

## AUDIT COMMITTEE

11 DECEMBER 2023

### RISK REGISTER FOR THE HEALTH & ADULT SERVICES DIRECTORATE

#### Report of the Corporate Director – Health & Adult Services

#### 1.0 PURPOSE OF THE REPORT

1.1 To provide details of the **Risk Register** for the HAS Directorate.

#### 2.0 BACKGROUND

- 2.1 The Audit Committee is required to assess the quality and effectiveness of the corporate governance arrangements operating within the County Council. In relation to the HAS Directorate the Committee receives assurance through the work of internal audit (detailed in a separate report to the Committee), details of the Statement of Assurance provided by the Corporate Director, together with the Directorate Risk Register.
- 2.2 This report sets out those risks in relation to the Health and Adult Services Directorate (HAS) and aims to provide Committee with assurance around work being undertaken to manage and mitigate them where it is possible to do so.

#### 3.0 DIRECTORATE RISK REGISTER

- 3.1 The **Directorate Risk Register** (DRR) is the end product of a systematic process that initially identifies risks at Service Unit level and then aggregates these via a sieving process to Directorate level. A similar process sieves Directorate level risks into the Corporate Risk Register.
- 3.2 The Risk Prioritisation System used to derive all Risk Registers across the Council has recently been changed. The process and reports that are provided continue to be similar for ease of understanding, but the Council now uses a 5x5 risk assessment ranging from very low to very high in terms of both likelihood and impact: Once the likelihood and impact for a risk have been assessed, the risk scoring is calculated, using the table below.

<b>Likelihood</b>	Very High	5	10	15	20	25
	High	4	8	12	16	20
	Medium	3	6	9	12	15
	Low	2	4	6	8	10
	Very Low	1	2	3	4	5
		Very Low	Low	Medium	High	Very High
<b>Impact</b>						

Once a risk has been assessed, the required action is determined by the following table.

Colour	Score	Assessment	Required Action
	1 - 2	<b>Very Low</b> (tolerate)	Risk should not appear in risk register.
	3 - 4	<b>Low</b> (tolerate)	Regular monitoring, action plan not essential, acceptable just to maintain current controls.
	5 - 9	<b>Medium</b> (treat)	Frequent monitoring, action plan required.
	10-12	<b>Medium High</b> (treat)	Frequent monitoring, action plan required to prevent from becoming a red risk.
	15 - 16	<b>High</b> (treat)	Constant monitoring, action plan required and escalation to next level for consideration / inclusion.
	20 - 25	<b>Very High</b> (treat / terminate)	Constant monitoring, action plan required and escalation to next level with request for inclusion. Consider terminating activity (if an option) where score cannot be reduced by risk mitigation.

- 3.3 The detailed DRR is shown at **Appendix A**. This shows a range of key risks and the risk reduction actions designed to minimise them together with a ranking of the risks both at the present time and after mitigating action.
- 3.4 A summary of the DRR is also attached at **Appendix B**. As well as providing a quick overview of the risks and their ranking, it also provides details of the change or movement in the ranking of the risk since the last review in the left hand column.
- 3.5 A six month update review of the register will take place in April 2024.
- 3.6 The Directorate faces a number of key issues which are reflected throughout the Risk Register:
- Hospital and Covid-19 Pressures
  - Financial Pressures and the Social Care Market
  - Workforce
  - CQC Assurance

- 3.7 Two risks have dropped off the register since last year. These are:
- (i) National Social Care Charging Reforms and Trailblazer. As this national project was “stood down” last year, the immediate financial risk is no longer a significant issue. However we will continue to monitor the government’s intentions. Some of the work undertaken as part of a Trailblazer authority feeds into mitigations elsewhere in the register (such as improving cost information).
  - (ii) Deprivation of Liberty Safeguards (DoLS) Supreme Court Ruling. This is now no longer a specific entry on the register. However associated risks are monitored through HAS\_4 Confident and Consistent Practice/Managing Waiting Lists and HAS\_9 Safeguarding Arrangements
- 3.8 A new risk is highlighted (HAS\_10) with respect to CQC Assurance and further information is set out in section 3 above.
- 3.9 Risk HAS\_5 (In-House Social Care Provider Services, including regulated services) is also highlighted as we deal with a number of property issues in the service.
- 3.10 A selection of actions achieved on the risk register since it last came before Committee is shown below:
- Launch PAMMS to aid early identification of risk and support the quality pathway;
  - Provision of training through Learning4Care to support the independent and voluntary sector with the ICG and Provider
  - Develop a Quality Pathway, revising processes and procedure and incorporating best practice adopting a risk based / predictive approach
  - Rewriting quality policies as part of Quality Pathway with input from Veritau as part of focussed review
  - International recruitment of social workers (cautious approach taken within the Council)
  - Implementation and recruitment of the new advanced practitioner role
  - Complete regrading of Care and Support workers (excluding EPHs)
  - Analyse work undertaken as part of Trailblazer to improve market and cost information, service standards and information security
  - Review actual cost of care exercise for residential and nursing and undertake new cost of care exercise for domiciliary care to maximise use of market sustainability fund
  - Stop Smoking Service: Continue to support the in-house smoking cessation services around the use of e-cigarettes; e-cigarette offer now live and implemented

**4.0 RECOMMENDATION**

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

RICHARD WEBB  
Corporate Director – Health & Adult Services  
December 2023

# HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 1 - Identification								
Ref.	HAS_2	Title	<b>Major Failure due to Quality and/or Economic Issues in the Care Market</b>		Risk Owner	CD HAS	Risk Manager	HAS AD PSD (AB)
Risk 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	Linked Risk(s)	CRR_2
Phase 2 - Current Assessment								
Current Control Measures								
Regular review and monitoring of contracts in addition to close working relationship with corporate procurement colleagues; Integrated Quality Improvement Team now embedded into the service and continuing to work well; contract management team established; Market position statement created as an online tool to support commissioning and interventions into the market; quality pathway launched with enhanced market surveillance to ensure market oversight in line with The Care Act; Sustainability 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; Health brokerage pilots; Continued engagement with CQC locally and Nationally; Make Care Matter; IBCF monies used for Recruitment Hub, Learning4Care and rural dom care pilot; Enhanced care homes services in place continue to provide wrap around support to the market; worked with ICG to ensure provider BCPs in place and tested								
Current Probability	H	Current Impact	H	Current Risk Score	<b>16</b>	Current Risk Category	High	
Phase 3 - Risk Mitigation Plan								
Reduction Action						Action Manager	Due Date	Date Completed
RR_HSC_11	Work at a system level (ICS) with partners to mitigate the impact of workplace shortages					HAS all ASC ADs ; HAS HoHR	30-Sep-2024	
RR_HSC_12	Complete recommissioning of all approved provider lists; evaluation is ongoing					HAS AD PSD (AB)	28-Feb-2024	
RR_HSC_13	Seek opportunities to gain national support for workforce issues in the care system; including improved communication around licensing arrangements					CD HAS; HAS all ASC ADs	30-Sep-2024	
RR_HSC_14	Launch PAMMS to aid early identification of risk and support the quality pathway; launched					HAS AD ASC (RB)	30-Sep-2023	31-Aug-2023
RR_HSC_15	Separate quality and contract management to provide additional capacity to contract management; planned for Oct					HAS AD ASC (RB); HAS AD PSD (AB)	31-Oct-2023	01-Oct-2023
RR_HSC_16	Use the review of the QIT pilot to plan future quality oversight, ongoing					HAS AD ASC (RB)	30-Sep-2024	
RR_HSC_17	Developing crisis response service and working with the care market to establish more robust services in NY for those with complex needs linked to improvement priority					HAS AD ASC (RB)	30-Sep-2024	

## HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

RR_HSC_18	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 (AB)	30-Sep-2024				
RR_HSC_19	Continue to work with Veritau on audits of individual suppliers (rolling programme in place of focussed work in particular areas)	HAS AD PSD (AB); HAS ASC HoSC	30-Sep-2024				
RR_HSC_20	Monitor issues caused by the changing landscape of ICS and LGR and raise at HASLT where appropriate - ongoing	HAS AD PSD (AB)	30-Sep-2024				
RR_HSC_21	Develop a Quality Pathway, revising processes and procedure and incorporating best practice adopting a risk based / predictive approach; rolling out	HAS AD ASC (RB)	30-Nov-2022	28-Feb-2023			
RR_HSC_22	Rewriting quality policies as part of Quality Pathway with input from Veritau as part of focussed review; complete	HAS AD ASC (RB)	30-Nov-2022	28-Feb-2023			
RR_HSC_24	Work with market development board to monitor and manage interventions in the care market	HAS AD PSD (AB)	30-Sep-2024				
RR_HSC_9	Develop a business case for new, county-wide care and support hubs to help alleviate care home affordability issue	HAS AD PSD (AB)	31-Mar-2024				
<b>Phase 4 - Target Risk Assessment</b>							
<b>Target Probability</b>	H	<b>Target Impact</b>	H	<b>Target Risk Score</b>	<b>16</b>	<b>Target Risk Category</b>	High
<b>Phase 5 - Fallback Plan</b>							
<b>Fallback Plan</b>							
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 Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 1 - Identification								
Ref.	HAS_3	Title	Workforce Recruitment and Retention		Risk Owner	CD HAS	Risk Manager	HoHR (HAS)
Risk Description	Failure to recruit and retain sufficient numbers and categories of staff in Social Care 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	Staffing	Linked Risk(s)		
Phase 2 - Current Assessment								
Current Control Measures								
Regular review at HASLT and other meetings, with actions taken as required; panel in place for Provider Services to support recruitment and similar model to be emulated for community teams; 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 Plan 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; 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; ASC operating model and staffing arrangements in place; New Manager Development Programme and Meet the Director Programme in place; new model of training delivery implemented; social work apprentice role implemented; business support arrangements for assessment and provider services teams reviewed and agreed; international recruitment of social workers taking place; undertake appropriate vacancy management to ensure balanced position following withdrawal of temporary funding; HR manager - Care Sector in post; campaign for a cautious international recruitment of 27 social workers complete; the Learning4Care offer has been reviewed and the services are continuing to be funded from the iBCF;								
Current Probability	H	Current Impact	H	Current Risk Score	16	Current Risk Category	High	
Phase 3 - Risk Mitigation Plan								
Reduction Action						Action Manager	Due Date	Date Completed
RR_HAS_10	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	30-Sep-2024	
RR_HAS_11	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 (KS); HAS AD ASC (RB); HoHR (HAS)	30-Sep-2024	
RR_HAS_12	Support staff to operate into integrated teams and arrangements (ongoing)					HAS AD ASC (KS); HAS AD ASC (RB); HoHR (HAS)	30-Sep-2024	
RR_HAS_14	Develop and implement locality team arrangements in provider services including rationalisation of grading, flexible deployment and rota management including review of the registered manager role					HAS AD ASC (RB); HoHR (HAS)	31-Mar-2024	
RR_HAS_15	International recruitment of social workers (cautious approach taken within the Council))					HAS ASC HoP&P	30-Jun-2023	30-Jun-2023

## HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

RR_HAS_16	Evaluate effectiveness and outcomes of business support arrangements for assessment and provider services teams?	HAS LT	31-Dec-2023				
RR_HAS_17	Implementation and recruitment of the new advanced practitioner role	HoHR (HAS)	31-Jan-2023	31-Jan-2023			
RR_HAS_18	Develop an occupational therapy apprentice	HoHR (HAS)	31-Mar-2024				
RR_HAS_19	Continue to engage with and contribute to NHS and local government workforce priorities (ongoing)	HAS LT	30-Sep-2024				
RR_HAS_45	Complete regrading of Care and Support workers (excluding EPHs)	HAS AD ASC (RB); HAS HoHR	01-Nov-2023	01-Nov-2023			
RR_HAS_46	Implement a 360 degree appraisal process and development plan for HAS wider leadership team.	HAS LT	31-Mar-2024				
RR_HAS_49	Monitor recruitment of international care workers in the care market, classify the market accordingly. share any intelligence with the quality team for follow up and the Home Office for further investigation if needed	HAS AD PSD (AB)	30-Sep-2024				
RR_HAS_7	Review of training through Learning4Care to support the independent and voluntary sector with the ICG and providers	HAS AD PSD (AB)	30-Sep-2023	31-Oct-2023			
RR_HAS_8	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 ASC (KS); HAS AD ASC (RB); HoHR (HAS)	31-Oct-2024				
RR_HAS_9	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)	HoHR (HAS)	30-Sep-2024				
<b>Phase 4 - Target Risk Assessment</b>							
<b>Target Probability</b>	H	<b>Target Impact</b>	H	<b>Target Risk Score</b>	<b>16</b>	<b>Target Risk Category</b>	High
<b>Phase 5 - Fallback Plan</b>							
<b>Fallback Plan</b>							
Review and revise workforce arrangements including managers' responsibilities							



# HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 1 - Identification									
<b>Ref.</b>	HAS_4	<b>Title</b>	Confident and consistent practice/Managing Waiting Lists			<b>Risk Owner</b>	CD HAS	<b>Risk Manager</b>	HAS all ASC ADs
<b>Risk Description</b>	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					<b>Risk Group</b>	Change Mgt	<b>Linked Risk(s)</b>	HSC_5
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; ethical decision making framework in place and being reviewed for a report back to Management Board and to Members which will also cover waiting list issues; culture of continuous improvement including managing risk safely, dynamic risk taking and strength based approaches; waiting list action plan in place; recruitment to the advanced practitioner role; continue to monitor the DoLS backlog and report to HASLT on a regular basis;									
<b>Current Probability</b>	H	<b>Current Impact</b>	H	<b>Current Risk Score</b>		<b>16</b>	<b>Current Risk Category</b>	High	
Phase 3 - Risk Mitigation Plan									
Reduction Action							Action Manager	Due Date	Date Completed
RR_HPH_54	Prepare for implementation of Liberty Protection Safeguards; LPS guidance and legislation delayed due to impact of Coronavirus; draft statutory guidance received in 2022, awaiting updates on implementation of LPS; whilst this is on hold we will focus on reviewing the DoLS team and service to ensure it remains effective					Dir Public Health; HAS AD ASC (KS)	30-Sep-2024		
RR_HSC_28	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; ongoing (practice team have been doing deep dives into locality practice, with request for improvement plans); completed diagnostic which is still being analysed					HAS AD ASC (KS)	30-Sep-2024		
RR_HSC_29	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 (now built into Liquid Logic); 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; case file audit updated and new tool used for practice and outcomes (PQAT)					HAS AD ASC (KS)	30-Sep-2024		
RR_HSC_30	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; introducing locality sessions with ADs to reinforce this work and keep this key area in focus; programme of roadshows to be carried out					HAS AD ASC (KS)	30-Sep-2024		
RR_HSC_31	Ongoing programme of training and learning for teams about the benefits and impacts of direct payments and support practice through a data informed, targeted approach, sharing of case examples and local area guidance; ASC improvement priority.					HAS AD ASC (KS)	30-Sep-2024		
RR_HSC_32	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; need to monitor the impact of this					HAS AD ASC (KS); HAS ASC Ho TP	30-Sep-2024		
RR_HSC_33	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; practice framework complete, looking at practice standards linked to assurance framework					HAS ASC Ho TP	30-Sep-2024		

## HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

RR_HSC_34	Work through the seven ASC improvement priorities as the focus of efforts			HAS all ASC ADs	30-Sep-2024		
RR_HSC_35	Implement an action plan to proactively manage and mitigate risk to people waiting for adult social care			HAS AD ASC (KS)	30-Sep-2024		
RR_HSC_46	Continue to work through the Community DoL backlog management plan for the lower risk (as defined by ADASS) people including proposal for extra resource to assist in response to the increase in work in this area; we are continuing to increase BIA capacity to take pressure off op teams; removing the low risk categorisation and business case being developed to clear the backlog			HAS AD ASC (KS)	31-Dec-2023		
<b>Phase 4 - Target Risk Assessment</b>							
<b>Target Probability</b>	M	<b>Target Impact</b>	H	<b>Target Risk Score</b>	<b>12</b>	<b>Target Risk Category</b>	Medium High
<b>Phase 5 - Fallback Plan</b>							
<b>Fallback Plan</b>							
Review performance and capacity including access to additional funding							

# HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 1 - Identification								
Ref.	HAS_5	Title	In-House Social Care Provider Services (incl Regulated Services)		Risk Owner	CD HAS	Risk Manager	HAS AD ASC (RB)
Risk Description	Failure to maintain compliant (safe, effective, caring, responsive and well led) and cost effective regulated and non regulated services with robust governance arrangements (including workforce and health and safety) in place enabling scrutiny at every level of the organisation resulting in enforcement action, service closure and reputational impact			Risk Group	Performance	Linked Risk(s)	HSC_10	
Phase 2 - Current Assessment								
Current Control Measures								
Robust management structure across registered services; non-regulated services (i.e. day-care); quality audits undertaken managers; established networks and forums for exploring legislative requirements; communication and relationship with CQC; improved system for recording dom care; target areas of specific concern; near miss and notifications log and analysis completed by Quality and Contracting and service lead; property review carried out;								
Current Probability	H	Current Impact	H	Current Risk Score	16	Current Risk Category	High	
Phase 3 - Risk Mitigation Plan								
Reduction Action						Action Manager	Due Date	Date Completed
RR_HAS_20	Develop and implement action plans in place following the property review					RES AD (AH)	30-Sep-2024	
RR_HSC_53	Complete annual health and safety reviews with H&S Advisor; continue to monitor via Directorate Risk Management Group (immediate remedial action to single glazed windows and fire safety issues have been completed) to ensure that prioritisation of required action within the directorate but also within property services; currently prioritising fire risk in settings, with mitigating through enhanced night time staffing to support evacuation					HAS ASC HoPS	30-Sep-2024	
RR_HSC_54	Complete the service development plans and work though action plans for those domains that require improvement following issues raised by CQC					HAS ASC HoPS	30-Sep-2024	
RR_HSC_55	Ensure we maintain sufficient appropriate provision at EPHs involved in the replacement programme, setting clear expectations of standards and quality that are to be maintained through transition via the quality framework; working on a business case to explore alternative approaches to current "close eph/replace with extra care"					HAS AD ASC (RB); HAS AD PSD (AB)	30-Sep-2024	
RR_HSC_57	Make safe any in sourcing following provider failure before passing on to the market					HAS all ASC ADs	30-Sep-2024	
RR_HSC_58	Implement business continuity plans to secure safe staffing levels whilst aiming to recruit additional workforce capacity					HAS AD ASC (RB)	30-Sep-2024	
RR_HSC_59	Continue with the monthly cross directorate governance meeting CC					HAS AD ASC (RB)	30-Sep-2024	
RR_HSC_62	Continue to proactively recruit through Make Care Matter whilst taking steps to attract more applicants through the Resilience Plan actions.					HAS AD ASC (RB); HAS HoHR	30-Sep-2024	

# HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

RR_HSC_9	Develop a business case for new, county-wide care and support hubs to help alleviate care home affordability issue			HAS AD PSD (AB)	31-Mar-2024		
RR_HSC_95	Ensure the Implementation of electronic care records and care scheduling is done in a safe and secure manner that does not compromise regulatory outcomes			HAS all ASC ADs	30-Sep-2024		
<b>Phase 4 - Target Risk Assessment</b>							
<b>Target Probability</b>	M	<b>Target Impact</b>	H	<b>Target Risk Score</b>	<b>12</b>	<b>Target Risk Category</b>	Medium High
<b>Phase 5 - Fallback Plan</b>							
<b>Fallback Plan</b>							
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 Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 1 - Identification								
Ref.	HAS_6	Title	Financial Pressures		Risk Owner	CD HAS	Risk Manager	RES AD (AH)
Risk Description	Financial pressures arising from difficulties in delivering MTFs Savings requirements, managing in year financial overspends and unexpected costs, contributions from various complex funding streams, and given care system pressures and continued fallout of Covid on the care market and 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	Linked Risk(s)	HSC_2
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; heat map action plan completed; recommendations from the actual cost of care exercise implemented and inflationary uplifts agreed within budget with the care sector; tracking of paper records in place for performance; regular budget deep dives within HAS and regular reporting to Chief Exec and CD R; 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; Budget recovery action plan with ongoing review on a quarterly basis; HAS 2025 plan published; weekly Budget and Scrutiny meetings with managers and finance; tracking of temporary-funded posts; annual review of cost of care;								
Current Probability	H	Current Impact	H	Current Risk Score	<b>16</b>	Current Risk Category	High	
Phase 3 - Risk Mitigation Plan								
Reduction Action						Action Manager	Due Date	Date Completed
RR_HAS_21	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)					HoHR (HAS)	30-Sep-2024	
RR_HAS_22	Analyse work undertaken as part of Trailblazer to improve market and cost information, service standards and information security					RES AD (AH)	31-Mar-2023	31-Mar-2023
RR_HAS_23	Work with Resources to ensure new transfer of BACS service and help to embed new ways of working including online financial assessments 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					RES AD (AH)	31-Oct-2024	
RR_HAS_24	Work with supply chain resilience board to ensure adequate support for providers in financial distress					RES AD (AH)	31-Mar-2024	
RR_HAS_25	Review actual cost of care exercise for residential and nursing and undertake new cost of care exercise for domiciliary care to maximise use of market sustainability fund					RES AD (AH)	31-Mar-2023	31-Mar-2023
RR_HAS_26	Feed into budget process around any increased financial pressures and costs					RES AD (AH)	30-Nov-2023	
RR_HPH_5	Continue to monitor the budget for Public Health and associated spending					Dir Public Health	30-Sep-2024	

## HAS Directorate

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RR_HSC_1	Seek to better understand financial impact of decisions made as part of the Confident and Consistent Practice model and diagnostic work; introduced new scheme of delegation to ensure consistent sign off; practice support meetings introduced	HAS AD PSD (AB); HAS all ASC ADs	30-Sep-2024	
RR_HSC_10	Ongoing National review of NYC performance against key targets (including Discharge to Assess and Right to reside) which could impact funding	HAS all ASC ADs	30-Sep-2024	
RR_HSC_2	Achieve earlier, clearer budget position with Team Managers responsible for budget management including forecasting (all team managers are now forecasting with approvals by ASC ADs); linked to budget recovery plan work, now in place and ongoing	HAS AD PSD (AB); HAS all ASC ADs	30-Sep-2024	
RR_HSC_3	Weekly budget clinic with heads of service reviewing all activity including high cost placement starters and leavers	HAS AD PSD (AB); HAS all ASC ADs	30-Sep-2024	
RR_HSC_4	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; recovery and exit planning for the temporary funded arrangements	HAS AD PSD (AB); RES AD (AH)	31-Mar-2024	
RR_HSC_5	Monitor requirements on hospital discharge and ensure National Government and ICB funding settlements are adequate as these have the potential to create additional pressures on adult social care	HAS all ASC ADs	30-Sep-2024	
RR_HSC_6	Monitor the impact of provider sustainability applications and the procurement of the APL to identify further mitigation	HAS all ASC ADs	30-Sep-2024	
RR_HSC_7	Savings plan and savings board introduced to have oversight of savings schemes and help identify opportunities	HAS all ASC ADs	30-Sep-2024	
RR_HSC_8	Complete phase 2 of the strength based assessments working with people with complex needs; now covered by service plan	HAS AD PSD (AB); HAS all ASC ADs	30-Sep-2024	
RR_HSC_9	Develop a business case for new, county-wide care and support hubs to help alleviate care home affordability issue	HAS AD PSD (AB)	31-Mar-2024	
RR_HSC_92	Monitor the impact of the Adult Social Care improvement priorities	HAS all ASC ADs	31-Aug-2024	

### Phase 4 - Target Risk Assessment

<b>Target Probability</b>	M	<b>Target Impact</b>	H	<b>Target Risk Score</b>	<b>12</b>	<b>Target Risk Category</b>	Medium High
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### Phase 5 - Fallback Plan

#### Fallback Plan

Further fundamental review in order to further prioritise services

# HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 1 - Identification								
Ref.	HAS_7	Title	Working with the NHS		Risk Owner	CD HAS	Risk Manager	Dir Public Health; HAS all ASC ADs
Risk Description	Failure to achieve the best outcomes from working jointly with the NHS across the NYC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes. Issues to address include working with a large number of NHS organisations and their complexities, a number of NHS Trusts who are in regulatory intervention, challenges around the rising costs of CHC with NHS in deficit, Increased number and complexity of discharges, Mental health service challenges				Risk Group	Partnerships	Linked Risk(s)	HSC_12; HPH_5
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 ICBs; Joint quality team, Joint commissioning group, Representation on ICB Boards in place; emergence of local care partnerships; regular finance and commissioning meetings in place (building on Covid response); North Yorkshire Place Board and Silver Command overseeing key interface business; s75 agreements in place for Harrogate and Rural Alliance; HARA integration of community health and social care services has been reviewed; 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; Health and Care Management Group in place; regular monitoring of relationships, priorities and communications at HAS WLT; ongoing national lobbying for the continuation of Hospital Discharge funding; joint plan in place with ICB colleagues to manage winter pressures;								
Current Probability	H	Current Impact	H	Current Risk Score	<b>16</b>	Current Risk Category	High	
Phase 3 - Risk Mitigation Plan								
Reduction Action						Action Manager	Due Date	Date Completed
RR_HAS_27	Work closely with NHS partners to triage highest priorities for hospital and community capacity and pressures and undertake LRF exercise to plan for contingencies					CD HAS; HAS all ASC ADs	31-Mar-2024	
RR_HAS_47	Work with ICBs to ensure partnership to achieve appropriate split of costs and work to jointly commission services where relevant to bring value for money and reduce costs for the local authority and health partners. Agree approach at Health and Care Management Group					HAS AD PSD (AB); RES AD (AH)	31-Mar-2024	
RR_HPH_36	Present HARA paper to MB and Exec to provide update and priorities for the next 5 years					CD HAS; HAS all ASC ADs	30-Sep-2024	
RR_HSC_69	Continue pilot of multi agency Quality Improvement Team and plan evaluation; evaluation carried out, relaunch the quality team post pilot evaluation and separation of contract management					HAS AD ASC (RB)	30-Sep-2024	
RR_HSC_74	Embed the working of the joint commissioning group for the continuing health care and s117 work					HAS AD PSD (AB)	30-Sep-2024	
Phase 4 - Target Risk Assessment								
Target Probability	M	Target Impact	H	Target Risk Score	<b>12</b>	Target Risk Category	Medium High	
Phase 5 - Fallback Plan								
Fallback Plan								

## HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.

Phase 1 - Identification								
Ref.	HAS_8	Title	Public Health	Risk Owner	CD HAS	Risk Manager	Dir Public Health	
<b>Risk Description</b>	Failure to 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, exploit the opportunities offered by the new unitary authority, inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant			<b>Risk Group</b>	Partnerships	<b>Linked Risk(s)</b>	HPH_2	
Phase 2 - Current Assessment								
Current Control Measures								
Regular Public Health business and team meetings; Consultant link roles with NYC Directorates and, ICS; Public Health service plan developed; MOU for Advice Service with ICS 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; Local Outbreak Management and Control Plan; Healthy Child Programme; performance monitoring against PHOF								
<b>Current Probability</b>	H	<b>Current Impact</b>	H	<b>Current Risk Score</b>	<b>16</b>	<b>Current Risk Category</b>	High	
Phase 3 - Risk Mitigation Plan								
Reduction Action						Action Manager	Due Date	Date Completed
RR_HAS_50	Review preparation to respond to health risks in the population such as infectious diseases and including Covid 19					Dir Public Health	30-Sep-2024	
RR_HPH_10	Consider review to ensure sufficient capacity and skills in the Public Health team and where necessary explore alternative solutions to ensure priorities are adequately resourced					Dir Public Health	30-Sep-2024	
RR_HPH_11	Monitor activity based services and ensure effective communication of activity data from providers to understand long term budget commitments - ongoing					Dir Public Health	30-Sep-2024	
RR_HPH_13	Stop Smoking Service: Continue to support the in-house smoking cessation services around the use of e-cigarettes; e cigarette offer now live and implemented					Dir Public Health	30-Sep-2023	31-Aug-2023
RR_HPH_14	Seek to understand the impacts of changes to NHS, UKHSA and OHID structures and impact of LGR; LGR workshop session held at away day, need to agree follow on actions					Dir Public Health	30-Sep-2024	
RR_HPH_3	Continue to embed the s75 arrangement for the Sexual Health services					Dir Public Health	31-Mar-2024	
RR_HPH_4	Implement the Drug and Alcohol treatment plan in light of the combatting drugs strategy; draft strategy approval to consult Nov 2023					Dir Public Health	31-Mar-2025	



## HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

RR_HPH_5	Continue to monitor the budget for Public Health and associated spending			Dir Public Health	30-Sep-2024		
RR_HPH_6	Continue to ensure Public Health statutory functions are met			Dir Public Health	30-Sep-2024		
RR_HPH_7	Continue development of the Public Health Advisory Service for ICS with the focus on population health management approaches; ongoing			Dir Public Health	30-Sep-2024		
RR_HPH_8	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; paper to management board and savings plan agreed up to 2024			Dir Public Health	30-Sep-2024		
RR_HPH_9	Seek to embed Public Health in the Councils mainstream strategies and policies eg. trading standards, education, children social care, planning, licensing, economic regeneration, housing and homelessness and embed within the HAS locality model			Dir Public Health	30-Sep-2024		
<b>Phase 4 - Target Risk Assessment</b>							
<b>Target Probability</b>	M	<b>Target Impact</b>	H	<b>Target Risk Score</b>	<b>12</b>	<b>Target Risk Category</b>	Medium High
<b>Phase 5 - Fallback Plan</b>							
<b>Fallback Plan</b>							
Further develop and implement alternative delivery models taking into account good practice elsewhere							

# HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 1 - Identification								
Ref.	HAS_10	Title	CQC Assurance		Risk Owner	CD HAS	Risk Manager	
Risk Description	Failure to have a satisfactory outcome of the CQC assessment of how councils lead and deliver social care across 4 domains (working with people, providing support, how the local authority ensures safety within the system, leadership) resulting in poor customer experience, cost implications, loss of reputation				Risk Group		Linked Risk(s)	
Phase 2 - Current Assessment								
Current Control Measures								
Inspection Group in place; AD single point of contact; project team in place; programme management and governance structure in place; practice framework published; performance and governance framework agreed; HAS 2025 strategy in place; information gathering for evidence chest taking place; self-assessment identified 7 improvement priorities in place; regular reporting to HASLT, Management Board, Exec members and other relevant people; additional capacity in place; pre inspection and peer review carried out; communications strategy and engagement plan in place; access for external people to relevant systems and secure network in place to allow data sharing safely;								
Current Probability	M	Current Impact	H	Current Risk Score	<b>12</b>	Current Risk Category	Medium High	
Phase 3 - Risk Mitigation Plan								
Reduction Action						Action Manager	Due Date	Date Completed
RR_HAS_28	Ensure additional capacity is put in place – manager inspection role for team					CD HAS	30-Jun-2023	30-Jun-2023
RR_HAS_29	Continue to develop and implement an action plan for the 7 improvement priorities					CD HAS	30-Sep-2024	
RR_HAS_30	Carry out further pre inspections					CD HAS	30-Sep-2024	
RR_HAS_31	Continue to carry out peer reviews and undertake peer review in other authorities					CD HAS	30-Sep-2024	
RR_HAS_32	Continue to implement a communications strategy for internal and external stakeholders					CD HAS	30-Sep-2024	
RR_HAS_33	Continue to implement an engagement plan					CD HAS	30-Sep-2024	
RR_HAS_34	Ensure access for external people to relevant systems and secure network in place to allow data sharing safely					CD HAS	30-Jun-2023	30-Jun-2023
Phase 4 - Target Risk Assessment								
Target Probability	M	Target Impact	H	Target Risk Score	<b>12</b>	Target Risk Category	Medium High	

## HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

<b>Phase 5 - Fallback Plan</b>
<b>Fallback Plan</b>
Review performance and capacity including access to additional funding

# HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 1 - Identification									
Ref.	HAS_9	Title	Safeguarding Arrangements			Risk Owner	CD HAS	Risk Manager	Dir Public Health; HAS AD ASC (KS)
Risk 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	Linked Risk(s)	HSC_9 HPH_8		
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; ethical framework considerations complete									
Current Probability	M	Current Impact	H	Current Risk Score	<b>12</b>	Current Risk Category	Medium High		
Phase 3 - Risk Mitigation Plan									
Reduction Action						Action Manager	Due Date	Date Completed	
RR_HAS_51	Continue to strengthen the one team approach in the contact centre and Care and Support Team to manage the increase in safeguarding concerns					HAS AD ASC (KS)	30-Sep-2024		
RR_HAS_53	Continue to review outstanding cases to identify and mitigate any further court action					HAS AD ASC (KS)	30-Sep-2024		
RR_HPH_52	Continue to ensure Partners are fully engaged with Safeguarding Boards centrally and locally, particularly health and appropriate service leads from former district council partners (eg. Housing / homelessness)					Dir Public Health	31-Aug-2024		
RR_HPH_53	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; new organisational Safeguarding Procedure is mapped against the quality pathway					Dir Public Health; HAS AD ASC (KS)	31-Aug-2024		
RR_HPH_55	Continue joint work with CYPS and the Community Safety Partnership with quarterly meetings of the InterBoard Network					Dir Public Health	31-Aug-2024		
RR_HPH_56	Continue to report regularly to HASLT, Care and Independence O&S Committee and Health and Wellbeing Board					Dir Public Health	31-Aug-2024		

## HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

RR_HSC_46	Continue to work through the Community DoL backlog management plan for the lower risk (as defined by ADASS) people including proposal for extra resource to assist in response to the increase in work in this area; we are continuing to increase BIA capacity to take pressure off op teams; removing the low risk categorisation and business case being developed to clear the backlog			HAS AD ASC (KS)	31-Dec-2023		
RR_HSC_51	Continue to strengthen Governance arrangements in HAS following consideration of North Yorkshire and national safeguarding adult reviews (ongoing)			Dir Public Health; HAS AD ASC (KS)	30-Sep-2024		
RR_HSC_52	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, draft statutory guidance received in 2022, , awaiting updates on implementation of LPS			Dir Public Health; HAS AD ASC (KS)	30-Sep-2024		
<b>Phase 4 - Target Risk Assessment</b>							
<b>Target Probability</b>	M	<b>Target Impact</b>	H	<b>Target Risk Score</b>	<b>12</b>	<b>Target Risk Category</b>	Medium High
<b>Phase 5 - Fallback Plan</b>							
<b>Fallback Plan</b>							
Escalate to Safeguarding Board / Mgt Board and carry out necessary review and action improvement plans, lessons learned from any safeguarding adults reviews							

# HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 1 - Identification								
Ref.	HAS_11	Title	Information Governance and Health and Safety		Risk Owner	CD HAS	Risk Manager	Dir Public Health; RES AD (AH)
Risk 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	Linked Risk(s)	HPH_4
Phase 2 - Current Assessment								
Current Control Measures								
<p><b>Info Gov</b> - 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 and continued promotion of the use 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</p> <p><b>H &amp; S</b> - Corporate H &amp; S policy and action plan; wider HAS leadership team H&amp;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; regular H&amp;S data updates to HASLT; Work with Provider services and Property colleagues to ensure that all risks in care establishments are dealt with on a timely basis, reporting through the Directorate Risk Group to HASLT; Continue to draw up an ongoing risk log to be treated as a live document which will identify all H&amp;S issues in HAS and progress against them which will be used to report to HASLT;</p>								
Current Probability	M	Current Impact	H	Current Risk Score	<b>12</b>	Current Risk Category	Medium High	
Phase 3 - Risk Mitigation Plan								
Reduction Action						Action Manager	Due Date	Date Completed
RR_HAS_37	Ensure consistent reports of H&S incidents and data in some remaining services particularly PLD and Mental Health through revised governance arrangements in provider services and HASLT to address any under reporting of incidents					RES AD (AH)	31-Mar-2024	
RR_HAS_48	All services to produce H&S action plans					HAS all ASC ADs	31-Dec-2024	
RR_HAS_52	Work with the supplier of Liquid Logic Adults to better flag and archive care records within the appropriate timescale					HAS AD PSD (AB)	31-Aug-2024	
RR_HPH_22	Continue to implement Caldicott when required					Dir Public Health	31-Aug-2024	
RR_HPH_23	Continue to implement awareness raising campaign for information governance					Dir Public Health	31-Aug-2024	
RR_HPH_24	Ensure appropriate arrangements are put in place for hybrid working; service is primarily home based with appropriate advice provided on confidentiality					Dir Public Health	31-Aug-2024	
RR_HPH_25	Ensure early notification of incidents (eg via Veritau) to enable lessons can learned following any breach; breaches are monitored on a monthly basis with quarterly reports to HASLT to identify areas of concern and take appropriate action					Dir Public Health	31-Aug-2024	
RR_HPH_26	Continue to work closely with Data Governance on review and monitoring of local Info gov arrangements including the retention and disposal of records					Dir Public Health	31-Aug-2024	
RR_HPH_28	Continue to embed the HAS governance framework to improve services; being implemented on an iterative basis; report to HASLT in Nov 23 re the pilot					Dir Public Health	30-Nov-2023	
RR_HPH_32	Maintain awareness of response times in relation to FOI and SAR requests within statutory timescales; quarterly reporting to HASLT; issues raised at HAS governance meeting					Dir Public Health	31-Aug-2024	

# HAS Directorate

Risk Register: **annual review (Sep 2023) - detailed**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Phase 4 - Target Risk Assessment							
Target Probability	L	Target Impact	H	Target Risk Score	8	Target Risk Category	Medium
Phase 5 - Fallback Plan							
Fallback Plan							
Media management, staff disciplinary, work with Information Commissioner's Office and HSE when necessary							

## HAS Directorate

Risk Register: **annual review (Sep 2023) - summary**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

Risk Trend	Risk	Description	Risk Owner	Risk Manager	Curr Prob	Curr Imp	Current Risk Score	Current Category	Targ Prob	Targ Imp	Target Risk Score	Target Category	FB Plan?
■	<b>HAS_2 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 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 (AB)	H	H	<b>16</b>	High	H	H	<b>16</b>	High	✔
■	<b>HAS_3 Workforce Recruitment and Retention</b>	Failure to recruit and retain sufficient numbers and categories of staff in Social Care 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	HoHR (HAS)	H	H	<b>16</b>	High	H	H	<b>16</b>	High	✔
■	<b>HAS_4 Confident and consistent practice/Managing Waiting Lists</b>	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	<b>16</b>	High	M	H	<b>12</b>	Medium High	✔
■	<b>HAS_5 In-House Social Care Provider Services (incl Regulated Services)</b>	Failure to maintain compliant (safe, effective, caring, responsive and well led) and cost effective regulated and non regulated services with robust governance arrangements (including workforce and health and safety) in place enabling scrutiny at every level of the organisation resulting in enforcement action, service closure and reputational impact	CD HAS	HAS AD ASC (RB)	H	H	<b>16</b>	High	M	H	<b>12</b>	Medium High	✔











## HAS Directorate

Risk Register: **annual review (Sep 2023) - summary**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**





	<b>HAS_6 Financial Pressures</b>	Financial pressures arising from difficulties in delivering MTFs Savings requirements, managing in year financial overspends and unexpected costs, contributions from various complex funding streams, and given care system pressures and continued fallout of Covid on the care market and budget and complexity of people's needs leading to service impact or additional savings needing to be identified within HAS or corporately.	CD HAS	RES AD (AH)	H	H	<b>16</b>	High	M	H	<b>12</b>	Medium High	
	<b>HAS_7 Working with the NHS</b>	Failure to achieve the best outcomes from working jointly with the NHS across the NYC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes. Issues to address include working with a large number of NHS organisations and their complexities, a number of NHS Trusts who are in regulatory intervention, challenges around the rising costs of CHC with NHS in deficit, Increased number and complexity of discharges, Mental health service challenges	CD HAS	Dir Public Health; HAS all ASC ADs	H	H	<b>16</b>	High	M	H	<b>12</b>	Medium High	
	<b>HAS_8 Public Health</b>	Failure to 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, exploit the opportunities offered by the new unitary authority, inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant	CD HAS	Dir Public Health	H	H	<b>16</b>	High	M	H	<b>12</b>	Medium High	
	<b>HAS_10 CQC Assurance</b>	Failure to have a satisfactory outcome of the CQC assessment of how councils lead and deliver social care across 4 domains (working with people, providing support, how the local authority ensures safety within the system, leadership) resulting in poor customer experience, cost implications, loss of reputation	CD HAS		M	H	<b>12</b>	Medium High	M	H	<b>12</b>	Medium High	





## HAS Directorate

Risk Register: **annual review (Sep 2023) - summary**

Next review due: **March 2024**

Report Date: **16<sup>th</sup> November 2023 (pw)**

	<b>HAS_9 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	Dir Public Health; HAS AD ASC (RB)	M	H	<b>12</b>	Medium High	M	H	<b>12</b>	Medium High	
	<b>HAS_11 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	Dir Public Health; RES AD (AH)	M	H	<b>12</b>	Medium High	L	H	<b>8</b>	Medium	

Risk Trend Key	
Symbol	Meaning
	Risk ranking has worsened since the last review.
	Risk ranking is the same as at last review.
	Risk Ranking has improved since the last review.
	Risk is new or has been significantly altered since the last review.