

AUDIT COMMITTEE

9 DECEMBER 2024

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 outline some of the **key service risks and governance-related issues** 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 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 In addition to the details set out in the Risk Register, there are a number of key governance developments in the forthcoming year which are highlighted below. These are:
 - Financial Pressures and the Social Care Market
 - Pressures arising from Hospitals
 - Workforce
 - CQC Assurance and Improvement Priorities

FINANCIAL PRESSURES and THE SOCIAL CARE MARKET

- 3.2 The Q2 estimate for the Directorate's 2024/25 position shows an overspend of £7.7m. As the Public Health budget (which is on track) is funded from grant, this overspend figure effectively covers Adult Social Care. This is a worsening position from Q1, where the directorate was forecasting to overspend by £3.8m.
- 3.3 It is important to note that to arrive at the Q2 position, the directorate will need to utilise all of the additional growth and contingencies set aside as part of the budget setting process.

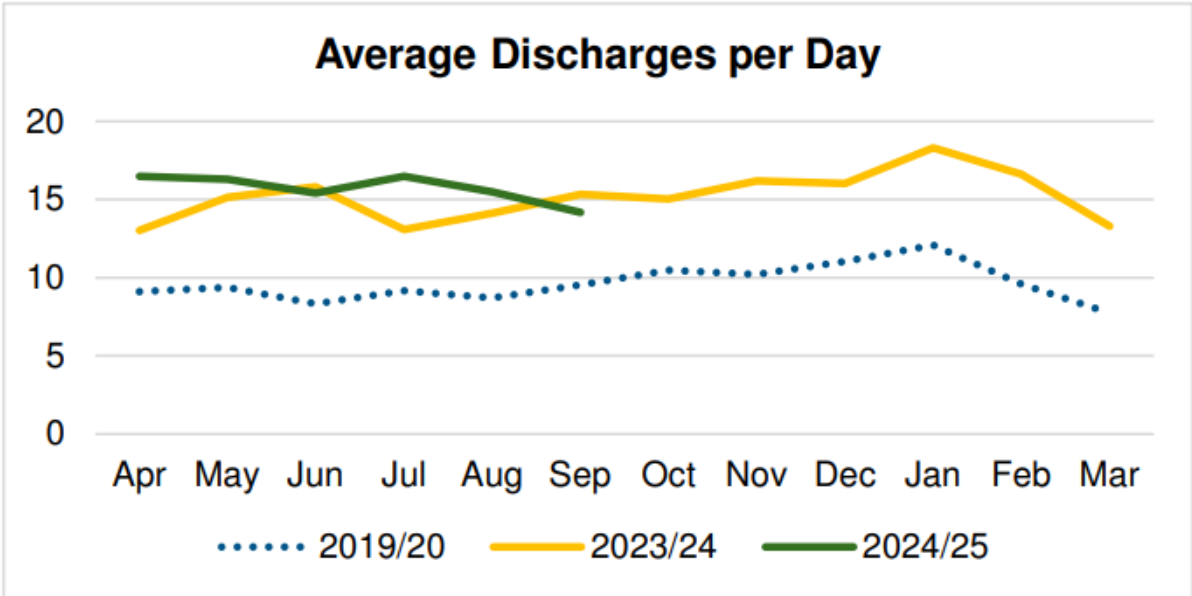
- 3.4 Adult Social Care continues to face significant financial pressures largely due to increasing activity, particularly with regard to continuing high levels of hospital discharges and community case work; more admissions to Supported Living and the impact of both activity and legal decisions in relation to long-term residential and nursing costs. This is offset to some extent, following the introduction of a new Approved Provider List, by a significant reduction in the hourly cost to the council for home-based care and the stabilising of unit costs for residential care, as well as progress being made on the reduced use of short-stay beds.
- 3.5 The Directorate's financial position remains precarious with significant work continuing through its cost recovery programme but it should be noted that overall levels of care have continued to increase in recent months and should these activity levels continue to increase or indeed accelerate without further mitigating action, this will result in increasing pressures within the service in excess of the Q2 position.
- 3.6 In particular:
- We are continuing to see increasing volumes of high-cost packages in the quarter, with an additional 44 high-cost packages of care since Q1. Although the average weekly cost of new admissions for those aged 65+ has decreased since Q1, the amount of care being provided has increased.
 - Permanent residential and nursing placements have continued to increase in the quarter, with the number of people supported during the month at 5.5% higher than Q2 2023/24, returning the highest numbers recorded (2,650). There have also been increased Supported Living costs in the quarter, due to an increase in demand and a small number of very high-cost packages. Direct payment (DP) costs have also increased in the quarter, due to an increase in the number of people receiving a DP. We are also seeing the impact of changes to rules on Ordinary Residence (and where there may be a dispute over whether NYC or another council is responsible for paying for someone's care) following new case law.
 - The number of young people, often with complex needs, moving into Health and Adult Services is also projected to increase and this will continue to add financial pressures both now and in the future.
 - We are also seeing an increased risk as health partners also face financial pressures and we are therefore working hard to ensure that any impact on the Council is minimised. This is particularly the case for Continuing Health Care and S117 (Mental Health) funding. For this latter, the changes to Ordinary Residence highlighted above, bring about an additional cost risk.
- 3.7 Many of the financial pressures are arising from issues in the market although these have improved in some service areas since last year.
- 3.8 Figures produced annually by central government noted that in 2023, North Yorkshire paid the 4th highest (of 152) hourly rate for Home Care and this was 22% above the English average. However, following the introduction of new Approved Provider Lists and improved contract management, NYC is now 26th highest and with an average rate which has reduced to 6% above average.

- 3.9 Similarly we have seen the Council reduce from 26th highest to 42nd highest for over 65s residential weekly costs and from 12th to 21st for Supported Living (now 10% above average, down from 21%).
- 3.10 However it should be noted that for three other service areas defined by central government, North Yorkshire continues to pay 20% - 30% above the average for England. Addressing this high cost of care therefore is key to the Council's Financial Recovery Plan, while acknowledging that the rural nature of the County also adds to cost pressures.
- 3.11 For example, we have previously calculated that key Adult Social Care (ASC) workers in the county spend 45 minutes on average as "downtime" – for each visit in rural areas. This compares with 20 minutes in urban areas. This is reflected in the rates we pay where costs in super-rural areas can add £5.00 to the hourly rate.
- 3.12 We have lobbied for many years about this cost and most recently, in our Market Sustainability Plan noted that sourcing packages of care in rural areas is particularly challenging.
- 3.13 However we continue to do all we can and will consider further options to reduce costs while ensuring that care provision in the county is good quality care. Our key priority over the next few years will be to develop capacity in the market to ascertain if we can reduce the costs of care to a level closer to those seen elsewhere. We are seeing in particular increased costs related to specialist care, such as dementia, and also higher costs related to younger adults.
- 3.14 As set out above, in the Q2 report there can be seen some areas of progress, including the reduction in home care costs, although the reliance on overseas workers remains a risk for the sector. There has also been a reduction in short stay cost, although continued pressure from hospital discharge means that the number of weeks purchased as a result from discharge grew by 16% in the first 4 months of the year, compared with a reduction of 10% for other short stay packages.
- 3.15 However, demand – and the amount of social care – continues to increase in some sectors and the cost of this outweighs any efficiencies elsewhere, as set out in 3.6 above.
- 3.16 Further details of how we might be able to arrest the high levels of cost growth in the market seen in recent years, and which cannot continue in the current financial constraints, are being explored for conclusion in the discussions around the future MTFS.
- 3.17 We have also recently agreed membership of a Joint Commissioning Group with the local Integrated Care Boards (ICBs). The board, which reports to the local Health and Care Management Group has a particular remit around market development and joint procurements.
- 3.18 A major risk, as highlighted in successive budget reports is uncertainty of future government funding. This is an issue which impacts not just on Adult Social Care (with dependency of around £90m as highlighted on page 5 of the [NYC MTFS January 2024](#)) but also Public Health. For example, the Council has received additional grant

funding through Section 31 arrangements for Tobacco Control and Substance Use Treatment Services. This funding has not been confirmed beyond the end of March 2025. If confirmation is not forthcoming in the last quarter of 24/25, then action will need to be taken to reduce the additional staffing and services in line with the Public Health Grant allocation in 25/26.

PRESSURES ARISING FROM HOSPITALS

3.19 Whilst we continue living with COVID-19, cases continue and cause a risk to people’s health. The health protection team continues to provide consistent leadership, working closely with the UK Health Protection Agency (UKHSA), to ensure intelligence-lead decision making and management of outbreaks. This includes communicating to staff and residents in critical settings including the Care sector, to minimise transmission and protect the most vulnerable. One of the legacies of the Pandemic is the continued pressure in social care as a result of increased hospital discharges. These are much higher than pre-pandemic levels and continue to increase. Hospital discharge activity averaged 15.4 discharges per day during Q2, which compares with 14.1 per day at this point last year.



3.20 Local activity is subject to high levels of volatility day-to-day, with local health and care systems continuing to be subject to localised surges in discharge activity, which can affect different localities on different days, with capacity amongst local care providers being quickly used up. During Q1 there were 35 days where discharges exceeded 20 per day, compared with 24 days for the same period in 2023/24

3.21 Where there is pressure in the wider system there have been requests for the Council to use bed-based solutions for people who need care at home. We have made a conscious decision not to do this as it will lead to poorer outcomes for people and will diminish available resource for those people who do need a short-term bed. Community Health provision varies across North Yorkshire with five different providers offering a service, this is an area where a consistent offer from the NHS would help more people to be independent and less reliant on social care, particularly following a

hospital stay. The home care market has seen some improvement in its capacity to support people to be discharged back home. In addition, a home care bridging service has been commissioned to support people back home in a timely way and into a reablement service where appropriate.

WORKFORCE

- 3.22 Nationally and regionally we are seeing an upturn in the number of filled Adult Social Care roles. Nationally, this represents a 14.6% vacancy reduction in comparison with 22/23 data. This is largely driven by a rise in international recruitment, and the introduction of a Care Worker visa route in 2022.
- Skills for Care and Capacity Tracker data suggests the vacancy rate in North Yorkshire is 6.5% (against a regional average of 7% and England at 9.9%).
 - Nationally, the number of care worker sponsorship licenses issued is reported as 101,316
 - 141 providers in North Yorkshire (or on our APL)– have sponsorship license, and further work is being done to identify the total numbers of international workers in North Yorkshire – Skills for Care Data shows that 13% of the North Yorkshire care workforce are a non-EU nationality (an increase of 10% from 21/22).
- 3.23 There have been a number of changes to immigration policy which will have significant impact on the recruitment of care and senior care workers as removing their eligibility to bring dependants will make a relocation to the UK much less desirable.
- 3.24 There have been and continue to be, significant challenges which have arisen from the increase in international recruitment, specifically related to:
- **Quality** (services not yet inspected by CQC, cultural and language barriers impacting on quality of care)
 - **Unethical employment practice** (human slavery issues)
 - **Compliance** (Inconsistent notification processes in place to share information in relation to non-compliance of sponsorship licences)
 - **Market Sustainability** (Sustainability of trusted and reliable, locally based providers and impact of licence revocation).
- 3.25 There has been a significant NYC and partnership response to these issues, and regionally we have seen 51 license revocations and 21 suspensions, with 5,400 international workers displaced as a result. The Make Care Matter team are acting as the sub regional spoke for York and North Yorkshire for the Year 2 Government funding to support displaced workers. This was mobilised in Q2 23/24 (the first in the Country) and is successfully supporting displaced workers into regional vacancies. The Make Care Matter and Quality Teams work closely together to share intelligence and support providers and displaced workers in a timely manner, with the Corporate Director providing a letter to support displaced workers visas to be transferred quickly. Where sponsorship licences are revoked a multi agency response model is used to support the safe transfer of packages of care and to support the workers who are displaced, who may be deemed to be vulnerable people in their own right.

- 3.26 The International Workforce Board is ongoing with workstreams covering workforce, market development and quality and compliance. This work is being supported across directorates and with external partners including the Independent Care Group and HNYICB. Good links have been made with the Home Office Immigration Service, Gangmaster and Labour Abuse Authority and Sponsorship Compliance Team to share intelligence and support the development of tools to benefit the workforce. Tools include a guidance for migrant workers and a guide for employers. English language courses have been developed to include elements such as language used in adult social care to assist staff in conversations with the people they support.
- 3.27 The Quality Team has developed strong links with the Modern Slavery and Human Trafficking Team from North Yorkshire Police. Information is shared where concerns are raised or information is received regarding how migrant workers came to the UK and their treatment here. The teams work together to support staff to feel able to share their experiences so that investigations may be undertaken and actions taken to support the workers. This work takes time and needs to be handled sensitively as staff may be wary of the police or fearful of repercussions on their families at home and where their visas were arranged by someone who is influential in their culture.
- 3.28 Our internal NYC vacancy position is reflective of the market, with a 4% vacancy rate at Q3 23/24 Care Provider Services and a 3% in our Social Care/Assessment Teams which is reflective of a successful International Recruitment campaign, alongside a Social Work Apprenticeship Scheme. In Q3 of 23/24, we also introduced 9 Occupational Therapy Assistants into the teams as a pilot scheme (converting funds from Reablement vacancies), to create a sustainable pathway into qualified OT roles.
- 3.29 This improved vacancy position has resulted in a decrease in agency spend during 2023/24 – a reduction in spend of around 50% compared with 2022/23. This trend has continued into 2024/25.
- 3.30 Given the sustainability issues linked to international recruitment and the growth we need to see within the workforce to support population projections, we know we need a continued focus on future pipelines of resource and talent and innovative approaches to recruitment.
- 3.31 The HAS People Strategy Group (made up of a cross section of HAS Managers and Officers), will co-produce a workforce development plan for HAS addressing the key corporate People Strategy Themes, this will include specific actions and plans addressing recruitment and attraction, retention (incl. employee wellbeing), engagement and delivering a one-Council approach.
- 3.32 The biggest current workforce challenge relates to absence from work due to ill health. The number of days lost due to sickness per FTE for 23/24 was 13.56, which was well above the target of 8 days per FTE and increased from 11.5 days lost per FTE in 22/23.
- 3.33 The main reason for absence continues to be stress, depression and anxiety which has been consistent across the year, accounting for just over a quarter of all absences, followed by musculo-skeletal problems.
- 3.34 The development of a new corporate Attendance Management Policy is nearly complete which will bring together a more focussed and consistent management of absence across the new Council, with new refreshed resources, including a focus on Wellbeing Passports to support people back to work earlier.

- 3.35 The HR team is continuing to work closely with managers to ensure proactive absence management and to reduce absence rates. A programme of Wellbeing health checks operated by the in-house Occupational Health Service was very successful in terms of the take up from Provider Services colleagues. Colleagues were able to attend drop-in sessions with an Occupational Health Nurse Adviser or Technician and undergo a range of health checks, including blood pressure, heart rate, cholesterol levels and weight. Subsequently referrals were made to other services such as to the smoking cessation service and weight management.

A HAS Workforce Wellbeing group was established in Q2 23/24 to develop a specific targeted HAS action plan to address (initially) Mental Health related absence. The actions from this group feed into the corporate Workforce Wellbeing Group.

CQC ASSURANCE FRAMEWORK AND IMPROVEMENT PRIORITIES

- 3.36 The Care Quality Commission has now begun to roll out its new regulatory model and assessment framework for adult social care which was first described in [A new strategy for the changing world of health and social care \(cqc.org.uk\)](https://www.cqc.org.uk) launched in May 2021.
- 3.37 The new assessment framework measures four key areas of adult social care:
- Working with people
 - Providing support
 - Ensuring Safety
 - Leadership
- 3.38 The directorate has in place a self assessment and action plans to address areas of risk and our priorities for improvement. The action plans have been developed with the support of feedback through the mock inspection process, feedback from frontline staff, partners and people who access services.
- 3.39 As part of our preparation and to support continuous improvement, the Directorate is focusing on 7 Key Improvement Priorities with the aim of ensuring a sustained improvement in performance and outcomes for people. These are:
- Waiting Well
 - Home First
 - Reviews
 - Reablement
 - Carers
 - Direct Payments
 - Complex care
- 3.40 Performance against each of the improvement priorities is closely monitored by the leadership team.

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 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.

Likelihood	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
Impact						

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

Colour	Score	Assessment	Required Action
	1 - 2	Very Low (tolerate)	Risk should not appear in risk register.
	3 - 4	Low (tolerate)	Regular monitoring, action plan not essential, acceptable just to maintain current controls.
	5 - 9	Medium (treat)	Frequent monitoring, action plan required.
	10-12	Medium High (treat)	Frequent monitoring, action plan required to prevent from becoming a red risk.
	15 - 16	High (treat)	Constant monitoring, action plan required and escalation to next level for consideration / inclusion.
	20 - 25	Very High (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.

- 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 March 2025.
- 4.6 The register retains the same 10 risks as last year although, through a constant process of review, the details within these – and their risk ratings – have been

amended in response to changing circumstances. The “Managing Waiting Lists” risk was previously called “Confident and Consistent Practice/Managing Waiting Lists”.

4.7 The table of Risk Ratings below shows how the financial-related pressures remain a key risk.

		2023/24	2024/25 Current	2024/25 Target
HAS 6	Financial Pressures	16	20	16
HAS 2	Major Failure due to Quality and/or Economic Issues in the Care Market	16	16	16
HAS 4	Managing Waiting Lists	16	16	16
HAS 5	In-House Social Care Provider Services	16	16	12
HAS 7	Working with the NHS	16	16	12
HAS 3	Workforce Recruitment and Retention	16	12	12
HAS 10	CQC Assurance	12	12	12
HAS 9	Safeguarding Arrangements	12	12	12
HAS 8	Public Health	16	12	9
HAS 11	Information Governance and Health & Safety	12	12	8

4.8 This is reflected in the work currently being undertaken on the financial recovery plan and market management with important review and reporting actions as highlighted in the register – such as:

- Weekly budget and scrutiny meetings with managers and also reported to HAS Leadership Team
- Cost recovery plan for Care and Support budgets
- Working to establish more robust services in North Yorkshire for those with complex needs
- Development of business case for upgrade of care and support hubs

4.9 An important action which will underpin the continuing reduction of risk relating to Public Health will be to carry out the five-year-old children dental epidemiology survey procurement, recognising the current issues regarding provider availability, cost and delivery over a large footprint. The Director of Public Health will also focus her 2024/25 report on embedding Public Health in the Council’s mainstream strategies and policies (for example trading standards, education, children social care, planning, licensing, economic regeneration, housing and homelessness) and within the HAS locality model.

4.10 A selection of actions achieved on the risk register since last year is shown below:

- Key input into the budget process around any increased financial pressures and costs
- Completion of government returns on Covid costs and successful exit planning for the loss of this funding

- Implementation of ethical decision protocol and risk assessment for the use of overseas workers
- Review of the Quality Improvement Team to plan future quality oversight
- Development of an Occupational Therapy apprenticeship programme and Occupational Therapy Assistants
- Implementation of a 360 degree appraisal process and development plan for HAS Wider Leadership Team
- Supporting the in-house smoking cessation services and e-cigarette offer now live
- Completion of Service Health and Safety Action Plans across the Directorate

5.0 RECOMMENDATION

- 5.1 That the Committee notes this report and Risk Register for the Health and Adult Services Directorate and provide feedback or comments thereon.

RICHARD WEBB
Corporate Director – Health & Adult Services
9 December 2024

Appendices

Appendix 1 Annual Risk Review detailed

Appendix 2 Annual Risk Review summary

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (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 high cost packages, contributions from various complex funding streams, and given care system pressures 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; quarterly deep dive with Chief Executive and s15, Corp PMO resources applied to projects and programme management; regular monitoring of in year financial performance and reporting to portfolio Members; 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; action plan to address the care and support overspend developed and refined; Strength Based Reviews 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; weekly budget scrutiny meetings and weekly financial recovery discussed at HASLT								
Current Probability	VH	Current Impact	H	Current Risk Score	20	Current Risk Category	Very High	
Phase 3 - Risk Mitigation Plan								
Reduction Action					Action Manager	Due Date and status	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; a bespoke learning programme for senior leaders is being developed and will be rolled out from Jan 25			HoHR (HAS)	31-Oct-2025			
RR_HAS_23	Work with Resources to ensure transfer of financial assessment and welfare benefits services and implement action plan around 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; services transferred June 2024, action plan being implemented			RES AD (AH)	31-Mar-2025			
RR_HAS_24	Continue to work with Procurement and Legal Services to ensure adequate support for providers in financial distress			RES AD (AH)	30-Sep-2025			
RR_HAS_26	Feed into budget process around any increased financial pressures and costs			RES AD (AH)	30-Nov-2024		30-Nov-2024	
RR_HAS_58	Maintain the financial recovery plan with reporting through deep dives on a quarterly basis to s151 Officer and CEO ongoing			CD HAS; RES AD (AH)	30-Apr-2026			
RR_HAS_63	Embed the approach to establishment control and vacancy management			HoHR (HAS)	31-Oct-2025			
RR_HAS_66	Specific actions in place around tightening of authorisations and additional challenge above certain thresholds to reduce in-year spend			HAS all ASC ADs	31-Mar-2025			
RR_HPH_5	Continue to monitor the budget for Public Health and associated spending			Dir Public Health	31-Aug-2025			

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (pw)**

RR_HSC_1	Reviewing the practice model, scheme of delegation and streamlining processes to support budget overspend	HAS AD PSD (AB); HAS all ASC ADs	31-Mar-2025				
RR_HSC_10	Ongoing National review of NYC performance against key targets (including Discharge to Assess and Right to reside) which could impact funding; review completed,	HAS all ASC ADs	30-Sep-2024		30-Sep-2024		
RR_HSC_104	Develop action plan for 'in year' and '24/25' budget recovery	HAS AD PSD (AB); RES AD (AH)	30-Apr-2024		31-Mar-2024		
RR_HSC_117	Need to have evidence based conversation with the ICB re financial contribution to Discharge and CHC	HAS all ASC ADs	30-Sep-2025				
RR_HSC_118	Carry out a review of one off spend linked to high cost packages of care	HAS all ASC ADs	31-Mar-2025				
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, including use of dashboards and will be ongoing	HAS AD PSD (AB); HAS all ASC ADs	30-Sep-2025				
RR_HSC_3	Weekly budget clinic with heads of service reviewing all activity including high cost placement starters and leavers (ongoing)	HAS AD PSD (AB); HAS all ASC ADs	30-Sep-2025				
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 complete	HAS AD PSD (AB); RES AD (AH)	30-Sep-2024		30-Sep-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, including monitoring of CHC funds	HAS all ASC ADs	30-Sep-2025				
RR_HSC_6	Monitor the impact of provider sustainability applications; new sustainability policy to be launched, looking at non-financial support	HAS all ASC ADs	30-Sep-2025				
RR_HSC_7	Savings plan and savings board introduced to have oversight of savings schemes and help identify opportunities; transformation board also looking at corporate projects linked to MTFs	HAS all ASC ADs	30-Sep-2025				
RR_HSC_9	Develop a business case for upgrade of county-wide care and support hubs to help alleviate care home affordability issue; business case sign off going to Mgt Board	HAS AD PSD (AB)	31-Jan-2025				
RR_HSC_92	Monitor the impact of the Adult Social Care improvement priorities; review carried out	HAS all ASC ADs	31-Aug-2024		30-Sep-2024		
Phase 4 - Target Risk Assessment							
Target Probability	H	Target Impact	H	Target Risk Score	16	Target Risk Category	High
Phase 5 - Fallback Plan							
Fallback Plan							
Further fundamental review in order to further prioritise services							

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (pw)**

Phase 1 - Identification								
Ref.	HAS_2	Title	Major Failure due to Quality and/or Economic Issues in the Care Market		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; HSC_3
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; Use of Quality Assessment Tool; quality mgt and contract mgt separated; Quality Pathway; quality policies revised								
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 and status	Date Completed	
RR_HSC_105	Implement ethical decision protocol where concerns are raised over the use of overseas workers; now BAU				HAS AD ASC (RB)	30-Sep-2024		30-Sep-2024
RR_HSC_106	Risk assess the market regarding the percentage of overseas workers within a provider's workforce				HAS AD ASC (RB)	30-Sep-2024		30-Sep-2024
RR_HSC_107	Review sustainability of providers who are providing support a long way from their commercial base; done				HAS AD ASC (RB)	30-Sep-2024		30-Sep-2024
RR_HSC_108	Continue to implement multi agency approach with ICB on issues with overseas workers; council is a super spoke for international recruitment				HAS AD ASC (RB)	30-Sep-2025		
RR_HSC_11	Work at a system level (ICS) with partners to mitigate the impact of workplace shortages; ongoing				HAS all ASC ADs ; HAS HoHR	30-Sep-2025		
RR_HSC_12	Complete recommissioning of all approved provider lists;				HAS AD PSD (AB)	28-Feb-2024		29-Feb-2024
RR_HSC_13	Continue to 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-2025		
RR_HSC_16	Use the review of the QIT pilot to plan future quality oversight, done				HAS AD ASC (RB)	30-Sep-2024		30-Sep-2024
RR_HSC_17	Continue working with the care market to establish more robust services in NY for those with complex needs linked to improvement priority; plans in place for new approach to commission complex needs care				HAS AD ASC (RB)	30-Sep-2025		

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (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-2025		
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-2025		
RR_HSC_20	Monitor issues caused by the changing landscape of ICS and LGR and raise at HASLT where appropriate; done	HAS AD PSD (AB)	30-Sep-2024		30-Sep-2024
RR_HSC_24	Continue to work with market development board to monitor and manage interventions in the care market	HAS AD PSD (AB)	30-Sep-2025		
RR_HSC_9	Develop a business case for upgrade of county-wide care and support hubs to help alleviate care home affordability issue; business case sign off going to Mgt Board	HAS AD PSD (AB)	31-Jan-2025		

Phase 4 - Target Risk Assessment

Target Probability	H	Target Impact	H	Target Risk Score	16	Target Risk Category	High
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Phase 5 - Fallback Plan

Fallback Plan

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 (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (pw)**




Phase 1 - Identification								
Ref.	HAS_4	Title	Managing Waiting Lists		Risk Owner	CD HAS	Risk Manager	HAS all ASC ADs
Risk Description	Failure to embed the 'Waiting Well' approach 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	Linked Risk(s)	HSC_5
Phase 2 - Current Assessment								
Current Control Measures								
Waiting Well is a Key Improvement Area for adult social care; RAG rating guidance has been developed to ensure the appropriate risk management for people who are waiting for access to services; at pressure points, team work to a one team approach to manage resources effectively to manage any risk; work underway within Harrogate where there have been additional pressures to implement a demand management approach to focus on people who are RAG rated green and amber as well as red								
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 and status		Date Completed
RR_HPH_54	Prepare for implementation of Liberty Protection Safeguards; LPS guidance and legislation delayed and we are continuing to carry out the supervisory body role for DoLS to ensure the system is as effective as possible within existing resources;				Dir Public Health; HAS AD ASC (KS)	30-Sep-2025		
RR_HSC_110	Reablement to carry out welfare checks on people waiting for assessment				HAS AD ASC (RB)	30-Sep-2025		
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-2025		
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-2025		
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-2025		
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-2025		
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-2025		
RR_HSC_33	Agree targets for consistency county wide 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-2025		

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (pw)**

RR_HSC_34	Continue to work through the seven ASC improvement priorities as the focus of efforts			HAS all ASC ADs	30-Sep-2025		
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-2025		
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)	30-Sep-2025		
Phase 4 - Target Risk Assessment							
Target Probability	H	Target Impact	H	Target Risk Score	16	Target Risk Category	High
Phase 5 - Fallback Plan							
Fallback Plan							
Review performance and capacity including access to additional funding							

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (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; Medication governance group established with reports to HASLT on progress and legislative changes; annual medication healthcare questionnaire completed with all managers								
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 and status		Date Completed
RR_HAS_20	Develop and implement action plans in place following the property review				RES AD (AH)	30-Sep-2025		
RR_HAS_55	Respond to MHRA Bed Rail equipment alert; Working group established, identifying where rails are and process established for re-assessment, ongoing procedures being updated with input from NHS				HAS AD ASC (KS)	30-Sep-2025		
RR_HSC_111	Undertake the required remedial work to enhance fire safety (compartmentation, replacement of fire doors and where necessary fire alarm systems), work progressing to plan				HAS AD ASC (RB)	31-Dec-2024		
RR_HSC_115	Carry out review of administration of medication across all provision, including policies, procedures and training				HAS ASC HoPS	31-Aug-2025		
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	31-Aug-2025		
RR_HSC_54	Complete the service development plans and work through action plans to ensure continuous improvement and delivery of high quality services in line with the new single assessment framework				HAS ASC HoPS	31-Aug-2025		
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" ongoing and linked to the plans for Care & Support hubs				HAS AD ASC (RB); HAS AD PSD (AB)	30-Sep-2025		
RR_HSC_57	Make safe any in sourcing following provider failure before passing on to the market				HAS all ASC ADs	30-Sep-2025		
RR_HSC_58	Implement business continuity plans to secure safe staffing levels whilst aiming to recruit additional workforce capacity; staffing levels much improved, new style BIA and IMP completed and stored on Resilience Direct				HAS AD ASC (RB)	31-Aug-2025		
RR_HSC_59	Continue with the monthly cross directorate governance meeting				HAS AD ASC (RB)	30-Sep-2025		

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (pw)**

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	31-Aug-2025		
RR_HSC_9	Develop a business case for upgrade of county-wide care and support hubs to help alleviate care home affordability issue; business case sign off going to Mgt Board	HAS AD PSD (AB)	31-Jan-2025		
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; at final business case stage; been out to tender, awaiting signing of contract with system supplier; will then require transfer of paper records to electronic; contract awarded, roll out starts in Jan 25	HAS all ASC ADs	31-Mar-2025		
Phase 4 - Target Risk Assessment					
Target Probability	M	Target Impact	H	Target Risk Score	12
Phase 5 - Fallback Plan					
Fallback Plan					
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 (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (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 many 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)	HPH_5; HSC_12
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	16	Current Risk Category	High	
Phase 3 - Risk Mitigation Plan								
Reduction Action					Action Manager	Due Date and status	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; ongoing review of community capacity				CD HAS; HAS all ASC ADs	30-Sep-2025		
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-2025		
RR_HPH_36	Carry out review of HARA impact and outcomes to inform future model beyond 2025; review complete and s75 extended				CD HAS; HAS all ASC ADs	31-Mar-2025		
RR_HPH_76	Ensure the IPC review is completed and new service model and contractual arrangements are put in place to mitigate against the current risk that the contract arrangements are not as robust as required;				Dir Public Health	31-Mar-2025		
RR_HSC_113	Develop an intermediate care model to ensure timely discharge and a preventative approach to support those in step up / step down arrangements; underway				HAS AD PSD (AB)	31-Mar-2025		
RR_HSC_69	Relaunch the quality team post pilot evaluation and separation of contract management; implemented as BAU now and we will be looking to expand across the ICB without losing the NY resource; done				HAS AD ASC (RB)	31-Mar-2025		30-Sep-2024
RR_HSC_74	Embed the working of the joint commissioning group for the continuing health care and s117 work in place with work plan				HAS AD PSD (AB)	30-Sep-2025		
Phase 4 - Target Risk Assessment								
Target Probability	M	Target Impact	H	Target Risk Score	12	Target Risk Category	Medium High	

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**
Next review due: **March 2025**
Report Date: **21st November 2024 (pw)**

Phase 5 - Fallback Plan
Fallback Plan
Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (pw)**

Phase 1 - Identification								
Ref.	HAS_10	Title	CQC Assurance		Risk Owner	CD HAS	Risk Manager	Dir Public Health; HAS all ASC ADs
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	Governance	Linked Risk(s)	HSC_16
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; 3 peer challenges completed; additional capacity in place, manager inspection role recruited; 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	12	Current Risk Category	Medium High	
Phase 3 - Risk Mitigation Plan								
Reduction Action					Action Manager	Due Date and status		Date Completed
RR_HAS_29	Continue to develop and implement an action plan for the 7 improvement priorities and the peer challenge recommendations				CD HAS	30-Sep-2025		
RR_HAS_30	Carry out further pre inspections; peer review carried out and implementing recommendations from that review;				CD HAS	30-Sep-2025		
RR_HAS_32	Continue to implement a communications strategy for internal and external stakeholders				CD HAS	30-Sep-2025		
RR_HAS_33	Continue to implement an internal and external engagement plan and prep for inspection group				CD HAS	30-Sep-2025		
RR_HAS_62	Prep for Public Health peer review				Dir Public Health	28-Feb-2025		
RR_HSC_120	Updated self assessment document and gathered sufficient evidence for IR38				CD HAS	30-Sep-2025		
Phase 4 - Target Risk Assessment								
Target Probability	M	Target Impact	H	Target Risk Score	12	Target Risk Category	Medium High	
Phase 5 - Fallback Plan								
Fallback Plan								
Review performance and capacity including access to additional funding								

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (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 on health and wellbeing and to ensure service continuity resulting in reduction in quality of service and transformation objectives not achieved.			Risk Group	Staffing	Linked Risk(s)			
Phase 2 - Current Assessment									
Current Control Measures									
<p>Regular review at HASLT and other meetings, with actions taken as required; People Strategy Group operational within Directorate and meeting 6 x per year (with additional sessions added when business dictates) – group forming priority actions around the 4 strands, Attraction for All, Retain, Engage and Listen and One Council – this work will form and shape the updated HAS Workforce Strategy and OD Plan. 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; 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 has taken 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; Workforce panel in place to manage vacancy levels and ensure establishment is correct and funded; support for wider care market sector in place on key workforce challenges; International recruitment of social workers; New advanced practitioner role recruited; Care and Support workers (excluding EPHs) regraded; Review training through Learning4Care to support the independent and voluntary sector with the ICG and providers; Significant review of ASC structure and operating model commenced in June 2024 with key aims to deliver against the improvement priorities</p>									
Current Probability	M	Current Impact	H	Current Risk Score	12	Current Risk Category	Medium High		
Phase 3 - Risk Mitigation Plan									
Reduction Action					Action Manager	Due Date and status		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	31-Oct-2025				
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)	31-Oct-2025				
RR_HAS_12	Support staff to operate into integrated teams and arrangements (ongoing)			HAS AD ASC (KS); HAS AD ASC (RB); HoHR (HAS)	31-Oct-2025				
RR_HAS_16	Evaluate effectiveness and outcomes of business support arrangements for assessment and provider services teams?			HAS LT	31-Dec-2023			31-Mar-2024	
RR_HAS_18	Develop an occupational therapy apprentice and occupational therapy assistants			HoHR (HAS)	30-Sep-2024			30-Sep-2024	
RR_HAS_19	Continue to engage with and contribute to ICB, regional and national workforce partnerships and local government workforce priorities (ongoing)			HAS LT	31-Oct-2025				

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (pw)**

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; a bespoke learning programme for senior leaders is being developed and will be rolled out from Jan 25	HoHR (HAS)	31-Oct-2025		
RR_HAS_46	Implement a 360 degree appraisal process and development plan for HAS wider leadership team.	HAS LT	31-Mar-2024		31-Mar-2024
RR_HAS_49	Continue to 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)	31-Oct-2025		
RR_HAS_56	Review and map staff engagement across HAS to understand what engagement presently takes place, and then develop an action plan	HoHR (HAS)	31-Oct-2025		
RR_HAS_57	Ensure the 360 degree feedback is embedded in senior management culture	HAS LT	31-Mar-2025		
RR_HAS_64	Ensure appropriate focus on workforce wellbeing through promotion of existing resources and implementation of new actions around support for staff and maintain an understanding of the financial impact of wellbeing absences	HAS LT; HoHR (HAS)	31-Oct-2025		
RR_HAS_65	Ensure adequate support to managers and staff throughout the significant review of ASC structure and operating model.	HoHR (HAS)	30-Sep-2025		
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-Jan-2025		
Phase 4 - Target Risk Assessment					
Target Probability	M	Target Impact	H	Target Risk Score	12
				Target Risk Category	Medium High
Phase 5 - Fallback Plan					
Fallback Plan					
Review and revise workforce arrangements including managers' responsibilities					

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (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)	HPH_8; HSC_9	
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; change of Safeguarding chair;								
Current Probability	M	Current Impact	H	Current Risk Score	12	Current Risk Category	Medium High	
Phase 3 - Risk Mitigation Plan								
Reduction Action					Action Manager	Due Date and status	Date Completed	
RR_HAS_51	Continue to strengthen the one team approach in the contact centre and Prevention and Access Team manage the increase in safeguarding concerns				HAS AD ASC (KS)	30-Sep-2025		
RR_HAS_53	Continue to review outstanding cases to identify and mitigate any further court action				HAS AD ASC (KS)	30-Sep-2025		
RR_HAS_59	Continue to work with new independent Safeguarding chair to 'stock take' the current systems and arrangements				CD HAS	30-Sep-2025		
RR_HAS_60	Continue to work with Customer Service to put in place alternative referral routes to address current CSC pressures				HAS AD ASC (KS)	30-Sep-2025		
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	30-Sep-2025		
RR_HPH_53	Continue to work with directorate colleagues to improve quality assurance (development of innovative 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)	30-Sep-2025		
RR_HPH_54	Prepare for implementation of Liberty Protection Safeguards; LPS guidance and legislation delayed and we are continuing to carry out the supervisory body role for DoLS to ensure the system is as effective as possible within existing resources;				Dir Public Health; HAS AD ASC (KS)	30-Sep-2025		
RR_HPH_55	Continue joint work with CYPS and the Community Safety Partnership with quarterly meetings of the InterBoard Network				Dir Public Health	30-Sep-2025		

HAS Directorate

Risk Register: **annual review (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (pw)**

RR_HPH_56	Continue to report regularly to HASLT, Care and Independence O&S Committee and Health and Wellbeing Board			Dir Public Health	30-Sep-2025		
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)	30-Sep-2025		
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-2025		
Phase 4 - Target Risk Assessment							
Target Probability	M	Target Impact	H	Target Risk Score	12	Target Risk Category	Medium High
Phase 5 - Fallback Plan							
Fallback Plan							
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 (Oct 2024) – detailed**

Next review due: **March 2025**

Report Date: **21st November 2024 (pw)**


Phase 1 - Identification								
Ref.	HAS_8	Title	Public Health		Risk Owner	CD HAS	Risk Manager	Dir Public Health
Risk Description	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				Risk Group	Partnerships	Linked Risk(s)	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; support the in-house smoking cessation services around the use of e-cigarettes; e cigarette offer now live								
Current Probability	M	Current Impact	H	Current Risk Score	12	Current Risk Category	Medium High	
Phase 3 - Risk Mitigation Plan								
Reduction Action					Action Manager	Due Date and status	Date Completed	
RR_HAS_50	Review preparation to respond to health risks in the population such as infectious diseases and other hazard				Dir Public Health	31-Aug-2025		
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	31-Aug-2025		
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	31-Aug-2025		
RR_HPH_3	Sexual Health - looking to extend S75 for Integrated SH services for further 4 years from 1 April 2026. Working with procurement and legal to mitigate the risk of no service provision.				HAS PHIG HoPlanning	30-Apr-2026		
RR_HPH_4	Implement the Drug and Alcohol treatment plan considering the combatting drugs strategy (specific numbers and treatment to be addressed) consider options for the future operating model in the light of people living in complex circumstances				Dir Public Health	31-Aug-2025		
RR_HPH_5	Continue to monitor the budget for Public Health and associated spending				Dir Public Health	31-Aug-2025		
RR_HPH_6	Continue to ensure Public Health statutory functions are met				Dir Public Health	31-Aug-2025		
RR_HPH_7	Continue development of Public Health expertise in the ICS with the focus on population health management approaches; ongoing				Dir Public Health	31-Aug-2025		
RR_HPH_75	Carry out the five year old children dental epidemiology survey procurement, recognising the current issues regarding provider availability, cost and delivery over a large footprint; Humber & North Yorkshire Oral Health steering group are undertaking an options appraisal around regional procurement				Dir Public Health	31-Jul-2025		
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 2025				Dir Public Health	31-Aug-2025		

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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; this will be a focus of the Dir of PH 2024 / 25 annual report			Dir Public Health	31-Aug-2025		
Phase 4 - Target Risk Assessment							
Target Probability	M	Target Impact	M	Target Risk Score	9	Target Risk Category	Medium
Phase 5 - Fallback Plan							
Fallback Plan							
Further develop and implement alternative delivery models taking into account good practice elsewhere							

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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 resulting in potential injury, legislative breach, fines and claims				Risk Group	Legislative	Linked Risk(s)	HPH_4
Phase 2 - Current Assessment								
Current Control Measures								
<p>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 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); 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;</p> <p>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; regular H&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&S issues in HAS and progress against them which will be used to report to HASLT; revised governance arrangements in place to ensure consistent reporting of H&S incidents in all areas;</p>								
Current Probability	M	Current Impact	H	Current Risk Score	12	Current Risk Category	Medium High	
Phase 3 - Risk Mitigation Plan								
Reduction Action					Action Manager	Due Date and status	Date Completed	
RR_HAS_48	All services to produce H&S action plans - complete				HAS all ASC ADs	31-Dec-2024		31-Oct-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-Mar-2025		
RR_HAS_55	Respond to MHRA Bed Rail equipment alert; Working group established, identifying where rails are and process established for re-assessment, ongoing procedures being updated with input from NHS				HAS AD ASC (KS)	30-Sep-2025		
RR_HAS_61	Continue to act swiftly to counteract impact on service providers and learn lessons from any incidents				Dir Public Health	30-Sep-2025		
RR_HPH_23	Continue to implement awareness raising campaign for information governance; specific drive to strengthen this				Dir Public Health	30-Sep-2025		
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	30-Sep-2025		
RR_HPH_25	Ensure early notification of incidents (eg via Veritau) to enable lessons can learned following any breach; breaches are monitored monthly with quarterly reports to HASLT to identify areas of concern and take appropriate action				Dir Public Health	30-Sep-2025		
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	30-Sep-2025		
RR_HPH_28	Review and refresh the HAS governance framework to improve services;				Dir Public Health	31-Dec-2024		

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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	30-Sep-2025		
RR_HSC_111	Undertake the required remedial work to enhance fire safety (compartmentation, replacement of fire doors and where necessary fire alarm systems), work progressing to plan	HAS AD ASC (RB)	31-Dec-2024		
RR_HSC_115	Carry out review of administration of medication across all provision, including policies, procedures and training	HAS ASC HoPS	31-Aug-2025		
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					











Risk Reduction Action Status Key	
Symbol	Meaning
	The risk reduction action is overdue for completion or review.
	The risk reduction action is approaching its expected completion or review date.
	The risk reduction action is on target.
	The risk reduction action has been completed.

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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?
	HAS_6 Financial Pressures	Financial pressures arising from difficulties in delivering MTFS Savings requirements, managing in year financial overspends and unexpected high cost packages, contributions from various complex funding streams, and given care system pressures 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)	VH	H	20	Very High	H	H	16	High	
	HAS_2 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 (AB)	H	H	16	High	H	H	16	High	
	HAS_4 Managing Waiting Lists	Failure to embed the 'Waiting Well' approach 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	16	High	H	H	16	High	
	HAS_5 In-House Social Care Provider Services (incl Regulated Services)	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	16	High	M	H	12	Medium High	
	HAS_7 Working with the NHS	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 many 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	16	High	M	H	12	Medium High	

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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?
	HAS_10 CQC Assurance	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	Dir Public Health; HAS all ASC ADs	M	H	12	Medium High	M	H	12	Medium High	
	HAS_3 Workforce Recruitment and Retention	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 on health and wellbeing and to ensure service continuity resulting in reduction in quality of service and transformation objectives not achieved.	CD HAS	HoHR (HAS)	M	H	12	Medium High	M	H	12	Medium High	
	HAS_9 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	Dir Public Health; HAS AD ASC (KS)	M	H	12	Medium High	M	H	12	Medium High	
	HAS_8 Public Health	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	M	H	12	Medium High	M	M	9	Medium	
	HAS_11 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 resulting in potential injury, legislative breach, fines and claims	CD HAS	Dir Public Health; RES AD (AH)	M	H	12	Medium High	L	H	8	Medium	

HAS Directorate

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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.
new	Risk is new or has been significantly altered since the last review.