

Appendix 2 - Adult Social Care Strategic Risk Register

Risk Ref	Brief description	ALT owner	Risk manager	Review Board	Next review date	Consequences	Type of risk					Inherent Risk		Residual Risk score			Movement of risk exposure since last review	Mitigating actions What actions are planned to mitigate the risk ?
							Reputational	Financial	Service Delivery	Impact on life	Environment	Initial risk score	Current likelihood score	Current impact score	Current risk score			
1	Reducing resources to support people with care needs and increasing demand due to demographic pressures	Liz Bruce	Rachel Wigley	ALT	Quarterly Review	In the financial year there is a funding hole nationally for adult social care of £3bn. Through the MTFs LBH&F have already made efficiencies and savings in recent years as the resources available for social care have significantly reduced. There is a risk that further savings which will be required will make it very difficult to meet the needs of the increasing numbers of disabled and older people. As a result of demographic changes the Council is already supporting greater numbers of adults with care needs an increasing proportion of this group have very complex needs who would previously have been supported more by health services.	Yes	Yes	Yes	Yes		16	4-Probable	4-High	16	↔	<ul style="list-style-type: none"> - Further change our service model to put a greater focus on short term, re-abling, interventions to help people regain skills and look after themselves for longer delaying the need for social and health care; through both the Customer Journey programme where we are refining our approach to reablement as part of the integrated Community Independence Service and - Pursue opportunities to develop more integrated and closer working with health colleagues, through initiatives such as the Better Care Fund and 'whole systems' programme. - Develop a new Commissioning Strategy which is exploring different mechanisms to resource and commission services in the future using 'care pathways', and different procurement models. - Develop an approach to prevention which focuses on reducing demand for social care and utilises some Public Health and wider Council resources to help achieve this. - Manage resource planning through the Department of Health, ADASS network and LGA in relation to the Care Act. 	
2	Responding to changing legislation	Liz Bruce	Martin Calleje	Portfolio Delivery Board	Quarterly Review	The Care Act began to be implemented from April 2015. There was a comprehensive programme in place in LBH&F to ensure that ASC was compliant with the new requirements. Although implementation of some parts of the Act (e.g. the 'care cap') have been delayed until 2020 by the Government; ASC are left with delivering new responsibilities such as for self funders, carers and the wider health and well being, without additional resources. There continues to be a lack of clarity from Government about available funding to support additional demands for services.	Yes	Yes	Yes	Yes		16	4-Probable	4-High	16	↔	<ul style="list-style-type: none"> - Pursue opportunities to develop more integrated and closer working with health colleagues, through initiatives such as the Better Care Fund and 'whole systems' programme. This includes the use of some health resources to fund some of the additional demand for home care as a result of these programmes. - Develop a new Commissioning Strategy which is exploring different mechanisms to resource and commission services in the future using 'care pathways', and different procurement models. - Develop an approach to prevention which focuses on reducing demand for social care and utilises some Public Health and wider Council resources to help achieve this. - Manage resource planning through the Department of Health, ADASS network and LGA in relation to the Care Act. 	
3	Reducing customer and carer satisfaction and reducing self reported 'outcomes'.	Liz Bruce	David Evans	ALT	Quarterly Review	Scale of change around frontline and provider services and greater emphasis on time limited interventions and reablement, may lead to reduced satisfaction of some customers, especially those who have been supported for some time. This could lead to poorer outcomes for customers and reputational risk to the Council. There is an increasing risk that customer and carer satisfaction and outcomes will reduce.	Yes		Yes	Yes		12	4-Probable	4-High	16	↑	<ul style="list-style-type: none"> - Developing a communications strategy and plan which informs residents of changes in the approach to health and social care services locally. - Closely analysing all customer and carer feedback, including that through complaints and the statutory user and carer surveys and using this to help inform our planning. - Redesigning frontline social work services in the customer Journey project, based on the 'customer voice' research which identified what was important to people who use our services. - Exploring more, new opportunities for co-production and design of new services with customers and carers to ensure their needs and ideas are central to our approach. 	
4	Workforce risks around morale, change fatigue, recruitment and retention and complexity of three borough working.	Liz Bruce	Felicity Thomas	Workforce Board	Quarterly Review	The recent Adult Social Care Peer Review highlighted a significant recruitment and retention risk across London for social care staff. Locally there is a risk that this is exacerbated as terms and conditions are not as competitive as some authorities elsewhere. Additionally there is significant change fatigue across the ASC shared service and the added complexity of working across three boroughs. The consequences could be increasing recruitment problems and difficulty holding onto the most able staff at a time of service change.	Yes	Yes	Yes	Yes		16	4-Probable	4-High	16	↔	<ul style="list-style-type: none"> - Established a Workforce Board which is overseeing an ASC Workforce Plan - Exploring alternative ways to reward staff, for example through tailored development programmes. - Improved internal staff communications from the senior management team by the use of blogs, team meetings and through the TriAngles staff newsletter. - Using the results of the Your Voice survey to address service, team and staff concerns. - Key change programmes have dedicated learning and development plans attached to them, i.e. Customer Journey, Commissioning Review and home care implementation. 	
5	Market unable to provide services required	Selina Douglas	Paul Rackham & Mary Dalton	CoCo	Quarterly Review	The ASC market is fragile and there is a risk that it is not able to develop in the ways we will require in the future to meet local need; there is significant risk of market failure. This could result in significant unmet needs and higher dependency levels of customers making it more difficult to achieve savings. In the event of provider failure the Council will need to contingency plans in order to meet the needs vulnerable residents in the in a timely and safe manner.	Yes	Yes	Yes			16	4-Probable	4-High	16	↔	<ul style="list-style-type: none"> - Developed an updated Market Position Statement setting out our future commissioning intentions and direction of travel. - EY supporting development of new Commissioning Strategy and procurement forward plan. - Engaging with providers and undertaking more market warming exercises in particular through LCAS and other forums. - Help providers to plan better by publishing forward plans for tenders etc. - Developed a Provider Failure and Service Interruption Policy. 	
6	Risks arising from the Managed Services Programme implementation.	Liz Bruce	David Evans	ALT	Weekly Review	Continuing to experience risks arising from a difficult implementation of the Managed Services Programme. In addition to some problems around payment to suppliers, there are also significant issues around the accuracy of staff information which have resulted in some staff getting incorrectly paid and lack of clarity about leave arrangements. This situation if not resolved could have a significant impact on the end of year accounts and financial controls.	Yes	Yes	Yes			12	4-Probable	4-High	16	↔	<ul style="list-style-type: none"> - The Adult Social Care, Public Health finance and commissioning managers have been where necessary arranging for ad-hoc emergency payments to be made to the smaller and more vulnerable providers and suppliers. - Some legacy systems have been retained (e.g. Abacus) to minimise the impact on customers and charging. - Working with HR to improve staffing information on Agresso. - Continue to lobby Corporate for more training and technical solutions. 	

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7	Complexity of change programmes in ASC and NHS	Liz Bruce	Rachel Wigley	ALT	Quarterly Review	The change programme in Adult Services and in whole systems with the NHS is very complex and there are risks arising from interdependencies, mis alignment of projects and double counting of benefits. There are also risks of slippage due to need for significant leadership, management capacity and additional programme resources to deliver. There are also risks of delays in decision making due to complex bureaucracy	Yes	Yes	Yes			16	3 - Occasional	4- High	12	↓	New ASC leadership team now in place. Customer Journey will align operational services. Commissioning Review to deliver new commissioning structure. Robust programme management approach and shared governance arrangements with NHS. ASC new whole systems lead to ensure consistent approach to working with CCGs. Business case for additional resources costs have been signed off and recruitment commenced to some posts.
8	Risk of exposure to judicial challenge resulting from the Care Act reforms and lack of clarity in the regulations and guidance.	Liz Bruce	Kevin Beale	ALT	Quarterly Review	Lack of clarity in the regulations and guidance, potentially impact on local decisions about service users, self funders, and carers.	Yes	Yes	Yes	Yes	Yes	16	3 - Occasional	4- High	12	↔	Lobby DH through regional ADASS about any concerns issues resulting from the final publication of care act regulations and guidance in October. Learn from Case Law, as it arises nationally post April 2015. Our legal team are working with the London Lawyers Group to monitor specific issues related to the Care Act Guidance. There are some parts of the guidance that are ambiguous and therefore require close contact with the DoH if any related JRs are upheld.
9	Better Care Fund benefits could be less than expected.	Stella Baillie / Selina Douglas	Martin Calleja	Portfolio Delivery Board	Quarterly Review	Risk that BCF benefits/savings could be lower than expected re: - Integrated Operational Services and - Integrated contracting and commissioning of residential and nursing care. Benefits could be delayed or reduced and overlap with other contract efficiency savings - and risk achievement of savings targets. Particular risk that CIS service does not achieve the required volumes / throughput to achieve benefits.	Yes	Yes				12	4 - Probable	4- High	16	↔	Benefits Tracker developed across the programme. External evaluation taking place of increased demand for social care, from health. Group A savings contingent on Community Independence Service: regular data collection and review in progress via Lead Providers Oversight Group (LPOG) meeting. Savings gaps flagged at Joint Finance Oversight Group (JFOG), Joint Executive Team (JET) and Better Care Fund Board. Workshop in Autumn to consider other opportunities. Heads of Finance agree composite picture for savings and investment. Monitor spending against projection regularly and report any deviations as priority.
10	Safeguarding risks	Liz Bruce	Helen Banham	ALT	Quarterly Review	Risk of serious safeguarding incident, death or serious injury of vulnerable residents	Yes		Yes	Yes		8	2 - Remote	4- High	8	↔	Robust safeguarding processes in place in operational and provider services and partner organisations. Regular auditing and QA of processes and measuring effectiveness reporting to Safeguarding Adults Board. SIPS meeting includes CQC and regular discussions about quality and safety of providers.
11	Reduction in Adult Social Care expenditure and Commissioning budget leading to services being commissioned that are not 'good' quality and not able to deliver outcomes.	Selina Douglas	Mary Dalton and Paul Rackham	CoCo	Quarterly Review	Since 2009 Officers have continually sought ways to drive efficiencies in contracted services whilst striving to improve service quality. As need to find efficiencies has increased there is a real risk that we are not able to guarantee the quality of our service provision.	Yes	Yes	Yes	Yes	No	16	4 - Probable	4- High	16	↔	Commissioning Strategy being developed to explore new approaches to commissioning services in the context of reducing resources including enterprise, outsourcing and new purchasing and community agencies.
12	Failure to deliver an effective ASC service model to meet requirements of the Care Act	Liz Bruce	Martin Calleja	Portfolio Delivery Board	Quarterly Review	Operational services and commissioning delivering the Care Act requirements at a time of significant other transformation. Target operating model requirements not clearly defined given the complexity of Transformation Portfolio Delivery with all its projects and programme interdependencies and / or inability to effectively deliver the future state through a controlled approach.	Yes	Yes	Yes	Yes	Yes	14	2 - Remote	4- High	8	↓	Interdependencies between projects and programmes was mapped. and compile benefits plan to track successful delivery. Follow national programme office tools and guidance across DoH, LGA and ADASS which supports local authorities to implement the Care Act. A set of standard operating procedures have been rolled out to the ASC teams to enable staff to follow Care Act compliant processes. Staff have opportunity through various channels to feedback if any of the SOPs are unworkable or misleading so that any corrections can be made immediately. Phase 1 successfully implemented; Phase 2 deferred by Govt until 2020.
13	Effective management of contracts due to limited resources	Selina Douglas	Sherifah Scott	CoCo	Monthly Review	The procurement team are responsible for managing 250 contracts. Alongside that they are scheduled to carry out a large number of procurements. This means there is a risk that some high value contracts are not being monitored effectively and some contracts are not being monitored at all.	Yes	Yes	Yes			16	3 - Occasional	4- High	12	↓	A Managing Supplier Performance Framework has been developed which sets a framework for the amount of contract monitoring resource to be allocated to each contract, thus ensuring that the highest risk/highest value/lowest performing contracts are monitored appropriately. Commissioning Review will better combine contract management with service development and commissioning enabling a more holistic approach and address capacity issues. Commissioning Plan will look at new models of procurement to reduce the amount of contracts directly required monitoring etc.
14	Lack of integrated and coherent partnership approach to mental health commissioning	Selina Douglas	Paul Rackham / Pauline Mason	CoCo	Quarterly review	A risk that joint commissioning priorities will be lost or subjected to the wider NHS agenda. This might impact on LA ability to deliver an integrated offer to individuals with mental health needs resulting in an increased pressure on social care, housing, employment and benefit agencies.	Yes	Yes	Yes	Yes		15	3 - Occasional	4- High	12	↓	Executive management oversight of mental health priorities through Whole Systems Review process. Senior management ownership of MH priorities through MH Integrated Plan and MH Programme Board. Clear identification of work areas and clarification about which organisation will lead following transition. ASC MH commissioner now in place to provide capacity around day services. Further liaison with CCGs to improve co-ordination.

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15	Inconsistent Multi Disciplinary Team service designs in local CCGs.	Liz Bruce	Chris Neal	ALT	Quarterly Review	There is a risk that because the Central London CCG Whole Systems model of geographic 'villages' is not consistent with the BCF proposals in West London and Hammersmith and Fulham, there will be a negative impact on the potential to develop single models of service (e.g. CIS, Long Term Social Work service, Home Care) across the ASC shared service. Risk that social care included in x3 CCG MDT models differently; inconsistent involvement and influence of ASC in design of MDTs			Yes			15	3 - Occasional	4- High	12	↓	<p>Ensure positive engagement with WS Early Adopters design processes by operational Heads of Service.</p> <p>ASC CIS, Hospital discharge and long term social work teams all part of Customer Journey redesign.</p> <p>New Whole Systems ASC Director now appointed to improve co-ordination.</p> <p>New Head of Whole Systems appointed</p>
16	There is a risk of poor quality service provision in care homes where the Council has spot purchased beds which could result in poor care outcomes for individuals.	Selina Douglas	Sherifah Scott	CoCo	Quarterly Review	At present there is significant spend with a number of residential/nursing care providers with no block contract in place, only individual contracts relating to the care for the customer. As a result we are not able to impact the quality of the overall home due to no formal contractual relationship being in place.	Yes		Yes	Yes		14	3 - Occasional	4- High	12	↓	<p>The Placement Review function is now situated within the placement and brokerage team and the review process has been redesigned so that Officers also pick up information about the home which is then fed back to the brokerage and review team.</p> <p>There are a number of homes identified to be moved onto a block contract based on the number of customers.</p> <p>The Commissioning Review will create more resources to focus on this area.</p> <p>Placement Board to be reestablished to identify and resolve issues as they arise.</p> <p>Regular SIPS meeting involves CQC and focuses on homes where there are quality and safety concerns.</p>
17	Deprivation of Liberty Safeguards applications continue to rise and the resources to process them remain fixed	Stella Baillie	Helen Banham	ALT	Quarterly Review	As a result of the Care Act, in Q1 14/15, 99 DOLS applications received; Q 1 15/16 264. At the end of Quarter 1 15/16 151 applications have been assessed (57% applications received). A risk of legal challenge for unauthorised detentions remains. Community DOLS are being scoped & applications to the COP made.	Yes	Yes	Yes	Yes		16	4 - Probable	4- High	16	↔	<p>Priorities for assessment (e.g. urgent referrals where the person may be objecting) are determined using ADASS guidelines. A system to ensure deaths in DOLS are notified to the Coroners is in place. Community DOLS requiring authorisation in the COP are being scoped and applications made.</p> <p>The risk of legal challenge is low for 3B as all local authorities in the same situation. 3B ASC are making submissions to the Law Commission Review of DOLS. A system to ensure deaths in DOLS are notified to the Coroners is in place. Community DOLS requiring authorisation in the COP is being scoped and applications made.</p>
18	Operational services do not achieve the level of change to head count, and changes to methods of working and behaviour or is insufficient.	Stella Baillie	Matthew Castle	Customer Journey	Monthly Review	Insufficient change in practice risks the efficiency savings not being realised and targets missed. Associated risk that ICT changes aren't delivered in time to support the practice changes.		Yes	Yes			16	4 - Probable	4- High	16	↔	<p>Staff changes are factored into the Customer Journey programme at all stages with clear staff engagement and expression of what the future will look like.</p> <p>Dedicated IT workstream established in Customer Journey programme..</p>
19	Fundamental change to the way that home care providers deliver services.	Selina Douglas	Christian Markandu	Homecare	Monthly Review	New model of home care has personal support planning and re enabling elements. These are key to achieving efficiencies and improved outcomes.		Yes	Yes			16	3 - Occasional	4- High	12	↓	<p>Partnership working between local authority and new providers. Support training and development of care workers Learning & Organisational Development supporting this.</p>
20	There is a risk that new providers are not able to mobilise a team to pick-up existing packages.	Selina Douglas	Christain Markandu	Homecare	Monthly Review	If this risk materialises, then this will slow down transfer of customers on new contract	Yes	Yes	Yes			12	3 - Occasional	4- High	12	↓	<p>Robust implementation plan including built-in contingency plan and risk rating of new providers.</p>
21	Dual IT systems in Mental Health Services / no interoperability/ poor IT hardware / systems access and IT support for the specific needs of MH services.	Stella Baillie	SW Lead / Trust managers	MH management	Quarterly Review	Significant challenges with IT systems within MH partnerships with two different IT systems being used. Difficult to get whole picture, difficult to get accurate management information, impact on practitioners efficiency having to use two different systems for accessing and recording information. Wide group of stakeholders key group being staff and customers. Particularly difficult re WLMHT.	Yes	Yes	Yes	Yes	Yes	15	5 - Likely	4- High	20	↔	<p>Define minimum core MH dataset for social care system (Fwi) to support MSP, operational and strategic information needs.</p> <p>Negotiate with WLMHT around provision of data and achieving improvements in data quality..</p> <p>Support for use of Agresso to ensure providers receive payment.</p>
22	Risk to quality and continuity of provided services as a result of failure of major third party/partner supplier relationships to provide facilities management and infrastructure.	Stella Baillie	Kevin Williamson	Provided Services Board	Quarterly Review	Risk that provided services do not meet quality standards adversely affecting customers satisfaction and personal outcomes and risking reputation.	Yes	Yes	Yes	Yes	Yes	8	2 - Remote	4- High	8	↔	<p>Effective monitoring of the contracts at every level.</p> <p>Effective contract / int SLA specs from the outset, with partners and third parties properly understanding the service need.</p> <p>Robust plans and partnership arrangements.</p> <p>All stakeholders working to ensure effective relationships built and maintained (inc internal partners such as Assessment Teams).</p>

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23	IT collaboration tools to support three borough working and partnerships with NHS	Rachel Wigley	Brian Vallis	IT Board	Quarterly Review	It is challenging working across 3 boroughs despite there being a number of freely available pieces of software to share calendars, files and information (for example Huddle, Media fire, Doodle). We are also working very closely with Health Partners in delivering the Better Care Fund there are currently no workable file sharing applications which we can use to facilitate this work. This will effect staff and customers. Ultimately the inability to keep up with technology will reflect on the services we provide. From both an operational and strategic perspective the use of multi case management systems across the NHS and social care creates particular risks.	Yes	Yes	Yes	Yes		15	3 - Occasional	5- Very High	15	↔	<p>What actions are planned to mitigate the risk ?</p> <p>Actively lobbying corporate IT.</p> <p>Piloting system solutions (e.g. SYSONE) to support joint operational working with NHS.</p> <p>Exploring greater use of mobile technology.</p> <p>Engaged with NWL CCGs in developing NWL data warehouse to provide strategic capability and support development of whole systems working and evaluation.</p>