

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**9 MARCH 2023**

### **PEOPLE DIRECTORATE RISK REGISTER SUMMARY**

Report co-ordinated by: Dr Lee-Anne Farach, Director of People (Statutory DCAS)

Contributors: Adult Social Care  
Public Health

#### **Summary**

This report presents the Directorate risks for the People Directorate, which fall under the remit of this committee.

#### **1. Budget and policy framework**

- 1.1. Risk management is an integral part of good governance. The Council recognises that it has a responsibility to identify and manage the barriers to achieve its strategic objectives and enhance the value of services it provides to the community.
- 1.2. The Cabinet is responsible for ensuring the effective operation of risk management in the Council. The Audit Committee is responsible for providing independent assurance on the adequacy of the risk management framework and the associated control environment, including consideration of the Council's approach to risk management.

#### **2. Background**

- 2.1. At the Business Support Overview and Scrutiny meeting on 24 November 2022, Members recommended that the Council's other overview and scrutiny committees have sight of directorate risk summaries.
- 2.2. It was recommended that both this committee and the Children and Young People's Overview and Scrutiny committee have sight of the People Directorate Risk summary.

### 3. Risk management

- 3.1. The Risk Management process helps the Council understand, evaluate, and act on all their risks. It supports effective decision making, identification of priorities and objectives and increases the probability of success by making the most of opportunities and reducing the likelihood of failure.
- 3.2. The Council's Risk Management Strategy incorporates and:
  - promotes a common understanding of risk.
  - outlines roles and responsibilities across the Council.
  - proposes a methodology that identifies and manages risk in accordance with best practice thereby seeking to prevent injury, damage, and loss.

### 4. Financial and legal implications

- 4.1. There are no direct finance or legal implications arising directly from the recommendations of this report.

### 5. Recommendation

- 5.1. Members are asked to note the People Directorate Risk Summary as shown in Appendix 1

#### Lead officer contact

Chris Hudson-Wallis, Programme Officer (Cross-Directorate) 01634 331206  
[chris.hudsonwallis@medway.gov.uk](mailto:chris.hudsonwallis@medway.gov.uk)

#### Appendices

Appendix 1 People Directorate Risk Summary

#### Background papers

None

## PEOPLE DIRECTORATE RISKS FEBRUARY 2023

Key: Likelihood: **A** Very high **B** High **C** Significant **D** Low **E** Almost impossible.Impact: **I** Catastrophic **II** Major **III** Moderate **IV** Minor.

Risk Ref	Risk	Inherent risk (before controls)	Current Controls	Current risk (after controls)	Proposed / Further Controls / Treatment Action	Target risk (after further action)
DR02a	<p><b>Workforce (Non-Social Work Staff)</b> Difficulty in recruiting and retaining staff across non-social work roles including those in:</p> <ul style="list-style-type: none"> <li>- Adult Social Care (ASC) Business Operations and Provider Services</li> <li>- Financial Assessment (FA)</li> </ul> <p>Consequence – resulting in a loss of income and reputational risk.</p>	<b>BII</b>	<p>Work with the Guardian to develop a recruitment campaign to attract people to Medway.</p> <p>Review individual roles and ranges to ensure they are competitive with the local market.</p> <p>Review the role and range to ensure that it is comparable to the local area. Will explore online assessment options and in the interim we will cost the support from a contracted agency provider.</p>	<b>CII</b>	<p>To develop a recruitment campaign to attract people to Medway.</p> <p>Review individual roles and ranges to ensure they are competitive with the local market.</p> <p>Re-alignment will review teams and whether current structures are appropriate.</p> <p>Right sizing to ensure adequate resource.</p> <p>Review the FA role and range to ensure that it is comparable to other LA's to support recruitment.</p> <p>Explore online assessment options</p>	<b>CIII</b>
DR02b	<p><b>Workforce (Social Workers)</b> Insufficient staff available to deliver statutory and non-statutory responsibilities.</p> <p>There is a problem nationally with the recruitment and retention of Social Workers and this is an issue in Medway Council.</p> <p>This will increase pressures on budgets as locums are more costly than permanent staff.</p> <p>It will also impact on staff morale.</p> <p><i>* On this risk there are mitigating actions taken by Children's Social Care (CSC), Adult Social Care (ASC) and by both (C&amp;A). These are marked accordingly.</i></p>	<b>BII</b>	<ul style="list-style-type: none"> <li>• Monitoring of absence Children and Adults C&amp;A)</li> <li>• Monitoring of caseloads to ensure staff have manageable caseloads. (CSC)</li> <li>• Feed into the regional work on the review of the Memorandum of Cooperation (MoC) the Memorandum of Cooperation (MoC) Governance Group and Regional Director of Children's Services Group. (CSC)</li> <li>• Continue work to Grow our Own – 10 Newly Qualified Social Workers (NQSWS) started across the service to stabilise the workforce in the longer term. (CSC)</li> <li>• Currently running an extensive recruitment campaign in the Guardian to attract new social workers to Medway. (C&amp;A)</li> <li>• Principal Social Worker (PSW) team offer workshops to social workers who are considering submitting their</li> </ul>	<b>BII</b>	<ul style="list-style-type: none"> <li>• Review the offer to social workers.</li> <li>• Review of MedPay.</li> <li>• Review of Performance Development Review (PDR) process to support retention of staff. (CSC)</li> <li>• Council wide review of mileage payments. (CSC)</li> <li>• Commissioned project teams to resolve issues with social work capacity. (CSC)</li> <li>• The social work offer increased on 1 October 2022 to reflect a £3,000 increase in the annual market allowance. (CSC)</li> <li>• Review of Parklands pay. (CSC)</li> <li>• Scope options as to whether unqualified staff from across Children's Social Care that could be redirected to support social workers to deliver intervention (CSC)</li> <li>• Recruitment campaign in the Guardian to attract new candidates to Medway. (C&amp;A)</li> </ul> <p>Work with our HR Business Partner on the MedPay review - developing the competency and career progression framework. (ASC)</p>	<b>CII</b>

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			<p>portfolio as part of the career progression scheme. (CSC)</p> <ul style="list-style-type: none"> <li>Secured funding from Department for Education (DfE) to support investment in activity to support workforce retention. (CSC)</li> <li>Signposting staff to Care First services where required. (C&amp;A)</li> <li>Plan for family solutions to redirect work across all four hubs to support allocations, given staffing pressures within certain hubs (CSC)</li> <li>Review of recruitment campaign (CSC)</li> <li>3 additional workers have been recruited to Early Help to support current volume of work (C&amp;A)</li> </ul> <p>ASC Social Workers (Range SW2) and Occupational Therapists are included in the first tranche of the MedPay review and salaries will be benchmarked to ensure parity. (ASC)</p> <p>Competency and career progression framework will be developed (ASC)</p>		<p>Restructure planning is underway (ASC)</p> <p>Right sizing resource proposed to reduce caseloads (ASC)</p> <p>Move to allocated caseload model (ASC)</p>	
DR09	<p><b>Instability of the Care Market</b></p> <p>The Care Sector is volatile, with providers struggling with recruitment and retention. Alternative roles (i.e., retail) pay more and the sector cannot match this. Council's due to reduction in funding and increase in demand cannot pay rates providers require.</p> <p>Lack of capacity leads to some providers having the ability to charge high rates as they are the only ones that can support our most complex residents.</p> <p>Partnership Commissioning do not have the resource to manage contracts, leading to providers increasing rates without discussion.</p>	<b>BII</b>	<p>Partnership Commissioning work closely with providers to improve relationships.</p> <p>Brokerage continue to negotiate rates to reduce cost.</p> <p>Funding for 2 posts released from budgets to create additional resource in Adults Partnership Commissioning (APC) to manage contracts.</p> <p>Adults Management Team have met with Registered Managers to listen to their concerns.</p>	<b>BII</b>	<p>Adults Management Team joining provider forum on a bi-annual basis.</p> <p>Adult's Partnership Commissioning working on an action plan based on concerns raised by Registered Managers</p> <p>Continue to look at how funding can be used to ensure adequate fee uplifts continue.</p>	<b>CII</b>

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	<p>Carers are burned out after covid and do not feel valued in the same way as NHS colleagues.</p> <p>Providers are unable to accept referrals to support residents, leaving us at risk of judicial review.</p>		Improved fee uplifts proposed and agreed.			
DR10	<p><b>MANAGING THE TRANSITION FROM DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) TO LIBERTY PROTECTION SAFEGUARDS (LPS)</b></p> <p>Under law, you can deprive someone of their liberty, in certain circumstances, when authorised health and care professionals, in consultation with a person’s family and/or advocates, agree that person lacks capacity to make decisions in their best interests. No one providing care and support wants to deprive people of their liberty; the whole point is to empower people to do their own thing. But sometimes, it might need to be done and it’s a weighty responsibility on the shoulders of those who have to administer it. LPS is a scheme set up by an amendment to the Mental Capacity Act (MCA) 2005 and will replace DoLS (date to be confirmed). For the first year both schemes will run concurrently. There is currently a significant backlog with DoLS which if not cleared will have a huge impact on the team’s ability to manage the transition to LPS.</p> <p><b>Consequences</b></p> <p>Failing to deal with the back log will prevent us in moving forward with LPS legislation.</p> <p>The Local Authority will not be meeting its statutory duties.</p> <p>Risk of financial penalties</p>	<b>BII</b>	<p>Project Management support provided to support the service.</p> <p>Project plan being developed.</p> <p>Some additional resource supplied in an attempt to reduce backlog.</p> <p>Additional authorisers trained and in place.</p>	<b>BII</b>	<p>Project plan actions will be followed to ensure we are meeting set timescales.</p> <p>Implications for the division will be identified and a plan developed to resolve them, including resource.</p>	<b>DIII</b>
DR11	<p><b>DEMAND ON HOSPITAL FLOW / DISCHARGE</b></p> <p>Demand by NHSE, the Acute Trust/Health &amp; Care Partnership, leads to a disproportionate amount of Assistant Director ASC time spent concentrating on hospital flow/discharge</p>	<b>BII</b>	<p>Integrated Discharge Team (IDT) operations manager works on site at Medway Foundation Trust (MFT) resulting in positive relationship with the acute.</p> <p>AD works with Medway and Swale Health and Care Partnership (M&amp;S HaCP) system partners raising profile of ASC to support them to understand broader pressures.</p>	<b>CII</b>	Potential restructure to create additional HoS capacity to support hospital discharge.	<b>CIII</b>

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DR12	<p><b>SAFEGUARDING BACKLOGS OF ENQUIRIES</b></p> <p>There is a significant backlog of safeguarding enquiries due to a 21% increase in concerns over the past year. This has led to an increased number of enquiries.</p> <p><b>Consequences</b> Not fulfilling our statutory duty under S42 of the Care Act 2014 in a timely way. Risk to vulnerable adults Impact on staff morale</p>	<b>BII</b>	<p>Agreement to recruit 3 locum social workers for 3 months.</p> <p>Monitoring performance via weekly exceptions reports</p>	<b>BII</b>	<p>Develop project to create one safeguarding hub as per recommendation of safeguarding peer review.</p> <p>Right size the social worker resource needed to fulfil our statutory responsibility in a timely manner</p>	<b>CIII</b>
DR13	<p><b>READINESS FOR CQC ASSURANCE REVIEW</b></p> <p>Care Quality Commission (CQC) Assurance Reviews of Adult Social Care are expected to begin in April 2023. Initially the CQC will be focussing on data and will later move on to visiting councils. There are a range of themes in the draft framework that require a significant amount of work for the division and the limited resource we have and competing demands is leaving us with minimal time to focus on this important area of work.</p> <p>Performance team advising that they do not have the resource to support the work required.</p> <p><b>Consequences</b> Outcome of review is poor.</p> <p>Staff leave employment.</p> <p>Reputational damage for the council Significant investment required in order to improve.</p>	<b>AII</b>	<p>Social worker vacancies have increased and difficulties within the sector remain.</p> <p>We have embarked on a 12-week promotion article and advertising campaign with the Guardian which is currently live.</p> <p>Areas of work being developed but need to be recorded. AD reviewing progress.</p>	<b>BII</b>	<p>Capital investment opportunities to increase resource.</p> <p>Service restructure and rightsizing</p> <p>Audits to improve practice.</p> <p>Working with providers– improving relationships etc.</p> <p>Increasing knowledge of ASC for Elected Members and Senior Leadership Team</p>	<b>CIII</b>
DR14 (PH09)	<p><b>RE-COMMISSIONING CHILDREN'S NURSING SERVICE</b></p> <p>Recommissioning of services is destabilising for the workforce. Even when TUPE applies staff often leave at time of tender due to concerns about the unknown, often outcomes can deteriorate at the time of retendering. At present there are also the lowest number of recorded health visitors with some areas experiencing between 30 and 50% vacancies. The combination of these two factors makes it a very risky time to go out to commission a new service - the council could end up with a new provider with no staff, or even no provider at all. This</p>	<b>AII</b>	<p>The AD Legal and Governance, in consultation with Procurement Board, agreed a 9-month extension - this means we need to go out to market immediately and will have the destabilising effect detailed in the inherent risk. Risk remains high.</p>	<b>AII</b>	<p>Looking at legal options for extending contract.</p>	<b>DIV</b>

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	would have a major impact on early help, social care, childhood development and school readiness.					