ADULTS, HEALTH & COMMISSIONING RISK LOG

The below table is taken from the Corporate Risk Management Policy and outlines how risks are scored on the likelihood and impact of each risk. Scores of 16 or above are in excess of the Council's tolerated risk level and will be highlighted as a red risk; any red risks must be escalated to CLT.

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, HEALTH & 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			16		
HIGH		1, 2, 5, 6, 9, 11, 13, 14	3, 8, 12, 15		
MEDIUM			4, 7, 10		
LOW					
NEGLIABLE					
IMPACT					
LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

The Risk	1: Joint Commissioning arrangements and services are adversely impacted as a result of partner organisation financial failure.
OWNER	**Will Patten, Service Director Commissioning / Patrick Warren-Higgs**

RAG:	Likelihood 2	Impact 4	Score 8	Direction of risk: Decreased

Triggers:	• Financial Instability of partner organisation resulting in unilateral and rapid cuts in services and spend • S.114 being declared • Political instability of partner organisation

Mitigations & Controls	1. Close Monitoring and Oversight	• Maintain close monitoring and oversight of joint contracts to ensure any risks and issues arising are identified and managed at the earliest possible point
	2. Review current commissioning arrangements and risks	• Review all jointly commissioned arrangements and identify potential financial and service risks. • Work in a prioritised way to either contractually mitigate risks and/or develop alternative commissioning arrangements

Risk review:	April 2024
Risk date:	OCTOBER 2023: New risk added

The Risk	2: A serious incident occurs, preventing services from operating and/or requiring a major/ critical incident response
OWNER	**Patrick Warren-Higgs, Executive Director**

RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⟺

Triggers:	• Loss of large quantity of staff or key staff • Loss of premises (including in-house Provider services) • Loss of IT equipment, data or access including cyber threat • Back up digital recovery solution fail • Loss of a key Provider or Partner • Loss of utilities or fuel • Major incident e.g. flood, fire, public health pandemic • LA responsibilities for responding to a major incident are unclear

Mitigations & Controls	1. Business Continuity Plans	• 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 • BCP's are reviewed and updated annually - to comply with new corporate templates and process • BCP templates for Mosaic are available in the event of system downtime

		• Adults on-call rota is in place with updated contact details available – under review • All managers to attend BCP training in October 2023
	2. IT Systems	• ASC Lead working with corporate System Lead at times of stability and challenge to mitigate system issues and impacts to workforce • ASC Systems and digital board in place where corporate partners collaborate and are held to account for IT systems delivery • BCPs are enacted including manual recording processes
	3. Response to Provider Failure	• Tried and tested response to provider failure is in place and has mitigated risks to individuals and the council • Cross system response available to support clinical need of individuals displaced by provider failure • Contract Monitoring and proactive support to providers with oversight of an operational leadership team comprising of Health and Social care staff is in place
	4. Vulnerable People list	• BI report for vulnerable people is available in the event of a critical incident • On-call managers are able to locate and download the Vulnerable People list • Plan to test use of vulnerable people list in simulation exercise
Risk review:	DECEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Service Directors. Updates have been made to these around IT systems and Provider failure. Risk rating has also been reviewed and has remained stable.	
Risk date:	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.	

The Risk	**3: Arrangements to support people with Learning Disabilities result in poor outcomes due to uncertainty of decoupling of funding arrangements via section 75 agreement**			
OWNER	**Patrick Warren Higgs, Executive Director**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⟷
Triggers:	• 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. • 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. • Notice has been served on the section 75 arrangement. • Not yet established with the ICB the future state of the service, nor milestones and timescales to do so.			

	•	We may not be able to put a new set of financial arrangement in place to ensure we can make the correct contribution to care cost and pay providers
Mitigations & Controls	1) Action via the s75 agreement	• We have signalled our intention to end the funding aspects of the agreement. • Notice period end date to be agreed with ICB. • Legal advice in place to support ending agreement. • Cross system governance arrangement agreed to establish oversight of the exit process. • Internal programme board established with senior representation from several Council departments
	2) External review	• Review by Red Quadrant complete indicating that the current split needs to be substantially changed in order to accurately reflect our respective responsibilities. • The Council and ICB have separately commissioned organisation to independently carry out 600 partly or fully funded Health packages
	3) Internal preparation and readiness	• Programme and project resources has been identified and has started work. • Internal programme Board established and associate workstreams instigated. • Further defining of financial implications has begun. • Mechanism for monitoring actions, risks and outcomes in place
	4) Ongoing relationship building with health colleagues	• DASS and service director establishing/re-establishing lines of communication with health counterparts. • The Council has drawn up governance arrangements which the ICB have been willing to adopt
Risk review:	DECEMBER 2023: Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these as required, the action plan has also been updated. Risk rating has also been reviewed and remains stable due to internal preparations in place.	
Risk date:	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.	

The Risk	4: We cannot implement the shared care record			
OWNER	**Patrick Warren-Higgs**			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of risk: Remains same
Triggers:	• Lack of required resources and skills to implement. • council processes do not match the NHS clinical safety structures. • 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			

Mitigations & Controls	1. Clinical Safety	• ICS wide clinical safety advisor resource now available to support the Council in setting up governance.
	2. Early adopters	• 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. • Early adopter in LDP to work through clinical safety as part of the initial roll out.
	3. Engagement	• 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. • 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. • Early adopter in LDP to work through clinical safety as part of the initial roll out. • Planned options paper for increased project support capacity. • ICS wide clinical safety advisor resource now available to support the Council in setting up governance. • Links established to LGA national SHCR record group for peer support and advice
Risk review:	JANUARY 2024:	
Risk date:	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.	

The Risk	5: In-House Provider Services do not have or follow safeguarding measures
OWNER	Patrick Warren-Higgs

RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇔

Triggers:	• 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 • Poor practice and a lack of robust safeguarding processes and assurance in place • Poor CQC rating for regulated services • Adverse publicity associated with safeguarding concerns is released • Identified risks of the physical assets through reviews working alongside regulators

Mitigations and Controls	1. Comprehensive and robust induction and training	• Robust onboarding processes and induction processes. • Ongoing development opportunities for staff, and regular supervisions • Comprehensive safeguarding training offer beyond essential training
	2. Oversight	• Assurance processes in place around safeguarding practice and service compliance
	3. Registered managers in place	• Responsible for CQC compliance
	4. Reporting of safeguarding concerns	• Process in place for safeguarding concerns to be reported to MASH and CQC where appropriate • Internal audit process in place to ensure the requirement is being met

Risk review:	DECEMBER 2023 : Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made to triggers and mitigation 4 & 5 have been added. Risk rating has also been reviewed and risk has remained stable.
Risk date:	SEPTEMBER 2023: New risk added.

The Risk	6: 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.
OWNER	Patrick Warren-Higgs

RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⟺

Triggers:	• A vulnerable adult experiences harm, abuse or neglect because safeguarding measures in place were not followed. • Poor practice and a lack of robust safeguarding processes and assurance in place. • Responsiveness of services and available capacity. • Adverse publicity associated with safeguarding concerns is shared. • Inconsistency in the quality of care

Mitigations & Controls	1. Comprehensive and robust safeguarding training	• ASC has robust processes and assurance in place that are regularly reviewed. • Safeguarding training opportunities and mandatory requirements are clear and monitored across ASC. • 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. • Learning from is supported within ASC, for example: robust learning from SAR's.
	2. Front Door and Immediate Responsiveness	• Strong and responsive front door • Strong and responsive Prevention and Early Intervention offer • Community Duty Teams in place for urgent, same day responses
	3. Internal Quality Assurance	• Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.
	4. Multi Agency Safeguarding Hub	• 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. • The MASH is collocated to the Police and IDVA's to reduce the harm to vulnerable adults known by these partners. • The MASH provides a systematic review of safeguarding activity between partners.
	5. Multi-agency Safeguarding Boards and Executive Boards	• 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
	6. People in Position of Trust policy	• Clear 'People in Position of Trust' policy and guidance in relation to adults
	7. Practice processes & procedures	• 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 • ASC has an Annual Review process in place and where delays are known, waiting list mitigation plans are in place. • Joint protocols, practice standards and Quality Assurance ensure appropriate processes are in place. • Multi-Agency Safeguarding Hub (MASH) is in place and collaborative working with other agencies. • 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.
	8. Provider Monitoring	• Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission and ICB are in place. • ASC regular meeting to monitor provider progress and risks with CQC regulator.

Risk review:	DECEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Mitigations 8&9 have been added. Score has remained stable due to current waiting list position.
Risk date:	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.

The Risk	7. Relationships and governance across Integrated Care System (ICS) do not support the best outcomes for our population			
OWNER	Patrick Warren-Higgs, Executive Director: Adults, Health & Commissioning			
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of travel: ⟷
Triggers:	The reorganisation of the health system in ICS, may impact on the way our services work with NHS services and current integrated arrangements. Governance arrangement do not support effective decision making			
Mitigations & Controls	1. Attendance at Boards	- CEO representation at ICS Board - Ensure LA priorities are fed into ICS governance/boards at all levels - Work to ensure the correct representation on other Boards on going		
	2. Working Relationships	- Building positive working relationships across all levels continues - Some progress is being made to clarify governance and decision making - Local Authority considerations have been discussed with Members - ICS implemented from 1st July 2022 - LA engaging with key ICS implementation and strategic meetings. - Proactive working being undertaken beneath Board level to drive progress in key work streams i.e. Hospital Discharge and CHC - CCC continues to invest in relationship building in the ICS/ICB		
Risk review:	DECEMBER 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.			
Risk date:	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.			

The Risk	8. Provider's leave the market and are unable to continue services leading to insufficient availability and capacity			
OWNER	Patrick Warren-Higgs			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: Remains same
Triggers:	• 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 • Reduction in the number of providers able to provide care; Care costs increase as demand exceeds providers available; Financial warnings from providers • 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			
Mitigations & Controls	1. Appropriate monitoring and plans	• 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 • Reduction in the number of providers able to provide care; Care costs increase as demand exceeds providers available; Financial warnings from providers • 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		
	2. Development of Provider action plans	• Continued work with Voluntary & Community Sector (VCS) for preventative actions • Market shaping activity - including maintaining good relationships with providers, so support can be provided where needed • Strong contact management • Uplift strategy		
	3. Funding	Use additional national funding to mitigate cost pressures, we do this by: • Take flexible approach to managing costs of care • Risk-based approach to in-contract financial monitoring • Coordinate procurement with the ICS to better control costs and ensure sufficient capacity in market		
	4. Market Shaping	• Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation work • Programme to increase the number of affordable care homes beds at scale and pace. • Development of a Home Care Strategy		
Risk review:	DECEMBER 2023: Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these with an increased focus on market shaping. Risk rating has also been reviewed and has increased			

Risk date:	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.

The Risk	**9: There is no access to CPFT IT systems for LDP Team Managers**			
OWNER	**Patrick-Warren Higgs**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⟺
Triggers:	- 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. - The following governance responsibilities under the Formal Management Agreement with CPFT will not be met: - Inability to monitor compliance with Supervision, Appraisal and Mandatory Training in line with NHS requirements - Inability to access / process Datix (Patient Safety incident reporting) - Inability to view / monitor Management Information i.e. Absence Management / Performance - Inability to view / monitor financial activity in line with Budget Manager responsibilities - Inability to order goods / process invoices (Oracle) - Inability to view / access CPFT Intranet for access to policies, procedures, newsletters etc - The requirements of CQC will not be met and raised as an area of concern at inspection - Negative impact on staff retention			
Mitigations & Controls	1. Escalated to the ASDD Board	- IT solution identified and agreed. - Administration for rollout in progress - Training plan for staff agreed - Communication plan being developed		
Risk review:	DECEMBER 2023: Risk title, triggers and mitigations have been reviewed with Service Director. Updates have been made to these as required specifically around final testing of virtual desktops. Risk rating has also been reviewed and has remained stable. Expected activity may enable closure of risk at next review.			
Risk date:	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.			

The Risk	10: 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.		
OWNER	Patrick-Warren Higgs		
RAG:	Likelihood = 3	Impact = 3	Score = 9	Direction of risk: Remains same

Triggers:		• 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. • Invoicing is 4-week in arrears, which can cause confusion for clients/families where debt accrues. • Delays in (residential) Financial Assessments generate arrears invoices reconciled back to start of care, which are then disputed by clients/families. • Delays in Financial re-assessment process lengthen period of dispute, frustrating income recovery. • Limited Self–Serve options available in CCC for financial assessment or welfare checks for residents. • Increased level of debt owed from health impacts ASC debt recovery position. • Delays in Probate causing increase in volume and value of Deceased debt. • 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.
Mitigations and Controls	1. ASC Operational & Financial Assessments	• ASC Team Managers monthly meeting with Debt Team to work on un-blocking the top 10 high-cost debt cases within the ASC system. • ASC Operations and Financial Assessments (with Debt team) weekly meetings to address complex cases for the prevention and treatment of debt. • ASC exploring ways to increase capacity on debt focus, through temporary utilisation of resource from the Payable team. • Action Plan from Direct Payment Audit, to prevent creation of debt. • Development of Threshold Policy, for smoother transitions from Self-Funders to LA-funding and invoicing client contributions • Development of Waiver Standard Operating Procedure, for formal decision making of complex cases and financial hardship. • Development of Funding Without Prejudice correspondence and agreements, to improve 'security' od debt recovery when access to funds made available.
	2. Debt Recovery Team, Debt Deep Dive.	• 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. • A deep debt dive is being conducting alongside CCC key partner Head of Finance Operations Payable & Debt Recovery Team to explore ASC debt reduction, as debt recovery sits outside of ASC control and within this service. Deep dive is exploring: • Debt portfolio management

		•	Probate – strengthen process on Deceased notification process, escalation to Court of Protection/probate, timely billing.
		•	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.
		•	Reviewing telephony capability for Debt Recovery Team; current capability impeding effectiveness.
		•	Business case to increase resource in Debt Recovery team.
	3. Digitalisation	•	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.
		•	MSIF has been secured for on-line self-serve benefits check tool (Entitled To).
	4. Financial Assessment Team	•	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.
		•	Workforce benchmarking will take place regarding FA Team salaries to determine if salaries are impacting recruitment and retention. Output of Deep Dive activity.
		•	Continuous open recruitment to meet establishment vacancies.
		•	Procure outsourcing of financial assessment backlog cases
		•	Business Process Redesign in Financial Assessment team to improve efficiency and effectiveness of existing resources, with development "sprints" for improvement ideas.
Risk review:	DECEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director and updates have been made to these as required. Risk rating has also been reviewed and risk has increase due to rise in debt.		
Risk date:	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.		

The Risk	**11: Increasing demand and waiting list for Adult Social Care Services, which could impact ability to deliver within budget.**			
OWNER	**Patrick Warren-Higgs, Executive Director**			
RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇔
Triggers:	• Demand into ASC overtakes growth assumptions within the budgets allocated. • New customers in without prior ASC support continues to grow. • Complexity of needs places pressure on costs per package and areas such as bed-based care. • ICB changes can adversely impact ASC budgets for example D2A processes into bed-based care or FNC application.			

	- Increasing waiting lists to Adults, LDP & DoLS teams - Lack of data or oversight of waiting lists across all teams - Increase in average waiting time - Increase in complaints - Poor CQC rating because of backlogs and waiting lists - Statutory duties not fulfilled - Provider Failure/Closure	
Mitigations & Controls	1. Finance, Activity & Performance Board and Data Delivery Board	- Oversight via FAP Board, meets monthly to review waiting list performance and agree any actions required - Data Delivery Board meets monthly, to ensure data reporting meets requirements and sets priorities
	2. Response to Provider Failure	- Robust arrangements in place to respond to provider failure which has mitigated risks to individuals and the council - Cross system response available to support clinical need of individuals displaced by provider failure - Contract Monitoring and proactive support to providers with oversight of an operational leadership team comprising of Health and Social care staff is in place
	3. Utilising available one-off grants to support wait times and waiting list numbers	- 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. - There is a specific improvement plan and funding secured and in place for the DOLs backlogs that has had oversight from CLT.
	4. Waiting List data reporting, management & Improvement Plan	- Waiting list data on all areas of operation is now being monitored monthly internally - AAT team additional resourcing and oversight of prioritisation by SD - DoLs additional resource signed off by Committee - Tracking data improved for LDP Health waiting list via Power BI dashboards - Reviews waiting list project and use of an agency has been undertaken to tackle the long waiters - Use of Market Sustainability and Improvement plan to secure resource to address wait lists - 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 - 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 - Continue demand Management at the front door using VS and universal preventive services e.g. Community Navigators to reduce the pressure.

Risk review:	DECEMBER 2023 : Risk title, triggers and mitigations have been reviewed with Executive Director and Service Directors. Updates have been made to these around the impact of provider failure on waiting lists. Risk rating has also been reviewed and has remained stable.
Risk date:	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.

The Risk	**12: We do not have oversight of our activity and cannot see areas that are performing well or require improvement.**			
OWNER	**Patrick Warren-Higgs**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇔
Triggers:	- 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. - 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 - 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 - 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. - CQC requirements cannot adequately be met within the current BI and report developer capacity - 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.			
Mitigations & Controls	1. BI Resource	- Funding secured for additional BI resources in CCC and recruitment activity continues - Additional programme management and project management resource in order to scope clear roadmap and resourcing requirements.		
	2. Data Delivery Board	Regular Board between operational senior managers and Business Intelligence to agree priorities for dashboard development		
	3. Power BI Dashboards	Priority dashboards in place and training of teams has taken place to ensure utilisation		
Risk review:	October 2023			
Risk date:	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.			

The Risk	**13: We fail to meet our responsibilities under changing legislation**
OWNER	**Patrick Warren-Higgs, Executive Director**

RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: Remains same

Triggers:	- Insufficient Programme/project management resource to drive change - lack of resource in leadership and operational teams to develop and implement new ways of working - Lack of BI/Finance/Systems resource to underpin and report activity - Lack of Practitioner processes and guidance Lack staff engagement - Limited staff training or records of training in place - Non-compliance with regulatory expectations and legislative requirements resulting in poor CQC rating and reputational implications

Mitigations & Controls	1. Assurance Preparation	- 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) - Refreshed Self-Assessment completed September 2023 ready for Peer and LGA Challenge - Interim appointment to Head of Performance and Strategic Development role and additional Assurance Preparation role and focused assurance preparation work now underway - Ongoing engagement with Partnership Boards and elected Members
	2. Oversight	- Oversight from new Performance and Improvement Board, picking up the work of the ASC Reform Board and other improvement activity - Improvement in Power BI Reporting but still some areas for development - Ex-Director assessment of Self Assessment November 23
	3. Quality & Practice Team	- Led by PSW to support practice guidance and processes - Provides regular practice updates and engagement - Works with Learning and Development to ensure delivery of appropriate training and training records

Risk review:	DECEMBER 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 due to a further developed assurance preparation plan.

Risk date:	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.

The Risk	**14: The internal AHC workforce does not have the skills or the capacity meet the business need**
Risk Owner	**Patrick Warren-Higgs / Donna Glover, Service Director**

RAG:	Likelihood = 2	Impact = 4	Score = 8	Direction of risk: ⇔

Triggers:	- We do not have and/or are unable to recruit enough staff to fulfil our statutory responsibilities - A lack of qualified workers in the job market - Decrease in employee retention - Low levels of employee engagement - Ineffective workforce planning - Receive a poor rating in CQC enhanced assurance. - Insufficient strategic management control and planning - No capacity or correct skills to manage organisational change - Long standing vacancies in Health roles where LA holds responsibility under Section 75 agreement		
Mitigations & Controls	1. Employee Engagement	- Exit interviews to capture information about why people leave - Establishment of a staff engagement group in response to staff feedback as part of external assurance activity - Welcome induction sessions with the Executive Director for all new starters - Communication channels in place – Practice newsletter, Fortnightly update from ED, Regular Teams Live events for all Adults employees - Staff Survey results to be analysed and action plan produced to increase staff satisfaction and therefore retention	
	2. Health/LA agreement	Review of Section 75 arrangements	
	3. Induction, Training and Development	- Increased number of Apprenticeship supported for OT and SWs - Commitment to 6 protected CPD days for professionally registered staff	
	4. Retention	- Retention payment scheme in place for hard to recruit teams - ASYE Scheme in place to support newly qualified social workers - Apprenticeship Schemes supported and expanded - Establishment of a staff engagement group in response to staff feedback as part of external assurance activity - Comprehensive wellbeing offer - Use of ringfenced grants to secure the workforce, such as supporting enhancements for 7 day working through the hospital discharge fund	

		Twice yearly Pay Progression Panel for social workers
	5. Vacancy Tracker	• Oversight of vacancies via a recruitment tracker and HR data completed monthly with oversight from Adults Leadership Team and FAP.
	6. Workforce Strategy	• 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 • Horizon scanning and review of other LA offers as part of recruitment campaigns • Keeping up to date on national/ local trends & through ADASS network for hard to recruit professions
Risk review:	DECEMBER 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 remained stable.	
Risk date:	SEPTEMBER 2023: Risk titles, triggers and mitigations have been reviewed with Service Director. Updates have been made and an additional Recruitment mitigation added. Risk rating has also been reviewed and risk has decreased.	

The Risk	**15. AHC unable to deliver commissioned services within budget**			
OWNER	**Will Patten, Service Director: Commissioning**			
RAG:	Likelihood = 3	Impact = 4	Score = 12	Direction of risk: ⇔
Triggers:	There is a continued risk across the whole of ASC to manage budgets and deliver savings, as a result of: • growing demand on services • significant inflationary and workforce pressures on the provider market, impacting on the cost of care • Some capacity constraints, resulting in higher costs to place care, particularly in relation to specialist care • key partners are also under significant strain, which may impact on AHC directorate if demand management is not managed or increases • Fair cost of care funding cut during the MTFS cycle. • 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. • 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.			
Mitigations & Controls	1. Additional Funding	• Continue to raise with Central Government regarding additional funding required in Adults Services • 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.		

		• work is ongoing with the ICP to review the arrangements associated with the Learning Disabilities (Pool) and associated risk share agreements.
	2. Finance, Activity & Performance Board	• Performance & Activity is under regular review alongside financial data and savings delivery • CCC Commissioning Board in place to review commissioned services and services planned to be re-commissioned. • Uplift Board in place to manage uplift requests from providers
	3. Managing Demand	• Transformation projects will contribute to making investment to save, this will include programmes such as the Adults Positive Challenge Programme / Demand Management / Front Door / Health and Social Care Integration • Early Help Services are operating more effectively to meet demand
	4. Robust Business Planning Process	• ALT development of Adults Business and Service Plans • ALT dedicated Business Planning Session to took place on 23 August
Risk review:	DECEMBER 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 remained stable.	
Risk date:	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.	

The Risk	16. ASC - Council's arrangements for safeguarding vulnerable adults fail			
OWNER	Patrick Warren-Higgs			
RAG:	Likelihood = 3	Impact = 5	Score = 15	Direction of risk: ⇔
Triggers:	1. Inability to recruit, train and retain experienced staff 2. Inherent weaknesses in governance arrangements 3. Poor quality of practice not delivering statutory responsibilities, non- compliance with policies & practice guidance 4. Ineffective management oversight 5. High caseloads/demand on service 6. Internal organisational change 7. External system/regulatory changes 8. Major incident results in spike in demand for services and/or inability to access Council systems, records or buildings.			
Consequences:	1.Vulnerable adult is seriously harmed 2. People lose trust in Council services and/or commissioned services 3. Council is judged to have failed in statutory duties 4. Requires improvement or inadequate CQC outcome			

Likelihood	1. Decrease in government funding 2. Failure/handback from commissioned providers 3. Increased expectations on local government 4. Increase in demand for services 5. Inflation and cost of living crisis	
Mitigations & Controls	1) 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.	Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews and safeguarding. Critical Success Factors: Regular Reporting. Appropriate tools and support to practitioners to guide best practice. Effectiveness: Good Assurance: Eastern Region Sector Led Improvement Programme Adults practice governance board. LGA Peer Review and associated Improvement Plan in readiness for CQC inspection in the next 12 months.
	2) Safeguarding Training	Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions that monitor and instil safeguarding procedures and practice. Critical Success Factors: High quality supervision and support. Professional staff are able to continue registration with their professional bodies. Dedicated resource for safeguarding training within Learning and Development, specific training strategy document which is refreshed annually. Effectiveness: Good Assurance: SAB multi agency policies and procedures in place. Themed audits re safeguarding and associated learning and development. Robust training programme in place Adults practice governance board and practice guidance.
	3) 'People in Position of Trust' policy	Clear 'People in Position of Trust' policy and guidance in relation to Adults. Critical Success Factors: In place, links to practice guidance in ASC and corporate HR guidance as required. Effectiveness: Good Assurance: Appropriate training provided.
	4) Multi agency safeguarding	Multi-agency Safeguarding Boards and Executive Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity. Coordinated work between multi-agency partners. In particular Police, County Council, Health and other agencies who are key members of the Board and subgroups. Critical Success Factors: Regular reporting and shared working outcomes Effectiveness: Good

			Assurance: SAB annual report highlighting progress against priority areas shared with Adults & Health Committee.
	5)	Internal Quality Assurance	Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance. Critical Success Factors: Regular auditing and reporting. Ability to highlight good practice and areas for improvement, robust service level improvement plans developed as needed. Effectiveness: Good Assurance: Monthly Management Audits. Annual programme of Themed Audits. Adults practice governance board. Agreed Improvement Plan with Senior Responsible Leads.
	6)	Monitoring of social care providers	Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission. Implementation of provider of concern process as required. Critical Success Factors: Regular auditing and reporting. Ability to support providers at risk. Effectiveness: Good Assurance: Contracts monitoring team, care home support team & provider of concern process
	7)	Coordinated work with system partners and agencies	Coordinated work between multi-agency partners for both Adults and Childrens. In particular 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. Critical Success Factors: Effective and safe implementation Effectiveness: Good Assurance: SAB and key statutory partners
	8)	Share information with the CQC	Continue to work with the CQC to share information. Critical Success Factors: Regular reporting Effectiveness: Good Assurance: Contracts monitoring team
	9)	Manage demand	Managing increasing demand and acuity to ensure adults receive right support at the right time. Regular DMT's to discuss and escalate issues. Critical Success Factors: Reduced waiting times. Providing proportionate and time critical responses to those at risk. Effectiveness: Good Assurance: Escalation to CLT as required.

Risk review:	February 2024: 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 remained stable.
Risk date:	