

**ADULTS, HEALTH & COMMISSIONING RISK LOG**

The below table outlines how risks are scored on the likelihood and impact of each risk. Any score of 16 or over is above the Council’s tolerable level and will be highlighted as a high Red risk. These will be escalated and discussed for the next appropriate action.

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
NEGLIGIBLE	1	2	3	4	5
IMPACT					
LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

**ADULTS, HELATH & COMMISSIONING MATRIX OF RISKS**

The below matrix provides an overview of the current risk scores for all risks relating to Adults Services. The letters indicate which risk it relates too.

VERY HIGH					
HIGH	I	A, B, D, K, N	C, E, F, G, M		
MEDIUM			L, H, J		
LOW					
NEGLIABLE					
IMPACT					
LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

<b>The Risk</b>	<b>A: Adults with care and support needs suffer poor, potentially fatal outcomes because of abuse or neglect that the local authority was or should have been aware of.</b>			
<b>OWNER</b>	Kirstin Clarke, Service Director			
<b>RAG:</b>	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ↓
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>• A vulnerable adult experiences harm, abuse or neglect because safeguarding measures in place were not followed.</li> <li>• Poor practice and a lack of robust safeguarding processes and assurance in place.</li> <li>• Adverse publicity associated with safeguarding concerns is shared.</li> </ul>			
<b>Mitigations &amp; Controls</b>	1. Multi-agency Safeguarding Boards and Executive Boards	<ul style="list-style-type: none"> <li>• The SA Board coordinates work between multi-agency partners. Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the Safeguarding Boards</li> </ul>		
	2. Comprehensive and robust safeguarding training	<ul style="list-style-type: none"> <li>• ASC has robust processes and assurance in place that are regularly reviewed.</li> <li>• Safeguarding training opportunities and mandatory requirements are clear and monitored across ASC.</li> <li>• There are informal and formal opportunities for staff, through regular supervisions, CPD sessions, practice workshops, facts sheets, to build knowledge and confidence around safeguarding procedures and practice.</li> </ul>		
	3. Practice processes & procedures	<ul style="list-style-type: none"> <li>• ASC has a continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Safeguarding Adult Reviews</li> <li>• ASC has an Annual Review process in place and where delays are known, waiting list mitigation plans are in place.</li> <li>• Joint protocols, practice standards and Quality Assurance ensure appropriate processes are in place.</li> <li>• Multi-Agency Safeguarding Hub (MASH) is in place and collaborative working with other agencies.</li> <li>• ASC have fortnightly provider Temperate Check meetings where concerns relating to care providers are shared, actions are discussed and agreed to mitigate the identified risks.</li> </ul>		
	4. Internal Quality Assurance	<ul style="list-style-type: none"> <li>• Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.</li> </ul>		
	5. People in Position of Trust policy	<ul style="list-style-type: none"> <li>• Clear 'People in Position of Trust' policy and guidance in relation to adults</li> </ul>		
	6. Provider Monitoring	<ul style="list-style-type: none"> <li>• Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission and ICB are in place.</li> <li>• ASC regular meeting to monitor provider progress and risks with CQC regulator.</li> </ul>		

Commented [PW1]: Would we not include annual reviews, MASH?

	7. Multi Agency Safeguarding Hub	<ul style="list-style-type: none"> <li>The MASH provides a robust front door multiagency single point of access on incoming safeguarding activity across ASC and system partners, providing a consistent response to SA concerns and enquiries.</li> <li>The MASH is collocated to the Police and IDVA's to reduce the harm to vulnerable adults known by these partners.</li> <li>The MASH provides a systematic review of safeguarding activity between partners.</li> </ul>
<b>Risk review:</b>	SEPTEMEBR 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has decreased.	
<b>Risk date:</b>	SEPTEMBER 2023	

<b>The Risk</b>	<b>B: In-House Provider Services do not have or follow safeguarding measures</b>		
<b>OWNER</b>	Donna Glover, Service Director		
<b>RAG:</b>	Likelihood = 2	Impact = 4	Score = 8 Direction of risk: ⇄
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>Adults with care and support needs suffer poor, potentially fatal outcomes as a result of abuse or neglect that the local authority was or should have been aware of</li> <li>Poor practice and a lack of robust safeguarding processes and assurance in place</li> <li>Poor CQC rating for regulated services</li> <li>Adverse publicity associated with safeguarding concerns is released</li> </ul>		
	1. Comprehensive and robust induction and training	<ul style="list-style-type: none"> <li>Robust onboarding processes and induction processes.</li> <li>Ongoing development opportunities for staff, and regular supervisions</li> <li>Comprehensive safeguarding training offer beyond essential training</li> </ul>	
	2. Registered managers in place	<ul style="list-style-type: none"> <li>Responsible for CQC compliance</li> </ul>	
	3. Reporting of safeguarding concerns	<ul style="list-style-type: none"> <li>Process in place for safeguarding concerns to be reported to MASH and CQC where appropriate</li> <li>Internal audit process in place to ensure the requirement is being met</li> </ul>	
<b>Risk review:</b>	SEPTEMBER 2023 : New risk added.		
<b>Risk date:</b>	SEPTEMBER 2023		

Commented [EM2]: @Donna Glover I've added a separate in-House safeguarding risk for you to populate

<b>The Risk</b>	<b>C. AHC unable to deliver commissioned services within budget</b>			
<b>OWNER</b>	<b>Will Patten, Service Director: Commissioning</b>			
<b>RAG:</b>	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ↓
<b>Triggers:</b>	<p>There is a continued risk across the whole of ASC to manage budgets and deliver savings, as a result of:</p> <ul style="list-style-type: none"> <li>growing demand on services</li> <li>significant inflationary and workforce pressures on the provider market, impacting on the cost of care</li> <li>Some capacity constraints, resulting in higher costs to place care, particularly in relation to specialist care</li> <li>key partners are also under significant strain, which may impact on AHC directorate if demand management is not managed or increases</li> <li>Fair cost of care funding cut during the MTFS cycle.</li> <li>We cannot provide appropriate accommodation, or the right level of care and support be identified in a crisis for the most challenging individuals, this includes a lack of LD hospital beds.</li> <li>Individuals are placed in settings that are not able to fully meet their needs, including extended use of section 136 suite or other place of safety, including extended use of section 136 suite or other place of safety.</li> </ul>			
<b>Mitigations &amp; Controls</b>	1. Managing Demand	<ul style="list-style-type: none"> <li>Continued investment in prevention and early intervention services</li> <li>Early Help services are operating more effectively to meet demand</li> <li>Care Together programme</li> </ul>		
	2. Additional Funding	<ul style="list-style-type: none"> <li>Continue to raise with Central Government regarding additional funding required in Adults Services</li> <li>Work is ongoing on resolving issues with ICP over jointly funded packages of support (Continuing health care (CHC), section 41 and section 117). Further action will be taken if back payments cannot be secured</li> <li>work is ongoing with the ICP to review the arrangements associated with the Learning Disabilities (Pool) and associated risk share agreements.</li> </ul>		
	3. Finance, Activity & Performance Board	<ul style="list-style-type: none"> <li>Performance &amp; Activity is under regular review alongside financial data and savings delivery</li> <li>CCC Commissioning Board in place to review commissioned services and services planned to be re-commissioned.</li> <li>Uplift Board in place to manage uplift requests from providers</li> </ul>		

	4. Robust Business Planning Process	<ul style="list-style-type: none"> <li>• ALT development of Adults Business and Service Plans</li> <li>• ALT dedicated Business Planning Session to take place on 23 August</li> </ul>
<b>Risk review:</b>	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has decreased.	
<b>Risk date:</b>	SEPTEMBER 2023	

<b>The Risk</b>	<b>D: The internal AHC workforce does not meet the business need</b>		
<b>Risk Owner</b>	Donna Glover, Service Director		
<b>RAG:</b>	Likelihood = 2	Impact = 4	Score = 8      Direction of risk: ↓
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>• We do not have and/or are unable to recruit enough staff to fulfil our statutory responsibilities</li> <li>• A lack of qualified workers in the job market</li> <li>• Decrease in employee retention</li> <li>• Low levels of employee engagement</li> <li>• Ineffective workforce planning</li> <li>• Receive a poor rating in CQC enhanced assurance.</li> <li>• Insufficient strategic management control and planning</li> <li>• No capacity or correct skills to manage organisational change</li> <li>• Long standing vacancies in Health roles where LA holds responsibility under Section 75 agreement</li> </ul>		
<b>Mitigations &amp; Controls</b>	1. Vacancy Tracker	<ul style="list-style-type: none"> <li>• Oversight of vacancies via a recruitment tracker and HR data completed monthly with oversight from Adults Leadership Team and FAP.</li> </ul>	
	2. Workforce Strategy	<ul style="list-style-type: none"> <li>• Funding secured to develop an ASC specific workforce strategy, forecasting future need, setting out recommendations and actions to retain, succession plan and ensure pipelines of future workers – due to deliver summer 2024</li> <li>• Horizon scanning and review of other LA offers as part of recruitment campaigns</li> <li>• Keeping up to date on national/ local trends &amp; through ADASS network for hard to recruit professions</li> </ul>	
	3. Retention	<ul style="list-style-type: none"> <li>• Retention payment scheme in place for hard to recruit teams</li> <li>• ASYE Scheme in place to support newly qualified social workers</li> <li>• Apprenticeship Schemes supported and expanded</li> <li>• Establishment of a staff engagement group in response to staff feedback as part of external assurance activity</li> <li>• Comprehensive wellbeing offer</li> </ul>	

Commented [PW3]: Sustainability or workforce; funding, Market development, Provider relationship

		<ul style="list-style-type: none"> <li>Use of ringfenced grants to secure the workforce, such as supporting enhancements for 7 day working through the hospital discharge fund</li> <li>Twice yearly Pay Progression Panel for social workers</li> </ul>
	4. Employee Engagement	<ul style="list-style-type: none"> <li>Exit interviews to capture information about why people leave</li> <li>Establishment of a staff engagement group in response to staff feedback as part of external assurance activity</li> <li>Welcome induction sessions with the Executive Director for all new starters</li> <li>Communication channels in place – Practice newsletter, Fortnightly update from ED, Regular Teams Live events for all Adults employees</li> </ul>
	5. Induction, Training and Development	<ul style="list-style-type: none"> <li>Increased number of Apprenticeship supported for OT and SWs</li> <li>Commitment to 6 protected CPD days for professionally registered staff</li> </ul>
	6. Health/LA agreement	<ul style="list-style-type: none"> <li>Review of Section 75 arrangements</li> </ul>
<b>Risk review:</b>	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and risk has decreased.	
<b>Risk date:</b>	SEPTEMBER 2023	

Commented [RH4]: Bi-annual Pay Progression progress for Social Workers

<b>The Risk</b>	<b>E: Increasing demand and waiting list for Adult Social Care Services, which could impact ability to deliver within budget.</b>			
<b>OWNER</b>	<b>Patrick Warren-Higgs, Executive Director</b>			
<b>RAG:</b>	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ↓
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>Demand into ASC overtakes growth assumptions within the budgets allocated.</li> <li>New customers in without prior ASC support continues to grow.</li> <li>Complexity of needs places pressure on costs per package and areas such as bed-based care.</li> <li>ICB changes can adversely impact ASC budgets for example D2A processes into bed-based care or FNC application.</li> <li>Increasing waiting lists to Adults, LDP &amp; DoLS teams</li> <li>Lack of data or oversight of waiting lists across all teams</li> </ul>			

Commented [PW5]: Is this no a repeat of B above?

	<ul style="list-style-type: none"> <li>• Increase in average waiting time</li> <li>• Increase in complaints</li> <li>• Poor CQC rating because of backlogs and waiting lists</li> <li>• Statutory duties not fulfilled</li> </ul>	
<b>Mitigations &amp; Controls</b>	1. Waiting List data reporting, management & Improvement Plan	<ul style="list-style-type: none"> <li>• Waiting list data on all areas of operation is now being monitored monthly internally</li> <li>• AAT team additional resourcing and oversight of prioritisation by SD</li> <li>• DoLs additional resource signed off by Committee</li> <li>• Tracking data improved for LDP Health waiting list via Power BI dashboards</li> <li>• Reviews waiting list project and use of an agency has been undertaken to tackle the long waiters</li> <li>• Use of Market Sustainability and Improvement plan to secure resource to address wait lists</li> <li>• Improvement plan also includes: threshold assessments for people in care, OT waiting list, LD Health waiting lists linked to section 75 agreements, care and support plan delays, including brokerage of increases or changes to care packages, financial assessment and financial data entry delays</li> <li>• Strengthening of Early Intervention and Prevention offer via initiatives to secure the right staffing resource and review of customer journey to increase our ability to prevent or delay the need for long term services</li> <li>• Continue demand Management at the front door using VS and universal preventive services e.g. Community Navigators to reduce the pressure.</li> <li>•</li> </ul>
	2. Finance, Activity & Performance Board and Data Delivery Board	<ul style="list-style-type: none"> <li>• Oversight via FAP Board, meets monthly to review waiting list performance and agree any actions required</li> <li>• Data Delivery Board meets monthly, to ensure data reporting meets requirements and sets priorities</li> </ul>
	3. Utilising available one-off grants to support wait times and waiting list numbers	<ul style="list-style-type: none"> <li>• ASC and Commissioning have drawn up plans to use one off grant monies such as the MSIF to support the reduction of waiting lists and waiting numbers across the ASC system.</li> <li>• There is a specific improvement plan and funding secured and in place for the DOLs backlogs that has had oversight from CLT.</li> </ul>
<b>Risk review:</b>	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and has reduced.	
<b>Risk date:</b>	SEPTEMBER 2023	

Commented [RH6]: @Kirstin Clarke were there any bullet points to add to this section?

<b>The Risk</b>	<b>F: We do not have oversight of our activity and cannot see areas that are performing well or require improvement.</b>			
<b>OWNER</b>	<b>Appy Reddy, Interim Head of Performance &amp; Strategic Development</b>			
<b>RAG:</b>	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇄
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>Outcomes for our citizens are compromised and we fail to give an adequate account of our activity, including our narrative for improvement, to the regulator.</li> <li>There is a lack of resource in the BI team to support the ASC power BI dashboard project, alongside BAU, and new incoming requests across multiple service areas</li> <li>The lack of clear timescales means that the current longevity of phase 2 delivery remains unknown and an inability to deliver further critical changes due to follow phase 2 such as: Liberty Protection Safeguards and CQC assurance framework</li> <li>Risk that the BI resources previously allocated to the phase 2 delivery will be diverted onto the work to split shared services and other corporate priorities.</li> <li>CQC requirements cannot adequately be met within the current BI and report developer capacity</li> <li>Gaps in structured recording within commissioning and capacity issues in BI limits our understanding of contract monitoring and commissioning activities, insight and intelligence which should help shape our commissioning strategy.</li> </ul>			
<b>Mitigations &amp; Controls</b>	1. Power BI Dashboards	<ul style="list-style-type: none"> <li>Priority dashboards in place and training of teams has taken place to ensure utilisation</li> </ul>		
	2. BI Resource	<ul style="list-style-type: none"> <li>Funding secured for additional BI resources in CCC and recruitment activity continues</li> <li>Additional programme management and project management resource in order to scope clear roadmap and resourcing requirements.</li> </ul>		
	3. Data Delivery Board	<ul style="list-style-type: none"> <li>Regular Board between operational senior managers and Business Intelligence to agree priorities for dashboard development</li> </ul>		
<b>Risk review:</b>	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Risk owner. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.			
<b>Risk date:</b>	SEPTEMBER 2023			

<b>The Risk</b>	<b>G: We fail to meet our responsibilities under changing legislation</b>			
<b>OWNER</b>	<b>Patrick Warren-Higgs, Executive Director – All to contribute</b>			
<b>RAG:</b>	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇄

<b>Triggers:</b>	<ul style="list-style-type: none"> <li>• Insufficient Programme/project management resource to drive change</li> <li>• lack of resource in leadership and operational teams to develop and implement new ways of working</li> <li>• Lack of BI/Finance/Systems resource to underpin and report activity</li> <li>• Lack of Practitioner processes and guidance Lack staff engagement</li> <li>• Limited staff training or records of training in place</li> <li>• Non-compliance with regulatory expectations and legislative requirements resulting in poor CQC rating and reputational implications</li> </ul>			
<b>Mitigations &amp; Controls</b>	1. Oversight	<ul style="list-style-type: none"> <li>• Oversight from new Performance and Improvement Board, picking up the work of the ASC Reform Board and other improvement activity</li> <li>• Improvement in Power BI Reporting but still some areas for development</li> </ul>		
	2. Assurance Preparation	<ul style="list-style-type: none"> <li>• Mock CQC assurance exercise led by LGA undertaken in September 2022, recommendations have been taken forward into an action plan being overseen by the Joint Ops and Commissioning group (to be picked up by the new Performance and Improvement Board)</li> <li>• Refreshed Self-Assessment completed September 2023 ready for Peer and LGA Challenge</li> <li>• Interim appointment to Head of Performance and Strategic Development role and additional Assurance Preparation role</li> <li>• Ongoing engagement with Partnership Boards and elected Members</li> </ul>		
	3. Quality & Practice Team	<ul style="list-style-type: none"> <li>• Led by PSW to support practice guidance and processes</li> <li>• Provides regular practice updates and engagement</li> <li>• Works with Learning and Development to ensure delivery of appropriate training and training records</li> </ul>		
<b>Risk review:</b>	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.			
<b>Risk date:</b>	November 2023			

<b>The Risk</b>	<b>H: Council overall financial position is adversely impacted by continued increase in Adult Social Care Debt volume and amounts, placing the Council budget under pressure, requiring corporate support.</b>			
<b>OWNER</b>	Kirstin Clarke, Service Director			
<b>RAG:</b>	Likelihood = 3	Impact = 3	Score = 9	Direction of risk: ↓

Commented [PW7]: Is there a corporate risk here too?

<b>Triggers:</b>	<ul style="list-style-type: none"> <li>Majority of debtors are “won’t pay”, with no adverse consequence as Care Act prevents services being withdrawn, therefore Dunning cycle (letter before action) is ineffective.</li> <li>Invoicing is 4-week in arrears, which can cause confusion for clients/families where debt accrues.</li> <li>Delays in (residential) Financial Assessments generate arrears invoices reconciled back to start of care, which are then disputed by clients/families.</li> <li>Delays in Financial re-assessment process lengthen period of dispute, frustrating income recovery.</li> <li>Limited Self-Serve options available in CCC for financial assessment or welfare checks for residents.</li> <li>Increased level of debt owed from health impacts ASC debt recovery position.</li> <li>Delays in Probate causing increase in volume and value of Deceased debt.</li> <li>Court of Protection delays (client/family does not have access to funds) adversely impacts ASC debt position, causing “Funding Without Prejudice” case as care cannot be withdrawn.</li> </ul>			
	1. Debt Recovery Team, Debt Deep Dive.	<ul style="list-style-type: none"> <li>Debt recovery “Statement style” letters in place, with historical debt cases starting to receive statement style letters explaining current position. Early indication is that these are supporting Debt resolutions.</li> <li>A deep debt dive is being conducted alongside CCC key partner Head of Finance Operations Payable &amp; Debt Recovery Team to explore ASC debt reduction, as debt recovery sits outside of ASC control and within this service. Deep dive is exploring: <ul style="list-style-type: none"> <li>Debt portfolio management</li> <li>Probate – strengthen process on Deceased notification process, escalation to Court of Protection/probate, timely billing.</li> <li>Engage Legal to support production of Standard Operating Procedure for actions available to Operations and Debt Recovery (e.g. court) that comply with the Care Act, and criteria required to invoke them.</li> <li>Reviewing telephony capability for Debt Recovery Team; current capability impeding effectiveness.</li> <li>Business case to increase resource in Debt Recovery team.</li> </ul> </li> </ul>		
	2. Financial Assessment Team	<ul style="list-style-type: none"> <li>Due to on-going challenges with recruitment and retention focus continues early ability to digitalise Financial Assessment Activity, which will also improve timescales for customers.</li> <li>Workforce benchmarking will take place regarding FA Team salaries to determine if salaries are impacting recruitment and retention. Output of Deep Dive activity.</li> <li>Continuous open recruitment to meet establishment vacancies.</li> <li>Procure outsourcing of financial assessment backlog cases</li> <li>Business Process Redesign in Financial Assessment team to improve efficiency and effectiveness of existing resources, with development “sprints” for improvement ideas.</li> </ul>		

	3. Digitalisation	<ul style="list-style-type: none"> <li>Funding has been secured for phase 1 of on-line financial assessment ability. Further digitalisation is required, such as customer portal and Self-Assessment and these are yet to be secured, posing a medium-term risk.</li> <li>MSIF has been secured for on-line self-serve benefits check tool (EntitledTo).</li> </ul>
	4. ASC Operational & Financial Assessments	<ul style="list-style-type: none"> <li>ASC Team Managers monthly meeting with Debt Team to work on un-blocking the top 10 high-cost debt cases within the ASC system.</li> <li>ASC Operations and Financial Assessments (with Debt team) weekly meetings to address complex cases for the prevention and treatment of debt.</li> <li>ASC exploring ways to increase capacity on debt focus, through temporary utilisation of resource from the Payable team.</li> <li>Action Plan from Direct Payment Audit, to prevent creation of debt.</li> <li>Development of Threshold Policy, for smoother transitions from Self-Funders to LA-funding and invoicing client contributions</li> <li>Development of Waiver Standard Operating Procedure, for formal decision making of complex cases and financial hardship.</li> <li>Development of Funding Without Prejudice correspondence and agreements, to improve 'security' of debt recovery when access to funds made available.</li> </ul>
<b>Risk review:</b>	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director and HoS ASC Financial Operations. Updates have been made to these as required, specifically around additional recruitment activity and development of debt management policy and procedures. Risk rating has also been reviewed and risk has decreased.	
<b>Risk date:</b>	MARCH 2024	

<b>The Risk</b>	<b>I. Provider's fail and are unable to continue services leading to insufficient availability and capacity</b>			
<b>OWNER</b>	<b>Will Patten, Service Director: Commissioning</b>			
<b>RAG:</b>	Likelihood = 1	Impact = 4	Score = 4	Direction of risk: ↓
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>Continued increase in financial pressures for providers (i.e. Significant inflation (CPI, NLW) and costs of fuel/energy, PPE, Workforce and managing preventative controls) - Providers unable to continue to operate, due to the increased costs</li> <li>Reduction in the number of providers able to provide care; Care costs increase as demand exceeds providers available; Financial warnings from providers</li> <li>There is a risk that ASC Reform changes, inflationary rises and the Fair Cost of Care Review, alongside the rates the Local Authority are able to afford will result in providers withdrawing from the market</li> </ul>			

<b>Mitigations &amp; Controls</b>	1. Development of Provider action plans	<ul style="list-style-type: none"> <li>Continued work with Voluntary &amp; Community Sector (VCS) for preventative actions</li> <li>Market shaping activity - including maintaining good relationships with providers, so support can be provided where needed</li> <li>Strong contact management</li> <li>Uplift strategy</li> </ul>
	2. Funding	<p>Use additional national funding to mitigate cost pressures, we do this by:</p> <ul style="list-style-type: none"> <li>Take flexible approach to managing costs of care</li> <li>Risk-based approach to in-contract financial monitoring</li> <li>Coordinate procurement with the ICS to better control costs and ensure sufficient capacity in market</li> </ul>
	3. Appropriate monitoring and plans	<ul style="list-style-type: none"> <li>Data regularly updated and monitored to inform service priorities and planning</li> <li>Working with Providers to develop action plans</li> <li>Maintain an effective range of preventative services across all age groups and service user groups including adults and older people</li> <li>Directorate Performance Board monitors performance of service provision</li> <li>Capacity Overview Dashboard in place to capture market position</li> <li>Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation work</li> <li>Programme to increase the number of affordable care homes beds at scale and pace.</li> <li>Development of a Home Care Strategy</li> <li>Regular engage with commissioners and providers to put action plans in place to resolve workforce issues</li> <li>Robust monitoring procedures</li> <li>Active involvement by commissioners in articulating strategic needs to the market</li> </ul>
<b>Risk review:</b>	SEPTEMBER 2023	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required. Risk rating has also been reviewed and has reduced.
<b>Risk date:</b>	SEPTEMBER 2023	

Commented [PW8]: POLR; Market Engagement and risk management

<b>The Risk</b>	<b>J. Relationships and governance across Integrated Care System (ICS) do not support the best outcomes for our population - All to contribute</b>			
<b>OWNER</b>	Patrick Warren-Higgs, Executive Director: Adults, Health & Commissioning			
<b>RAG:</b>	Likelihood = 3	Impact = 3	Score = 9	Direction of travel: ↓

Commented [PW9]: This is broader than ASC, is it not a Corporate risk?

<b>Triggers:</b>	The reorganisation of the health system in ICS, may impact on the way our services work with NHS services and current integrated arrangements. The potential value of the ICS Unit fully realised.		
<b>Mitigations &amp; Controls</b>	1. Attendance at Boards	<ul style="list-style-type: none"> <li>• Correct ASC representation at ICS Boards and system for sharing information with ALT</li> <li>• Ensure LA priorities are fed into ICS governance/boards at all levels</li> </ul>	
	2. Working Relationships	<ul style="list-style-type: none"> <li>• Close working relationships have been established and appropriate representation on key strategic meetings</li> <li>• Joint working strategies are being embedded</li> <li>• Local Authority considerations have been discussed with Members</li> <li>• ICS implemented from 1st July 2022 - LA engaging with key ICS implementation and strategic meetings.</li> </ul>	
<b>Risk review:</b>	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.		
<b>Risk date:</b>	SEPTEMBER 2023		

<b>The Risk</b>	<b>K: There is no access to CPFT IT systems for LDP Team Managers</b>			
<b>OWNER</b>	Donna Glover, Service Director			
<b>RAG:</b>	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ↓
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>• Team Managers using CCC IT equipment are not able to access the IT systems of CPFT to ensure that they can effectively manage their CPFT staff.</li> <li>• The following governance responsibilities under the Formal Management Agreement with CPFT will not be met: <ul style="list-style-type: none"> <li>• Inability to monitor compliance with Supervision, Appraisal and Mandatory Training in line with NHS requirements</li> <li>• Inability to access / process Datix (Patient Safety incident reporting)</li> <li>• Inability to view / monitor Management Information i.e Absence Management / Performance</li> <li>• Inability to view / monitor financial activity in line with Budget Manager responsibilities</li> <li>• Inability to order goods / process invoices (Oracle)</li> <li>• Inability to view / access CPFT Intranet for access to policies, procedures, newsletters etc</li> </ul> </li> <li>• The requirements of CQC will not be met and raised as an area of concern at inspection</li> <li>• Negative impact on staff retention</li> </ul>			

<b>Mitigations &amp; Controls</b>	1. Escalated to the ASDD Board	<ul style="list-style-type: none"> <li>IT solution identified and agreed.</li> <li>Administration for rollout in progress</li> <li>Training plan for staff agreed</li> <li>Communication plan being developed</li> <li>Expected completion October 2023</li> </ul>	
<b>Action Plan:</b>	<b>ACTION</b>	<b>BY WHEN</b>	<b>BY WHOM</b>
	latest test environment made available W/C 26/06 with CPFT providing a pool of virtual desktops to allow access to SystemOne. The team are trying this out and the first impression is positive. The team plan to get feedback from the pilot users in July and if successful, the plan is to increase the pool of virtual desktops to 10, to provide support for all the CCC team.	31/07/2023	Tony Drath (IT) Jill Johnson (HoLDP)
<b>Risk review:</b>	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required specifically around an IT solution and expected activity to ensure a resolution in October 2023. Risk rating has also been reviewed and has reduced.		
<b>Risk date:</b>	SEPTEMBER 2024		

Commented [PW10]: Is this risk still present?

<b>The Risk</b>	<b>L: We cannot implement the shared care record</b>			
<b>OWNER</b>	Appy Reddy, Interim Head of Performance & Strategic Development			
<b>RAG:</b>	Likelihood = 3	Impact = 3	Score = 9	Direction of risk: ↓
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>Lack of required resources and skills to implement</li> <li>council processes do not match the NHS clinical safety structures</li> <li>System partners attribute delays in implementation to lack of timely engagement by the Council and we are not able to realise the full benefits of shared records with health within expected project timelines</li> </ul>			
	1. Engagement	<ul style="list-style-type: none"> <li>We have engaged with other Council's for whom the shared care record is live via the LGA national Shared Care Record group. From this we have gathered useful intelligence on how the clinical safety functions have been covered within council governance arrangements.</li> <li>Following this better understanding we have elected to go live with an early adopter group in learning disability which includes health professionals who are aware of clinical safety standards to inform our wider roll out.</li> <li>Early adopter in LDP to work through clinical safety as part of the initial roll out.</li> <li>Planned options paper for increased project support capacity.</li> </ul>		

Commented [PW11]: Is Jill the correct Owner?

Commented [TH12R11]: @Patrick Warren-Higgs - it was previously me - so maybe Appy? I don't think it would be Jill as it's the wider roll out and phase 2 that is the risk - that said I just took it off the PCC register as I wasn't sure it ranked as a key risk currently.

Commented [EM13R11]: Updated to Head of PSD

<b>Mitigations &amp; Controls</b>		<ul style="list-style-type: none"> <li>ICS wide clinical safety advisor resource now available to support the Council in setting up governance.</li> <li>Links established to LGA national SHCR record group for peer support and advice</li> </ul>
	2. Early adopters	<ul style="list-style-type: none"> <li>Following gaining a better understanding we have elected to go live with an early adopter group in learning disability which includes health professionals who are aware of clinical safety standards to inform our wider roll out.</li> <li>Early adopter in LDP to work through clinical safety as part of the initial roll out.</li> </ul>
	3. Clinical Safety	<ul style="list-style-type: none"> <li>ICS wide clinical safety advisor resource now available to support the Council in setting up governance.</li> </ul>
<b>Risk review:</b>	SEPTEMBER 2023: Risk title, triggers and mitigations have been reviewed with Risk owner. Updates have been made to these as required. Risk rating has also been reviewed and remains as previously scored.	
<b>Risk date:</b>	SEPTEMBER 2023	

<b>The Risk</b>	<b>M: Arrangements to support people with Learning Disabilities result in poor outcomes due to uncertainty of decoupling of funding arrangements via section 75 agreement</b>		
<b>OWNER</b>	Patrick Warren Higgs, Executive Director		
<b>RAG:</b>	Likelihood = 3	Impact = 4	Score = 12 Direction of risk: ↓
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>Social care are paying for health services due to the unresolved issue around the ICB's contribution to the pooled budget that funds the Learning Disability Partnership.</li> <li>We are not achieving best outcomes for people with learning disabilities and autism as governance arrangements between the council and health do not support the right conversations and decision making.</li> <li>Negotiations with health about the correct level of contributions have stalled and we do not agree that the current split of funding is representative of the needs of the cohort being supported by the LDP</li> <li>Notice being served on the LDP service</li> </ul>		
<b>Mitigations &amp; Controls</b>	1. Action via the s75 agreement	<ul style="list-style-type: none"> <li>We have signalled our intention to end the funding aspects of the agreement</li> <li>Deep dive review presented to CLT August 2023 and work ongoing</li> </ul>	
	2. External review	<ul style="list-style-type: none"> <li>Review by Red Quadrant complete indicating that the current split needs to be substantially changed in order to accurately reflect our respective responsibilities</li> <li>We have been working with the ICB to agree wording for a tender for an external provider to provide capacity for us to do this work and further clarify the correct funding split</li> </ul>	

Commented [PW14]: POLR; Market Engagement and risk management

	3. Ongoing relationship building with health colleagues	<ul style="list-style-type: none"> <li>DASS and service director establishing/re-establishing lines of communication with health counterparts</li> <li>Clarity around governance being sought</li> <li>A working group involving adults operations and commissioning reps from the LA's and from the ICB has been set up to draw up a specification for crisis support with a view to procuring the resource needed.</li> </ul>	
	4. Internal preparation and readiness	<ul style="list-style-type: none"> <li>Internal project to identify scope of work and areas of focus.</li> <li>Project Plan development</li> <li>HR and financial impact to be defined</li> <li>Mechanism for monitoring actions and outcomes in place</li> </ul>	
<b>Action Plan:</b>	<b>ACTION</b>	<b>BY WHEN</b>	<b>BY WHOM</b>
	Notice has been given to end S75 agreement	w/c 4 September	PWH
	Transition meetings are in place	October 2023	WP/DG
	Comms Strategy to be developed	October 2023	WP/DG
	Resources to be identified to manage transition	October 2023	WP/DG
<b>Risk review:</b>	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required, an action plan has also been included. Risk rating has also been reviewed and action plan put in place due to notice being served to end the S75 agreement.		
<b>Risk date:</b>	SEPTEMBER 2023		

Commented [EM15]: Action plan required for red risks

<b>The Risk</b>	<b>N: A serious incident occurs, preventing services from operating and/or requiring a major/ critical incident response</b>			
<b>OWNER</b>	<b>Patrick Warren-Higgs, Executive Director</b>			
<b>RAG:</b>	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ↓
<b>Triggers:</b>	<ul style="list-style-type: none"> <li>Loss of large quantity of staff or key staff</li> <li>Loss of premises (including in-house Provider services)</li> <li>Loss of IT equipment, data or access including cyber threat</li> <li>Loss of a key Provider or Partner</li> <li>Loss of utilities or fuel</li> <li>Major incident e.g. flood, fire, public health pandemic</li> <li>LA responsibilities for responding to a major incident are unclear</li> </ul>			

<b>Mitigations &amp; Controls</b>	1. Business Continuity Plans	<ul style="list-style-type: none"> <li>• All services and teams have up-to-date BCP's in place which provide a clear plan for how services will respond in the event of a critical incident</li> <li>• BCP's are reviewed and updated annually - to comply with new corporate templates and process</li> <li>• BCP templates for Mosaic are available in the event of system downtime</li> <li>• Adults on-call rota is in place with updated contact details available – under review</li> <li>• All managers to attend BCP training in October 2023</li> <li>•</li> </ul>
	2. Vulnerable People list	<ul style="list-style-type: none"> <li>• BI report for vulnerable people is available in the event of a critical incident</li> <li>• On-call managers are able to locate and download the Vulnerable People list</li> <li>• Plan to test use of vulnerable people list in simulation exercise</li> </ul>
<b>Risk review:</b>	SEPTEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Service Directors. Updates have been made to these as required. Risk rating has also been reviewed and has reduced.	
<b>Risk date:</b>	SEPTEMBER 2023	