

Risk Register - Norfolk County Council																					
Risk Register Name			Adult Social Care Departmental Risk Register													Red					
Prepared by			Harold Bodmer and SMT										High			Amber					
Date updated			April 2016										Med			Green					
Next update due			June 2016										Low			Met					
CDG/STP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	Adult Social Care Committee Transformation	RM14079	Failure to meet the long term needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	11/10/2012	5	5	25	5	5	25	<ul style="list-style-type: none"><li>Implement a new model for social care</li><li>Invest in appropriate prevention and reablement services</li><li>Integrate social care and health services to ensure maximum efficiency for delivery of health and social care</li><li>The Building a Better Future Programme will realign and develop residential and housing with care facilities</li><li>Ensure budget planning process enables sufficient investment in adult social care</li><li>Adult Social Services is implementing a new more cost effective model for meeting peoples' needs based on Promoting Independence.</li></ul>	The Adult Social Care mitigating tasks are relatively short term measures compared to the long term risk, i.e. 2030, but long term measures are outside NCC's control, for example Central Government policy. The department is implementing Promoting Independence which will radically change Adult Social Services in Norfolk. The overall objective is: improving when and how people can get information and advice locally; helping people to meet their needs locally; helping people to be independent; a strengths based approach; and in turn reducing the number of social care assessments that Norfolk carries out and the amount of funded services provided. Strengths based training will have been rolled out to all social care practitioners in Adult Social Services by the end of April 2016. Preventative Assessments are being piloted. The Customer Clinics/Links are starting to be rolled out.	2	4	8	31/03/2030	Amber	Harold Bodmer	Janice Dane	19/04/2016
D	Transformation	RM13926	Failure to meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspend in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	30/04/2011	3	5	15	4	5	20		<ul style="list-style-type: none"><li>2015/16 Budget recovery action plan implemented, monitored and regularly reported to ASC Committee. The action plan will continue to be updated and reported in 2016/17.</li><li>Rationalisation of programme governance across the service and alignment to 2016-19 savings requirements</li><li>Promoting Independence programme of work underway including strength based assessments, pilot Community links, reablement recruitment.</li><li>Detailed work on target demand model and external support secured to challenge robustness; improve modelling, support development of additional plans and implementation.</li></ul>	3	5	15	31/03/2017	Amber	Susanne Baldwin	Susanne Baldwin	22/04/2016
D	Transformation	RM14149	Impact of the Care Act	Impact of the Social Care bill/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)	27/11/2013	4	3	12	1	5	5	Project for Implementation of the Care Act. Ensure processes and resources in place to deliver Government requirements. Estimate financial implications. Keep NCC Councillors informed of issues and risks.	Project delivered necessary changes for April 2015 (part one of the Care Act). On 17 July 2015 the Government announced that Part Two of the Care Act is deferred until 2020. ASC Committee members agreed to keep this on the risk register until government guidance was clearer. At this point in time no further information has been received from Government.	1	3	3	31/03/2020	Green	Janice Dane	Janice Dane	19/04/2016
D	Safeguarding	RM13931	A rise in acute hospital admissions / pressure on acute services.	A significant rise in acute hospital admissions / services would certainly increase pressure and demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care (DTOCs) pressure on POC spend, staff capacity and NCC reputation.	30/06/2011 - revised 21/04/2016	3	4	12	4	4	16	<ul style="list-style-type: none"><li>Close daily monitoring of demand and flow.</li><li>Integration programme means we are transforming to flex to best advantage in this situation.</li><li>Close working across system to deliver new models and prevent rise in demand.</li><li>High level involvement in issues. Senior careful management of reputational issues.</li></ul>	<ul style="list-style-type: none"><li>Integration Programme Phase 2 in place with agreed joint work-streams.</li><li>Innovations at NNUH, JPUH and QEH initiated.</li><li>Joint whole system working in evidence.</li><li>Capacity Planned and monitored – this area given priority.</li></ul>	2	3	6	31/03/2017	Amber	Lorraine Barrett	Lorraine Barrett	20/04/2016
C	Adult Social Care Committee Transformation	RM0207	Failure to meet the needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	01/04/2011	3	4	12	3	4	12	<ul style="list-style-type: none"><li>Invest in appropriate prevention and reablement services</li><li>Integrate social care and health services to ensure maximum efficiency for delivery of health and social care</li><li>The Building Better Futures Programme will realign and develop residential and social care facilities. Adult Social Services has a new more cost effective model for meeting peoples' needs based on Promoting Independence.</li></ul>	<ul style="list-style-type: none"><li>The Norsecare development at Bowthorpe opened in April 2016.</li><li>The department is delivering Promoting Independence, the new strategy for Adult Social Services: keeping people independent in their homes, meeting their needs in the local community and reducing the need for paid services.</li><li>The department has invested in more reablement staff so that additional people can be reabled, needing either no home care or smaller packages of care.</li><li>Some of the CCGs have stated that they will not be putting as much money into the Better Care Fund in 2016-17.</li></ul>	2	4	8	31/03/2017	Amber	Harold Bodmer	Janice Dane	21/04/2016
D	Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on our reputation.	30/04/2011	4	4	16	3	4	12	<ul style="list-style-type: none"><li>Children's Services, Adult Care, Finance and PPP planning requirements are prioritised by CareFirst Production Review Group - monitor and update as necessary at each CFPR meeting.</li><li>Business Development Manager is the lead for ICT in ASD and co-ordinates all ICT related activity on behalf of SMT.</li><li>CareFirst Production Review Group monitors progress and demand to ensure available ICT resources are allocated to Children's Services (CHS), Adult Social Care (ASC) and Finance on an agreed service priority basis.</li><li>The ICT Business Partner pulls together CareFirst and other ICT developments for CHS and ASC in the form of commissioning documents that feed into ICT Steering Group and CareFirst Production Review Group.</li></ul>	<ul style="list-style-type: none"><li>Active monitoring of the ICT resource was undertaken by CareFirst Production Review Group to ensure Care Act developments are achieved on time.</li><li>The ASC Care First ICT and IM group meets monthly to ensure priorities are co-ordinated and agreed and presented to CareFirst Production Review Group to access the required ICT resource.</li><li>The work to support automatic uploads of the NHS number to CareFirst was completed in March 2014. This number is used as the main identifier of service users between health and social care organisations and is updated monthly as an automatic upload.</li><li>13/08/15 the Director raised the ICT Integration capacity issue with the Head of Resources - further information on requirements has since been provided</li><li>4 April 2016 - a draft remedial plan to resolve integrated ICT matters was presented to the Joint Integration Board.</li><li>14 April 2016 - NHS integration (capacity and solutions for integrated working) raised with the NCC ICT Steering Board as a key priority</li></ul>	3	2	6	31/03/2017	Amber	Harold Bodmer	John Perrott	18/04/2016

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D	Prevention	RM13923	Risk of failing to deliver Promoting Independence, the new strategy for Adult Social Services in Norfolk	Promoting Independence is the new strategy for Adult Social Services in Norfolk. The overall objective is: improving when and how people can get information and advice locally; helping people to meet their needs locally; helping people to be independent; a strengths based approach; and in turn reducing the number of social care assessments that Norfolk carries out and the amount of funded services provided. Failure to deliver the new strategy will mean poorer outcomes for people and savings included in the budget plan will not be achieved.	30/04/2011	4	3	12	3	4	12	<ul style="list-style-type: none"> <li>• Programme and resources in place to deliver Promoting Independence.</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity of the reablement service has been increased so it can take 100% of referrals (based on previous years).</li> <li>• Strengths Based Assessment training has been rolled out to all staff.</li> <li>• Assistive Technology staff have been transferred back to NCC.</li> <li>• Community Clinics and Preventative Assessments are being piloted.</li> <li>• Co-production workshops are being held to review the Personal Budget Questionnaire.</li> <li>• Partnership Review Group has been set up.</li> </ul>	2	4	8	31/03/2018	Amber	Catherine Underwood	Janice Dane	21/04/2016
D	Transformation	RM13929	The speed and severity of change	The speed and severity of the changes in work activities and job cuts across all areas of the department outlined necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This results in increased sickness absence, poor morale and a reduction in productivity.	30/04/2011	3	5	15	3	4	12	<p>Robust approach to workforce planning being taken</p> <p>Managers being supported and encouraged to proactively manage sickness absence</p> <p>Well practiced change program and consultation mechanisms established to communicate and respond to change.</p> <p>Staff survey results analysis from Sep 2014.</p>	<p>Workforce planning approach now inherent in all aspects of the transformation delivery programme.</p> <p>Staff support mechanisms in place on PeopleNet and Well-Being interventions are in place.</p> <p>Leadership and Management development strategies in place led by L&amp;D</p> <p>Communications strategy in place to support changes, including formal consultation with staff.</p> <p>Promoting Independence training programme is well underway.</p> <p>Risks around change in future because of churn, e.g. people exiting, including loss of corporate knowledge.</p> <p>Sickness absence figures continue to reduce and managers are being supported in addressing sickness within their teams. Improved data is now being issued regularly to managers on absence in their areas.</p> <p>It is proposed that this risk is removed as it has been MET. However see main risk report to this ASC Committee recommending a new HR risk to Promoting Independence.</p>	1	4	4	31/03/2016	MET	Lucy Hohnen	Lucy Hohnen	25/04/2016
D	Transformation	RM14150	Impact of DNA	Impact of DNA: temporary pausing of customer portal/self service ; impact on work to integrate with NHS; resources required to deliver departmental elements; impact on resources with DNA implementation and funding of DNA.	27/11/2013	4	3	12	3	4	12	<p>Ensure departmental requirements, e.g. Customer Portal and Integration with Health, are DNA priorities. Departmental resources/work streams in place as required. DNA Business Lead appointed to carry these issues forward.</p> <p>Proposed to delete this risk as met - see proposed new risk in main report</p>	<ul style="list-style-type: none"> <li>• The Customer Portal project was previously reported as 'on hold'. The portal will now form a business requirement for the CareFirst Re-procurement project and removed as a DNA risk.</li> <li>• Works at the James Paget University Hospital (JPUH) will see the implementation of a new NCC network, new printing resources and a rollout of new devices are planned for completion in May 2016 and are being managed as BAU as the DNA programme has ended.</li> <li>• The roll-out to ASC staff is complete other than JPUH mentioned above.</li> <li>• It is recommended that this risk is removed as the project is complete.</li> </ul>	1	3	3	31/03/2016	MET	Harold Bodmer	John Perrott	18/04/2016
D	Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	30/09/2011	3	5	15	3	4	12	<ul style="list-style-type: none"> <li>• New staff not allowed computing access until they have completed the data protection and information security e-learning courses.</li> <li>• Mandatory refresher training and monitoring rates of completion of training.</li> <li>• Introduction of more stringent rules to ensure sensitive information is sent to the correct recipient.</li> <li>• Monitoring and reporting regime, including monthly reports to CLT, now established.</li> <li>• Work in progress on a standardised mechanism for investigating breaches.</li> <li>• A workbook on data protection and information security has been published for staff and volunteers who have no computer access.</li> <li>• A new Information Compliance Group has been set up by the IM Manager. Group objectives are to improve the management of data protection and information security across the county.</li> <li>• Recent ASD improvements include auditing of HQ and locality offices for compliance with clear desk policy and following up non-completion of e-Learning modules.</li> </ul>	<ul style="list-style-type: none"> <li>• Any cases reported to Performance Board.</li> <li>• ASC locality premises are regularly audited for compliance and actions taken to promote rapid improvement.</li> <li>• A Data Quality policy has been developed by the Business Systems team in respect of CareFirst which takes into account of DP requirements.</li> <li>• The Business Systems team has been reviewed to support a greater emphasis on the accuracy of data within CareFirst.</li> <li>• All user emails are being sent on a regular basis to keep staff informed of changes and updates.</li> <li>• Managers in department are sent regular reminders about people who have not completed e-learning course and completion discussed at SMT.</li> <li>• The BDM attends regular ICG meetings that focus on improvements to data protection and information security across the county.</li> <li>• The BDM is working with the Head of IM to oversee the implementation of the NHS IG toolkit which will see an improved level of training and compliance for Adults and Children's staff.</li> <li>• Reminders to individual staff to complete Data Protection e-Learning courses are sent out when necessary.</li> <li>• ASDD policy and guidelines are regularly reviewed and updated and appear on the NCC intranet</li> </ul>	1	3	3	31/03/2017	Green	Harold Bodmer	John Perrott	18/04/2016
D	Transformation	RM13936	Inability to progress integrated service delivery	Pressure on NCHC staff could have an adverse impact on joint teams regarding capacity and hinder integration progress or organisations reputation / ability to deliver.	30/06/2011 - revised 18/04/2016	3	5	15	2	5	10	<ul style="list-style-type: none"> <li>• Pressure closely monitored by AD's and escalated to Director Integrated Services.</li> <li>• Integration Programme Board monitors and takes actions to mitigate.</li> <li>• Issues can be escalated to S75 Monitoring Board for resolution.</li> <li>• Back office functions monitored and compared to ensure equity and fair access and support by both organisations.</li> <li>• Additional resources put in place when requirements evidence.</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting lists actively monitored in localities and impact on workloads monitored.</li> <li>• SMT (Senior Managers Integration Team) regularly discuss capacity issues and make recommendations.</li> <li>• Additional support in place regard LD as a result.</li> </ul>	1	5	5	31/03/2017	Green	Harold Bodmer	Lorraine Barrett	18/04/2016

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D	SMT	RM14237	Deprivation of Liberty Safeguarding	The Cheshire West ruling March 2014 has significantly increased referrals for people in care homes and hospital. The demand outstrips the capacity of the DOLS team to assess, scrutinise, process and record the workload. Significant backlog has developed and priority cases are no longer met within timescales. Specific areas of risk are: • 222 of priority 1 cases not seen • Priority 2 and 3 cases not being seen at all • Staff unable to complete tasks appropriate to role c/o capacity issues • Outstanding reviews not being addressed • Litigation risk • Reputational risk • Delays in appointing paid reps • DOLS team staff wellbeing • Increased cost to the department	08/05/2015	3	4	12	4	4	16	<ul style="list-style-type: none"> <li>Review staffing compliment</li> <li>Review processes and systems</li> <li>Apply national guidance, priority framework</li> <li>Improve data quality and reporting</li> </ul>	Senior Management Team agreed an additional £137k employ an additional practice consultant, an additional assistant practitioner and business support staff. The posts have been recruited to and run to the end of June 2016 <ul style="list-style-type: none"> <li>New national forms implemented 1/5/15</li> <li>Introduction of e-DOLS</li> <li>One off £445k DoH grant - SMT approved temporary appointment of Best Interest Assessor (BIA) staff and business support staff –one BIA appointed</li> <li>Use of ADASS guidance to prioritise cases</li> <li>10 BIAs trained 2015/16</li> <li>14 NOC sessional BIAs on rota</li> <li>Course 2016/17 planned – course at UEA planned for autumn 2016</li> </ul>	2	4	8	31/03/2017	Red	Lorna Bright	Alison Simpkin	25/04/2016
D	Adult Social Services Department	RM14238	Failure in our responsibilities towards carers.	The failure of Adult Social Services to meet its statutory duties under the Care Act will result in poorer outcomes for service users and have a negative impact on our reputation. Funding reductions by health and other partners may adversely impact on provision of countywide carers services	27/05/2015	2	3	6	2	3	6	<ul style="list-style-type: none"> <li>Review of 'front door' services (information and advice)</li> <li>Keep demand for carer assessments under review following enactment of Care Act</li> <li>Work closely with Children's Services around the needs of young carers</li> <li>Early 2016 begin preparing commissioning plans for future service requirements</li> <li>Develop the commissioned Carers Service</li> </ul>	A thematic audit of Carer Assessment has been agreed and the QAF is to be co-produced with the Carers Council. This should be underway shortly. Carer's audit complete. Report and action plan to ASSD Finance and Performance Board in January 2016. Continuation of funding for commissioned Carers Service is currently being sought from 4 of CCGs.	1	1	1	31/03/2017	Amber	Catherine Underwood	Sera Hall	21/04/2016
	Adult Social Services Commissioning	RM012	Negative outcome of the Judicial Review into fee uplift to care providers	A successful Judicial Review being brought by a group of residential care providers may result in additional costs for 2015/16 which were not anticipated in budget planning for the year.	07/09/2015	3	4	12	3	4	12	<ul style="list-style-type: none"> <li>Following the Older People residential and nursing care cost of care exercise and consultation process, the outcome and revised usual prices was recommended to the Adult Social Care Committee on 29th April 2016.</li> </ul>	<ul style="list-style-type: none"> <li>The ASC committee have agreed the usual price for older adults for 2015/16 and the 2016/17 fee uplift and this is now out to consultation.</li> <li>A consultation for working age adults residential and nursing care adults is commencing.</li> </ul>	1	4	4	31/03/2017	Amber	Harold Bodmer	Susanne Baldwin	22/04/2016
	Adult Social Services Commissioning	RM14247	Failure in the care market	The council contracts with independent care services for over £200m of care services. Risk of failure in care services would mean services are of inadequate quality or that the necessary supply is not available. The council has a duty under the Care Act to secure an adequate care market. If services fail the consequence may be risk to safeguarding of vulnerable people. Market failure may be faced due to provider financial problems, recruitment difficulties, decisions by providers to withdraw from provision, for example. Further reductions in funding for Adult Social Care significantly increases the risk of business failure.	07/09/2015	4	3	12	4	3	12	<ul style="list-style-type: none"> <li>Production of Market Position Statement</li> <li>New Quality Assurance Framework which provides a risk based approach to the market of care services, collating intelligence from a range of sources and triangulating to identify services for targeted intervention</li> <li>Prioritising care workforce capacity within the learning and development programme</li> <li>Revision of a market failure protocol based on established good practice</li> <li>Liaison with Care Quality Commission to engage with their work with Norfolk care services</li> <li>Procuring new domiciliary care contracts</li> <li>Carrying out major Cost of Care exercise to determine fee rates in residential care</li> </ul>	<ul style="list-style-type: none"> <li>Market position statement presented to Committee in May 2016</li> <li>Implementation of Quality Assurance framework underway</li> <li>Market resilience strategy under development</li> <li>Meeting took place with Care Quality Commission to refresh joint working arrangements</li> <li>New Trusted Carer scheme and Code of Practice under development for completion</li> <li>New real time quality (risk) dashboard produced</li> <li>Joint workforce strategy agreed and presented to LEP in April 2016</li> </ul>	2	3	6	31/03/2017	Amber	Catherine Underwood	Sera Hall	21/04/2016
D	Adult Social Services Integration	RM tbc	Integration with community health providers increase service delivery risks	Integrated management arrangements with Norfolk Community Health and Care have a negative impact on the delivery of adult social care quality and performance	07/03/2016	4	3	12	3	3	9	<ul style="list-style-type: none"> <li>Clear programme of work developed with scope, leads and milestones</li> <li>Integration Programme Board in place to oversee delivery and risks</li> <li>Ongoing discussions at SMIT about management capacity and resource constraints</li> <li>Programme manager in place</li> </ul>	<ul style="list-style-type: none"> <li>Integration Programme Board in place</li> <li>Well developed programme of work, risk register and milestones</li> <li>Programme manager in place to drive delivery</li> </ul>	2	3	6	31/03/2017	Amber	Lorraine Barrett	Lorraine Barrett	04/05/2016