													l Risk ting				
Project Title	Ref#	Category	Risk Type	Raised By	Date Raised	Risk Description There is a risk that:	Impact If this risk materialises then:	Mitigation We can reduce the probability (or the impact) by:	Mitigating Action Status record status each time the risk and mitigation plan is tracked	Assigned Owner	Review Date	Probability (1-5)	Score (auto)	RAG (auto)	Risk Status	Date Closed	Escalate?
Homecare	1	Programme	Political			The current model of electronic monitoring has successfully delivered savings in RBKC. The new model proposes changing the role of emonitoting. There may not be political support for these changes unless there is strong evidence of the service benefits		To prepare paper on the proposed changes and the rationale.				a	0		Closed	08/02/2013	No
Homecare	2	Programme	Financial			The financial model projects increased spend in all three boroughs, but particularly in Westminster, so there is a risk to current budgets if additional resources cannot be found.		financial model to be approved by finance managers, TMT and cabinet members. Explore options for budget realignement. Plan B to go out to tender on price.		MW		4 5	5 20	RED	Closed		Yes
Homecare	3	Programme	Financial			The financial data for homecare in Westminster is inaccurate. There is a risk that the financial model is therefore inaccurate which may mean overspend on the budget.		highlight at TMT. Rchel is working to clean up the data. To re run financial model in one month once data is updated. The change is most likely to lead to a reduction in overspend rather than		RB		4 3	3 12	AMBER	Closed		Yes
Homecare	4	Operational	Operational			The new homecare model is dependent on care packages being commissioned based on outcomes. Outcomes based assessments require a significant amount of change in current practice. If this is not adopted the model will not work.		To inform Rohan- programme manager and ensure that this is included as a deliverable on the ops workstream, and that the dependency is noted.		SW		4 3	3 12	AMBER	Open		Yes
Homecare	?	Programme	Financial			There are significantly different financial pressures for each of the three boroughs. If it is not possible to agree on a single model, we will have to run separate tenders which will require increased resource internally, and also may result in loss of opportunity for cost/volume efficiencies.		Raise risks with decision makers (programme board and cabinet members) for consideration when agreeing the way forwards.		MW		3 3	3 9	AMBER	Closed		Yes
Homecare	5	Programme	Financial			Westminster is currently paying a lot for homecare through spot purchase arrangements. If the contract implementation is delayed, opportunities to deliver significant savings will be missed.		Ensure programme board is aware of the impact of further delays. Consider splitting the procurement for the 3 boroughs as last resort if necessary	f	MW		4 3	3 12	AMBER	Open		Yes
Homecare		Programme				If the process and pathways around integrated working with CLCH isn't confirmed before PQQ, it will be very difficult to specify what level of integrated provision is required		Have discussed with health, to include medication only.		SN			0		Closed	08/02/2013	
Homecare	7	Programme	Legislative			If we can't make significant changes to the RBKC Panzetel contract (to extend to cover the other two boroughs, and work differently) then we will compromise the ability to monitor the service effectively. We would have to tender for a new triborough service earlier than anticipated.		discuss with legal and procurement services working group agreed we would work towards procurement for new Tri-B system		SW			0		Closed	18/06/2013	
Homecare	8	Operational	Operational			If a provider withdraws service, we will have to find new provision to cover a geographical area. Higher risk with fewer providers		To build in internal contingency plans as part of the implementation process.		SN/MW		1 5	5 5	GREEN	Open		No
Homecare	9	Programme				If a homecare provider becomes financially unsustainable and has to shut down, we will need tofind provision rapidly to cover that area.		Ensure that we assess financial viability at PQQ stage. Include Tony Andrews (emergency planning officer) in development of PQQ and evaluation		SN/MW		1 4	1 4	GREEN	Open		No

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Homecare	10	Programme	Strategic			Operations feel they have not been properly consulted on the specification. If they are not convinced of the strength of the model, it will not be implemented successfully.				SW				GREEN	Open		No
Homecare	11	Operational	Operational			We do not have the required capacity within procurement to work on the tender. If it is not properly resourced there is significant risk of political fall out and legal challenge as well as unforseen delays.		Procurement team working on theis tener to be expanded to provide extra capacity. All those involved in evaluation to negotiate with manageers and ensure they have capacity during		SS		2	2 4	GREEN	Closed		Yes
Homecare	12	Programme	Technological			We are unlikely to be able to implement a tri-borough e-monitoring solution in time for the new homecare contract. There is risk that significant interim resource may be required to pay providers. This may also threaten the accuracy of the		those periods Group propose extending RBKC solution to cover the other two boroughs as an interim while we procure and implement Tr-B solution.		MW		5	4 20	RED	Open		Yes
Homecare	13	Programme	Legislative			If we extend the RBKC contract to cover the other two borough, there is a risk of legal challenge due to the increase in value.		Ensure we plan and timetable the procurement of the Tri-borough emitoring solution as soon as possible.		SS		3	4 12	AMBER	Open		
Homecare	14	Programme	Strategic			This is the first ASC contract of its size to go through tri-borough procurement processes and governance. The governance process for a contract of this size is unclear. If we do not get the forward planning correct there will be		MW to check comms and governance plan with cabinet members. We will ensure briefings are taken to all all the correct boards/people. However, this may casue delays.		MW		2	2 4	GREEN	Open		Yes
Homecare	15	Operational	Operational			We may need additional resource during contract implementation phase, particularly around provider development, systems development and data collection.	.,	considering investing in extra resource for a year to help to set up systems and processes to facilitate the management of the contract		SS		4	4 16	RED	Open		No
Homecare	16	Programme	Political			There is a risk that the disruption of having to change providers will be very unpopular with service users and will be extremely resource intensive for staff.		We will need to have a transition plan in place- and we will need to consult operations as to how this car be best done. In addition, service users have the option of taking a DP and staying	ו	operations?		2	3 6	GREEN	Open		No
Homecare		Programme	HR /Culture			If staff are not engaged in the cultural and operational shift that accompanies the new model, its success will be undermined.		with their provider Need to have a robust communication plan in place		СМ		2	3 6	GREEN	Open		No
Homecare	18	Operational	Operational			There a risk in Westminster and Hammersmith and Fulham that service users will not accept e-monitoring processes. If this happens it could undermine monitoring procedures and cost extra money and resource to find		Raise with e-monitoring project group as a risk when this starts Consider implementing mandatory e-monitoring for all Sus who use the contract.	-	Mike Wood		2	3 6	GREEN	Open		No
Homecare	19	Programme	Strategic			alternatives (e.g. code hoxes) The WLA tender recently collapsed because not enough providers passed the PQQ stage. If this happened to the triborough tender it would delay the new contract by 6 months	2	SW following up to find out why the tender was unsuccessful. Consider option to allow through a certain number of providers rather than setting a benchmark. Consider quality implications of this.		TL		2	3 6	GREEN	Open		No
Homecare	20	Operational	Operational			By taking a phased approach to implementation we are completely reliant on the good will of the current providers. If they are not in good will then it may seriously affect the quality of the care and handover		Ask Sharon for detail on how it was transferred in RBKC. We should explore over night transfer as well as phased approach. Talk to service managers about the best approach. Consider inviting operations person.		SW		2	4 8	AMBER	Open		No

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Risk Likelihood

1	less than 10%	improbable
2	10<20%	low probability
3	20<30%	medium probability
4	30<50%	fairly high probablity
5	over 50%	highly probable

Risk Impact

Score	Risk elements									
	Financial (cost or loss of savings, £'000)	Impact on Project Objectives	Impact on agreed delivery timeline	Reputational damage	Service Delivery					
1	0-25	Minor impact on one objective	None	None/minimal reputational damage	failure to meet a target but no significant effect					
2	25-100	Minor impact on more than one objective	under two weeks	Minor/limited reputational damage or internal adverse publicity	failure to meet a series of important targets					
3	100-250	Significant impact on achieving programme objectives	two to four weeks	Significant reputational damage, or local adverse publicity	Failure to meet a critical target					
4	250-500	Serious impact on achieving programme objectives	one to three months	Serious/widespread reputational damage or national adverse publicity	failure to meet target(s) that impacts on dependencies					
5	Over 500	Major impact on achieving programme objectives	Over three months	Major/severe reputational damage or national adverse publicity with raised Central Government interest.	significant failure to achieve key output or outcome of programme.					

Select the highest impact element to assign the score

Financial cost loss values are a guideline - adjust for project scale