out implementation reviews and consider lessons learned for future schemes						HAS AD Com	Mon-30-Sep-19			
<b>Reduction</b>	3/427 - Respond to outcome of government consultation and plans for housing benefit going forward						HAS AD Com	Sat-31-Mar-18			
<b>Reduction</b>	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			
<b>Reduction</b>	47/81 - Look at new and innovative approaches for smaller schemes						HAS AD Com	Tue-31-Mar-20			
<b>Reduction</b>	47/82 - Ensure effective utilisation of an agreed consultation process for procurement in respect of EPHs (ongoing)						HAS AD Com	Tue-31-Mar-20			
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	L	<b>Objectives</b>	L	<b>Financial</b>	H	<b>Services</b>	L	<b>Reputation</b>	M	<b>Category</b>	3
Phase 5 - Fallback Plan											
<b>Fallback Plan</b>	557 - Continually review progress and changes in market conditions and Partner circumstances and make appropriate adjustments to the Programme							<b>Action Manager</b>			
								HAS AD Com			

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/220	<b>Risk Title</b>	3/220 - Cultural Change				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS HoHR	
<b>Description</b>	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					<b>Risk Group</b>	Personnel	<b>Risk Type</b>	Dir Only		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			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 carried out; comprehensive staff engagement and communication plan developed; activity dashboards developed providing evidence of progress; locality leadership model embedded; targeted prevention used to maximise access to community assets and delay use of mainstream services; management arrangements for Mental Health services in place								
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
						<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>			
<b>Reduction</b>	3/201 - Leadership to communicate and consult on the transformation programme - ongoing					HAS AD C&S	Sat-31-Mar-18				
<b>Reduction</b>	3/233 - Ensure effective liaison with the Stronger Communities team and referral to Living Well to maximise access to community assets and delay use of mainstream services (ongoing)					HAS LT	Fri-31-Aug-18				
<b>Reduction</b>	3/323 - Roll out Make Every Contact Count training to the Directorate workforce					Dir Public Health HAS HoHR	Sat-30-Sep-17	Fri-30-Jun-17			
<b>Reduction</b>	3/341 - Implement a comprehensive staff engagement and communication plan (ongoing)					HAS LT	Fri-31-Aug-18				
<b>Reduction</b>	3/343 - Ensure development and delivery of staff training programmes to support culture change including identification of appropriate resource					Principal Workforce Development Advisor	Fri-31-Aug-18				
<b>Reduction</b>	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	Fri-31-Aug-18				
<b>Reduction</b>	3/465 - Review and implement wider Mental Health team structures					HAS AD C&S HAS HoHR	Tue-30-Apr-19				
<b>Reduction</b>	3/476 - Support staff to operate into integrated teams and arrangements (ongoing)					HAS AD C&S HAS HoHR	Fri-31-Aug-18				
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	M	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	4
Phase 5 - Fallback Plan											
<b>Fallback Plan</b>	3/531 - Continue to prioritise resources to ensure continuity of service for front line service users							<b>Action Manager</b>			
								CD HAS			



## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2017) – detailed**

Next Review Due: **February 2018**

Report Date: **4<sup>th</sup> August 2017 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/167	<b>Risk Title</b>	3/167 - Public Health			<b>Risk Owner</b>	CD HAS	<b>Manager</b>	Dir Public Health		
<b>Description</b>	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					<b>Risk Group</b>	Partnerships	<b>Risk Type</b>	PH 5/196		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Regular Public Health business and team meetings; Consultant link roles with NYCC Directorates, CCGs and Districts; Public Health service plan in place; 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; Major contracts and service are procured; dealing with letting new contracts; quarterly reports to HASLT and PH Business team; consultant post filled								
<b>Probability</b>	L	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	3
Phase 3 - Risk Reduction Actions											
						<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>			
<b>Reduction</b>	5/246 - Continue to ensure Public Health statutory functions are met					Dir Public Health	Thu-31-May-18				
<b>Reduction</b>	5/247 - Develop the Public Health Advisory Service for CCGs					Dir Public Health	Sun-31-Dec-17				
<b>Reduction</b>	5/248 - Ensure 2020 Finance continues to consider 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	Thu-31-May-18				
<b>Reduction</b>	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	Thu-31-May-18				
<b>Reduction</b>	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	Thu-31-May-18				
<b>Reduction</b>	5/252 - Continue to work closely with CoY Council around professional networks					Dir Public Health	Thu-31-May-18				
<b>Reduction</b>	5/254 - Finalise new financial framework for the PH budget including the 2017-2020 plan and the public health grants review					CSD AD SR (AH) Dir Public Health	Tue-31-Oct-17				
<b>Reduction</b>	5/313 - Continue to ensure good systems are in place for monitoring our performance against the PHOF by reporting as part of the Council's performance framework					Dir Public Health	Thu-31-May-18				
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	L	<b>Objectives</b>	M	<b>Financial</b>	M	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	5
Phase 5 - Fallback Plan											
<b>Fallback Plan</b>	3/526 - Further develop and implement alternative delivery models taking into account good practice elsewhere								<b>Action Manager</b>		Dir Public Health