

Corporate Risk Register?	Opened	Type of Risk: F-Financial, R-Reputational, E-Environmental, H-Public Health, HS-Health & Safety, L-Legal, Fr-Fraud	NEW Risk Description	Risk Score	Existing Controls in Place	Residual Risk Score	Risk Owner (Title)
Yes	Oct-14	R,L,F	<p><b>DOLS</b></p> <p><b>IF:</b> The authority does not meet the statutory requirements for Deprivation of Liberty Safeguards and individuals are unlawfully deprived of their liberty <b>THEN:</b> Service users human rights may be breached, the authority would be at risk of financial penalty, increased legal costs &amp; reputational damage. The amendment to the Mental Capacity Act with regards to the adoption of the liberty protection safeguards will go some way to address this risk and goes live in October 2020. Work to implement the new scheme is on the forward plan and will commence in January 2020. This implementation will also consider the impact on the existing advocacy commissioned service with the potential increased financial risk to the contract value.</p>	20	Additional investment into DOL's has been made and will be maintained. Weekly performance management of waiting list is in place. Regular reporting and review up to Director Level and to Safeguarding Adults Executive Group. Recruitment of external Best Interest Assessors - although these are limited in availability due to national demand. The DoLS team check all referrals for DoLS against list of open safeguarding referrals to ensure these cases are prioritised. ADASS triage criteria are followed to identify cases where there is a high risk to the individual and a high risk to the Council of litigation. Three full time BIA posts have been created and a MCA DoLS team manager post has been created as part of the adults social care restructure. Further awareness training with staff and providers, additional legal support and constant review and prioritisation of cases waiting for assessment. Programme to train staff as BIAs in place. Independent BIA engagement plan ongoing two additional full time seconded posts created	12	Director - Adults & Communities

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Yes	Sep-17	R,L,F	<b>Demographic Pressures</b> <b>IF:</b> Due to increasing financial and demographic pressures, the council could be at risk of not meeting it's statutory obligations to assess clients in a timely manner and annually review all long-term packages of care, <b>THEN:</b> clients might not receive the timely interventions required and we might miss the opportunity to maximise independence	16	New pathway implemented with evidence of improved outcomes for people and reduced amount people requiring social care intervention. In addition, implemented a SAS team to focus on re assessment work, and an external provider to undertake reassessments and reviews allied to cohorts of service users where review is required. Controlled waiting list, proactive front door, proactive reablement response, regular reporting to monitor any changes. Strengthened commissioning approach to market developments and client need.	9	Head of Operations
	Sep-17	F	<b>Market viability</b> <b>IF:</b> Provider services fail, <b>THEN:</b> we will need to manage the transfer of a (large) number of service users in very short timescales, in an already difficult market, with limited capacity.	16	QAF in place to monitor. Provider failure policy and procedures in place. Senior Commissioning Officers close oversight of market conditions. A rehearsed in practice operational response to urgent closures of provision. Reviewed policies and procedures by HC Emergency Team and these have been implemented within operational teams.	12	Head of Operations

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Yes	Mar-17	F,R	<b>Market workforce economy</b> <b>IF:</b> the current limited capacity within the care workforce continues <b>THEN:</b> will there will be an impact on availability of services - this is particularly true of Registered Managers, Nursing staff and Dom Care staff	25	External market workforce project launched - the care heroes campaign to attract and retain more people into care and support providers with recruitment & training costs. Fees have been increased to dom care providers with a steer that front line staff should benefit. Monthly provider forums with commissioning services and close monitoring of market capacity and responses.	16	Director - Adults & Communities
	Mar-18		<b>Availability of supported and targeted housing</b> <b>IF:</b> There is misalignment between the availability and pipeline of supported and targeted housing and evolving demand for accommodation among people with Adult Social Care need <b>THEN:</b> we will potentially miss the opportunity to place people in more appropriate locations	6	Increased and phased pipeline of new accommodation. Strategic project across services to refine needs analysis, agree pathways and models and make best use of existing and emerging estate.	4	Head of Community Commissioning and Resources

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	Mar-18	F,R	<b>Supported Housing for Care leavers with complex needs.</b> If the accommodation and support options are not increased, with improved quality and pricing, <b>Then;</b> young people will continue to become homeless, at risk and vulnerable to exploitation and the council will continue to pay too much for support placements with inconsistent outcomes for individuals	12	Accommodation strategy for vulnerable young people. Acquisition of building and commissioning of new provision for those with complex needs. Revised accommodation pathway for care leavers/16-17 year olds and review of options for better managing spot purchased placements.	6	Head of Community Commissioning and Resources
	Sep-17	R	<b>Staffing &amp; Recruitment</b> <b>IF:</b> we are unable to recruit to crucial roles <b>THEN</b> there will be a risk to our services	15	There is an ongoing recruitment campaign managed by Head of Operations. There is an agreement to use agency workers where appropriate. There is a continued process with Hoople to address this that is revised. There is an active policy to develop our own staff through SW training. We have an active policy to recruit directly from colleges for Asye and anticipating a	8	Director - Adults & Communities
	Sep-17	F,R,L,HS,PH	<b>Continuing budget pressures</b> <b>IF:</b> Adults & Communities funding settlement is below required amount <b>THEN</b> there is a risk in the ability to comply with statutory obligations to deliver Adult Social Care services to service users who have an identified eligible need.	25	MTFS in place, proposing balanced budget until March 2020, with planned savings due to mitigate known increases. Regular budget monitoring, regular monitoring of project delivery, member challenge sessions	12	Director - Adults & Communities

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	Sep-17	F,R,L,HS,PH	<b>Contract &amp; Quality Management Capacity</b> <b>IF:</b> we have limited capacity in both contracts management and quality assurance teams, <b>THEN</b> there is a risk on pro-actively engaging with commissioned providers and focus is on providers subject to concerns	20	QAF team is fully staffed. QAF procedures were reviewed in 2019/20 and subject to a potential further review in 2020/21. Quality /CQC ratings of providers and services in Herefordshire continue to improve.	9	AD of All Ages Commissioning
	Aug-18	F,R,	<b>Use of Temporary Accommodation</b> <b>IF:</b> the constraints on the supply of temporary accommodation continues at the same rate THEN this may mean that we are unable to meet our statutory duties under the Housing Act 1986 and Homelessness Reduction Act 2017	12	Rent can be paid in advance (1 week) and support with deposits is available. We are actively seeking to replace lost sources of accommodation with alternatives largely through the private sector. Monthly meetings with Housing strategy team	12	Head of Prevention and Support
	Aug-18	F,R	<b>Market Capacity from Provider Failure</b> <b>IF:</b> providers fail due to increased costs, reduced packages due to reablement through Home First, changes to CQC inspections and increase in quality concerns <b>THEN:</b> package costs are likely to increase for our clients and there will be further pressure on capacity in the market	16	Working with the market to identify issues early on to prevent failure and ensure quality through contract management and intel into the quality dashboard. Scope resilience plan to support/react to failing services quickly. Encourage new providers and staff to the market where appropriate.	4	Head of Care Commissioning

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	Mar-18		<b>Nursing Capacity</b> <b>IF:</b> the current trends of difficulty in placing in nursing beds due to increased complexity continue <b>THEN</b> there will be a further increase in the spend in this area in order to make placements	12	Continual engagement with providers, supporting planning applications, scoping alternative models of delivery. Looking at additional capacity utilising existing block contract.	4	Head of Care Commissioning
	Sep-17		<b>Provider delivery problems</b> <b>IF:</b> there are periods of inclement weather, or provider workforce difficulties or financial issues <b>THEN</b> providers may be unable to deliver services leaving vulnerable people at risk	25	Quality and Review team and QA framework, market position statement, business continuity plans, Safeguarding processes in place	12	Director - Adults & Communities
			<b>NHS Re-organisation</b> <b>IF:</b> there is a major NHS re-organisation <b>THEN</b> this might hinder effective joint working with social care	16	One Herefordshire Group gives us strong communica	16	Director - Adults & Communities

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	Jun-18	F, R, L,	<b>Care Home Ratings</b> <b>IF:</b> the increasing trend of care homes with reduced ratings by CQC (to either Inadequate or RI) <b>THEN</b> placing people will be more challenging and these homes will require additional support from our staff	25	QAF team is fully staffed. QAF procedures were reviewed in 2019/20 and subject to a potential further review in 2020/21. Quality /CQC ratings of providers and services in Herefordshire continue to improve.	20	AD of All Ages Commissioning
Yes	Aug-18		<b>DTOC</b> <b>IF:</b> we don't improve the capacity and effectiveness of our Home First service, the timeliness of our assessments, the capacity of our care home and dom care market and the accuracy of coding, <b>THEN:</b> our DTOC numbers will continue to increase	25	This area receives significant scrutiny, including an LGA peer review in February, as well as through the BCF monitoring processes. Additional investment in the home care market, creation of a joint discharge lead, as well as a trusted assessor model, are all helping to improve performance in this area - which can be evidenced by clear improvements in the numbers of days delayed during the last 9 months.	12	Director - Adults & Communities

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	Sep-18	F, H, L	<b>Future of ASC funding</b> <b>IF:</b> There continues to be uncertainty around the future and sustainability of adult social care funding, <b>THEN</b> the risk of not meeting statutory functions increases as does the risk of failure within the reliant social care economy in the county, such as care homes. In addition, the opportunity to re-model the way we provide services is limited	15	Short term mitigation through close budget management. Additional powers re: Social Care Premium  Longer term mitigation: Currently engaging regarding the Social Care green paper out for consultation	12	Director - Adults & Communities
Yes	Jun-15	F,R,L,H	<b>One Herefordshire:</b> <b>IF:</b> there is a limited shared vision on the operational implications for One Herefordshire and integration, <b>THEN:</b> there will be continued challenges in areas such as BCF/iBCF and continued risk of "cost shunting" between agencies rather than focussing on system costs	25	An approved BCF between CCG and the local authority that approves integration and schemes to be delivered. Ongoing negotiations and monitoring through the BCF partnership board and Joint Commissioning Board.	9	Director - Adults & Communities



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	Nov-18	F, R, L,	<b>SHYPP:</b> <b>IF:</b> The service improvements agreed and managed through the joint project with WM Housing and C&F do not address concerns about referrals, quality and property condition, <b>THEN</b> the SHYPP service will fail, leaving questions about demand among care leavers and delivery models, along with reputational risk..	9	New contract and robust specification in place, along with full project plan and management process to Dec 2019..	6	Head of Community Commissioning and Resources
	Sep-18	F	<b>ICES: IF</b> prescriber engagement and budget mitigation measures do not continue to be effective and also when the re-procurement of ICES is launched <b>THEN</b> there could be a significant overspend of the budget of £1.5m (council share of £525k) and/or also there is significant risk of procurement challenge and associated litigation.	12	Established suite of prescriber engagement and budget mitigation measures in place and regularly reviewed and updated. Proposal to reconfigure client side management arrangements to ensure more effective business approach to prescribers and budget monitoring. Also market engagement and research, with detailed planning of procurement, minimising focus on CTEs to reduce risk of challenge	9	Head of Strategic Housing & Wellbeing

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	Nov-18	F, R, L,	<b>Financial stability of Four Seasons IF</b> Four Seasons financial stability forces closure and contract withdrawal Nationally <b>THEN</b> Herefordshire will have to re locate our clients in Herefordshire and Out of county and support self funders in Herefordshire	8	Identified clients who would be affected (2 in county and 1 out of county) not including self funders in county	6	Head of Care Commissioning
	Jul-19	R, H, F	<b>Talk Community Hubs IF</b> there are delays in identifying and mobilising talk community hubs <b>THEN</b> strategic priorities for communities will be disrupted and there would be reputational harm to the Council	9	Project plan established project group and dedicated project team recruited	4	Head of Community Commissioning and Resources
	Jul-19	L,R,F, FR	<b>Blue Badge: IF</b> the appropriate resources and processes are not in place to support implementation of the revised national scheme <b>THEN</b> Council would face delays to applications and an increased complaints and appeals	9	Current scheme operates efficiently supported by newly commissioned customer response software. Project plan in development	4	Head of Strategic Housing & Wellbeing
	Jul-19	R, H, HS	<b>Suicide Prevention Strategy IF</b> the new strategy does not seem to be associated with a reduction in local suicides <b>THEN</b> the council and its partners may be challenged by the public and by the media as failing in their objectives	8	Joint strategy, Action plan to be developed and further review of alternative data sources and ways of managing data, interdependence with Talk Community and other key initiatives	6	Head of Community Commissioning and Resources

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	Jul-19	R, PH, F	<b>Integrated Sexual Health Service</b> The appointment of the new provider - Solutions for Health - as a non NHS provider and new to sexual health services has created a tremendous amount of interest and challenge from professional bodies. <b>IF</b> this challenge continues <b>THEN</b> it has a potential to discredit the service and cause poor press which is a risk service performance.	12	This is a CQC registered commission, which are the authorised body to determine if the service is clinically safe. CQC have deemed this so. Commissioners are having monthly contract meetings with the new provider and weekly correspondence to monitor and review performance. This service has to meet BASH (British Association of Sexual Health Service) and FSRH (Faculty of Sexual and Reproductive Healthcare) clinical standards, this is regulated by the CQC. The Public Health commissioner will be setting up a quarterly sexual health provider forum with stakeholders that will meet to share good practice, new developments and alleviate the mis-communication around this issue. The Public Health Commissioner is also working with Herefordshire Council Communications team to send out positive monthly press coverage about the service.	12	Director of Public Health
	Aug-19	F, R	<b>Community Hospital</b> <b>IF</b> the proposed redesign of community hospitals leads to beds reductions or closures <b>THEN</b> this could impact the Local Authority financially and on assessment and care capacity.	25	LA officers are working closely with Health colleagues to scope future options and ensure that any changes are through a managed approach. Financial modelling has been completed but is continuously reviewed based on any decisions made.	20	Head of Partnerships & Integration

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	Aug-19	F, R	<b>Better Care Fund</b> the 19/20 guidance was issued in July 2019 which is significantly late for budget planning. Therefore the LA is spending BCF money without formal approval. <b>IF</b> the plan is not approved <b>THEN</b> the BCF Funding could be at risk to the LA	16	Guidance has now been issued and a plan is in development. Initial negotiations and agreements are ongoing with the CCG. A BCF plan will be submitted on 27/09/2019	16	Head of Partnerships & Integration
	Aug-19	F, R	<b>Access to Health funding (CHC and joint funding)</b> Herefordshire remains in the bottom quartile of cases fully funded meeting CHC eligibility. <b>IF</b> CCG continue to not accept that there are any process or decision making irregularities influencing this trend <b>THEN</b> it remains the fact that ASC are funding above other Local Authorities per 1000 population. Meaning ultimately Herefordshire citizens and the Local Authority potentially are funding Healthcare which should be free to the individual at the point of delivery. Currently the CCG is disputing the Local Authority peer challenge feedback.	25	Issue called to scrutiny and feedback where CCG and ASC were asked to account for the status quo. The peer review explored the CHC component within their last peer review on DTOC in February 2019. Ops initiated a joint review last year. Recruited a CHC lead who started 2019 and has reviewed internal processes and is taking forward an action plan in respect of processes, training of social care staff and improved joined working and practices with CHC team. Identified social workers who have a particular understanding for CHC or ad where the can be trained to a high standard so we have CHC champions in each team. Head of services co-chairing quality assurance panel with CCG and we are beginning to see a small shift towards new cases being found eligible for CHC or for joint funding	25	Head of Operations

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	Aug-19	F, R	<b>Herefordshire and Worcestershire CCG merger.</b> Herefordshire and Worcestershire CCGs are expected to merge from April 2020. Primarily for back office functions only. However, <b>IF</b> services and budgets are merged with Worcestershire <b>THEN</b> the Herefordshire place provision could reduce, key decisions could be made from Worcester which could have a direct impact on Herefordshire population, Local Authority and services provided.	25	On work programme of Scrutiny and Health & Wellbeing board. Senior Executives are fully aware and sighted on all issues and regularly put Herefordshire voice on agenda at key meetings. Proposal being forward that HC commissions the community health services to ensure that services remain in Herefordshire.	25	Head of Partnerships & Integration
	Aug-19	F, R, PH	<b>Continuation of the PHRFG IF</b> the ring fence is removed from the grant or the grant is reduced <b>THEN</b> this will threaten the delivery of funded services and the ability of the Council to improve Health & Wellbeing	15	Some funding remains in reserve. Monitor the effectiveness and progress against targets of the current use of the PHRFG through joint Children's and Adult's DLT. Commissioning Board explores alternatives to funding services.	15	Director of Public Health

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	Aug-19	F, R, PH	<b>No Deal Brexit</b> IF there is a no deal Brexit <b>THEN</b> there is a potential threat to medication supplies for commissioned services and staff and food security as a result. In addition potential impact on staff time in needing to respond to emerging issues	9	Issues flagged through the EU exit reporting system. Providers keeping watching brief in terms of drugs issues. Providers seeking potential alternatives to drugs as back up	9	Director of Public Health
	Aug-19	F, PH	<b>Rising cost of buprenorphine</b> IF the cost of buprenorphine continues to rise <b>THEN</b> this will impact on Addaction's prescribing budget.	16	Addaction will fund prescribing costs through October.	9	Director of Public Health
	Aug-19	F, PH	<b>NHS Health checks</b> There are performance concerns and concerns about targeting invites. <b>IF</b> these are not resolved <b>THEN</b> there is the potential of high risk individuals not accessing prevention and support at an early stage to reduce or resolve potential long term health issues	12	Working with provider to address targeting of invites, need to consider that those attending following invite are likely to be lower risk individuals.	9	Director of Public Health

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	Aug-19	F,R	<b>Care Home Fee Setting:</b> IF we fail to set sustainable transparent and appropriate fees for care homes <b>THEN</b> this could lead to challenge and potentially judicial reviews	12	Care Home fee setting group was established 2019/20 and will report on planned approach in September 2019	8	AD of All Ages Commissioning
	Sep-19	F,R	<b>Care4IT</b> IF the system fails to function in the expected electronic form <b>THEN</b> the service may need to revert to paper based scheduling which can lead to the potential for human error	20	We have a support contract in place with Care4IT. We have pre agreed scheduling paperwork designed to eliminate the potential for human error. We also have acute awareness within the management of the service with the potential risk and therefore a concentration to eliminate this risk	10	AD of All Ages Commissioning
	Sep-19	F, R	<b>Brexit</b> IF the UK leaves the EU on 31 October without a deal <b>THEN</b> there is potential for shortages in medication, food, fuel, and additional workforce pressures	20	Regular communications, updates and monitoring within and across Directorates.	20	Director - Adults & Communities