

# PERSONALISATION PROGRAMME

Almost Certain 5  
 Likely 4  
 Possible 3  
 Unlikely 2  
 Almost Impossible 1

LIKELIHOOD

Yellow	AMBER	RED	RED	RED
Yellow	AMBER	AMBER	RED	RED
Green	Yellow	AMBER	AMBER	RED
Green	Yellow	Yellow	AMBER	AMBER
Green	Green	Green	Yellow	Yellow
Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
IMPACT				

ADULT SOCIAL CARE

Key to "Effectiveness of Controls" A=Adequate I=Inadequate U=Uncertain

Risk No	Identified Risks & Opportunities	Current Controls	Effectiveness of Controls A I U *	Assessment of Risk Score as it is now with current controls			Further Controls Required and/or additional action to improve controls	Resources Required to Implement Controls	Assessment of Residual Risk With control measures implemented			Responsible Officer	Timescale /Review Frequency
				Likelihood (L)	Impact (I)	Risk Factor (LxI)			Likelihood (L)	Impact (I)	Risk Factor (LxI)		
1	Lack of clear programme management process including vision, objectives and outcomes leading to lack of clarity around the scope and definition of the projects and duplication of effort and under achievement against targets. .	PID agreed. Clear governance arrangements agreed. Workstream managers to clarify scope and definition of projects.	A	3	4	12	Personalisation Strategy	Personalisation Board, Personalisation Executive Group	1	4	5	DDS	Monthly
2	Lack of Ownership of the business change Staff not 'owning' Personalisation or delivering inconsistent practice resulting in cultural and organisational barriers Loss of key staff to deliver programme as a result	Personalisation Steering Group ensures involvement of GM's in process	U	5	4	20	GM's assigned workstream responsibilities related to Personalisation Programme. Systematic and comprehensive engagement training, and support to relevant staff including SDS training in corporate training plan & use of Good Practice currently in place at other LA's Roll out of staff awareness sessions and workforce development strategy	SDS Executive Group, Personalisation Steering Group	4	2	8	KD	Monthly
3	Adverse media attention to Personalisation	Proactive public relations to ensure maximum coverage of success factors	U	3	4	12	Carry out consultation on Personalisation Strategy	Personalisation Board	3	2	6	DDS	6 weekly

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4	Community Solutions (reablement) does not result in a reduction in assessment and care management and/or reduced costs	Planned programme of implementation for reablement in place End to End process ensures that all cases are offered the opportunity of re-ablement	A	2	4	8	Reablement in place Training and development offered to staff. Resourcing levels reviewed at each stage of end to end process	Personalisation Steering Group	2	2	4	KD	
	Reablement: Current in house teams do not have capacity to carry out reablement for all service users (including reviews) Independent Providers do not have capacity/skill base to carry out sufficient levels of reabling.	Training and development for both in house and Independent Providers	A	3	4	12	Ongoing monitoring of capacity levels of both in house teams and Independent Providers		2	4	8	KD	
	Reablement is carried out predominantly in house which results in the loss of provider 'good will' when ongoing home care support is provided. B Providers may sue for loss of income	Communicate and raise awareness with Independent Providers regarding Personalisation Programme	A	2	4	8					8	KD	
5	RAS implementation is delayed resulting in IB's not being in place by 2011 Financial implications of RAS not fully understood leading to financial overspend/pressure RAS links to CF6 are not fully understood or implemented The project does not produce RAS/SAQ and/or on time	Dedicated resource in place to complete task RAS modelling underway Pilot/proto-types being undertaken ICT workstream supporting transformation in place.	U	3	3	9	Partnership working with FACE/RAS agreed. Desk Top Testing in OPCAT agreed Ensure links between CF6 project group and SDS Systems sub group Use of external consultancy to produce RAS/SAQ development work Dedicated Finance Manager in place FACE/OLM working with participating LAs to develop tools in CareAssess/interface with FACE web calculator service. Participating in FACE RAS Phase 2 workstreams to refine tool	SDS System Group & related subgroups SDS Executive Group CF6 Project Board	1	2	3	LSS	Monthly
5a	RAS pilot testing is not completed on time due to lack of resources (staff) due to competing priorities Financial Resource (Project Accountant) is underutilised	Staff offered overtime to complete task	A	5	4	20	Dedicated resource needs to be identified either internally or externally and timescales need to be reviewed Specific workplan for Project Accountant is required	Personalisation Executive Group Personalisation Board					

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6	IT Systems not fit for purpose which results in project delay. Delays in clarifying - new teams/membership and new performance reporting could delay implementation of Care Assess. Corporate ICT restructure having significant impact and lack of capacity	ISIT Supporting Transformation in place	A	3	4	12	Increase/further resources required such as OLM consultancy/financial monitoring systems Corporate ICT have engaged consultant and interim mangement to support processes. Clear process in place for Operational Teams and advise Care Assess project of changes. Create strong links between Care Assess project lead and key 'End to End' updates	CF6 Project Board ISIT Board	4	2	8	PL	Monthly
7	Multi Agency procedures do not fit new operational structure and practice under Personalisation.	Clear safeguarding policies and practice in place Team managers ensure that all staff are trained and that there is a clear remit for SSW's regarding safeguarding and attendance at peer groups. Consistency of practice through team manager provided through written guidance for group/team manager roles and responsibilities	A	4	3	12	Planned review of procedures via S.A.B pan Sussex Risk Enablement Panel in place	Risk Enablement Panel	2	2	4	MJ	
8	Implications for Commissioning are not understood at high level so poor decisions are made regarding Personalisation Council and PCT Commissioning Strategies not aligned with SDS leading to services that are not compatible with individual Choice	Avoid entering into long-term commissioning arrangements until implications of Personalisation/SDS have become clear	A	2	4	8	Market Development Strategy	Partnership Board SDS Contract and Commissioning sub group	2	2	4	Sharon Lyons	Quarterly
9	Demand for services too high/low resulting in destabilised local care market	Engage partners and stakeholders Monitor demand and service type Phased approach to change enabling development of the market over a 12 month period	A	2	4	8		Partnership Board SDS (Commissioning & Contracts)	2	2	4	DDS	Quarterly
10	Impact of internal systems changes (Funding Panels, Reablement, SDS and economic climate) and transition of statutory commissioning to individually lead commissioning leads to destabilised Market		A	4	4	16						Lynn Mounfield	

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11	Diverse Market Provision not in place quickly enough to meet the demands of a personalised approach to support	Dedicated resource in place to complete task (Independent Sector Development Worker)	A	3	4	12		SDS Executive Group, SDS sub group Contract & Commissioning					
12	Lack of engagement by Health Partners/Hospital Teams	Robust communication and engagement strategy. Ensure links within in 'End to End' process mapping	A	4	3	12	Support work related to Personal Health Budgets		2	2	4	DDS	Quarterly
13	Impact of Personalisation approach on existing members of staff	Early engagement with HR and trade unions.	U	3	4	12	Staff workshops and engagement events Provision of training and development opportunities	Personalisation Board Workforce Development Executive	2	3	6	KD	Monthly
14	Negative impact on Performance figures Corporate ICT restructure, lack of capacity/knowledge in Corporate team, need to confirm new reporting requirements. Data Quality issues remain a key concern.	Robust system of monitoring for NIS in place	A	4	4	16	Monthly monitoring of impact and influencing factors reported to Personalisation Board Close working with staff to ensure clear understanding of impact (staff awareness sessions) Implementation of SDS 'Dashboard' External consultant and interim management in corporate ICT team. Monthly performance monitoring meetings	Personalisation Board Partnership Board Access Point Executive Reablement Executive Personalisation Steering Group CHS supporting Corporate ICT	2	4	8	PL/CH	Monthly
15	2009/10 Efficiency savings not achieved Cost implications of doing things differently	Identify specific savings and monitor Highlight the additional costs at outset Monitor carefully and identify alternative savings plan	A	2	4	8	Establish financial modelling workgroup Financial planning/monitoring in short/medium and long term Carry out VFM Reviews Dedicated Resource (Finance Manager - Personalisation)	Personalisation Board	2	3	6	DDS/KD	Monthly

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16	Project Budget insufficient resulting in inability to deliver programme and poor user experience	Working with dedicated Finance Manager	P	3	4	12	Quantify costs savings/financial recovery Use evidence from empower financial sustainability model, and feed into budget strategy development.	Financial Modelling Group	2	3	6	Anne Silley	Monthly
17	Unexpected call on resources (i.e. severe weather) leaves priorities contained within Personalisation Project without means to progress (staff)			4	4	16							

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