Risk Nu	mber	RM023					Date o	f update	31 Jar	nuary 2019
Risk Na	mo	Failure to	respond	l to chan	ges to de	mograph	y, fundin	g, and go	vernmer	nt policy, with
RISK INd	me	particular	⁻ regard t	o Adults	Services.					
Risk Ov	vner	James B	ullion		Date	enterec	l on risk	register	18 Au	igust 2017
Risk De	scriptio	n								
Changes to demography, funding, and government policy can severley impact on the ability of Adult										
Social S	Social Services to support Norfolk residents. There is a risk that Adult Social Services fails to									
anticipate and act on changes to demography, funding and government policy. Cause: Changes to										
demography, funding and government policy. Event: The Council fails to plan and adapt to change										
effectively for the future. Effect: Outcomes for Norfolk citizens may worsen.										
	Origina			Current			Тс	olerance	Target	
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
5 5 25 4 5 20 2 4 8 Mar-20 Amber										
Tasks to mitigate the risk										

1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future.

2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care.

3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.

4) Judicious use of one-off winter funding, as announced by Government.

5) Close tracking of government policies, demography trends and forecasts.

6) A new set of NCC corporate priorities which aims to address longer-term demand management in children's and adult services.

Progress update

Progress update

1) Demand and demography modelling continues to be refined through the cost and demand model. Five main themes for transformation: Services for people with a learning disability; maximising digital technology; embedding strengths-based social work through Living Well; 3 conversations; health and social care integration and housing for vulnerable people.

2) Sector based plans for providers which model expected need and demand associated with demographic and social change

3a) Strengthened investment in prevention, through additional reablement, social prescribing, local initiatives for reducing social isolation and loneliness

3b) Workforce – continued recruitment campaign to sustain levels of front line social workers and occupational therapy staff.

3c) Better Care Fund targeted towards supporting people to stay independent, promoting and enabling closer integration and collaboration across health and social care.

4) Close joint working with NHS, through the STP, to shape and influence future integration of health and social care

5) We are still awaiting the Green Paper on Social Care; will now review the NHS 10-year Plan and establish how this will impact on the direction of travel for health and social care

6) Collaboration with children's services to develop a preparing for adult life service to strengthen transition experience for young people, and to improve service and budget planning.

									A	ppenaix A
Risk Nu	mber	RM1392	6				Date o	f update	07 Feb	ruary 2019
Risk Na	me	Failure to	o meet bu	udget sav	vings					•
Risk Ow	vner	James B	ullion		Date	entered	l on risk	register	30 A	pril 2011
Risk De	scriptio	n								
lf we do	not mee	t our budg	jet saving	gs targets	s over the	e next thre	ee years	it would le	ead to sig	Inificant
overspe	nds in a	number o	f areas. 7	his would	d result ir	n significa	int financ	ial pressu	ures acro	ss the
Council and mean we do not achieve the expected improvements to our services.										
	Origina			Current	-		Тс	lerance	Target	
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risl Score by Target Date
3	5	15	4	5	20	3	5	15	Mar-22	Red
Program address 2) Mont timely fo 3) Norse contract 4) Count iBCF fur 5) Senio 6) Norfo smarter Commen of saving	ime Boar forecast hly monito cus on k ecare Lia care Lia ty Counc inds. r and co lk Future information rcialisation gs.		to don pur ality team ts and an d to deve budget fo budget fo cus on tr nme in pl dvice, tow cal Servio	y plans ha chase of n meeting ny emerg elop and n or 2018-1 cansformi lace, inclu vards a N ce Strateg	ave been care bud js and co ing issue monitor d 9 include 9 include ng the Le uding Pro orfolk ho gy. The p	develop gets. ntinued o s. elivery of d investn earning D omoting Ir using stra rogramm	ed for all developm f savings nent and isability (ndepende ategy, Dig ne will pro	operation related to carried for LD) servi ence for v gital Norfo	o the Nors orward of ce. vulnerable olk, er suppor	to help ensure secare unspent
8) Due te	o the lev	system ch el of one-o	off fundin	g for adu	It social c	are the c	outcome	of the cor	nprehens	sive

spending review, green paper for social care and fair funding review, will be critical for reducing the risk level reflecting a more financially sustainable position.

Progress update

Progress update

1) Promoting Independence programme of work in place and delivery plan developed. Target demand model complete and focussed work on entry points, processes for older people and younger adults, cross-cutting Living Well project and commissioning projects. Savings totalling £27m in 2018-19 with £17m through demand management work. At Period 9 the service was on track to deliver £21.8m of savings in 2018-19, however due to other actions and some use of winter funding the service is forecasting a balanced budget position for 2018-19.

2) Finance and Performance Board have moved to a panel style approach providing senior management scrutiny along with locality finance meetings. All managers are expected to take responsibility for budget savings via 1-1's, accountability meetings, appraisals etc.

3) Work continues with Norsecare to deliver savings.

4) Social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management.

5) Reshaped management of the LD service and dedicated younger adults workstream within the PI programme.

6) One-off winter funding (£4.179m) announced in the autumn budget is supporting increased demand as well as being targeted to work to help improve system delayed transfers of care.

Risk Name D Risk Owner Ja Risk Description A significant increase Consequences as weather health and social car Original Pool Top Your Top Yo	well as for the q are system.	ight jeoparo quality of ca Current 5 5 w in place argetted, ir are source ot co-ordinati	Date dise addit are This w 으 으 	ional fund vould furth pood Initiation Initiation ional fund ional furth ional furth iona	ding (iBC her increa To toged 4 4	F) and hase finan	05 Dece ave adve icial press Target Target Date Mar-19	Prospects of meeting Target Risk Score by Target Date Amber	
Risk Owner Ja Risk Description A significant increas A significant increas consequences as weather health and social ca Original Image: Second se	ames Bullion ase in DTOC mi well as for the q are system.	ight jeoparo quality of ca Current 5 5 w in place argetted, ir are source ot co-ordinati	Date dise addit are This w 으 으 	ional fund vould furth pood Initiation Initiation ional fund ional furth ional furth iona	ding (iBC her increa To to ed <u>to</u> d 4 3 DTOC improve of	F) and hase finan	ave adve acial press Target Target Date Mar-19	rse sures on the Prospects of meeting Target Risk Score by Target Date Amber needs and	
Risk Description A significant increas consequences as wealth and social cars health and social cars Original Image: Second s	ase in DTOC mi well as for the q are system.	w in place cargetted, ir are sourced co-ordinati	dise addit are This w : 20 20	ional fund vould furth pood Initiation Initiation ional fund ional furth ional furth iona	ding (iBC her increa To to ed <u>to</u> d 4 3 DTOC improve of	F) and hase finan	ave adve acial press Target Target Date Mar-19	rse sures on the Prospects of meeting Target Risk Score by Target Date Amber needs and	
A significant increas consequences as w health and social ca Original Tasks to mitigate to a limproved Better DTOC Improvem 2) Improved Better 3) Review of how ca responsiveness of to 4) Winter plan in pla management of sur	well as for the q are system.	w in place cargetted, ir are sourced co-ordinati	are This w a a a a a a a a a a a a a a a a a a a	reducing narket to	her increa To To DTOC improve	ase finan lerance aloos ysiz 12	Target Target Date Mar-19	Prospects of meeting Target Risk Score by Target Date Amber	
consequences as whealth and social car original origin	well as for the q are system.	w in place cargetted, ir are sourced co-ordinati	are This w a a a a a a a a a a a a a a a a a a a	reducing narket to	her increa To To DTOC improve	ase finan lerance aloos ysiz 12	Target Target Date Mar-19	Prospects of meeting Target Risk Score by Target Date Amber	
health and social ca Original Pooriginal Tasks to mitigate for 1) DTOC Improvem 2) Improved Better 3) Review of how ca responsiveness of ta 4) Winter plan in pla management of sur	are system.	Current to to	n part, on	reducing narket to	To bact 4 3 DTOC improve	lerance elog ys xs iz 12	Target Date Mar-19	Prospects of meeting Target Risk Score by Target Date Amber	
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4 4 Tasks to mitigate 1) DTOC Improvem 2) Improved Better 3) Review of how ca responsiveness of t 4) Winter plan in pla management of sur	16 4 the risk ment Plan is now Care Fund is to care packages a the care market lace to support	w in place argetted, ir are sourced co-ordinati	a So S XS Z 20 n part, on d in the m	3 reducing narket to	4 DTOC improve	eloos xsiz 12	Target Date Mar-19	of meeting Target Risk Score by Target Date Amber needs and	
4 4 Tasks to mitigate 1) DTOC Improvem 2) Improved Better 3) Review of how ca responsiveness of t 4) Winter plan in pla management of sur	16 4 the risk ment Plan is now Care Fund is to care packages a the care market lace to support	5 w in place argetted, ir are source et co-ordinati	20 n part, on d in the m	3 reducing narket to	4 9 DTOC improve o	12	Date Mar-19	of meeting Target Risk Score by Target Date Amber needs and	
Tasks to mitigate1) DTOC Improvem2) Improved Better3) Review of how caresponsiveness of t4) Winter plan in plamanagement of sur	the risk nent Plan is nov Care Fund is ta care packages a the care marke lace to support	w in place argetted, ir are source et co-ordinati	n part, on d in the m	reducing narket to) DTOC improve o	communi	ication of	needs and	
 DTOC Improvem Improved Better Review of how caresponsiveness of t Winter plan in plan an agement of sur 	nent Plan is nov Care Fund is t care packages a the care marke lace to support	argetted, ir are source et co-ordinati	d in the m	narket to	improve				
 2) Improved Better 3) Review of how caresponsiveness of t 4) Winter plan in plan in plan in plan management of sur 	Care Fund is tacare packages a the care marke lace to support	argetted, ir are source et co-ordinati	d in the m	narket to	improve				
 2) Improved Better Care Fund is targetted, in part, on reducing DTOC 3) Review of how care packages are sourced in the market to improve communication of needs and responsiveness of the care market 4) Winter plan in place to support co-ordination between health and social care and improved management of surges in demand. Progress update 1)Performance reporting mechanism established. 1b) Daily capacity mapped and monitored and given high priority 1c) The DTOC Improvement Plan includes weekly meetings to monitor the figures and take action as required 1d) Senior NCC presence at A&E Delivery Board which helps to ensure an integrated and coherent approach 2) Ongoing work with providers to increase capacity in the market to support safe discharges 2b) Trusted assessor and enhanced homecare now in place 2c) implementation of the High Imapact Change Model being pursued in partnership with health 2d) Multidisciplinary review of flow through the health and social care system which occurred in June has resulted in an action plan that will improve and will support the adoption of best practice, both in the hospital and social work teams. 									

Risk Nu	mber	RM1393	1				Date o	f update	31 Jar	nuary 2019
Risk Na	me	A rise in	acute ho	spital adr	nissions a	and discł	narges ar	nd pressu	ire on act	ute services.
Risk Ow	/ner	James B	ullion		Date	e entered	d on risk	register	30/06/2	011 revised
Risk De	scriptio	n			-				-	
A signific	cant rise	in acute h	lospital a	dmission	s / servic	es would	certainly	increase	pressure	e and
demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care										
(DTOCs), pressu	re on Pur	chase of	Care spe	end, asse	ssment s	staff capa	icity and	NCC rep	utation.
Original Current Tolerance Target										
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	4	4	16	2	3	6	Mar-19	Amber
Tasks to	o mitigat	te the risk	٢							
 Tasks to mitigate the risk 1) Integrated structure between NCC and NCHC allows Assistant Director's (AD) to make quick decisions and to flex resources to minimise impact. 2) Integration programme developing new approaches to reduce delays and prevent admissions 2) Daily participation in whole system approaches to reduce delays and prevent admissions 										

- 3) Daily participation in whole system escalation process.
- 4) DTOC Improvement Plan is now in place
- 5) Senior manager oversight of emerging issues.
- 6) Careful management of reputational risk.

Progress update

1) Daily Capacity mapped and monitored and given high priority.

2) Within Phase 3 (of the Integration Programme) we have concentrated on flow and capacity. We are also working closely with the Promoting Independence Programme Team to alter the role of the Occupational Therapist to focus on pre Care Act eligibility determination cases; bed based offer for short term placements, and the discharge to assess pathways to ensure people are not making life changing decisions in an acute setting.

2b) The introduction of accommodation based reablement beds across Norfolk will aid the flow from the acute and community hospitals and reduce strain on the Purchase of Care budget and assist the department to meet DTOC targets.

2c) Integrated managers taking an active role in developing new models with primary care to avoid admissions eg NEAT (Norwich Escalation avoidance Team) in Norwich.

3) Work closely with health colleagues on silver calls (a sliver call is daily whole system monitoring and an action planning call).

3b) NCC initiated and held a MADE(multi agency discharge event)to focus on the 3 acute systems and how we work together to improve flow. An action plan has been developed to drive improvement.4) The DTOC Improvement Plan includes weekly meetings to monitor the figures and to take action as required.

4b) A new AD post has been created within the integrated structure (using winter monies). The AD has produced the first ever joint winter plan and action plan.

5) Director of Integrated Care coordinates senior manager oversight to effectively manage issues.

6) SMT presence at A&E delivery Board which helps to improve reputation.

Risk Nu	mber	RM1423	7				Date of	f update	31 Jar	nuary 2019
Risk Na	me	Deprivati	on of Lib	erty Safe	guarding					
Risk Ow	/ner	Lorna Br	ight		Date	enterec	l on risk	register	08 N	lay 2015
Risk De	scriptio	1								
Following	g the Ch	eshire We	est ruling	it has be	en identif	ied that v	ve're not	meeting o	our respo	onsibilities
around Deprivation of Liberty Safeguards (DoLS). This could lead to us being judicially reviewed.										
Original Curre						Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3 4 12 4 4					16	2	4	8	Mar-19	Red
Tasks to mitigate the risk										

1) Reviewed staffing compliment

2) Reviewed processes and systems to ensure cases are dealt with in a timely manner.

3) Improved data quality and reporting to allow cases to be monitored.

Progress update

1) Three temporary 12 month posts were advertised with iBCF money : 1.5 FTE started in May and August 2018, a part time post started in January and the remaining vacancy is being used to fund more independent BIA's.

1b) Independent Best Interest Assessor's (BIA's) are used for out of county reviews, relief BIA's are used regularly.

2) Further paper required to address the backlog, however awaiting outcome of proposals in the Mental Capacity Act (amendment) Bill. Paper will be submitted in lieu of this with current costings.

									A	ppenaix A
Risk Nu	mber	RM1426	2				Date o	f update	31 Jar	uary 2019
		The pote	ntial risk	of shortfa	all betwee	en funding	g and pre	ssures th	nrough in	tegration of
Risk Na	me	capital ar	nd reven	ue fundin	g betwee	n the Co	uncil, hea	alth orgar	nisations	and district
		councils								
Risk Ov	vner	James B	ullion		Date	enterec	l on risk	register	16 Jı	une 2016
Risk De	Risk Description									
The integrated health and social care agenda has seen pooling of capital and revenue resources										
through the Better Care Fund and further policy drive to manage the transfer of people with learning										
disabilities from inpatient settings to community settings. There is a risk that this will have a negative										
impact o	on availat	ole resour	ces for d	elivery of	adult so	cial care				
	Origina			Current			Тс	lerance	Target	
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	3	5	15	2	4	8	Mar-19	Amber

Tasks to mitigate the risk

1) Section 75 agreements to manage forward planning and joint arrangements

2) Partnership Boards in place attended by NCC.

3) Transforming Care Plan project in place and NCC involvement on all workstreams.

4) Introduction of the Improved Better Care Fund including planned use for additional social care grant.

5) Regular monitoring and liaison with health partners on outstanding debt.

Progress update

1) Two year Section 75 agreements finalised in Autumn 2017.

2) BCF plans in place and signed off but revised guidance for 2019-20 is awaited.

3) Transforming Care Plan (TCP) programme in place and baseline completed. Progress achieved with moving people from inpatient settings to community placements and targets being met. Further work completed on joint protocols, which have not been agreed. Work is progressing to develop criteria in line with operational processes. The TCP is engaging with the national cross system TCP working group to explore options for finance protocols.

4) Three year iBCF plans in place (2017-20), which are being monitored through ASC committee, Health and Wellbeing Board and regular updates to Norfolk and Waveney Chief Officer Group. Some projects align with the STP programme of work. Evaluation criteria to enable sustainable funding places for new

interventions are being developed, but securing on-going funding remains a risk. The Council agreed to the creation of an iBCF reserve to enable the planned multi year projects to be completed.

Diale Mar			`				Data	f		
Risk Nu	mber	RM1392						f update		nuary 2019
Risk Na	me	Risk of fa			omoting li	ndepend	ence, cha	ange prog	gramme f	or Adult
<u></u>		Social Se		Norfolk						
Risk Ow		James B	ullion		Date	e entered	d on risk	register	30 A	pril 2011
	scriptio			-						
	• ·	endence (•	•						•
		ctivities re	•		-			•	•	
		n developi	ing a sus	tainable	model for	adult so	cial care	and a fail	ure to de	liver a
balance	d budget					-				
	Origina			Current Tolerance Target						
Likelihood	Impact	Risk score	Likelihood	Impact	abbbof meSin transmissionin transmissionin transmissionof meSin transmissionin transmissionin transmissionin transmissionSin transmiss				Prospects of meeting Target Risk Score by Target Date	
4	3	12	3	4	12	2	4	8	Mar-19	Amber
Tasks to	o mitigat	te the risk	(
place 2) Define make the 3) Clear 4) Strong	ed suite o e best us leadersh g perforn	mme mar of busines e of resou ip from se nance frar s any issue	s cases v urces enior mar nework to	which are	e prioritise sponsor	ed and se and chai	equenceo mpion ch	l to maxin anges	nise impa	
1) Dema A new in	-house r	demograp nodel is b	eing final	ised whic	ch will dra	w on late	est activity	/ data fro	m Liquid	•
,		mes for tra						-		-
-		/; embedd	-	gths-bas	ed social	work three	ough Livi	ng Well; :	3 convers	sations;
health a	nd social	care integ	gration							
2b) Addi	tional the	eme adde	d for hou	sing for v	ulnerable	e people.				
3) Additi	onal corp	oorate scr	utiny thro	ugh Norf	folk Futur	es progra	amme			
A) 1Z		••					A 1 11	•••		0

4) Key indicators monitored through performance reporting to Adults committee and P&R Committee.

	Appendix A									
Risk Nu	mber	RM1392	5				Date o	f update	31 Jan	uary 2019
Risk Na	me	Lack of c	apacity ir	ו ICT sys	tems			-		
Risk Ow	/ner	James B	ullion		Date	entered	l on risk	register	30 A	pril 2011
Risk De	scriptior	1								
A lack of	f capacity	/ in IT syst	ems and	services	s to suppo	ort Adult	Social Se	rvices de	livery, in	addition to
the poor	network	capacity of	out into th	ne Count	y, could l	ead to a l	breakdov	vn in serv	rices to th	e public or
an inability of staff to process forms and financial information in Liquid Logic.										
	Origina			Current			Тс	lerance	Target	
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Prosport of mee Target Score				Prospects of meeting Target Risk Score by Target Date
4	4	16	3	4	12	3	2	6	Mar-19	Amber
Tasks to	o mitigat	e the risk	K							
downtim 2) Discu	e. ss any IN	Business 1T issues eliver the	at the mo	onthly IM	T Program	nme Boa	-	any syste	em loss a	nd
Progres	s update)								
 Progress update 1) Recovery steps are outlined in the Business Continuity plan. These are always reviewed following any serious incidents and updated where necessary. 2) Any IMT issues are discussed at the IMT Programme Board. 3) A technology strategy for Adults is in place. The Steering Group (ASTEC) provides overall direction and governance of the Adults technology programme. 										

Risk Number	RM14247	Date of update	31 January 2019					
Risk Name	Failure in the care market							
Risk Owner	Sera Hall	Date entered on risk register	07 September 2015					
Risk Description								

The council contracts with independent care services for over £260m 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.

Original Current Tol						lerance	Target			
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	12 	4	3	12	3	3	9	Mar-19	Amber

Tasks to mitigate the risk

1) A Quality Assurance Framework is in place 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.

- 2) Prioritising care workforce capacity within the learning and development programme.
- 3) Revision of a market failure protocol based on established good practice.
- 4) Liaison with Care Quality Commission to engage with their work with Norfolk care services.

5) 'Open offer' to care providers to discuss business plans and financial issues with NCC experts to stabilise the market for provision of care.

6) Procuring new domiciliary care contracts through a framework to maximise provider ability and willingness to work collaboratively on a 'patch' basis.

7) Appropriate investment in the care market through the cost of care exercise.

8) Effective management of market failure to ensure people's safety.

- 9) New low tolerance quality improvement programme in place
- 10) Successful recommissioning of failed services
- 11) Strengthened emergency leadership and management capacity arrangements in place.

Progress update

Progress update

1) Real time quality (risk) dashboard produced and being utilised.

2) Working with the Local Enterprise Partnership and Norfolk and Suffolk Care and Support.

3) Care failure protocol's in place and market resilience strategy under development.

4) Refreshed working arrangements with CQC and active work with providers to improve CQC compliance.

5) New 'patch' based contracts in place.

5a) Provider engagement and dialogue included in the 'cost of care' exercise which will support accurate identification of costs of provision and ensure investment targeted appropriately.

5b) Proactive programme to settle increased fee rates as a result of National Minimum Wage regulation in the area of sleep ins.

5c) Provider dialogue process in place to ensure inflationary uplifts are correctly assessed and implemented.

5d) New commissioning and market shaping framework agreed by members driven by new sector based plans and sector engagement.

5e) Supporting the establishment of a formal care association for Norfolk.

Risk Number	RM1426)	Date of update	31 January 2019					
Risk Name	Failure of	f the care market (thro	ough the independent providers)	due to difficulties in					
RISK Mallie	recruiting	staff into the sector.							
Risk Owner	Dwner Sera Hall Date entered on risk register 16 May 2016								
Risk Description									
The council invests over £54m through approximately 120 independent providers in provision of homecare to over 4000 vulnerable people at any one time. Failure of the care market (through the independent providers) due to problems recruiting staff into the sector may result in a risk to safeguarding of vulnerable people, delays in discharging people from hospital and inappropriate admissions to hospitals and care homes. Problems recruiting into and retaining care workers in the care sector are particularly acute in the west and north of the county but are experienced across the county as a whole.									
Original Current Tolerance Target									

Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	4	3	12	2	4	8	Mar-19	Amber
Tasks to mitigato the risk										

Tasks to mitigate the risk

1) A Quality Assurance Framework provides a risk based approach to the market of care services.

2) Robust procurement processes that ensure providers cost provision adequately.

3) Work with providers, workforce professionals and other partners to develop and implement a workforce development plan and to ensure workforce terms and conditions are equitable.

4) Development of a care contingency network and emergency provision.

5) Clear communication needed with the market to publicise areas of need and future commissioning intentions.

Progress update

3) An executive board has been created to take responsibility for the promotion and delivery of a sector skills action plan and this includes a clear accountability structure with named leads for each priority.

3b) Inclusion of Unison Ethical Care Charter in all new Home Support contracts.

3c) Website for care workers which includes information and advice around the caring profession.

There is also a recruitment portal for providers to advertise vacancies and a promotional campaign in order to make the profession more attractive.

4) Emergency capacity which provides additional funding for providers put in place over winter and periods of increased demand.

4b) Increase in capacity of in house resources.

5) Ongoing work with framework providers to collaborate on constructing rounds, meeting needs and providing locality based networks.