

**BRISTOL CITY COUNCIL**

**Audit Committee**

**17<sup>th</sup> January 2014**

**Report of: Interim Director of People**

**Report Title: Departmental Risk Register (DRR) – Health & Social Care Element**

**Ward: Citywide**

**Officer presenting report: Mark Wakefield, Service Manager, Performance & Infrastructure**

**Contact Telephone Number: 0117 9224738**

**RECOMMENDATION**

The Audit Committee

1. Review and approve the People (Health & Social Care) Directorate Risk Register at Appendix 1.

**SUMMARY**

This report covers the Quarter 2 risk management review for 2013/14.

**The significant issues in the report are:**

- There are no risks rated as High taking into account the mitigations in place.
- The target risk matrix is introduced at Appendix 2 setting out the scope for further reducing risk.
- The Health & Social Care Directorate risk log will need to be reassessed within the People directorate, and a consistent approach taken to rating risks across this new directorate.

**Policy**

It was recently agreed by the Audit Committee for Directorate risk register reports to be

presented as a main agenda item.

### **Consultation:**

**Internal:** Officers from within the Directorate, including risk owners, mitigation owners, the risk champion and the Directorate Leadership Team were consulted.

**External:** None necessary

## **1. Background**

- 1.1 This report is produced as a final review of the risk status before the Health & Social Care Directorate became part of the People Directorate. It is presented in that context, recognising that future reports will take account of the new Bristol City Council directorate structure.
- 1.2 The risks associated with caring for vulnerable people, through both internal and external service provision carries inherent risk which cannot be fully mitigated. The aim therefore is to minimise the residual risk in this most important of areas. This principal risk is to be found on the corporate risk register (CRR25) as well as the legacy HSC directorate risk register.

## **2. Quarter 2 Directorate risk register review**

- 2.1 Appendix 1 provides full details of the current directorate risks and how these risks are being managed. Only one of these risks is on the corporate risk register - CRR025.
- 2.2 Currently there are 11 risks recorded on the HSC risk register and these are presented in order of highest current risk. There are no risks rated as high currently.
- 2.3 Six risks are currently considered as medium risk when considering the effectiveness of current mitigation in place to manage the risk. The remaining 5 are rated as low risk.
- 2.4 There has not been any movement in the H/M/L rating of risks this quarter. The detail in Appendix 1 shows that the majority of mitigations for the major risks are still in place, or have been updated to reflect current working practices in the directorate.
- 2.5 Target risk levels have been included for the first time in Appendix 2. There is current work which aims to reduce 2 of the risks further.
- 2.6 This is the final HSC stand alone directorate risk review. Future focus on these risks will take place with consistency across HSC and CYPS from within the People Directorate.

## **4. Risk Assessment**

- 4.1 A robust and effective risk management process serves to minimise the risk of failures in

the Council's service provision. It supports the internal control environment and governance arrangements, whilst providing for Member involvement in ensuring that risks facing the Council are properly addressed and managed.

## **5. Equalities Impact Assessment**

5.1 None necessary for this report

## **6. Legal and Resource Implications**

6.1 **Legal** - N/A

6.2 **Resource** - N/A

## **Appendices**

Appendix 1 – 2<sup>nd</sup> Qtr Health & Social Care Directorate Risk Register 2013/14

Appendix 2 - Risk Improvement -Target Projection

## **LOCAL GOVERNMENT ACCESS TO INFORMATION**

**Background Papers**      Relevant background details held on SPAR.net

2013/14 - QUARTER 2 RISK REPORT

**HSC DIRECTORATE RISK REGISTER - SUMMARY  
HEADER**

|                |            |             |              |             |
|----------------|------------|-------------|--------------|-------------|
|                | <i>No.</i> | <i>Day</i>  | <i>Month</i> | <i>Year</i> |
| <b>VERSION</b> | <b>20</b>  | <b>17th</b> | <b>Jan</b>   | <b>2014</b> |

| VERSION CONTROL HISTORY |                     |             |  |             |                        |             |
|-------------------------|---------------------|-------------|--|-------------|------------------------|-------------|
| Version No.             | Reviewed By:        | Review Date |  | Version No. | Reviewed By:           | Review Date |
| 11                      | Audit Committee     | 27/9/10     |  | 16          | HSC Management Team    | 9/8/12      |
| 12                      | Audit Committee     | 10/6/11     |  | 17          | Audit Committee        | 28/9/12     |
| 13                      | HSC Management Team | 7/9/11      |  | 18          | Risk Champion Handover | 9/4/13      |
| 14                      | HSC Management Team | 14/1/12     |  | 19          | HSC Management Team    | 27/11/13    |
| 15                      | HSC Management Team | 10/4/12     |  | 20          | For Audit Committee    | 17/1/14     |

|  |   |             |                     |                     |                     |
|--|---|-------------|---------------------|---------------------|---------------------|
| <p><b>RISK ASSESSMENT</b></p> <p><b>METHODOLOGY</b></p> <p>Each risk is assessed according to the potential impact and likelihood (low [=1], medium [=2] or high [=3]) of the risk occurring, and scored by cross multiplying.</p> | <p><b>I</b></p> <p><b>M</b></p> <p><b>P</b></p> <p><b>A</b></p> <p><b>C</b></p> <p><b>T</b></p> | High        | <b>H/L</b><br>3x1=3 | <b>H/M</b><br>3x2=6 | <b>H/H</b><br>3x3=9 |
|  |   | Med         | <b>M/L</b><br>2x1=2 | <b>M/M</b><br>2x2=4 | <b>M/H</b><br>2x3=6 |
|  |   | Low         | <b>L/L</b><br>1x1=1 | <b>L/M</b><br>1x2=2 | <b>L/H</b><br>1x3=3 |
|  |   | Low         | Low                 | Med                 | High                |
|  |   | <b>RISK</b> | <b>LIKELIHOOD</b>   |                     |                     |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

### Report for 2013-2014 For Health and Social Care Not Including Child Projects records, Including Mitigation records

#### Key to Performance Status:

|             |                             |                        |                    |                  |                          |
|-------------|-----------------------------|------------------------|--------------------|------------------|--------------------------|
| Mitigation: | <b>Well behind schedule</b> | <b>Behind schedule</b> | <b>On schedule</b> | <b>Completed</b> | <b>No Data available</b> |
| Risks:      | <b>Review Overdue (0+)</b>  | <b>High (6+)</b>       | <b>Medium (3+)</b> | <b>Low (1+)</b>  |                          |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

| <b>Risk: Adult Care</b> An adult older or vulnerable person suffers avoidable death, serious injury or abuse whilst under the care of the council. |  |   |  |   | <b>Risk Code: CRR025</b> |
|--|--|---|--|---|--------------------------|
| <b>Inherent Status: High (6)</b>   |  | <b>Inherent Risk Severity: High</b>   |  | <b>Inherent Risk Likelihood: Medium</b>       |                          |
| <b>Date Identified: 01 Apr 2009</b>  |  |   | <b>Service: Corporate Indicators (HSC)</b> |   |                          |
| <b>Mitigation records</b>  |  |   |  |   |                          |
| Mitigation Status  | Mitigation   | Info  | Responsible Person                         | Date Identified                               | Last Review Date         |
| On schedule  | Adherence to H&S requirements, risk assessments with adequate mitigations for risk in place. | Completion of corporate H&S management system (CHASMS) by all managers and reviewed.  | Netta Meadows                              | 01/04/2009                                    | 27/11/2013               |
| On schedule  | Adherence to professional standards, supervision, pmds.                                      | No Secrets in Bristol policy in place.<br>Whistleblower process publicised.<br>All referrals triaged by senior practitioners.<br>OATS Panel in place.<br>New service focussed on service users at risk.   | Mike Hennessey                             | 01/04/2009                                    | 27/11/2013               |
| On schedule  | Ceasing admissions to care homes where concerns have been reported.                          | Ongoing monitoring visits by quality assurance officers have assisted in raising the standards with Care Homes. Currently consulting on changes to the quality assurance framework.   | Netta Meadows                              | 01/04/2009                                    | 27/11/2013               |
| On schedule  | Compliance with care management policies / procedures.                                       | Social Workers registered with HCPC, supervised and records kept.<br>Case Discussion Forum implemented.<br>Support plans checked by care Brokerage Team.<br><br>Revised Care management structure which more clearly identifies roles and responsibilities for teams and avoids the risk of | Mike Hennessey                             | 01/04/2009                                    | 27/11/2013               |
| <b>Printed by: Dick Lawrence</b>   |  |   | <b>SPAR.net</b>                            | <b>Print Date: 23 December 2013<br/>08:59</b> |                          |

| <b>2013/14 Health &amp; Social Care - ALL RISKS (CRR and DRR)</b> |  |   |                               |   |                         |
|---|--|---|-------------------------------|---|-------------------------|
| <b>Mitigation records</b>   |  |   |                               |   |                         |
| <b>Mitigation Status</b>  | <b>Mitigation</b>  | <b>Info</b>   | <b>Responsible Person</b>     | <b>Date Identified</b>                        | <b>Last Review Date</b> |
|   |  | silod approaches.<br>Active PQ programme in place for qualified staff.  |                               |   |                         |
| On schedule   | Emergency Duty Team work with Out of Hours Team  | EDT to work closely with OOH to identify and pick up the care needs for the more vulnerable adults whose packages are at risk. This includes those with mental Health needs due to the closure of the assessment beds at Callington Road Hospital.  | Vareta Bryan                  | 18/11/2013                                    | <b>27/11/2013</b>       |
| On schedule   | Lessons learnt report on serious incidents (national and local eg. Winterbourne View) and complaints | Lessons Learnt from recent safeguarding complaints have been shared with practitioners and reviewed by planning boards. This has assisted in improving practice.<br><br>Lessons from the Winterbourne View Serious case Review, and the Francis report have been shared with managers and practitioners.<br><br>All new appropriately identified staff are CRB checked and robust risk assessments in place whilst waiting for CRB clearance. | Mike Hennessey                | 01/04/2009                                    | <b>27/11/2013</b>       |
| On schedule   | Regular inspection and regulatory processes undertaken by CQC  | All regulated services managed by the City Council are quality monitored by CQC. Activities identified in action plans are and have been addressed.   | Vareta Bryan                  | 01/04/2009                                    | <b>27/11/2013</b>       |
| On schedule   | Safe recruitment processes / DBR checks for staff working with vulnerable adults.                    | Appropriately identified staff employed by the Council are all DBR checked prior to commencement of employment. Any Emergency staff that are employed before the are not permitted to work alone, and an appropriate risk assessment for them is signed off by 2nd tier officer. Care staff are QCF/NVQ trained to appropriate standards and regularly supervised. They also receive an annual PMDS.  | Vareta Bryan                  | 01/04/2009                                    | <b>27/11/2013</b>       |
| On schedule   | We regularly monitor all services against a structured quality monitoring framework                  | Providers are quality monitored in a proactive way to ensure high standards of care. This allows for essential scrutiny of services and gives an additional opportunity to talk to staff and users regarding the service. The Quality Assurance Framework has been reviewed and is now at the consultation stage.   | Netta Meadows                 | 01/04/2009                                    | <b>27/11/2013</b>       |
| <b>Current Status:</b>  |  | <b>Previous Status:</b>   | <b>Current Risk Severity:</b> | <b>Current Risk Likelihood:</b>               |                         |
| <b>Printed by: Dick Lawrence</b>                                  |  |   | <b>SPAR.net</b>               | <b>Print Date: 23 December 2013<br/>08:59</b> |                         |

| <b>2013/14 Health &amp; Social Care - ALL RISKS (CRR and DRR)</b> |                   |                                  |               |
|---|-------------------|----------------------------------|---------------|
| <b>Medium (4)</b>   | <b>Medium (4)</b> | <b>Medium</b>                    | <b>Medium</b> |
| <b>Risk Champion: Mark Wakefield</b>                              |                   | <b>Risk Owner: Alison Comley</b> |               |
| <b>Review Note:</b>   |                   |                                  |               |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

| <b>Risk: Health and Adult Social Care overspend</b> Failure to come in on budget for the first time for a number of years. Efficiency savings and the benefit realisation from the transformation programme push costs up in other areas. Failure to achieve Value for Money.<br>Existing forecasts of demand growth are exceeded by reality due to cuts to other public services. Unplanned cuts to services to balance budgets leading to reputational damage. |  |   |  |   | <b>Risk Code: DRR - HS034</b> |
|--|--|---|--|---|-------------------------------|
| <b>Inherent Status: High (9)</b>   |  | <b>Inherent Risk Severity: High</b>   |  | <b>Inherent Risk Likelihood: High</b>               |                               |
| <b>Date Identified: 01 Apr 2009</b>  |  |   | <b>Service: Corporate Indicators (HSC)</b> |   |                               |
| <b>Mitigation records</b>  |  |   |  |   |                               |
| Mitigation Status  | Mitigation   | Info  | Responsible Person                         | Date Identified                                     | Last Review Date              |
| On schedule  | Action Plan for 13/14 Prepared by HSC DLT                                      | The department has an action plan to come in on budget in 13/14 as it has done for the last 3 years. Pressure points are currently in demand for home care and nursing care.  | Mark Wakefield                             | 18/11/2013  | 27/11/2013                    |
| Completed  | Action Plan prepared by HSC DLT with Cabinet endorsement                       | MTFP reduction of £5m achieved in 2012/13 and £7m set for 2013/14. Plans include streamlining care management, implementing a new model for day opportunities and residential care while reducing high cost placements. Savings identified within operating budgets. Currently forecasting an underspend of £64k against a budget of £126m. | Alison Comley                              | 01/04/2011  | 27/11/2013                    |
| Completed  | Additional resources examining demand model                                    | Transformation Programme is continuing to develop demand modelling to predict future needs and demographic changes in order to inform the MTFP and commissioning strategies. This development is ongoing.   | Netta Meadows                              | 01/04/2009  | 27/11/2013                    |
| Completed  | Create and use of reserves and provisions consistent with accounting standards |   | Alison Comley                              | 22/03/2011  | 27/11/2013                    |
| Completed  | Identify sources of additional funding   | Collaboration with external funders e.g. PCT/CCG, DoH.  | Alison Comley                              | 22/03/2011  | 27/11/2013                    |
| On schedule  | Maintain financial controls and governance arrangements                        | Report to budget holders and agree actions to respond to forecast overspends and underspends.   | Alison Comley                              | 22/03/2011  | 27/11/2013                    |
| On schedule  | Regular monthly monitoring   | Monitor in year budget v forecast, income and expenditure together with identification of corrective action.  | Mark Taylor                                | 01/04/2009  | 27/11/2013                    |
| On schedule  | Report to line management  | Advise Assistant Mayor and other elected members as necessary on the financial position.  | Alison Comley                              | 22/03/2011  | 27/11/2013                    |
| <b>Printed by: Dick Lawrence</b>   |  | <b>SPAR.net</b>   |  | <b>Print Date: 23 December 2013</b><br><b>08:59</b> |                               |



| <b>2013/14 Health &amp; Social Care - ALL RISKS (CRR and DRR)</b> |   |   |                                      |                        |  |
|---|---|---|--------------------------------------|------------------------|--|
| <b>Mitigation records</b>   |   |   |                                      |                        |  |
| <b>Mitigation Status</b>  | <b>Mitigation</b>   | <b>Info</b>   | <b>Responsible Person</b>            | <b>Date Identified</b> | <b>Last Review Date</b>                |
| On schedule   | Work with CCGs and Health Partners on transfers of social care money. | Continue to work with health partners on Section 256 transfer agreements through health and wellbeing board and other boards locally. | Mark Wakefield                       | 18/11/2013             | <b>27/11/2013</b>                      |
| <b>Current Status: Medium (4)</b>                                 |   | <b>Previous Status: Medium (4)</b>  | <b>Current Risk Severity: Medium</b> |                        | <b>Current Risk Likelihood: Medium</b> |
| <b>Risk Champion: Mark Wakefield</b>                              |   |   | <b>Risk Owner: Alison Comley</b>     |                        |  |
| <b>Review Note:</b>   |   |   |                                      |                        |  |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

| <b>Risk: Provision of below standard services</b> Provision of below standard services in regulated service area and inspection carried out by Care Quality Commission (CQC).<br>Reputational risk to the authority. |   |  |  | <b>Risk Code: DRR - HS001</b>           |                  |
|--|---|--|--|---|------------------|
| <b>Inherent Status: High (6)</b>   |   | <b>Inherent Risk Severity: High</b>  |  | <b>Inherent Risk Likelihood: Medium</b> |                  |
| <b>Date Identified: 31 Dec 2010</b>  |   |  | <b>Service: Corporate Indicators (HSC)</b> |   |                  |
| <b>Mitigation records</b>  |   |  |  |   |                  |
| Mitigation Status  | Mitigation  | Info   | Responsible Person                         | Date Identified                         | Last Review Date |
| On schedule  | Compliance with care management policies / procedures.                              | Social Workers registered with HCPC, supervised and records kept. Case Discussion Forum implemented. Support plans checked by care Brokerage Team. Revised Care management structure which more clearly identifies roles and responsibilities for teams and avoids the risk of silod approaches. Active PQ programme in place for qualified staff. | Mike Hennessey                             | 31/12/2010                              | 27/11/2013       |
| On schedule  | Follow up remedial action in relation to poor performance areas.                    | As part of all quality monitoring issues of concern are raised with providers and addressed in a timely fashion. A revised Quality Framework is at the consultation stage.   | Netta Meadows                              | 31/12/2010                              | 27/11/2013       |
| On schedule  | Identify of areas of potential poor performance through ongoing service monitoring. | Quality assurance undertaken as part of quality monitoring framework. A revised Quality Framework is at the consultation stage.  | Netta Meadows                              | 31/12/2010                              | 27/11/2013       |
| On schedule  | Monitor casework practice and other areas known to be on CQC inspection agenda.     | All regulated services managed by the City Council are quality monitored by CQC. Activities identified in action plans are and have been addressed.  | Mike Hennessey                             | 31/12/2010                              | 27/11/2013       |
| <b>Current Status: Medium (4)</b>  |   | <b>Previous Status: Medium (4)</b>   |  | <b>Current Risk Severity: Medium</b>    |                  |
| <b>Risk Champion: Mark Wakefield</b>   |   |  | <b>Risk Owner: Alison Comley</b>           |   |                  |
| <b>Review Note:</b>  |   |  |  |   |                  |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

|   |   |  |  |   |                         |
|---|---|--|--|---|-------------------------|
| <b>Risk: Major Information &amp; Communications Technology (I&amp;CT) project failure</b> |   |  |  | <b>Risk Code: DRR - HS002</b>           |                         |
| _Major Information & Communications Technology (I&CT) project failure or non-delivery.    |   |  |  |   |                         |
| <b>Inherent Status: High (6)</b>  |   | <b>Inherent Risk Severity: High</b>  |  | <b>Inherent Risk Likelihood: Medium</b> |                         |
| <b>Date Identified: 31 Dec 2010</b>   |   |  | <b>Service: Corporate Indicators (HSC)</b> |   |                         |
| <b>Mitigation records</b>   |   |  |  |   |                         |
| <b>Mitigation Status</b>  | <b>Mitigation</b>   | <b>Info</b>  | <b>Responsible Person</b>                  | <b>Date Identified</b>                  | <b>Last Review Date</b> |
| Completed   | Provide adequate resources  |  | Alison Comley                              | 31/12/2010                              | 27/11/2013              |
| Completed   | Regularly monitor project progress                                      | Monitoring of results from EMS to continue. Implementation now complete, monitoring ongoing. | Netta Meadows                              | 31/12/2010                              | 27/11/2013              |
| On schedule   | Replacement of Paris social care system and ancilliary finance systems. | Implementation of new system through care management project board                           | Mike Hennessey                             | 29/06/2012                              | 27/11/2013              |
| <b>Current Status: Medium (4)</b>   |   | <b>Previous Status: Medium (4)</b>   |  | <b>Current Risk Severity: Medium</b>    |                         |
|   |   |  |  | <b>Current Risk Likelihood: Medium</b>  |                         |
| <b>Risk Champion: Mark Wakefield</b>  |   |  | <b>Risk Owner: Alison Comley</b>           |   |                         |
| <b>Review Note:</b>   |   |  |  |   |                         |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

| <b>Risk: Serious, systemic Health and Safety failure</b> Serious, systemic Health and Safety failure, leading to prosecution, serious injury or death of member of staff, service user or member of public Civil or criminal prosecution by HSE, or Improvement Notice. Financial losses if found guilty in prosecution. Reputation losses of health and safety failures. High cost of corrective action to ensure failures do not recur. |   |  |  |  | <b>Risk Code: DRR - HS007</b> |
|---|---|--|--|--|-------------------------------|
| <b>Inherent Status: High (9)</b>  |   | <b>Inherent Risk Severity: High</b>  |  | <b>Inherent Risk Likelihood: High</b>  |                               |
| <b>Date Identified: 31 Dec 2010</b>   |   |  | <b>Service: Corporate Indicators (HSC)</b> |  |                               |
| <b>Mitigation records</b>   |   |  |  |  |                               |
| <b>Mitigation Status</b>  | <b>Mitigation</b>   | <b>Info</b>  | <b>Responsible Person</b>                  | <b>Date Identified</b>                 | <b>Last Review Date</b>       |
| On schedule   | Audit of H&S compliance by corporate H&S Advisors         | 8 H&S audits programmed for 2013/14.   | Netta Meadows                              | 31/12/2010                             | 27/11/2013                    |
| Completed   | Full implementation of H&S Annual Action Plan 2012/13     |  | Netta Meadows                              | 31/12/2010                             | 27/11/2013                    |
| On schedule   | Full implementation of H&S Annual Action Plan 2013/14     | Action plan signed off and presented at Corporate Employee H&S Consultation Committee. | Netta Meadows                              | 21/06/2011                             | 27/11/2013                    |
| Completed   | Identify management role to lead on H&S issues within HSC |  | Alison Comley                              | 31/12/2010                             | 27/11/2013                    |
| Completed   | Implement Corporate H&S Management System (CHASMS)        |  | Netta Meadows                              | 31/03/2010                             | 27/11/2013                    |
| On schedule   | Review CHASMS and Health & Safety action plan.            | Target is for 95% completion of CHASMS in 2013/14.                                     | Netta Meadows                              | 31/12/2010                             | 27/11/2013                    |
| <b>Current Status: Medium (4)</b>   |   | <b>Previous Status: Medium (4)</b>   |  | <b>Current Risk Severity: Medium</b>   |                               |
|   |   |  |  | <b>Current Risk Likelihood: Medium</b> |                               |
| <b>Risk Champion: Mark Wakefield</b>  |   |  | <b>Risk Owner: Alison Comley</b>           |  |                               |
| <b>Review Note:</b>   |   |  |  |  |                               |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

| <b>Risk: HSC Transformation Programme fails to deliver objectives</b> HSC |   |  |  | <b>Risk Code: DRR - HS011</b>           |                  |
|---|---|--|--|---|------------------|
| Transformation Programme fails to deliver objectives.                     |   |  |  |   |                  |
| <b>Inherent Status: High (6)</b>  |   | <b>Inherent Risk Severity: High</b>  |  | <b>Inherent Risk Likelihood: Medium</b> |                  |
| <b>Date Identified: 31 Dec 2010</b>                                       |   |  | <b>Service: Corporate Indicators (HSC)</b> |   |                  |
| <b>Mitigation records</b>   |   |  |  |   |                  |
| Mitigation Status   | Mitigation  | Info   | Responsible Person                         | Date Identified                         | Last Review Date |
| Completed   | Adequate capability of the organisation to deliver the programme. | Recruitment and retention of skilled and competent Operational and Project Managers.   | Alison Comley                              | 25/03/2011                              | 27/11/2013       |
| Completed   | Appoint Programme Managers to lead projects.                      | Appoint Programme Manager to lead programme.   | Alison Comley                              | 31/12/2010                              | 27/11/2013       |
| Completed   | Corporate resources are available to deliver Business Case.       | Work with business partners and Portfolio Management Group to identify resource needs.   | Alison Comley                              | 25/03/2011                              | 27/11/2013       |
| On schedule   | Culture of organisation is not resistant to change.               | Address any resistance through clarity of vision and strategy informed by evidence. Workforce development programme to incorporate culture change initiatives and strong communication of changes needed. Introduction of Bristol Management Development Programme. Staff representative group formed. | Alison Comley                              | 25/03/2011                              | 27/11/2013       |
| On schedule   | Ensure people Directorate reaffirms programme objectives.         | Ensure people Directorate reaffirms programme objectives within the new corporate change programme. Projects in People to be adequately resourced.   | Alison Comley                              | 14/11/2013                              | 27/11/2013       |
| On schedule   | Implementation of Target Operating Model                          | Implement Operating model to drive service improvement and increase efficiency. Completion of projects in residential and day service transformation.  | Denise Hunt                                | 09/08/2012                              | 27/11/2013       |
| Completed   | Monitor projects within the Programme and progress reports        | Programme Board in place with monthly reporting to Portfolio Management Group.   | Denise Hunt                                | 31/12/2010                              | 27/11/2013       |
| <b>Current Status: Medium (4)</b>   |   | <b>Previous Status: Medium (4)</b>   |  | <b>Current Risk Severity: Medium</b>    |                  |
|   |   |  |  | <b>Current Risk Likelihood: Medium</b>  |                  |
| <b>Risk Champion: Mark Wakefield</b>                                      |   |  | <b>Risk Owner: Alison Comley</b>           |   |                  |
| <b>Review Note:</b>   |   |  |  |   |                  |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

| <b>Risk: Serious Fraud</b> Risk of Serious Fraud. Financial loss; adverse publicity; loss of reputation and public confidence |   |   |  | <b>Risk Code: DRR - HS003</b>           |                  |
|---|---|---|--|---|------------------|
| <b>Inherent Status: High (6)</b>  |   | <b>Inherent Risk Severity: High</b>   |  | <b>Inherent Risk Likelihood: Medium</b> |                  |
| <b>Date Identified: 31 Dec 2010</b>   |   |   | <b>Service: Corporate Indicators (HSC)</b> |   |                  |
| <b>Mitigation records</b>   |   |   |  |   |                  |
| Mitigation Status   | Mitigation  | Info  | Responsible Person                         | Date Identified                         | Last Review Date |
| On schedule   | Complete Fraud Assessment Workbook                                    | All identified third tier managers to arrange completion of workbook. Behind schedule, reminders sent to individuals. Use of Learning Pool and appropriate follow up to be continued. | Alison Comley                              | 31/12/2010                              | 27/11/2013       |
| On schedule   | Maintain controls, inspection, audit, budgeting and delegated limits. |   | Alison Comley                              | 31/12/2010                              | 27/11/2013       |
| Completed   | Raise fraud awareness in managers                                     | All 1 - 4th tier managers to complete E-Training Fraud Awareness for Managers. Majority now completed. Priority now for staff to complete Risk Management training                    | Alison Comley                              | 31/12/2010                              | 27/11/2013       |
| On schedule   | Regular internal audits as per agreed audit plan.                     |   | Alison Comley                              | 31/12/2010                              | 27/11/2013       |
| <b>Current Status: Low (2)</b>  |   | <b>Previous Status: Low (2)</b>   |  | <b>Current Risk Severity: Low</b>       |                  |
|   |   |   |  | <b>Current Risk Likelihood: Medium</b>  |                  |
| <b>Risk Champion: Mark Wakefield</b>  |   |   | <b>Risk Owner: Alison Comley</b>           |   |                  |
| <b>Review Note:</b>   |   |   |  |   |                  |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

| <b>Risk: Insufficient care to meet needs of community</b> e.g. lack of choice and availability of personalised care, home care, care home placements. |   |  |  | <b>Risk Code: DRR - HS004</b>           |                   |
|---|---|--|--|---|-------------------|
| <b>Inherent Status: High (6)</b>  |   | <b>Inherent Risk Severity: High</b>  |  | <b>Inherent Risk Likelihood: Medium</b> |                   |
| <b>Date Identified: 31 Dec 2010</b>   |   |  | <b>Service: Corporate Indicators (HSC)</b> |   |                   |
| <b>Mitigation records</b>   |   |  |  |   |                   |
| Mitigation Status   | Mitigation  | Info   | Responsible Person                         | Date Identified                         | Last Review Date  |
| On schedule   | Maintain market knowledge and awareness of available placements and fair pricing.                   | Use of the Enabling Commissioning Framework to ensure that all commissioning is needs led and demand is appropriately analysed.  | Netta Meadows                              | 31/12/2010                              | <b>27/11/2013</b> |
| Completed   | Publish purchasing intentions and commissioning strategies  | Publish purchasing intentions and commissioning strategies to signal to market and in house services the capacity required.  | Netta Meadows                              | 31/12/2010                              | <b>27/11/2013</b> |
| On schedule   | Support of in-house service through maintenance of staffing levels and reduction in sickness levels | SART Project and Health at Work initiative have delivered a reduction in sickness absence rates. Approaches to continue in order to maximise the usage of in house capacity to support the overall market for care services. | Vareta Bryan                               | 31/12/2010                              | <b>27/11/2013</b> |
| Completed   | Transformation Programme  | Develop demand modelling to predict future needs, demographic changes in order to inform MTFP and commissioning strategies. Drive service improvement and increase efficiency.   | Alison Comley                              | 31/12/2010                              | <b>27/11/2013</b> |
| On schedule   | Winter Pressures Planning   | HSC to work with acute trusts to ensure winter plans are in place. Attendance at urgent care boards and contributions to development of service/capacity plans for whole health & social care system.                        | Mark Wakefield                             | 14/11/2013                              | <b>27/11/2013</b> |
| <b>Current Status: Low (2)</b>  |   | <b>Previous Status: Low (2)</b>  |  | <b>Current Risk Severity: Low</b>       |                   |
|   |   |  |  | <b>Current Risk Likelihood: Medium</b>  |                   |
| <b>Risk Champion: Mark Wakefield</b>  |   |  | <b>Risk Owner: Alison Comley</b>           |   |                   |
| <b>Review Note:</b>   |   |  |  |   |                   |

## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

| <b>Risk: Major failure of key supplier of an externally contracted service.</b> Major failure of key supplier of an externally contracted service. |   |   |  | <b>Risk Code: DRR - HS008</b>           |                  |
|--|---|---|--|---|------------------|
| <b>Inherent Status: High (6)</b>   |   | <b>Inherent Risk Severity: High</b>   |  | <b>Inherent Risk Likelihood: Medium</b> |                  |
| <b>Date Identified: 31 Dec 2010</b>  |   |   | <b>Service: Corporate Indicators (HSC)</b> |   |                  |
| <b>Mitigation records</b>  |   |   |  |   |                  |
| Mitigation Status  | Mitigation  | Info  | Responsible Person                         | Date Identified                         | Last Review Date |
| On schedule  | Ongoing market management and communication with providers. | Specific and targeted communication through regular provider forums.                  | Netta Meadows                              | 22/03/2011                              | 27/11/2013       |
| On schedule  | Ongoing regular and effective contract monitoring           | Contract monitoring is in place in compliance with the corporate commissioning cycle. | Netta Meadows                              | 31/12/2010                              | 27/11/2013       |
| <b>Current Status: Low (2)</b>   |   | <b>Previous Status: Low (2)</b>   |  | <b>Current Risk Severity: Low</b>       |                  |
|  |   |   |  | <b>Current Risk Likelihood: Medium</b>  |                  |
| <b>Risk Champion: Mark Wakefield</b>   |   |   | <b>Risk Owner: Alison Comley</b>           |   |                  |
| <b>Review Note:</b>  |   |   |  |   |                  |

| <b>Risk: Serious breach of confidentiality/security of personal information</b> personal privacy infringement; financial loss |  |  |  | <b>Risk Code: DRR - HS009</b>           |                  |
|---|--|--|--|---|------------------|
| <b>Inherent Status: High (6)</b>  |  | <b>Inherent Risk Severity: High</b>  |  | <b>Inherent Risk Likelihood: Medium</b> |                  |
| <b>Date Identified: 31 Dec 2010</b>   |  |  | <b>Service: Corporate Indicators (HSC)</b> |   |                  |
| <b>Mitigation records</b>   |  |  |  |   |                  |
| Mitigation Status   | Mitigation   | Info   | Responsible Person                         | Date Identified                         | Last Review Date |
| On schedule   | Monitor compliance with established guidance.  | All staff to complete e-learning Information Security module and refresher training. | Netta Meadows                              | 31/12/2010                              | 27/11/2013       |
| Completed   | Nominate officer within the department to co-ordinate management of Information Security issues. | Member of Information Assurance Board.   | Alison Comley                              | 22/03/2011                              | 27/11/2013       |
| <b>Current Status: Low (2)</b>  |  | <b>Previous Status: Low (2)</b>  |  | <b>Current Risk Severity: Low</b>       |                  |
|   |  |  |  | <b>Current Risk Likelihood: Medium</b>  |                  |
| <b>Risk Champion: Mark Wakefield</b>  |  |  | <b>Risk Owner: Alison Comley</b>           |   |                  |
| <b>Review Note:</b>   |  |  |  |   |                  |



## 2013/14 Health & Social Care - ALL RISKS (CRR and DRR)

| <b>Risk: Inadequate response to an emergency or continuity challenge</b> Inadequate response to an emergency or continuity challenge leading to unacceptable disruptions to the delivery of critical services |   |  |  | <b>Risk Code: DRR - HS010</b>           |                   |
|---|---|--|--|---|-------------------|
| <b>Inherent Status: High (6)</b>  |   | <b>Inherent Risk Severity: High</b>  |  | <b>Inherent Risk Likelihood: Medium</b> |                   |
| <b>Date Identified: 31 Dec 2010</b>   |   |  | <b>Service: Corporate Indicators (HSC)</b> |   |                   |
| <b>Mitigation records</b>   |   |  |  |   |                   |
| Mitigation Status   | Mitigation  | Info   | Responsible Person                         | Date Identified                         | Last Review Date  |
| On schedule   | Care Services Teams Contributing to Continuity Response                     | Teams in the Care Services division to contribute to continuity and emergency plans. To provide where appropriate, a direct service response under these plans. Support to Older People team (STOP) and the meals service in particular. | Vareta Bryan                               | 27/11/2013                              | <b>27/11/2013</b> |
| On schedule   | Critical Service Managers to attend mandatory business continuity training. | To assist managers in the completion of their continuity plans. All plans quality assured by corporate CPU. Managers list updated and reviewed regularly, along with continuity plans.   | Netta Meadows                              | 31/12/2010                              | <b>27/11/2013</b> |
| On schedule   | Identify Directorate and Critical Services                                  | Identify Directorate and Critical Services, risk assessment and continuity plans reviewed and exercised regularly.   | Netta Meadows                              | 31/12/2010                              | <b>27/11/2013</b> |
| Completed   | Identify senior management role to lead on Business Continuity              | Appointed Service Director, Strategic Planning & Commissioning.  | Alison Comley                              | 22/03/2011                              | <b>27/11/2013</b> |
| Completed   | Regular Audits by internal audit  |  | Netta Meadows                              | 22/03/2011                              | <b>27/11/2013</b> |
| <b>Current Status: Low (1)</b>  |   | <b>Previous Status: Low (1)</b>  |  | <b>Current Risk Severity: Low</b>       |                   |
| <b>Current Risk Likelihood: Low</b>   |   |  |  |   |                   |
| <b>Risk Champion: Mark Wakefield</b>  |   |  | <b>Risk Owner: Alison Comley</b>           |   |                   |
| <b>Review Note:</b>   |   |  |  |   |                   |

DRR: QUARTER 2 2013/14  
RISK IMPROVEMENT - TARGET PROJECTION

| SITUATION AS AT QTR1 2013/14 |                     |   |                  |               | IMPROVEMENT TARGET PROJECTION |                         |  |
|------------------------------|---------------------|---|------------------|---------------|-------------------------------|-------------------------|--|
| Inherent Risk Status         | Current Risk Status | Title   | Last Review Date | Risk Owner    | Improvement Target Status     | Improvement Target Date | Risk owner recommendation  |
| 6                            | 4                   | CRR025 - Avoidable harm to vulnerable person                            | 27/11/2013       | Alison Comley | 4                             | Continual               | Retain as live corporate risk. Nature of risk means this is difficult to mitigate further. Mitigations and progress should be continually reviewed.  |
| 9                            | 4                   | DRR - HS034 Overspend   | 18/11/2013       | Alison Comley | 2                             | 14/15                   | Twin factors of external demand and the budget settlement create the risk. Improvements in aligning the budget to cost and demand forecasts in a changed organisational environment offer scope to reduce this risk. |
| 6                            | 4                   | DRR - HS001 - provision of below standard services - reputational risk  | 27/11/2013       | Alison Comley | 4                             |                         | Quality assurance framework implementation has the potential to reduce this risk further.  |
| 6                            | 4                   | DRR - HS002 - ICT Project failure                                       | 27/11/2013       | Alison Comley | 2                             | 14/15                   | Major ICT projects to be managed through the single change programme has the potential to reduce the likelihood of failure.  |
| 9                            | 4                   | DRR - HS007 - Health & Safety Failure                                   | 27/11/2013       | Alison Comley | 4                             |                         | Seriousness of the consequences make it difficult to reduce the risk rating. Mitigations are robust and in place.  |
| 6                            | 4                   | DRR - HS011 - Transformation Programme                                  | 14/11/2013       | Alison Comley | 4                             |                         | The single change programme will impact on this risk.  |
| 6                            | 2                   | DRR - HS003 - Serious Fraud   | 27/11/2013       | Alison Comley | 2                             |                         | Organisational restructure will have an impact, but existing measures, training and audits are well established.   |
| 6                            | 2                   | DRR - HS004 Insufficient care   | 27/11/2013       | Alison Comley | 2                             |                         | Needs to be kept on the departmental risk log, but mitigations are currently assessed as delivering low risk rating.   |
| 6                            | 2                   | DRR - HS008 - Failure of major supplier                                 | 27/11/2013       | Alison Comley | 2                             |                         | Risk in this area cannot be totally removed.   |
| 6                            | 2                   | DRR - HS009 Breach of confidentiality                                   | 27/11/2013       | Alison Comley | 2                             |                         | Risk in this area cannot be totally removed.   |
| 6                            | 1                   | DRR - HS010 Inadequate response to an emergency or continuity challenge | 27/11/2013       | Alison Comley | 1                             |                         | Risk in this area cannot be totally removed.   |

**Direction of travel since previous review**

- KEY:
- ←→ Current risk has remained constant
  - ↓ Current risk reduced
  - ↑ Current risk increased