

AUDIT COMMITTEE

13 DECEMBER 2021

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.

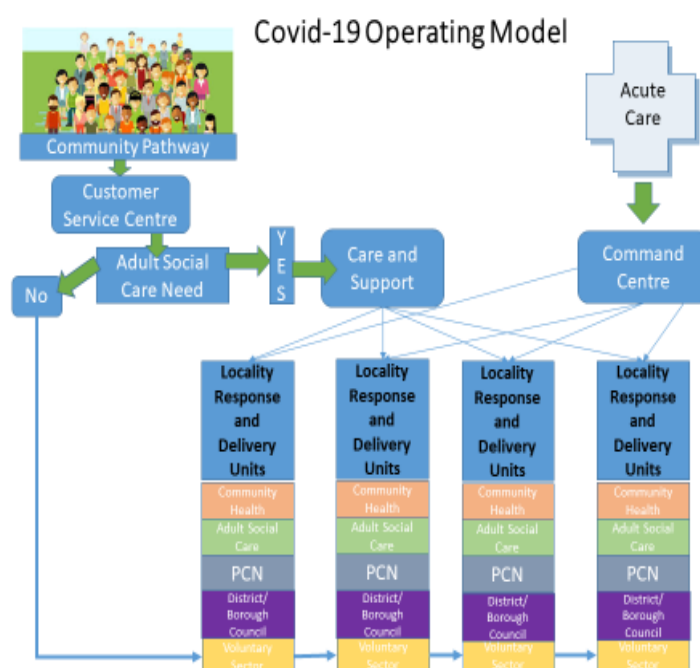
3.0 KEY GOVERNANCE DEVELOPMENT AND RISK ISSUES

- 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:

COVID-19

- 3.2 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.
- 3.3 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.

- 3.4 The Public Health response to COVID has been significant, and largely shaped by 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, vaccination, events, data integration and governance.
- 3.5 New ways of working have been developed in order to provide consistent support across these areas. Each area 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, UKHSA 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.
- 3.6 The COVID-19 Outbreak Management Hub provides a centralised co-ordination function to support the Director of Public Health 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.
- 3.7 Locality groups have provided 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. Another key activity of the Outbreak Management Hub was to forward plan the staffing resources required, supported by HR and Resourcing Solutions. (service managers for Regular multi-agency Silver and Gold meetings continue focusing on the COVID-19 response across care settings. There are also weekly Silver outbreak management meetings with wider partners including environmental health colleagues. These have been instrumental in terms of sharing information and informing the multi-agency response.
- 3.8 The public health team has also worked closely with the Local Resilience Forum, and continue to provide fortnightly DPH-led strategic updates to LRF partners. This partnership has been essential for managing key issues such as testing (both PCR testing and rapid lateral flow testing), vaccination and emergency response.
- 3.9 The emphasis on protecting the NHS to ensure that it was not overwhelmed by increased demands on its services has continued.
- 3.10 For Adult Social Care this meant implementing a new operating model to facilitate timely discharge from hospital and seven day working. A new Adult Social Care operating model was developed and implemented within two weeks.
- 3.11 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.



- 3.12 The Covid-19 Discharge Service Requirement also suspended Continuing Health Care (CHC) assessments and introduced a new funding scheme for people being discharged from hospital or to avoid an admission into hospital.
- 3.13 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.
- 3.14 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, subsequently reduced to 4 weeks. It also restarted CHC assessment and required that all people who were discharged under Scheme 1 were assessed and place on the most appropriate level of care and funding stream before the end of March 2021.
- 3.15 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.
- 3.16 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.

- 3.17 A Local Government Association Peer Challenge review of Outbreak Management took place in September 2021 and a report on its findings were due to be considered by Executive on 7 December 2021. The full report can be found here:

[Peer Challenge Report to Executive](#)

[Appendix 1 Report - LGA \(northyorks.gov.uk\)](#)

[Appendix 2 - Peer Team Recommendations.pdf \(northyorks.gov.uk\)](#)

(Full agenda: <https://edemocracy.northyorks.gov.uk/ieListDocuments.aspx?CId=1147&MId=4498&Ver=4>)

MTFS: 2020, Beyond 2020 Savings and Budget Pressures

- 3.18 The most recent estimate for the Directorate's 2021/22 position shows a break-even position but this is only possible due to £7.1m of growth allocated to the Directorate in 2021/22, plus the use of £1.3m of Improved Better Care Funding (IBCF). The HAS budget includes Adult Social Care, Public Health and some whole directorate costs.
- 3.19 These figures reflect COVID-19 related budget pressures of £3.2m, more than half of which is made up of payments to support providers. Other cost pressures as a result of the pandemic including increased staffing costs, loss of income, increased equipment costs and delays in the achievement of planned savings. As seen in the Quarterly Performance Report, activity levels are starting to return to (and exceed) pre-pandemic levels, and this is reflected in the finance figures.
- 3.20 The Directorate instituted a financial recovery plan during 2019/20, as reported to the Committee last year, and despite the pressures caused by COVID, work continues to ensure that we manage costs down as much as is possible.
- 3.21 Indeed, the need for sound financial management and reporting has been magnified due to additional and temporary funding allocated (but all of it with strings) to the Council to support the costs of COVID. This includes a number of specific grants to for the Council and also for passporting to external care providers. These include Infection Prevention Control, Rapid Testing and Contain Outbreak Management funding (COMF). The Council has received a further £5.0m in such COVID-19 funding during Q2, taking the total to £15.7m for 21/22, which has been taken into account in the forecast outturn position.
- 3.22 There are a number of underlying issues to be aware of which continue to add budgetary pressures to the service.
- 3.23 Demography: Population projections show that the number of North Yorkshire households with someone over the age of 85 is set to increase by 155% by 2039 and the number of younger adults who require support has increased in recent years from 5,189 to 5,503.
- 3.24 Hospital Discharge: The Covid-driven policy of taking people into social care before assessments are undertaken will continue. Earlier this year, the Council was funded for the first six weeks of this care whilst the social care assessment was completed. After that the cost responsibility becomes the Council's, although of course in many cases, people make some contribution to the cost of care. In July, that period of funding was reduced to four weeks and therefore the Council is currently picking up

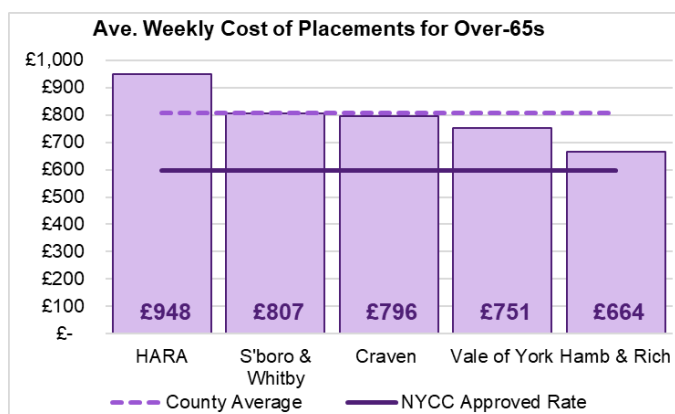
the costs of any time after that. Any personal contributions from people cannot start until the social care assessment has been done. From April 2022, it is expected that this funding will cease and if that is the case, additional net costs will fall to the council.

- 3.25 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.
- 3.26 Public Health has a gross budget of £23.4m but is balanced to a net zero in the Council's Quarterly monitoring reports. The Public Health grant has reduced in real terms in recent years and is currently £22.3m. The difference is being funded from reserves. This is a planned use of the earmarked reserve which was built up in previous years. Nevertheless it means that current spend will have to be reduced by at least £1.1m to be in line with the grant – and more if further savings are required. A plan is in place to bring the recurrent spend into line with funding available.

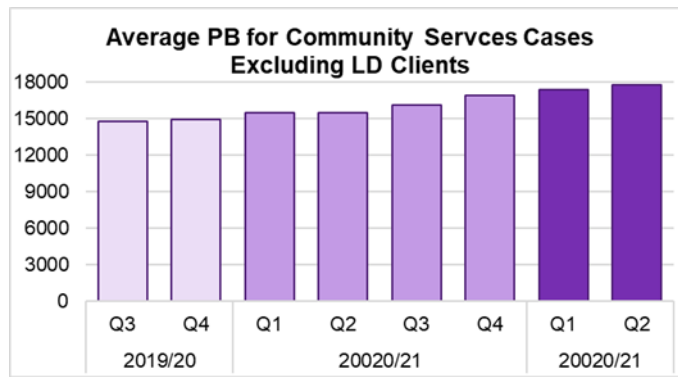
THE SOCIAL CARE MARKET

- 3.27 We continue to experience increased market pressures:

- The average cost of a placement for the 65+ age group in September 2021 is £806 which is an increase of £51 or 6.8% year on year. All locality average costs continue to be above the approved rate. The cost in Harrogate is 18% (£142) per week higher. The disparity across the county can be seen in the graph below



- The market rates variability across the county is due to availability and demand. Where there is low demand and high availability, market rates are often lower. This is a particular issue in Harrogate where although the NYCC rate has increased by 16% since 2017, actual market rates have risen by 59%.
- The average Personal Budget for non-LD cases was £17.7k at the end of September, an increase of £0.4k against the average PB for Q1 (see below). This represents a 15.8% increase year on year (£2,424), compared with a 12.9% increase (£1,988) reported in Q1.



- 3.28 Other Market pressures: We have seen a 29% increase in referral workload for community teams as a direct result of the new discharge pathways mentioned above, in addition to 119% increase in assessments due to Discharge to Assess. This has had an impact on our capacity and means that we are having to spend more money on workforce (see below).
- 3.29 However this increase in referrals is not the only reason for workforce pressure, as provider failure is having a significant impact across all localities. Since September we have lost 104 beds of capacity in the residential and nursing sector and 600 hours of care into specialist complex LD supported living services.
- 3.30 As reported to the County Council meeting in November 2021, packages of care are being handed back to the Council to either re-source or find alternative solutions to keep people safe. This is putting significant pressure on and impacting our in-house provision as we try to find solutions for people or fill the gaps using staff from our services. This affects our ability to provide reablement and respite services. Complex care packages are being handed back at short notice alongside those requiring two carers or in more rural locations. In addition we are seeing care home providers withdraw from providing nursing care or withdraw completely from the market. All of this has a financial consequence.

REDUCING BUDGET PRESSURES

- 3.31 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. As reported to previous meetings of the Committee, the Directorate has an action plan which aims to reduce the financial pressures in Care and Support, while continuing to look for other savings to support the Council's overall budget position.
- 3.32 In addition to the market pressures referenced above, residential and nursing occupancy rates have reduced overall during the pandemic, however some areas of the county are seeing high occupancy rates particularly for nursing care.
- 3.33 The Strategic Market Development Board is in place to address the wide range of challenges in the social care market, and to provide a strategic focus on the implementation of solutions.

- 3.34 The Board has a multi-agency membership, and has set key priorities for its development work. One of the key areas of work relates to the £167 Million spent each year via three approved provider lists (APLs), covering care homes and extra care, day services, and domiciliary care.
- 3.35 The process has included a workshop for the System Leadership Executive, involving people from a range of organisations, including local authorities, CCGs, NHS provider trusts, the Independent Care group and voluntary sector organisations.
- 3.36 Output from the workshop is helping to shape the service specification and procurement documents. This will be followed by the issuing of invitations to tender next year with new contracts starting, and it is anticipated that new contracts will start later in 2022.
- 3.37 The procurement will also take into account the extensive Actual Cost of Care work which has been carried out in the past two years. This will aim to ensure that providers have sustainable funding going forward while also seeking to limit where costs have exceeded council rates.
- 3.38 In addition to this, the following areas of work have are being undertaken or are in place to assist management of the budget:
- Revised Scheme of Delegation
 - Budget Management Skills
 - Improved Forecasting and other business processes
 - 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

WORKFORCE

- 3.39 Absence levels have increased over the last quarter, with a workforce exhausted by the protracted period of the pandemic and the impact of ongoing staff shortages and vacancies.
- 3.40 In addition, the impact of mandatory vaccinations has meant that 12 staff have been given notice to leave employment, and 3 staff have been redeployed to other roles. A further 12 staff are awaiting the outcome of their applications for medical exemption - 2 staff have already had their applications declined and are currently working their notice periods. The number lost due to the mandatory vaccination requirement across the sector are much higher at 240.

- 3.41 Vacancy levels across social care services are currently running at 11-26%, when normal operational planning assumptions are based on 7%. Adult social care services are currently recruiting to 1,700 vacant hours (46 fte) across in-house care homes and day services, 264 vacant hours (7fte) in Extra Care and 524 hours (14fte) in reablement.
- 3.42 These same pressures are affecting our NHS colleagues, who are facing challenges with recruitment to community nursing, therapy, and rehabilitation services. When added to the mix of social care vacancies above, the result is that community-based support across health and social care is extremely limited
- 3.43 Human resource directors across the area are working together to develop co-ordinated actions to mitigate workforce issues. However, this is a national supply issue, rather than a local one, and the care sector across North Yorkshire has seen a 70% drop in job applicants since mid-July.
- 3.44 Provider failure and workforce pressures in the care market are demanding a resource intensive response from the local authority as a commissioner of care services and within the context of its responsibilities relating to market oversight and development.
- 3.45 The additional areas of work resulting from provider related issues currently include:
- working with NHS colleagues to manage the consequences of 5 care setting closures, leading to a net reduction of 106 beds (3% of North Yorkshires total capacity), including 36 beds in Scarborough;
 - covering the home care services that City of York and North Yorkshire had to in-source in Selby - 1,500 hours/week of care, with insufficient TUPE'd staff to cover those hours;
 - home care providers handing back packages of care on a routine basis, when, in normal times, one doing so would be a significant event;
 - reablement teams, which would normally be focused on hospital discharge and admissions avoidance, being diverted to cover routine home care packages across the county; and,
 - re-deploying and finding alternative sources for as much care as possible, which has included restricting or limiting respite and day services and re-deploying staff to other care services.
- 3.46 The Make Care Matter recruitment campaign is the central element in the response to continuing significant staff shortages for the whole care sector in North Yorkshire. Launched on 12th November, the campaign is looking to secure significant coverage on radio and social media as well as in the press. The campaign is looking to attract applicants to front line roles in care, with a flexible approach to accommodate the needs of candidates in terms of availability, caring responsibilities etc, whilst promoting careers in care, opportunities for career development, significant job satisfaction and making a real difference to people's lives.
- 3.47 Within 10 days of its launch, the campaign website received 808 views, and achieved a social media reach at 26,000 people. This translated into 90 applications within that short time span, with 2 people already appointed to roles and more going through the recruitment process. Applications have come from people from a variety of backgrounds. Some have previous experience of the sector, having left for reasons such as to raise a family or look after a family member, and they are now looking to come back. Some work in other, disparate sectors and are looking for a career change.

- 3.48 In respect to the Public Health workforce, the introduction of seconded officers from across the Authority into the Outbreak Management Hub bolstered the capacity of the Public Health Team. This model has enabled the development of specific posts for dealing with outbreaks that will stand the Authority in good stead going forward.

CHARGING FOR SOCIAL CARE

- 3.49 Previously, and as part of our response to the discussion on the funding of social care, we have advised that there needed to be a decision regarding the split of care costs that are the responsibility of the state and those that fall to individuals and families.
- 3.50 The government has now published proposals that seek to address this issue. This will mean that anyone with assets of less than £20,000 will not have to pay anything towards the cost of care either at home or in residential care from October 2023. People with more than £100,000 in assets will pay all such costs until they reach a maximum of £86,000. Those with assets of £100,000 or less will pay a means-tested proportion towards their care costs, again until they reach a maximum of £86,000.
- 3.51 Although details and costs are yet to be worked through for North Yorkshire, the proposals could present further costs and capacity issues to the council as the number of assessments increases and self-funders move to being at least partially publicly-funded, and this could have an impact on providers' resources. The intention is that direct costs for this will be funded through a new National Health and Social Care Levy but the level of this is not certain and there is no guarantee that costs such as those caused by additional assessments will be covered.
- 3.52 The Directorate will work with colleagues in Finance and Legal Services to ascertain as best as it can the resulting impact and costs on the council ahead of the proposals being finalised and agreed.

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 2022
- 4.6 A new risk is highlighted with respect to the proposed changes in how much individuals will be expected to pay towards the cost of social care, as referred to in 3.7 above
- 4.7 The significant actions on the previous risk register that were achieved include the following:
- Workforce Planning and Development – new ASC operating model and staffing arrangements in place; New Manager Development Programme and Meet the Director Programme in place
 - Major Failure due to Quality and/or Economic Issues in the Care Market – Market Development Board now operating
 - Confident and Consistent Practice – compared costs of commissioned packages of care to the costs of packages funded through direct payments; section 117 protocol training implemented; new carers pathway designed including a focus on young carers; Living Well (as a carer) opportunities explored; embedded the widened short breaks offer; ‘front door’ reviewed to improve demand management;
 - Financial Pressures – proportion of care packages within affordable budget is monitored to ensure we remain within the parameters of the Cost of Care Agreement; Commissioning team (in their service improvement role) now acting as an internal peer challenge around high cost spend and market ability to enable the development of a Locality service improvement plan
 - Partnership and Integration with the NHS – extensive hospital discharge arrangements in place
 - Deprivation on Liberty Safeguards (DOLS) – backlog improved
 - Safeguarding Arrangements – training in respect of latest policies and procedures for elected members, staff and partners in place; safeguarding work to deliver the Transforming Care programme incl. the Care Act role of Principal Social Worker and Safeguarding Board Manager embedded; supervisory body role for DoLS to ensure the system is as effective as possible;
 - Information Governance and Health and Safety – robust Risk Management group in place within the directorate; regular H&S reports with data now come to HASLT
- 4.8 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 notes the Risk Register for the Health and Adult Services Directorate and provide feedback or comments thereon.

RICHARD WEBB
Corporate Director – Health & Adult Services
December 2021

Risk Register: **Month 0 (Oct 2021) – detailed**

Next Review Due: **April 2022**

Report Date: **9th November 2021 (pw)**

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			OD Group in place, with agreed work programme; 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 (due to be refreshed – delayed because of Covid); 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; 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; new ASC operating model and staffing arrangements in place; New Manager Development Programme and Meet the Director Programme in place;								
Probability	H	Objectives	M	Financial	H	Services	H	Reputation	M	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/189 - Provision of training through Learning4Care to support the independent and voluntary sector with the ICG and providers						HAS HoHR	Thu-31-Mar-22			
Reduction	3/207 - Consider options relating to recruitment and agency agreements to support the independent and voluntary sector with the ICG and providers and explore options for in house agency						HAS HoHR	Thu-31-Mar-22			
Reduction	3/218 - Continue to implement the Directorate Training Plan which encompasses all the key changes facing Operational Staff and equips Heads of Service and SMs to ensure delivery (ongoing) Implement new model of training delivery such that delivery takes place locally for staff rather than them travelling significant distances						HAS AD ASC (CJK) HAS AD ASC (RB) HAS HoHR	Mon-31-Oct-22			
Reduction	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	Wed-31-Aug-22			
Reduction	3/372 - Ensure leadership and management continue to evolve methods of effective communication to enable involvement and feedback from staff and co-production with people who use service and partners (ongoing)						HAS LT	Wed-31-Aug-22			
Reduction	3/463 - Continue to develop and implement the Make Care Matter campaign including a flexible approach to candidate need and availability, to ensure recruitment across the Sector encompassing ideas from people who have lived experience and operational staff (ongoing)						HAS AD ASC (CJK) HAS AD ASC (RB) HAS HoHR	Wed-31-Aug-22			

Health and Adult Services Directorate

Risk Register: **Month 0 (Oct 2021) – detailed**

Next Review Due: **April 2022**

Report Date: **9th November 2021 (pw)**

Reduction	3/476 - Support staff to operate into integrated teams and arrangements (ongoing)						HAS AD ASC (CJK) HAS AD ASC (RB) HAS HoHR		Wed-31-Aug-22		
Reduction	3/547 - Continue to develop and implement OD Programme (in stages) for HAS Managers to encompass People, Pounds, Performance, Practice and Partnerships						HAS HoHR		Mon-31-Oct-22		
Reduction	3/548 - Continue delivery of New Manager Development Programme and Meet the Director Programme						HAS HoHR		Wed-31-Mar-21	Wed-31-Mar-21	
Reduction	3/649 - Support managers with tools, techniques, communication and sign posting to support workforce wellbeing						HAS HoHR		Wed-31-Aug-22		
Reduction	3/653 - Conclude - stage 2 of ASC operating model and staffing arrangements						HAS AD ASC (CJK) HAS AD ASC (RB) HAS AD PSD (DO) HAS HoHR		Thu-31-Mar-22		
Reduction	3/655 - Develop and implement locality team arrangements in provider services including rationalisation of grading, flexible deployment and rota management						HAS AD ASC (RB) HAS HoHR		Sun-31-Jul-22		
Reduction	3/656 - Review and appropriately revise the registered manager role and grade						HAS HoHR		Thu-31-Mar-22		
Reduction	3/657 - Review and bolster business support arrangements for assessment and provider services teams						HAS LT		Thu-31-Mar-22		
Reduction	3/672 - Implement and manage the impact of mandatory vaccinations on the social care workforce including redeployment as appropriate						HAS AD ASC (RB) HAS HoHR		Wed-10-Nov-21		
Reduction	3/1964 - Continue to engage with and contribute to North Yorkshire workforce priorities (ongoing)						HAS LT		Wed-31-Aug-22		
Phase 4 - Post Risk Reduction Assessment											
Probability	H	Objectives	M	Financial	M	Services	H	Reputation	L	Category	I
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/531 - Review and revise workforce arrangements including managers' responsibilities									CD HAS	

Health and Adult Services Directorate

Risk Register: **Month 0 (Oct 2021) – detailed**

Next Review Due: **April 2022**

Report Date: **9th November 2021 (pw)**

Phase 1 - Identification												
Risk Number	3/265	Risk Title	3/265 - National Social Care Reforms - DRAFT					Risk Owner	CD HAS		Manager	CSD AD SR (AH)
Description	Failure to receive published national proposals for the Social Care Reforms in sufficient time and receive adequate funding for local implementation and delivery, resulting in people in North Yorkshire not being able to access the social care they need at a planned cost to them, their families, the council and care providers							Risk Group		Risk Type		
Phase 2 - Current Assessment												
Current Control Measures			Health and Social Care White Papers on Integration and Charging									
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	I	
Phase 3 - Risk Reduction Actions												
							Action Manager	Action by	Completed			
Reduction	3/324 - Monitor development of national proposals for Social Care Reforms and timing of publication by Government						CD HAS	Thu-31-Mar-22				
Reduction	3/325 - Lobby for sufficient funding for implementation and delivery of the social care reforms						CD HAS	Thu-31-Mar-22				
Reduction	3/329 - Ensure sufficient staff availability to meet higher activity as a result of the social care reforms such as organisation of care for self-funders						CD HAS	Thu-31-Mar-22				
Reduction	3/340 - Ensure awareness of hidden costs of care fee harmonisation between council and self-funder payment rates						CD HAS	Thu-31-Mar-22				
Reduction	3/343 - Monitor impact of Adult Social Care Assurance system at a time when the care sector faces unprecedented pressures and also LGR in North Yorkshire						CD HAS	Thu-31-Mar-22				
Reduction	3/369 - Consider readiness/preparedness for inspections						CD HAS	Thu-31-Mar-22				
Phase 4 - Post Risk Reduction Assessment												
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	I	
Phase 5 - Fallback Plan												
										Action Manager		
Fallback Plan	3/571 - Continue to monitor developments with regard to the national proposals for Social Care Reforms									CD HAS		

Health and Adult Services Directorate

Risk Register: **Month 0 (Oct 2021) – detailed**

Next Review Due: **April 2022**

Report Date: **9th November 2021 (pw)**

Phase 1 - Identification											
Risk Number	3/162	Risk Title	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market				Risk Owner	CD HAS		Manager	HAS AD PSD (DO)
Description	Major failure of provider/key providers results in the Directorate being unable to meet the needs of people who use services. This could be caused by economic performance or resource capabilities including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.						Risk Group	Legislative		Risk Type	Comm 47/159
Phase 2 - Current Assessment											
Current Control Measures			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								
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/1963 - Continue to engage in ADASS work to manage major problems occurring, such as financial issues in the care provider market and ensure robust contingency planning and to learn lessons from serious case reviews at a national level; more work being done to enhance regional ways of working; this continues with use of national capacity tracker and contingencies in place						HAS AD PSD (DO)	Fri-30-Sep-22			
Reduction	47/221 - Continue to work with Veritau on audits of individual suppliers (rolling programme in place of focussed work in particular areas)						HAS AD PSD (DO) HAS C&Q Ho Q&M	Fri-30-Sep-22			
Reduction	47/486 - Monitor issues caused by the complex partner relationships, meetings and structures and raise at HASLT where appropriate - ongoing						HAS AD PSD (DO)	Fri-30-Sep-22			
Reduction	47/587 - Develop a Quality Pathway, revising processes and procedure and incorporating best practice adopting a risk based / predictive approach; phase one to complete by Dec 2021						HAS AD ASC (RB)	Fri-31-Dec-21			
Reduction	47/600 - Rewriting quality policies as part of Quality Pathway with input from Veritau as part of focussed review						HAS AD ASC (RB)	Fri-31-Dec-21			
Reduction	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); both proposals approved by Mgt Board, formal Exec sign off being sought						HAS AD PSD (DO)	Fri-30-Sep-22			
Reduction	47/646 - Work with market development board to monitor and manage interventions in the care market						HAS AD PSD (DO)	Fri-30-Sep-22			
Phase 4 - Post Risk Reduction Assessment											
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	H	Category	I

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Phase 5 - Fallback Plan		
		Action Manager
Fallback Plan	3/523 - Make people safe, crisis meeting, implement relevant steps, consultation with senior staff and relevant organisations (e.g. Police CQC). Effective communication to relevant parties, utilise established failure plan.	HAS AD PSD (DO) HAS AD ASC (RB)

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Phase 1 - Identification											
Risk Number	3/264	Risk Title	3/264 - Confident and consistent practice				Risk Owner	CD HAS		Manager	HAS All ASC ADs
Description	Failure 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						Risk Group	Change Mgt		Risk Type	ASC 1/222
Phase 2 - Current Assessment											
Current Control Measures			Programme developed; new safeguarding operational guidance and practice; compared costs of commissioned packages of care to the costs of packages funded through direct payments; section 117 protocol training implemented; designed new carers pathway including a focus on young carers; Living Well (as a carer) opportunities explored; embedded the widened short breaks offer; 'front door' reviewed to improve demand management; new SG procedures in place and additional resource into the customer resource centre; elements of this work picked up in Assess and Decide programme								
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	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 and investigate and understand reasons for variations in practice						HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	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; need to update the case file audit to reflect practice and confirm consistency of decision making						HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	1/571 - Improve well-being of teams; continue to carry out the demand and capacity work (including improving resilience for ASC leadership); festival of practice held, with self-help sessions for staff - ongoing						HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	1/572 - Promote culture of continuous improvement including managing risk safely, dynamic risk taking and strength based approaches - ongoing						HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	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; review carried out						HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	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 ASC (CJK)	Fri-30-Sep-22			
Reduction	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; work on new pathway started; now introducing a carers conversation record						HAS AD ASC (CJK) HAS ASC Ho TP	Fri-30-Sep-22			
Reduction	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; some KPIs in service plan need to translate into practice						HAS ASC Ho TP	Fri-30-Sep-22			

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Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	1/15 - Review performance and capacity including access to additional funding									HAS AD ASC (CJK)	

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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, impact of Covid on the budget and complexity of people's 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				Regular performance and governance ASC and HAS LT finance and performance tracking 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; proportion of care packages within affordable budget monitored to ensure we remain within the parameters of the Cost of Care Agreement; Commissioning team (in their service improvement role) acting as an internal peer challenge around high cost spend and market ability to enable the development of a Locality service improvement plan;										
Probability	H	Objectives		H	Financial		H	Services		H	Reputation	H	Category	I
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 PSD (DO) HAS All ASC ADs		Fri-30-Sep-22				
Reduction	1/615 - Implement Phase 1 SBA within Mental Health							HAS AD PSD (DO) HAS All ASC ADs		Thu-30-Sep-21	Fri-30-Apr-21			
Reduction	1/616 - Achieve earlier, clearer budget position with Team Managers responsible for budget management including forecasting; linked to budget recovery plan work, now in place and ongoing							HAS AD PSD (DO) HAS All ASC ADs		Fri-30-Sep-22				
Reduction	1/633 - Weekly budget clinic with heads of service reviewing all activity including high cost placement starters and leavers							HAS AD PSD (DO) HAS All ASC ADs		Fri-30-Sep-22				
Reduction	1/648 - Continue to monitor and fully understand and assess the budget impact of Covid and ensure proper accounting of one-off funds, including assessing risk of clawback from central government							CSD AD SR (AH) HAS AD PSD (DO)		Fri-30-Sep-22				
Reduction	1/662 - Monitor new requirements on hospital discharge and ensure National Government settlement is adequate as these have the potential to create additional pressures on adult social care							HAS All ASC ADs		Fri-30-Sep-22				
Reduction	3/379 - Implement Budget recovery action plan with ongoing review on a quarterly basis							CSD AD SR (AH)		Wed-31-Mar-21	Wed-31-Mar-21			
Reduction	3/421 - Complete phase 2 of the strength based assessments working with people with complex needs							HAS AD PSD (DO) HAS All ASC ADs		Fri-30-Sep-22				

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Reduction	3/423 - Analyse and complete any outstanding workstreams from the Financial assessments, billing and contracts (ABC) project to improve market and cost information, service standards and information security					CSD AD SR (AH)	Thu-31-Mar-22					
Reduction	3/547 - Continue to develop and implement OD Programme (in stages) for HAS Managers to encompass People, Pounds, Performance, Practice and Partnerships					HAS HoHR	Mon-31-Oct-22					
Reduction	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 PSD (DO)	Fri-30-Apr-21	Wed-31-Mar-21				
Reduction	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 PSD (DO)	Fri-30-Apr-21	Wed-31-Mar-21				
Reduction	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 PSD (DO)	Fri-30-Apr-21	Wed-31-Mar-21				
Reduction	3/635 - Explore additional T&C programme support to assist with major projects					CSD AD SR (AH)	Thu-30-Sep-21	Wed-30-Jun-21				
Reduction	3/652 - Develop a business case for a new care facility to help alleviate care home affordability issue (expand on work in this area and develop business cases for new nursing home provision); business case signed off, going to Exec for approval					HAS AD PSD (DO)	Fri-31-Dec-21					
Reduction	3/673 - Ensure actions from Focussed Review on Financial Assessments are implemented so that income is collected in a timely manner, reducing the risk of payments being lost and work with NHS partners to ensure an appropriate split of costs for joint packages					CSD AD SR (AH)	Thu-31-Mar-22					
Reduction	5/532 - Work with Exec and others to agree PH spending including both what the budget will be and on what it will be spent on.					Dir Public Health	Fri-30-Sep-22					
Reduction	47/536 - Develop a complex care partnership board for the continuing health care and s117 work					HAS AD PSD (DO)	Fri-30-Sep-22					
Reduction	324/520 - Ongoing National review of NYCC performance against key targets (including DToC) which could impact funding					HAS AD HI	Fri-30-Sep-22					
Phase 4 - Post Risk Reduction Assessment												
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	M	Category	2	
Phase 5 - Fallback Plan												
										Action Manager		
Fallback Plan	3/567 - Further fundamental review in order to further prioritise services										CSD AD SR (AH)	

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Phase 1 - Identification													
Risk Number	3/180	Risk Title	3/180 - Partnership and Integration with the NHS					Risk Owner	CD HAS		Manager	Dir Public Health HAS All ASC ADs	
Description	Failure to achieve the best outcomes from working jointly with the NHS across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.					Risk Group	Partnerships		Risk Type	Corp 20/47			
Phase 2 - Current Assessment													
Current Control Measures			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 ICSs; regular finance and commissioning meetings in place (building on Covid response); SLE Gold and Silver overseeing Covid response and other key interface business; s75 agreements in place for Harrogate and Rural Alliance; investment of IBCF and BCF to protect social care; Joint Health and Well-being Strategy in place (due to be refreshed); extensive hospital discharge arrangements in places;										
Probability	H	Objectives	M	Financial		H	Services		M	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions													
								Action Manager	Action by	Completed			
Reduction	3/209 - Actively monitor relationships, priorities and communications and ensure that HAS managers are fully engaged at appropriate level and review at HAS WLT on a regular basis (ongoing)					CD HAS		Fri-30-Sep-22					
Reduction	3/384 - Review the Harrogate and Rural Alliance integration of community health and social care services to inform future model and governance arrangements from Apr 22					CD HAS		Thu-31-Mar-22					
Reduction	3/429 - Prepare for statutory ICS arrangements and the development of the NYY Strategic Partnership					CD HAS Dir Public Health		Thu-31-Mar-22					
Reduction	3/638 - Lobby nationally for the continuation of Hospital Discharge funding beyond Mar 22					CD HASCD SR		Thu-31-Mar-22					
Reduction	3/650 - Work jointly with CCGs and NHSFTs to develop post-Covid discharge pathways (underpinned by lobbying via LGA/CCN/SCT and others to ensure any changes are funded and with appropriate legislation in place)					HAS AD PSD (DO)		Thu-31-Mar-22					
Reduction	3/654 - Work closely with NHS partners to triage highest priorities for Winter 2021/22 and undertake LRF exercise to plan for contingencies					CD HAS HAS All ASC ADs		Thu-31-Mar-22					
Reduction	47/536 - Develop a complex care partnership board for the continuing health care and s117 work					HAS AD PSD (DO)		Fri-30-Sep-22					
Phase 4 - Post Risk Reduction Assessment													
Probability	M	Objectives	M	Financial		H	Services		M	Reputation	H	Category	2
Phase 5 - Fallback Plan													
										Action Manager			
Fallback Plan	3/532 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.										CD HAS		

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Report Date: **9th November 2021 (pw)**

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 Coronavirus 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, together with the impact of the new National Health Strategy, 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; 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 - Implement and embed the arrangements for the Healthy Child Programme (s75 in place, service went live Jul 2021)						Dir Public Health	Fri-30-Sep-22			
Reduction	3/341 - Virus Control – Develop and implement (when necessary) an effective Local Outbreak Management and Control Plan						Dir Public Health	Fri-30-Sep-22			
Reduction	3/382 - Ensure awareness of and monitor impact of the publication of the new National Health Strategy which may place additional unfunded burden on the service						Dir Public Health	Thu-31-Mar-22			
Reduction	5/246 - Continue to ensure Public Health statutory functions are met						Dir Public Health	Fri-30-Sep-22			
Reduction	5/247 - Continue development of the Public Health Advisory Service for CCGs; ongoing and will develop with new NHS arrangements on Integrated Care Systems (ICS)						Dir Public Health	Thu-31-Mar-22			
Reduction	5/248 - Ensure 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	Thu-31-Mar-22			
Reduction	5/249 - Explicitly embed Public Health in the Councils mainstream strategies and policies eg. trading standards, education, children social care, LEP (ongoing) and embed within the HAS locality model						Dir Public Health	Fri-30-Sep-22			
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	Fri-30-Sep-22			
Reduction	5/313 - Reinforce the use of good systems for monitoring our performance against the PHOF by reporting as part of the Council's performance framework						Dir Public Health	Fri-30-Sep-22			
Reduction	5/532 - Work with Exec and others to agree PH spending including both what the budget will be and on what it will be spent on.						Dir Public Health	Fri-30-Sep-22			

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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		Thu-31-Mar-22		
Reduction	5/590 - Ensure contract arrangements for the Sexual Health services remain on track; s75 on Sexual Health details have started, current arrangements extended; consulting on service model ready for a s75 approval process						Dir Public Health		Sat-30-Apr-22		
Reduction	5/644 - Seek to understand the impacts of changes to NHS and PHE structures and impact of LGR						Dir Public Health		Fri-30-Sep-22		
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/526 - Further develop and implement alternative delivery models taking into account good practice elsewhere									Dir Public Health	

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Report Date: **9th November 2021 (pw)**

Phase 1 - Identification											
Risk Number	3/217	Risk Title	3/217 - Deprivation of Liberty Safeguards (DoLS) Supreme Court Ruling				Risk Owner	CD HAS		Manager	HAS AD ASC (CJK)
Description	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						Risk Group	Legislative		Risk Type	ASC 1/219
Phase 2 - Current Assessment											
Current Control Measures			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; BACKLOG IMPROVED; regular Liberty Protection Safeguards preparation updates provided to HASLT;								
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/100 - Ensure the In-House registered providers continue to adhere to the DoLS supreme court judgement ongoing						HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	1/502 - Continue to 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 ASC (CJK)	Fri-30-Sep-22			
Reduction	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 ASC (CJK)	Fri-30-Sep-22			
Reduction	1/559 - Looking at process of reviews so that concerns can be picked up earlier; continuous improvement sought						HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	1/595 - Carry out options appraisal for revised approach required to meet new legislation						HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	3/255 - Prepare for implementation of Liberty Protection Safeguards; LPS guidance and legislation delayed due to impact of Coronavirus, current implementation target is April 2022 but likely to move back as regs and CoP not yet issued						HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	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 as required						HAS AD ASC (CJK)	Fri-30-Sep-22			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2

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Phase 5 - Fallback Plan		
		Action Manager
Fallback Plan	3/556 - A further review of the action plan, with external support may be sought. Escalation to senior management with potential options for mitigation. Options appraisal.	HAS AD ASC (CJK)

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Report Date: **9th November 2021 (pw)**

Phase 1 - Identification											
Risk Number	3/27	Risk Title	3/27 - Safeguarding Arrangements				Risk Owner	CD HAS		Manager	HAS AD ASC (CJK) Dir Public Health
Description	Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.						Risk Group	Partnerships		Risk Type	ASC 1/14
Phase 2 - Current Assessment											
Current Control Measures			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 in place with regular meetings of the InterBoard Network; reviewed; training for in house provider; new safeguarding policies and procedures implemented; including a Quality Monitoring Tool, monthly strategic meetings with CQC and Healthwatch; training in respect of latest policies and procedures for elected members, staff and partners in place; safeguarding work to deliver the Transforming Care programme incl. the Care Act role of Principal Social Worker and Safeguarding Board Manager embedded; supervisory body role for DoLS to ensure the system is as effective as possible;								
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/515 - Continue to strengthen Governance arrangements in HAS following consideration of North Yorkshire and national safeguarding adult reviews (ongoing)						Dir Public Health HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	3/145 - Continue to ensure Partners are fully engaged with Safeguarding Boards centrally and locally, particularly health and district council partners given structural changes						Dir Public Health	Fri-30-Sep-22			
Reduction	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; need to ensure this work marries up with the Quality Pathway including revised case file audits for social care practice						Dir Public Health HAS AD ASC (CJK)	Fri-30-Sep-22			
Reduction	3/321 - Continue joint work with CYPS and the Community Safety Partnership with quarterly meetings of the InterBoard Network						Dir Public Health	Fri-30-Sep-22			
Reduction	3/374 - Put in place governance arrangements reflecting the ethical framework for social care to evidence and record decision making and ensure the best possible solutions for people in the circumstances (Pressures in the care market mean that the best solutions for people are not always available and may lead to safeguarding concerns being raised.)						Dir Public Health HAS AD ASC (CJK)	Fri-30-Sep-22			

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Reduction	324/161 - Continue to report regularly to HASLT, Care and Independence O&S Committee and Health and Wellbeing Board					Dir Public Health		Fri-30-Sep-22		
Reduction	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, current implementation target now April 2022)					Dir Public Health HAS AD ASC (CJK)		Fri-30-Sep-22		
Reduction	324/343 - Continue with scoping work in preparation for implementing the Liberty Protection Safeguarding Bill (current target date Apr 2022)					HAS AD ASC (CJK)		Fri-31-Dec-21		
Phase 4 - Post Risk Reduction Assessment										
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	H	Category 2
Phase 5 - Fallback Plan										
										Action Manager
Fallback Plan	3/33 - Escalate to Safeguarding Board / Mgt Board and carry out necessary review and action improvement plans, lessons learned from any safeguarding adults reviews									HAS AD ASC (CJK) Dir Public Health

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Phase 1 - Identification													
Risk Number	3/164	Risk Title	3/164 - Information Governance and Health and Safety				Risk Owner	CD HAS		Manager	Dir Public Health CSD AD SR (AH)		
Description	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate						Risk Group	Legislative		Risk Type	Dir Only		
Phase 2 - Current Assessment													
Current Control Measures			Info Gov - Monitoring of mandatory eLearning for all staff; information management through key messages and intranet; application of Caldicott principles; information governance procedures; Corporate laptop and security encryption; continued use of information asset register; implementation of process if/when data breaches occur including cascading lessons learnt; implementation of secure data transfer methods; developing robust information sharing protocols; Corporate Information Governance Group and Directorate Group (DIGG 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; robust risk management group in place within the directorate;										
Probability	M	Objectives	L	Financial		M	Services		L	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions													
							Action Manager	Action by		Completed			
Reduction	3/147 - Continue to implement Caldicott when required						Dir Public Health		Fri-30-Sep-22				
Reduction	3/148 - Continue to implement awareness raising campaign for information governance						Dir Public Health		Fri-30-Sep-22				
Reduction	3/227 - Continue to ensure and promote use of secure methods of data transfer						Dir Public Health		Fri-30-Sep-22				
Reduction	3/364 - Review disposal arrangements of documents following issue of refreshed corporate policy and guidance and ensure clearance of North Block happens in a secure manner, using archive, digitise or confidential shred as necessary						Dir Public Health		Fri-30-Sep-22				
Reduction	3/365 - Ensure 'lessons learned' reports are reviewed following any breach						Dir Public Health		Fri-30-Sep-22				
Reduction	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						Dir Public Health		Fri-30-Sep-22				
Reduction	3/423 - Analyse and complete any outstanding workstreams from the Financial assessments, billing and contracts (ABC) project to improve market and cost information, service standards and information security						CSD AD SR (AH)		Thu-31-Mar-22				
Reduction	3/552 - Continue to embed the HAS governance framework to improve services; being implemented on an iterative basis pending directorate wide launch in 2022						Dir Public Health		Fri-30-Sep-22				
Reduction	3/637 - Develop and implement regular H&S data updates to HASLT (linked to implementation of B-safe system)						CSD AD SR (AH)		Wed-30-Jun-21		Wed-30-Jun-21		

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Reduction	3/669 - Consider impact of LGR on info gov / data sharing activities and whether further training would be beneficial	Dir Public Health	Fri-30-Sep-22	
Reduction	3/674 - Introduce monthly reports to CD-HAS and AD-SR on HAS Health and Safety incidents, and report on lessons learned at quarterly HASLT meeting		Tue-30-Nov-21	
Reduction	6/124 - Progress data sharing issues with Health colleagues including use of LHCRE	Dir Public Health	Fri-30-Sep-22	
Reduction	324/397 - Continue unannounced office work area checks on a countywide basis when safe to do so (deferred during Coronavirus) and encourage practice that will ensure that home working arrangements have the same level of security	Dir Public Health	Fri-30-Sep-22	
Reduction	324/640 - Maintain awareness of the impact of Covid pressures on ability to respond to FOI and SAR requests within statutory timescales; much improved in this area with quarterly reporting to HASLT	Dir Public Health	Fri-30-Sep-22	
Phase 4 - Post Risk Reduction Assessment				
Probability	L	Objectives	L	
		Financial	M	
		Services	L	
		Reputation	H	
		Category	3	
Phase 5 - Fallback Plan				
				Action Manager
Fallback Plan	3/36 - Media management, staff disciplinary, work with Information Commissioner's Office and HSE when necessary			CSD AD SR (AH) Dir Public Health

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APPENDIX B

Risk Register: **Month 0 (Oct 2021) – summary**

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Identity			Person		Classification													Fallback Plan		
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
▲	3/184 - Workforce Planning and Development	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	1	16	10/11/2021	H	M	M	H	L	1	Y	CD HAS
- new -	3/265 - National Social Care Reforms - DRAFT	Failure to receive published national proposals for the Social Care Reforms in sufficient time and receive adequate funding for local implementation and delivery, resulting in people in North Yorkshire not being able to access the social care they need at a planned cost to them, their families, the council and care providers	CD HAS	CSD AD SR (AH)	H	H	H	H	H	1	6	31/03/2022	H	H	H	H	H	1	Y	CD HAS
▲	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market	Major failure of provider/key providers results in the Directorate being unable to meet the needs of people who use services. 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 PSD (DO)	H	M	M	M	H	1	7	31/12/2021	H	M	M	M	H	1	Y	HAS AD PSD (DO) HAS AD ASC (RB)
◀▶	3/264 - Confident and consistent practice	Failure 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 All ASC ADs	H	H	H	H	H	1	8	30/09/2022	M	M	H	M	M	2	Y	HAS AD ASC (CJK)
◀▶	3/229 - Financial Pressures	Financial pressures arising from difficulties in delivering MTFs Savings requirements, managing in year financial overspends, Better Care Fund contributions, market pressure, impact of Covid on the budget and complexity of people's 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	1	19	31/12/2021	M	H	H	M	M	2	Y	CSD AD SR (AH)

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Identity			Person		Classification												Fallback Plan			
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post						FBPlan	Action Manager
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
◀▶	3/180 - Partnership and Integration with the NHS	Failure to achieve the best outcomes from working jointly with the NHS across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.	CD HAS	Dir Public Health HAS All ASC ADs	H	M	H	M	H	1	7	31/03/2022	M	M	H	M	H	2	Y	CD HAS
◀▶	3/167 - Public Health	Failure to manage the response to Coronavirus 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, together with the impact of the new National Health Strategy, 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	1	13	31/03/2022	M	M	H	M	M	2	Y	Dir Public Health
◀▶	3/217 - Deprivation of Liberty Safeguards (DoLS) Supreme Court Ruling	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 ASC (CJK)	M	H	H	H	H	2	7	30/09/2022	M	H	H	H	H	2	Y	HAS AD ASC (CJK)
◀▶	3/27 - Safeguarding Arrangements	Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.	CD HAS	HAS AD ASC (CJK) Dir Public Health	M	H	H	M	H	2	8	31/12/2021	M	H	H	M	H	2	Y	HAS AD ASC (CJK) Dir Public Health
◀▶	3/164 - Information Governance and Health and Safety	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate	CD HAS	Dir Public Health CSD AD SR (AH)	M	L	M	L	H	2	14	30/11/2021	L	L	M	L	H	3	Y	CSD AD SR (AH) Dir Public Health

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