

## AUDIT COMMITTEE

14 DECEMBER 2020

### 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

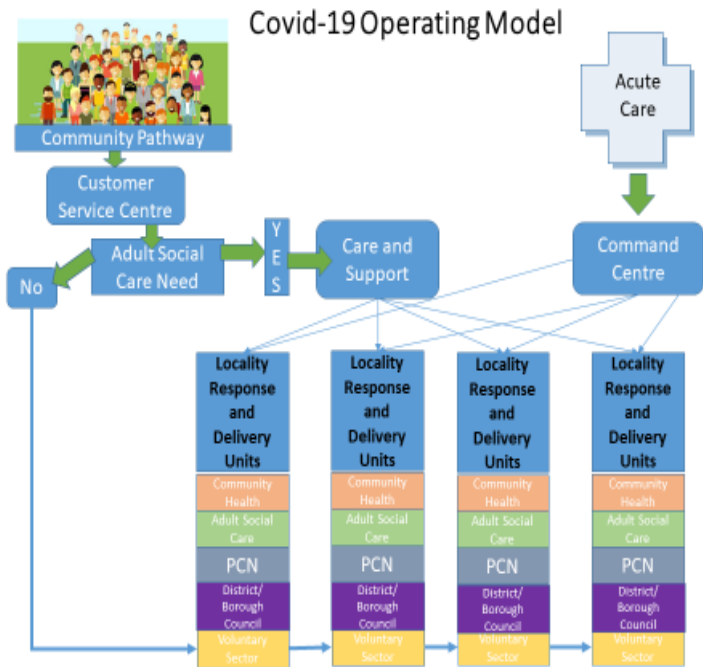
- 3.1 There are a number of key governance developments in the forthcoming year which may impact on the Directorate. A summary of these are set out in more detail below:

#### 3.2 COVID-19

- 3.2.1 The pandemic has had a significant impact across the Council and the HAS Directorate, with its responsibility for care homes and providers and Public Health has found itself particularly affected.
- 3.2.2 In response to the Covid-19 Pandemic Health and Adult Services (HAS) adopted a command structure with daily meetings, HAS Gold and escalation mechanisms to Management Board, Local Resilience Forum and Executive Members. The daily calls also included Communications to ensure a timely response to media enquiries and issuing guidance to colleagues and members of public across the county. HAS Gold has a standard agenda covering various topics including Covid-19 data, Outbreak Management, Care Settings, PPE and Care Act Easements. HAS Gold is supported by various other meetings including Care Settings Gold and Silver and a range of task and finish groups responding to national guidance on PPE, Infection Prevention and Control, Guidance for Care Homes and other settings as well as offering expert public health advice on the progress of the pandemic and the impact for North Yorkshire.

- 3.2.3 The Public Health response to COVID has been significant, and largely shaped by the seven themes of the North Yorkshire COVID-19 Outbreak Control Plan. This has included providing support across care settings, education settings, communal accommodation settings, workplaces, hospitality/leisure/tourism venues and vulnerable groups. Support has covered both proactive prevention work with settings and outbreak management (including Outbreak Control Team response). Other themes cover testing, contact tracing, data integration and governance.
- 3.2.4 New ways of working have been developed in order to provide consistent support across these areas. Each theme has multi-agency support, led by public health, working closely with colleagues across the council (including communications team, trading standards, CYPS) and external partners (environmental health and other district partners, police, NHS, PHE etc.). In addition to the thematic work, a place-based approach has also been developed through Locality meetings (multi-agency groups led by public health with support from a dedicated locality co-ordinator) based on each of the seven districts.
- 3.2.5 As the number of COVID-19 started to increase again, NYCC reviewed its outbreak management plans. The existing operating model, which had successfully served the purpose it was designed for, has been modified to cope with the increased demand placed on the NYCC Public Health team, other NYCC services and operational partners. The modified operating model will build further resilience to the NYCC response for the months ahead. The modifications has seen the creation of a new Outbreak Management Hub and seven Locality Area model (which aligns to the seven District Council boundaries).
- 3.2.6 The new Outbreak Management Hub provides a centralised co-ordination function to support the Director of Public Health and Public Health Consultants to ensure the timely and effective management of COVID-19 cases in North Yorkshire. The Hub identifies key actions to progress, liaising with NYCC corporate teams and operational partners through the outbreak management response structure. The Hub also provides outbreak management co-ordination and support to the seven Locality Areas.
- 3.2.7 The Locality Areas provides a locality based outbreak management structure to monitor and assess the COVID-19 situation, co-ordinate and implement bespoke localised actions in order to deal with and respond to any increase in COVID-19 cases. As part of the support provided by the Outbreak Management Hub there is an escalation process to enable Locality Areas to request the mobilisation of a wider range of resource measures for both reactive and preventative intervention controls. Locality Area Groups are held on a weekly basis and have the following core membership:
- District/ Borough Council Reps – Environmental Health, (service managers for partnership communities, leisure, housing as required)
  - North Yorkshire County Council - Stronger communities, Trading Standards, HAS, CYPS (safe guarding as required)
  - North Yorkshire Police
  - NHS
  - Fire and Rescue Service
  - Primary Care
- 3.2.8 Representatives from the Military, Neighbourhood Network, Town Councils, Parish Councils and Third sector also attend Locality Area Groups when there is a specific need.

- 3.2.9 In addition to the twice-daily multi-agency care homes meetings set out below, there are two public health-led daily meetings – one with internal partners and the second a multi-agency meeting with external partners. These have been instrumental in terms of sharing information and informing the multi-agency response.
- 3.2.10 The public health team has also worked closely with the Local Resilience Forum, with a public health consultant sitting as part of the Multi-Agency Coordination Centre based out of County Hall. This partnership has been essential for managing key issues such as testing (both PCR testing and rapid lateral flow testing), vaccination and emergency response.
- 3.2.11 In the first wave of the pandemic, there was much emphasis on protecting the NHS ensuring that it was not overwhelmed by increased demands on its services. To facilitate this the Covid-19 Discharge Service Requirement were issued in March 2020. They required the national implementation of the Discharge to Assess (D2A) pathways and set out the requirements of Local Authorities, NHS Providers and the CCG's.
- 3.2.12 For Adult Social Care this meant implementing a new operating model to facilitate timely discharge from hospital and a seven day working. A new Adult Social Care operating model was developed and implemented within two weeks.
- 3.2.13 The new model required staff to work across 7 days and between the hours of 8am to 8pm. For many of the assessment colleagues this was a new requirement and they did this on a voluntary basis in response to the pandemic. Fortnightly meetings were arranged with trade union colleagues to keep abreast of any issues being raised by their members and regular review of the operating hours was undertaken.



3.2.14 The Covid-19 Discharge Service Requirement also suspended Continuing Health Care (CHC) assessments and introduced a new funding scheme (Scheme 1) for people being discharged from hospital or to avoid an admission into hospital.

- 3.2.15 New ways of working were introduced to respond to the requirements of the national lockdown. They introduced new assessment tools and virtual/home working arrangements to facilitate timely discharge from hospital and proactive community follow up, and identifying those people who would benefit from a CHC assessment started again.
- 3.2.16 At the same time many colleagues were also working from home or 'virtually' only completing face-to-face visits when this was required, either because of direct care delivery or the needs of the person were such that a face-to-face visit was required.
- 3.2.17 Where face-to-face visits were necessary, front line colleagues were required to use PPE in line with the national guidance.
- 3.2.18 In September 2020 a new Discharge Policy was issued. This introduced a new funding arrangement (Scheme 2) which provided free NHS funding at the point of discharge for up to 6 weeks. It also restarted CHC assessment and required that all people who were discharged under Scheme 1 were assessed and placed on the most appropriate level of care and funding stream before the end of March 2021.
- 3.2.19 In response to this Adult Social Care reconfigured the operational teams and created a Continuing Health Care team to undertake the required assessments and profiled the work the CCG.
- 3.2.20 HAS have also undertaken a significant amount of work to continue to support the care sector. A whole new service area was set up to support Care Settings with the aim of keeping them Covid-19 free and/or reducing the transmission of Covid-19 in our care settings across North Yorkshire. Care settings included residential provision, extra care and supported living environments. Daily meetings for Care Settings Gold and Silver were established. These are multiagency/professional meetings including Chief Nurses, IPC, Care Quality Commission, Public Health and Adult Social Care. Along with the meeting structure a menu of interventions was established, new roles including Contact Officers, making daily calls to care settings, Care Home Liaison Officers, supporting care settings where issues raised and enhancing the Quality and Improvement Team.
- 3.2.21 The Council has implemented a significant package of support to providers in addition to support provided from central government to manage the impact of the pandemic. Support has included dedicated teams to provide daily support and calls for care homes and increased support through quality improvement team for practical support around quality and IPC. Funding support in addition to central government grants has included, payments in advance and on planned care to improve cashflow, a 5% premium on planned payments for providers to manage increased costs of Corona virus from April to September which was reduced to 2.5%. A number of hardship payments supported through supply chain resilience board to prevent provider failure and the coordination of PPE and advice and guidance where required.

### 3.3 **MTFS: 2020, Beyond 2020 Savings and Budget Pressures**

- 3.3.1 The most recent estimate for the Directorate's 2020-21 position shows an overspend of £10.3m. However behind this net estimate are a number of figures which need to be highlighted.
- 3.3.2 In recent years, the Council has received temporary funding such as Improved Better Care Fund (IBCF) and Winter Pressures Grant. Although much of the IBCF is used for specific projects, working alongside Health partners, some is used to mitigate the

financial pressures in Adult Social Care, as is Winter Funding. In the current 2020-21 projections, it is assumed that the following amounts are supporting the pressures and therefore have reduced the net overspend by these amounts:

- £0.55m of IBCF
- £2.4m Winter Pressures
- £1.6m Growth allocated by NYCC to support Winter Pressures

3.3.3 Winter Pressures funding and IBCF is only guaranteed to continue for the current financial year (2020-21) and, whilst there is some expectation of similar funding continuing to offset budget pressures in the future, this is not guaranteed.

3.3.4 The £10.3m projected overspend reflects COVID-19 related budget pressures of £13.9m and non-COVID net underspends of £2.7m relating to business as usual activity. It also assumes that costs of £23m will be funded by NHS as part of the government's support to costs incurred in keeping people out of hospital.

3.3.5 Costs that are described as COVID-19-related include:

- Payments to providers of an extra 5% (April – Aug) then 2.5% in September – October and a more targeted approach after that (£6.1m)
- Expected costs passing to Adult Social Care as those who are funded by NHS are assessed and become our financial responsibility (£2.9m)
- Extra staffing required (£2m)
- Adult Social Care savings as agreed in the Council's MTFs but now unlikely to be achieved this year (£1.3m)
- Loss of income (£1.1m)
- Mental Health (£0.5m)

3.3.6 These figures are consistent with the estimated position at Q2 but are constantly changing.

3.3.7 However, non-financial performance suggests that a large contributory factor to the "business as usual" underspend is reduced activity – as a result of COVID. Therefore while the council is seeing increased costs directly related to COVID as described above, reduced activity is having the opposite effect. Examples of these – as at October 2020 – are shown in the table below:

Contacts and Referrals	<ul style="list-style-type: none"> <li>• 38,889 contacts in the year to date: down 12.4% on October 2019</li> <li>• 8,663 referrals year to date, down 18% on 2019</li> </ul>
Reablement	<ul style="list-style-type: none"> <li>• Activity levels for the year to date are down 29% year-on-year</li> </ul>
Living Well	<ul style="list-style-type: none"> <li>• 46% reduction in referrals for April – June</li> <li>• 32% reduction in referrals for April – October</li> </ul>

3.3.8 There is a risk that **Public Health** budget figures are hidden within the overall HAS Directorate budget as expenditure is matched by grant income and planned use of reserves to show a break-even position.

3.3.9 The initial budget requirement for Public Health in 2020-21 was £23.7m, funded by grant of £22.1m and reserves funding of £1.6m. However, the impact of the pandemic on a number of non-COVID-related Public Health contracts has led to reduced expenditure on these plans of an expected £1.4m. The service continues to finalise its plans to reduce expenditure to within the next few years and this includes discussions with partners to agree new arrangements with Harrogate District Foundation Trust and York Teaching Foundation Trust to deliver Health Child Programme and sexual health services, respectively.

### 3.3.10 Reducing Budget Pressures

3.3.11 Despite the increased financial complexity caused by COVID-19, we continue to look at areas where we can reduce costs as part of an Adult Social Care Budget Recovery Plan.

3.3.12 This plan focuses on three key areas. One of these – the **Market** – is highlighted above. The other areas are **Practice** and **Productivity**.

3.3.13 In terms of **Practice**, we are on a ten-year journey to ensure our practice is confident and consistent. We have made a good start in introducing a Strength-Based Assessment (SBA). SBA is about making an assessment on the basis of what the individual can do, what support they can get from their family, friends and community and, only then, looking at how that can be enhanced by a care package - a radically different type of practice from the social care provided since the 1990 NHS & community care act took effect in April 1993.

3.3.14 We will also ensure that standards of **Productivity** are high right across the entire Council. We will make best use of technology. To minimise the number of assessments which end before completion (one in four), we will strengthen our so-called “front door” arrangements. This is where we can quickly make decisions about which route to take with different social care contacts and referrals and therefore reduce unproductive effort.

3.3.15 A revised Recovery Plan is now in place and focusses on the following areas:

### 3.3.16 Making Budget Management Work

- Revised Scheme of Delegation
- Budget Management Skills
- Improved Forecasting and other business processes

### 3.3.17 Improving Budgetary Control in Practice

- Improved data monitoring and budget tracking
- Development of a budget performance and activity dashboard
- Practice Review meetings
- Introduction of training materials
- Professional Reasoning checklist
- Closer scrutiny of adult social care activity, practice and performance
- Clear exit strategies for temporary funding and projects

- Ensuring the correct split of costs between NYCC and NHS (especially Continuing Health Care) and people who use our services

### 3.4 THE SOCIAL CARE MARKET

3.4.1 We continue to see increased market pressures:

- 62% of new admissions have been placed above NYCC rates
- Those areas above the county average are Selby, Harrogate and Craven
- 54% of current placements are above NYCC rates (was 50% in September 2019)

3.4.2 If anything, market pressures have increased due to COVID, with provider failure becoming more common. During the pandemic we have seen three significant care home provider failures in Scarborough, Selby and Whitby. This has particularly impacted on availability of care within the Selby and Whitby areas increasing cost for replacement care and reducing availability in these areas. In addressing these areas, we will bring forward actions to reduce costs, including consideration of policy in some cases, as well as practice and commercial possibilities. Our revised approach includes:

- Developing a business case to determine the viability of developing a complex care dementia village in Harrogate
- Revised approach to the Actual Cost of Care exercise which sets the Councils recommended funding levels each year for the care market
- New approach to Supported Living to improve accommodation and reduce inequalities across the care pathway
- A one year negotiated settlement for 2020/21 outside of the ACOC process which brought a more targeted approach
- Development of a quality pathway to support the care market more proactively

### 3.5 WORKFORCE

3.5.1 The Covid-19 Pandemic has brought significant challenges for Adult Social Care and our workforce.

3.5.2 During the first wave of Covid-19 and following the furlough scheme introduced by central government a significant number of new recruits to Adult Social Care were made to support the delivery of services to people with care and support needs in our communities and small number of these have been retained as we have moved through the pandemic.

3.5.3 HAS Connected was introduced to maintain contact by the leadership with frontline colleagues during the pandemic. Initially this was weekly via the GoTo platform and provided an opportunity to keep people updated with how Covid-19 was progressing and the impact for North Yorkshire, but also provided an opportunity for frontline colleagues to raise issues or concerns. The feedback on these sessions has been very positive and they have continued though since September have been stepped down to monthly meetings.

3.5.4 A recent piece of work has been undertaken looking at the impact of the changes made during the pandemic for our workforce. This followed a number of concerns

being raised by frontline colleagues about the challenges they were facing in terms of the volume of work and new ways of working.

- 3.5.5 In summary, the issues are multi-factorial. The data for adult social care shows a significant reduction in overall referrals during the period of the pandemic. However, front line teams report struggling to keep up with demand, some of this has been down staff shortages, either vacant posts or sickness. Covid-19 absence has not had a significant impact on the assessment teams. Other factors affecting frontline colleagues are fatigue, people feeling tired or weary as a consequence of the pandemic. Colleagues are frequently encouraged to take breaks whilst working from home but also to take their leave. Related to this is access to support, whilst working from home people have reported it is harder to access the support from colleagues or line manager when you're not office based. Some colleagues have reported this having a negative impact on their home life.
- 3.5.6 Change and new ways of working is also a contributing factor to the pressure our workforce is reporting. Over the past 9 months our workforce has gone through significant change;
- in the way they are organised,
  - the times they are required to work,
  - the things we are asking them to do,
  - the way they deliver care
  - and the changing requirements and guidance around PPE and IPC
- 3.5.7 Over the past years we have seen increased referral to Health Assured with stress and mental distress being the highest referral reason.
- 3.5.8 Any workforce issues relating to Brexit and general demand within the market may also lead to pay inflation and we will monitor both of these issues over the next year.

#### **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)
- 4.2.1 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 2021
- 4.6 One risk has been deleted from the Directorate risk register since October 2019. This is the risk of failure to effectively deliver the Extra Care Programme and EPH re-provision which will now appear on the relevant specific Service Risk Register.
- 4.7 The significant actions that were achieved include the following:
- Confident and Consistent Practice – Implementation and review of new safeguarding operational guidance and practice
  - Financial Pressures – Budget Recovery Action Plan in place
  - Major Failure due to Quality and/or Economic Issues in the Care Market – recruitment to quality and improvement team
  - Workforce Planning and Development – Coronavirus controls including: Weekly wider leadership team meeting, monthly locality HAS connected meetings (all staff included); Outbreak management plan; care home liaison team established for the independent sector; on call rotas established; Covid infection and protection control training in place;
  - Information Governance and Health and Safety – Implementation of a work programme for the Directorate Information Governance Group
- 4.8 A number of new actions have been included, a large proportion of which are related to COVID. These include:
- Partnership and Integration with the NHS – Ensure records of decision-making during Coronavirus pandemic are complete; Review arrangements relating to time limited additional social care funding at March service plan challenge with Chief Exec
  - Financial Pressures – Seek to better understand financial impact of decisions made as part of the Confident and Consistent Practice model and diagnostic work; Reassess all those living in CVT properties to clearly identify needs around daytime support, commissioning conversation has taken place and NYCC position outlined; Weekly budget clinic with heads of service reviewing high cost placement starters and leavers; these continue but now look at all activity not just starters and leavers; Need to fully understand and assess the budget impact of Covid
  - Workforce Planning and Development – Support managers with tools, techniques, communication and sign posting to support workforce wellbeing
  - Major Failure due to Quality and/or Economic Issues in the Care Market – Starting a system wide market development board to monitor the impact of Covid and other issues in the market; individual work streams within this to be established
  - Information Governance and Health and Safety – Develop and implement regular H&S data updates to HASLT (linked to implementation of B-safe system)
- 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  
December 2020

## Health and Adult Services Directorate

## APPENDIX A

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/180	<b>Risk Title</b>	3/180 - Partnership and Integration with Health				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD HI HAS AD C&S Dir Public Health HAS AD C&Q	
<b>Description</b>	Failure to achieve the best outcomes from working jointly with the Commissioner and Provider resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.					<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 reviewed and revised governance providing strategic leadership regarding H&W across the County; chief Officer representation influencing the development of STP/ICs; HASLT locality delivery model in place actively shaping local integration plans; Joint leadership in Harrogate developing a new model of care building on the work of Vanguard; joint commissioning boards in Hamb/Rich and Scarborough/Ryedale CCGs underpinned by s75 agreements; investment of IBCF and BCF to protect social care; Joint Health and Well-being Strategy in place; corporate task and finish group for DToC in place; HWB development sessions; Integration and Better Care Fund Plan developed with CCGs and agreed at Health and Wellbeing Board; 2020 Health Programme focussing on integration established; York and North Yorkshire SLE in place with a work programme of 10 priorities; joint commissioning boards for HRW and Scarborough in place (but in abeyance pending re-organisation of NY CCGs;									
<b>Probability</b>	H	<b>Objectives</b>	M	<b>Financial</b>	H	<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>	1/92 - Work jointly with CCGs to improve and enhance operational pathways whilst working within the National Framework; temporary enhanced working CHC team in place						HAS AD C&Q	Fri-30-Apr-21			
<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	Tue-30-Jun-20	Tue-30-Jun-20		
<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	Wed-30-Jun-21			
<b>Reduction</b>	3/384 - Agree and implement Harrogate and Rural Alliance (Sept 2019 complete) integration of community health and social care services and also further new models of care when emerging new Primary Care Networks are established.						CD HAS	Wed-31-Mar-21			
<b>Reduction</b>	3/385 - Engage wider HASLT in testing the implications of different integration models (ongoing)						HAS AD C&Q HAS AD HI	Wed-31-Mar-21			
<b>Reduction</b>	3/420 - Develop proposals to align to the emerging new Primary Care Networks which will be established. (temporarily implemented due to Covid-19 requirements and reviewed during recovery).						HAS AD HI	Sun-31-Jan-21			
<b>Reduction</b>	3/428 - Improve the DToC (Delayed Transfer of Care) performance to avoid financial penalties and reputational issues. Implement the work programme of the Transfers of Care Board. – HI overview with C&S delivery, continued progress on the social care element but still reliant on the NHS areas						HAS AD C&S HAS AD HI	Tue-30-Jun-20	Tue-31-Mar-20		
<b>Reduction</b>	3/429 - Consider MoUs for STP / ICS across the County that explicitly define the Council's involvement and engagement in these arrangements; WY&H is done, HC&V still to do						CSD AD SR (AH) HAS AD C&Q HAS AD HI	Wed-31-Mar-21			
<b>Reduction</b>	3/460 - Ensure that we account for the BCF and IBCF funding as per the Regulations on a quarterly basis (ongoing)						CSD AD SR (AH)	Mon-31-Aug-20	Tue-31-Mar-20		

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

<b>Reduction</b>	3/467 - Actively work with Partners on a new way for the health system to work in North Yorkshire	HAS AD HI	Tue-31-Mar-20	Tue-31-Mar-20							
<b>Reduction</b>	3/563 - Manage relationships at Trust and CCG level as a result of leadership changes (ongoing)	CD HAS	Tue-31-Mar-20	Tue-31-Mar-20							
<b>Reduction</b>	3/564 - Carry out a post implementation review of HARA	HAS AD C&S (Asmt.)	Wed-31-Mar-21								
<b>Reduction</b>	3/638 - Review all processes relating to DToC (Delayed Transfer of Care) during recovery from Coronavirus impact to ensure they are sustainable	HAS AD C&Q HAS AD C&S	Wed-30-Jun-21								
<b>Reduction</b>	3/639 - Ensure records of decision making during Coronavirus pandemic are complete	CD HAS	Wed-31-Mar-21								
<b>Reduction</b>	324/491 - Review arrangements relating to time limited additional social care funding at March service plan challenge with Chief Exec.	CD HAS CD SR	Tue-31-Mar-20	Tue-31-Mar-20							
<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>Fallback Plan</b>	3/532 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.									<b>Action Manager</b>	
										CD HAS	

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

Phase 1 - Identification											
<b>Risk Number</b>	3/264	<b>Risk Title</b>	3/264 - Confident and consistent practice				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD C&S	
<b>Description</b>	Failure to establish the workstreams and processes needed to embed the confident and consistent practice programme across the county resulting in poor outcomes for individuals, missed opportunities to change and improve the service, inability to realise budgetary savings and criticism					<b>Risk Group</b>	Change Mgt	<b>Risk Type</b>	C&S 1/222		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Programme developed; new safeguarding operational guidance and practice								
<b>Probability</b>	H	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	H	<b>Category</b>	1
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	1/360 - Robustly review and take learning from various practice areas; completed the diagnostic self audit with managers and practitioners, now need to implement the identified improvements						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	1/444 - Ensure consistent decision making to improve outcomes for people and ensure value for money; introduced scheme of delegation around financial decisions, then reviewed and extended it to self-authorisation by frontline staff, needs further testing and embedding; also introduced practice support sessions to explore alternative support options with service users						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	1/511 - Use technology better to reduce operational costs (travel to meetings etc.); accelerated by Covid and included new conversation tool for carers and those with assessed needs under Care Act; use of hubs in Ryedale; virtual assessment methodology; still further options to consider re online assessment						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	1/571 - Improve well-being of teams; demand and capacity work carried out; festival of practice held, with self-help sessions for staff						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	1/572 - Promote culture of continuous improvement including managing risk safely, dynamic risk taking and strength based approaches - ongoing						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	1/573 - Compare costs of commissioned packages of care to the costs of packages funded through direct payments; completed but no definitive outcomes						HAS AD C&S	Mon-31-Aug-20	Sun-31-May-20		
<b>Reduction</b>	1/574 - Agree a more data informed, targeted approach to maximising the use of direct payments that are cost effective and give people greater control.						HAS AD C&S (Asmt.)	Tue-31-Aug-21			
<b>Reduction</b>	1/575 - Ongoing programme of training and learning for teams about the benefits and impacts of direct payments and support practice through sharing of case examples and local area guidance.						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	1/577 - Review the provision of Direct Payments for carers (Carers Grants) in partnership with the revised carers pathway and offer and in keeping with the Care Act and requirements around personal budgets; all in train, new pathway to be launched						HAS AD C&S (Asmt.) HAS C&S Ho TP	Thu-31-Dec-20			
<b>Reduction</b>	1/578 - Review current and design new carers pathway, to include a focus on young carers						HAS C&S Ho TP	Sun-31-May-20	Sun-31-May-20		
<b>Reduction</b>	1/579 - Carers assessments (to look at either adopting Trusted Assessor mode or look at commissioning) to be strength based; now introducing a carers conversation record						HAS C&S Ho TP	Tue-31-Aug-21			

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

<b>Reduction</b>	1/580 - Living Well (as a carer) opportunities to be explored	HAS C&S Ho TP	Sun-31-May-20	Sun-31-May-20							
<b>Reduction</b>	1/581 - Agree targets for consistency county wide in order to strive for equity; more to do, practice framework will include targets and performance aspects	HAS C&S Ho TP	Tue-31-Aug-21								
<b>Reduction</b>	1/582 - Embed the widened short breaks offer - as countywide and for wider user group	HAS C&S Ho TP	Sun-31-May-20	Sun-31-May-20							
<b>Reduction</b>	1/617 - Review of front door to improve demand management, addresses safeguarding and take a proactive approach to review activity; enhanced during C19, new SG procs, will continue as part of transformation work	HAS AD C&S (Asmt.)	Tue-31-Aug-21								
<b>Reduction</b>	1/618 - Understand the pressure and continue to improve resilience in place as ASC leadership team	HAS AD C&S (Asmt.)	Tue-31-Aug-21								
<b>Reduction</b>	1/619 - Implement training around section 117 protocols	HAS AD C&S (Asmt.)	Sun-31-May-20	Sun-31-May-20							
<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>	M	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
<b>Fallback Plan</b>	1/15 - Review performance and capacity including access to additional funding									<b>Action Manager</b>	
										HAS AD C&S (Asmt.)	

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

Phase 1 - Identification											
Risk Number	3/229	Risk Title	3/229 - Financial Pressures				Risk Owner	CD HAS	Manager	CSD AD SR (AH)	
Description	Financial pressures arising from difficulties in delivering MTFs 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	C&S 1/252			
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; reviewed HAS 2020 including completion of benefits profiles for all savings lines; heat map action plan completed; recommendations from the actual cost of care exercise implemented; tracking of paper records in place for performance; 2020 Benefits deep dive carried out and regular budget deep dives with Chief Exec and CD SR; review of 4% savings business cases; fundamental review and ongoing review; Harrogate feasibility study by consultants for new care facility completed; phase 1 of full business case for new Dementia Care Village completed; action plan to address the care and support overspend developed; SBR now business as usual and being introduced to Supported Living; budget recovery action plan in place;									
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	1/569 - Seek to better understand financial impact of decisions made as part of the Confident and Consistent Practice model and diagnostic work.					HAS AD C&Q	Thu-30-Sep-21				
Reduction	1/570 - Reassess all those living in CVT properties to clearly identify needs around daytime support, commissioning conversation has taken place and NYCC position outlined					HAS AD C&Q	Fri-30-Apr-21				
Reduction	1/615 - Implement Phase 1 SBA within Mental Health; good progress made					HAS AD C&Q	Thu-30-Sep-21				
Reduction	1/616 - Achieve earlier, clearer budget position with Team Managers responsible for budget management including forecasting; linked to budget recovery plan work					HAS AD C&Q	Thu-30-Sep-21				
Reduction	1/633 - Weekly budget clinic with heads of service reviewing high cost placement starters and leavers; these continue but now look at all activity not just starters and leavers					HAS AD C&Q	Thu-30-Sep-21				
Reduction	1/647 - Continue with weekly budget tracking to assist with budget recovery					HAS AD C&Q	Thu-30-Sep-21				
Reduction	1/648 - Need to fully understand and assess the budget impact of Covid					CSD AD SR (AH) HAS AD C&Q	Thu-30-Sep-21				
Reduction	3/247 - Continue to revise and update a market position statement; this is now an online statement with different aspects being updated as and when required					HAS AD C&Q	Tue-30-Jun-20	Tue-30-Jun-20			
Reduction	3/379 - Implement Budget recovery action plan with ongoing review on a quarterly basis					CSD AD SR (AH)	Wed-31-Mar-21				
Reduction	3/421 - Complete phase 2 of the strength based assessments working with people with complex needs					HAS AD C&Q	Thu-30-Sep-21				
Reduction	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) HAS AD HI	Sun-31-Oct-21				

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

<b>Reduction</b>	3/460 - Ensure that we account for the BCF and IBCF funding as per the Regulations on a quarterly basis (ongoing)	CSD AD SR (AH)	Mon-31-Aug-20	Tue-31-Mar-20							
<b>Reduction</b>	3/472 - Implement action plan following outcome of state of the market exercise and ensure inclusion of NHS and Partners - ongoing (Make Care Matter; IBCF monies used for Recruitment Hub and Learning4Care) and regularly report to ISPB	HAS AD C&Q	Wed-30-Sep-20	Wed-30-Sep-20							
<b>Reduction</b>	3/561 - Continue to carry out feasibility study on development of new care facility to help alleviate care home affordability issue. (need to expand on potential work in this area and also develop business cases for new nursing home provision)	HAS AD C&Q	Fri-30-Apr-21								
<b>Reduction</b>	3/562 - Monitor proportion of care packages within affordable budget to ensure we remain within the parameters of the Cost of Care Agreement (ongoing)	HAS AD C&Q	Fri-30-Apr-21								
<b>Reduction</b>	3/567 - Complete full business case for new Dementia Care Village with Commercial team (phase 1 complete); further work requested will return to mgt board	HAS AD C&Q	Mon-30-Nov-20								
<b>Reduction</b>	3/568 - Monitor proportion of care packages within affordable budget to ensure we remain within the parameters of the Cost of Care Agreement (ongoing)	HAS AD C&Q	Fri-30-Apr-21								
<b>Reduction</b>	3/631 - Commissioning team (in their service improvement role) will be acting as an internal peer challenge around high cost spend and market ability to enable the development of a Locality service improvement plan	HAS AD C&Q	Fri-30-Apr-21								
<b>Reduction</b>	3/632 - Develop and implement OD Programme (in stages) for HAS Managers to encompass People, Pounds, Performance, Practice and Partnerships	HAS HoHR	Wed-31-Mar-21								
<b>Reduction</b>	3/635 - Explore additional T&C programme support to assist with major projects	CD HAS	Thu-31-Dec-20								
<b>Reduction</b>	3/636 - Complete the roll out of CHC training and agree a way forward on CHC cases; training agreed but this is still to carry out; back office team for CHC to help track invoicing and notifications; independent audit recommendations being considered	CD HAS CSD AD SR (AH) HAS AD C&Q HAS AD C&S (Prov.)	Wed-31-Mar-21								
<b>Reduction</b>	5/532 - Work with Exec and others to agree PH spending once the ring-fence is removed, in the context of the BEST program including both what the budget will be and on what it will be spent. Further meeting planned and work to continue on the funding gap proposals; ongoing, a number of meetings are set for January 2020 with finance; reserve in place for 20/21	CSD AD SR (AH) Dir Public Health	Sun-31-Oct-21								
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
<b>Fallback Plan</b>	3/567 - Further fundamental review in order to further prioritise services									<b>Action Manager</b>	CSD AD SR (AH)



## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

Phase 1 - Identification											
Risk Number	3/184	Risk Title	3/184 - Workforce Planning and Development				Risk Owner	CD HAS	Manager	HAS HoHR	
Description	Failure to appropriately plan and fulfil workforce requirements and / or develop managers and staff in line with transformation agenda including the impact of Coronavirus and to ensure service continuity resulting in reduction in quality of service and transformation objectives not achieved, 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		Workforce Strategy and OD Plan refreshed and agreed by HAS LT; HR representation on programme/project groups with regular monitoring by HASLT; Directorate Vision in place; regular DJCC meetings with Unison; training plan in place; ASYE implemented; assessment pathway programme; Practice team in place; Practice development sessions for practitioners rolled out; Learning4Care and Recruitment Hub to support the independent and voluntary sector in place; monthly performance reports including service delivery reports, complaints and commendations and workforce metrics, and Q workforce reports to HASLT; Strength based approach in place; Living Well Service in place; management arrangements for Mental Health services in place and wider Mental Health team structures implemented; PIR of Care and Support restructure is complete; new manager programme developed and implemented; Manager Skills Audit undertaken to inform OD Programme; new working patterns in Care and Support in place; Coronavirus controls including: Weekly wider leadership team meeting, monthly locality HAS connected meetings (all staff included); Outbreak management plan; care home liaison team established for the independent sector; on call rotas established; Covid infection and protection control training in place;									
Probability	H	Objectives	M	Financial	H	Services	H	Reputation	M	Category	1
Phase 3 - Risk Reduction Actions											
	Reduction	Action Manager	Action by	Completed							
	3/189 - Provision of training through Learning4Care to support the independent and voluntary sector with the ICG and providers	HAS HoHR	Wed-31-Mar-21								
	3/207 - Provision of Recruitment Hub to support the independent and voluntary sector with the ICG and providers and explore options for in house agency	HAS HoHR	Wed-31-Mar-21								
	3/218 - Continue to implement the Directorate Training Plan which encompasses all the key changes facing Operational Staff and equips Heads of Service and SMs to ensure delivery (ongoing)	HAS AD C&S HAS HoHR	Sun-31-Oct-21								
	3/231 - Continue to ensure Directorate Managers are provided with training in people management processes, reorganisation and redundancy processes, change management, 'common sense' performance management and forecasting needs (ongoing)	HAS HoHR	Tue-31-Aug-21								
	3/340 - Provide HR and WD advice and support to Managers leading Transformation Projects (ongoing)	HAS HoHR	Tue-31-Aug-21								
	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	Tue-31-Aug-21								
	3/463 - Continue to develop and implement the Make Care Matter campaign to ensure recruitment across the Sector encompassing ideas from people who have lived experience and operational staff (ongoing)	HAS AD C&S HAS HoHR	Tue-31-Aug-21								
	3/476 - Support staff to operate into integrated teams and arrangements (ongoing)	HAS AD C&S HAS HoHR	Tue-31-Aug-21								
	3/547 - Develop and implement OD Programme (in stages) for HAS Managers to encompass People, Pounds, Performance, Practice and Partnerships	HAS HoHR	Wed-31-Mar-21								
	3/548 - Continue delivery of New Manager Development Programme	HAS HoHR	Wed-31-Mar-21								

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

<b>Reduction</b>	3/649 - Support managers with tools, techniques, communication and sign posting to support workforce wellbeing				HAS HoHR	Tue-31-Aug-21					
<b>Reduction</b>	3/1964 - Continue to engage with and contribute to North Yorkshire workforce priorities (ongoing)				HAS LT	Tue-31-Aug-21					
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	M	<b>Services</b>	H	<b>Reputation</b>	L	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
<b>Fallback Plan</b>	3/531 - Review and revise workforce arrangements including managers' responsibilities						<b>Action Manager</b>				
							CD HAS				

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

Phase 1 - Identification											
Risk Number	3/167	Risk Title	3/167 - Public Health			Risk Owner	CD HAS	Manager	Dir Public Health		
Description	Failure to manage the response to Corona whilst at the same time deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions and manage within the available funding 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			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; Health and Wellbeing Board; H & W Strategy; Link to relevant Em Planning/Health Protection structures in place; 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; new financial framework for PH budget finalised;								
Probability	H	Objectives	M	Financial	H	Services	M	Reputation	M	Category	I
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	3/233 - Ensure effective arrangements are in place for the Healthy Child Programme; extended to Apr 2021					Dir Public Health	Fri-30-Apr-21				
Reduction	5/246 - Continue to ensure Public Health statutory functions are met					Dir Public Health	Sun-31-Oct-21				
Reduction	5/247 - Continue development of the Public Health Advisory Service for CCGs					Dir Public Health	Sun-31-Oct-21				
Reduction	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); some additional funding, will need to revisit, current savings targets met					Int Fin Acc	Sun-31-Oct-21				
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	Sun-31-Oct-21				
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; still pressures around PH Consultant and PH Intelligence posts					Dir Public Health	Sun-31-Oct-21				
Reduction	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	Sun-31-Oct-21				
Reduction	5/532 - Work with Exec and others to agree PH spending once the ring-fence is removed, in the context of the BEST program including both what the budget will be and on what it will be spent. Further meeting planned and work to continue on the funding gap proposals; ongoing, a number of meetings are set for January 2020 with finance; reserve in place for 20/21					CSD AD SR (AH) Dir Public Health	Sun-31-Oct-21				
Reduction	5/557 - Stop Smoking Service: Continue to support the in-house smoking cessation services and build the necessary relationships with Live Well Smoke Free and build the required governance and reporting arrangements					Dir Public Health	Fri-30-Apr-21				
Reduction	5/643 - Virus Control - effective management of Test and Trace Programme and Local Outbreak Control (including the Outbreak Management Advisory Board, Test and Trace team, and Local Outbreak Control Plan.)					Dir Public Health	Sun-31-Oct-21				

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

<b>Reduction</b>	5/644 - Seek to understand the impacts of post PHE structures and impact of LGR						Dir Public Health	Sun-31- Oct-21			
<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>	M	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
<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		

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (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 C&Q	
<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>	Comm 47/159		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>		Regular review and monitoring of contracts in addition to close working relationship with corporate procurement colleagues. Quality Improvement Team now embedded into the service and continuing to work well. Market position statement created as an online tool to support commissioning and interventions into the market. Work underway to develop a quality pathway with enhanced market surveillance to ensure market oversight in line with The Care Act. Hardship process in place to enable financial assistance to the market where value for money and strategic need can be evidenced. Service Development function now created linked to locality working to identify market issues at an early stage and appropriate market support strategies are created. Ongoing rolling programme of audits by Veritau of individual suppliers. Initial business case approved for Intervention into Harrogate market. Enhanced care homes services in place during Coronavirus pandemic to provider wrap around support to the market									
<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>Reduction</b>	3/247 - Continue to revise and update a market position statement; this is now an online statement with different aspects being updated as and when required					<b>Action Manager</b>	HAS AD C&Q	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	Tue-30-Jun-20
<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; ongoing pursuit of opportunities for joint working between HAS and NHS with plans in place for health brokerage (brokerage pilots in place)					<b>Action Manager</b>	HAS AD C&Q	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	Tue-30-Jun-20
<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;					<b>Action Manager</b>	HAS C&Q Ho Q&M	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	Tue-30-Jun-20
<b>Reduction</b>	3/472 - Implement action plan following outcome of state of the market exercise and ensure inclusion of NHS and Partners - ongoing (Make Care Matter; IBCF monies used for Recruitment Hub and Learning4Care) and regularly report to ISPB					<b>Action Manager</b>	HAS AD C&Q	<b>Action by</b>	Wed-30-Sep-20	<b>Completed</b>	Wed-30-Sep-20
<b>Reduction</b>	3/519 - Review any opportunities to stabilise the market through additional Govt funding given to social care for this purpose (review position each year for next 3 years of funding); IBCF being used for piloting an approach to rural dom care, supporting recruitment and training					<b>Action Manager</b>	CSD AD SR (AH) HAS AD C&Q	<b>Action by</b>	Thu-30-Apr-20	<b>Completed</b>	Sat-29-Feb-20
<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; this continues, working through any remaining data sharing issues with Data Governance					<b>Action Manager</b>	HAS AD C&Q	<b>Action by</b>	Thu-31-Dec-20	<b>Completed</b>	
<b>Reduction</b>	47/221 - Continue to work with Veritau on audits of individual suppliers (rolling programme in place)					<b>Action Manager</b>	HAS C&Q Ho Q&M	<b>Action by</b>	Wed-31-Mar-21	<b>Completed</b>	
<b>Reduction</b>	47/486 - Monitor issues caused by the complex partner relationships, meetings and structures and raise at HASLT where appropriate - ongoing					<b>Action Manager</b>	HAS AD C&Q	<b>Action by</b>	Wed-30-Jun-21	<b>Completed</b>	
<b>Reduction</b>	47/587 - Developing a quality pathway, revising processes and procedure and incorporating best practice adopting a risk based / predictive approach; this will come from the focussed review					<b>Action Manager</b>	HAS AD C&S (Asmt.)	<b>Action by</b>	Fri-30-Apr-21	<b>Completed</b>	

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

<b>Reduction</b>	47/600 - Rewriting quality policies with input from Veritau as part of focussed review	HAS AD C&S (Asmt.)	Fri-30-Apr-21								
<b>Reduction</b>	47/602 - Work with ICG to ensure provider BCPs are in place and evidence of testing can be provided	HAS AD C&Q	Tue-30-Jun-20	Tue-30-Jun-20							
<b>Reduction</b>	47/603 - Consideration of market interventions, including development of a provider arm or a proposal to bring organisations together (initial business case approved for intervention into Harrogate market)	HAS AD C&Q	Thu-30-Sep-21								
<b>Reduction</b>	47/646 - Starting a system wide market development board to monitor the impact of Covid and other issues in the market; individual work streams within this to be established	HAS AD C&Q	Thu-30-Sep-21								
<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 C&Q

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (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&Q
<b>Description</b>	Failure to manage increase in workload (and manage the existing backlog) as a result of the DoLS Supreme Court judgment and adequately prepare for the implementation of Liberty Protection Safeguards 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; LEAN review of the process carried out; regular briefings to HASLT, staff and providers; continue to monitor and manage capacity and resource issues; project steering group; HASLT paper December 2019									
<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 ongoing						HAS AD C&S	Tue-31-Aug-21			
<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; two additional posts at Best Interest Assessor level appointed to ensure appropriateness of rating of those on the outstanding list; BIA have helped reduce overspend						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	1/525 - Continue to manage the Court of Protection applications demand using the same approach for DoLs (ADASS prioritisation tool) and work with partners and extra care providers to ensure cases aren't missed; will be changing as a result of LPS, coming to an end						HAS AD C&S	Thu-31-Dec-20			
<b>Reduction</b>	1/559 - Looking at process of reviews so that concerns can be picked up earlier; continuous improvement sought						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	1/595 - Carry out options appraisal for revised approach required to meet new legislation						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	1/634 - Provide updates to HASLT every 3 months on DoLS work and preparation for implementation of Liberty Protection Safeguards						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	3/255 - Prepare for implementation of Liberty Protection Safeguards; LPS guidance and legislation delayed due to impact of Coronavirus, implementation target now April 2022)						HAS AD C&S	Tue-31-Aug-21			
<b>Reduction</b>	3/320 - Form a project steering group with external partners to scope the outputs against the required changes in legislation; is in place but will need to reconvene in 2021						HAS AD C&S	Wed-30-Jun-21			
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. Options appraisal.								<b>Action Manager</b>		
									HAS AD C&S (Prov.)		

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (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 (Prov.) HAS AD HI	
<b>Description</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.					<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 service 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; recommendations from the commissioned independent review of safeguarding practice taken into consideration as part of the preparations for the implementation of the latest policy and procedures; local arrangements with Children's Safeguarding Board and Community Safety Partnerships reviewed; training for in house provider; new safeguarding policies and procedures implemented; including a Quality Monitoring Tool, monthly strategic meetings with CQC and Healthwatch								
<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>	1/515 - Continue to strengthen Governance arrangements in HAS following consideration of North Yorkshire and national safeguarding adult reviews (ongoing)						HAS AD C&S (Asmt.)	Wed-30-Jun-21			
<b>Reduction</b>	3/145 - Continue to ensure Partners are fully engaged with Safeguarding Boards centrally and locally, particularly new health partners (CCGs); inter board network in place with community safety and children's board						HAS AD C&S (Asmt.) HAS AD HI	Wed-30-Jun-21			
<b>Reduction</b>	3/187 - Continue to work with directorate colleagues to improve quality assurance (development of new approaches and tools around working with providers on quality assurance issues); including work and regular meetings with CQC, Health and Healthwatch; near miss system in place						HAS AD C&S (Asmt.) HAS AD HI	Sun-31-Oct-21			
<b>Reduction</b>	3/217 - Ensure training in respect of latest policies and procedures for elected Members, staff and Partners is reviewed and delivered; member training reviewed over summer;						HAS AD C&S (Asmt.)	Wed-31-Mar-21			
<b>Reduction</b>	3/321 - Continue joint work with CYPs and the Community Safety Partnership with formal quarterly meetings of the InterBoard Network						HAS AD HI	Fri-30-Apr-21			
<b>Reduction</b>	3/1961 - Continue to embed safeguarding work to deliver the Transforming Care programme incl. embedding the Care Act role of Principal Social Worker and Safeguarding Board Manager with closer scrutiny of Transforming Care work						HAS AD C&S (Asmt.)	Wed-30-Jun-21			
<b>Reduction</b>	324/161 - Continue to report regularly to HASLT, Care and Independence O&S Committee and Health and Wellbeing Board particularly in light of preparation for the latest policy and procedures.						HAS AD HI	Wed-31-Mar-21			
<b>Reduction</b>	324/336 - Continue to carry out the supervisory body role for DoLS to ensure the system is as effective as possible within existing resources and prepare for Liberty Protection Safeguarding Bill (LPS guidance and legislation delayed due to impact of Coronavirus, implementation target now April 2022)						HAS AD HI	Wed-30-Jun-21			



## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

<b>Reduction</b>	324/343 - Continue with scoping work in preparation for implementing the Liberty Protection Safeguarding Bill (linked to action 324/336)					HAS AD C&S HAS AD HI	Wed-30-Jun-21				
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	2
<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 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (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 group); regular security sweeps, asset owner training completed; regular updates on Inf Gov and data issues to HASLT and CASLT; work programme for the DIGG with monthly meetings; regular updates to leadership team / forum to look at Info Gov data trends; updates provided through the agreed Directorate governance framework with reports to HASLT; Classification of emails and chat logs used to ensure no sensitive breaches; DIGG sessions continued throughout Covid H & S - Corporate H & S policy and action plan; wider HAS leadership team H&S training completed; wheelchair guidance in place; further IOSH and risk assessment training carried out to raise competency;									
<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>Reduction</b>	3/147 - Continue to implement Caldicott when required					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Tue-31-Aug-21	<b>Completed</b>	
<b>Reduction</b>	3/148 - Continue to implement awareness raising campaign for information governance					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Tue-31-Aug-21	<b>Completed</b>	
<b>Reduction</b>	3/227 - Continue to ensure and promote use of secure methods of data transfer					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Tue-31-Aug-21	<b>Completed</b>	
<b>Reduction</b>	3/364 - Review disposal arrangements of documents following issue of refreshed corporate policy and guidance					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Tue-31-Aug-21	<b>Completed</b>	
<b>Reduction</b>	3/365 - Ensure 'lessons learned' reports are reviewed following any breach					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Tue-31-Aug-21	<b>Completed</b>	
<b>Reduction</b>	3/373 - Work closely with Data Governance on review and monitoring of local Info gov arrangements; Snr DGO worked with services to ensure all data sharing activities were known and agreements put in place during Covid outbreak					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Tue-31-Aug-21	<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) HAS AD HI	<b>Action by</b>	Sun-31-Oct-21	<b>Completed</b>	
<b>Reduction</b>	3/550 - Continue to carry out IOSH and risk assessment training to raise competency within the Directorate					<b>Action Manager</b>	CSD AD SR (AH)	<b>Action by</b>	Thu-30-Apr-20	Thu-30-Apr-20	
<b>Reduction</b>	3/552 - Continue to embed the HAS governance framework to improve services; being implemented on an iterative basis pending directorate wide launch in 2021					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Tue-31-Aug-21	<b>Completed</b>	
<b>Reduction</b>	3/637 - Develop and implement regular H&S data updates to HASLT (linked to implementation of B-safe system)					<b>Action Manager</b>	CSD AD SR (AH)	<b>Action by</b>	Wed-31-Mar-21	<b>Completed</b>	
<b>Reduction</b>	6/124 - Progress data sharing issues with Health colleagues to ensure the benefits of this are realised; still issues around DToC hoping that LHCRE may help this					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Tue-31-Aug-21	<b>Completed</b>	

## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – detailed**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (cpc)**

<b>Reduction</b>	324/397 - Continue unannounced office work area checks on a countywide basis when safe to do so	HAS AD HI	Tue-31-Aug-21	
<b>Reduction</b>	324/640 - Maintain awareness of the impact of Covid pressures on ability to respond to FOI and SAR requests within statutory timescales	HAS AD HI	Sun-31-Oct-21	
<b>Phase 4 - Post Risk Reduction Assessment</b>				
<b>Probability</b>	L	<b>Objectives</b>	L	<b>Financial</b>
			M	<b>Services</b>
			L	<b>Reputation</b>
			H	<b>Category</b>
				3
<b>Phase 5 - Fallback Plan</b>				
				<b>Action Manager</b>
<b>Fallback Plan</b>	3/36 - Media management, staff disciplinary, work with Information Commissioner's Office and HSE when necessary			CSD AD SR (AH)



## Health and Adult Services Directorate

## APPENDIX B

Risk Register: **Month 0 (October 2020) – summary**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (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>3/180 - Partnership and Integration with Health</b>	Failure to achieve the best outcomes from working jointly with the Commissioner and Provider resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.	CD HAS	HAS AD HI HAS AD C&S Dir Public Health HAS AD C&Q	H	M	H	M	H	H	1	15	31/01/2021	M	M	H	M	H	H	2	Y	CD HAS
◀▶	<b>3/264 - Confident and consistent practice</b>	Failure to establish the workstreams and processes needed to embed the confident and consistent practice programme across the county resulting in poor outcomes for individuals, missed opportunities to change and improve the service, inability to realise budgetary savings and criticism	CD HAS	HAS AD C&S	H	H	H	H	H	H	1	17	31/12/2020	M	M	H	M	M	M	2	Y	HAS AD C&S (Asmt.)
◀▶	<b>3/229 - Financial Pressures</b>	Financial pressures arising from difficulties in delivering MTFS 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	H	H	H	H	1	22	30/11/2020	M	H	H	M	M	M	2	Y	CSD AD SR (AH)
◀▶	<b>3/184 - Workforce Planning and Development</b>	Failure to appropriately plan and fulfil workforce requirements and / or develop managers and staff in line with transformation agenda including the impact of Coronavirus and to ensure service continuity resulting in reduction in quality of service and transformation objectives not achieved, staff unclear about their roles and an inability to implement new ways of working	CD HAS	HAS HoHR	H	M	H	H	M	M	1	12	31/03/2021	M	M	M	H	L	M	2	Y	CD HAS
▲	<b>3/167 - Public Health</b>	Failure to manage the response to Corona whilst at the same time deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions and manage within the available funding 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	H	M	H	M	M	M	1	11	30/04/2021	M	M	H	M	M	M	2	Y	Dir Public Health




## Health and Adult Services Directorate

Risk Register: **Month 0 (October 2020) – summary**

Next Review Due: **March 2021**

Report Date: **2<sup>nd</sup> December 2020 (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>3/162 - 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 C&Q	H	M	M	M	H	1	13	31/12/2020	H	M	M	M	M	2	Y	HAS AD C&Q
	<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 and adequately prepare for the implementation of Liberty Protection Safeguards resulting in financial and reputational issues including potential legal action	CD HAS	HAS AD C&Q	M	H	H	H	H	2	8	31/12/2020	M	H	H	H	H	2	Y	HAS AD C&S (Prov.)
	<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 (Prov.) HAS AD HI	M	H	H	M	H	2	9	31/03/2021	M	H	H	M	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	13	31/03/2021	L	L	M	L	H	3	Y	CSD AD SR (AH)

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