

Social Service Portfolio Recovery Risk Register

Version 6

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Part 1 (Portfolio Management)

Financial

Mitigation Urgency Key	
IM – Immediate	Now
ST – Short Term	Within 1 month
MT – Medium Term	1 month plus
Upward arrow	Risk increasing
Downward arrow	Risk decreasing
Sideways arrow	No change in risk
*Denotes the risk is specific to 'Recovery'	

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS02	Expenditure on experienced agency workers increases due to the reduction in opportunities for face to face training and development for existing / new staff	↔	ST	Workforce Development are developing online training modules to deliver Core Training and Refresher Training for staff through e-learning and online interactive sessions. We are able to utilise the Social Care Wales Workforce Development Programme (SCWWDWP) Grant, having had confirmation of change of use away from the training plan submitted to Welsh Government (WG). Work will continue around the employment of final year student social workers who have demonstrated competency in their placement, into assistant positions pending their approval as qualified social workers. We are retaining a small number of agency staff to assist with the skill mix of the staff cohort, and in preparation for winter pressures. The risk of a possible spike in referrals in Children's Services is being mitigated by some recruitment to permanent posts which is currently ongoing.
*SS03 Updated Nov 2020	Failure to meet conditions of grant funding where the terms of the grant provision cannot be renegotiated with the provider	↓	ST	Risk to be closed Revised Delivery Plan has been submitted to WG and is awaiting approval.

Workforce

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS05	Workforce depleted by sickness due to long term impact of working under extremely stressful conditions	↔	IM	We are ensuring that staff can and are supported to access help for mental health, including Carefirst, Mind / Blue Light support for staff exhibiting symptoms of PTSD, and Social Care Wales trauma support. We are ensuring that wherever possible staff are taking their annual leave and not accruing unmanageable flexi-time hours, and we are following HR guidance around the revised staff sickness procedures. We have opened up some of our internal courses to staff in the independent sector, and

				this is being funded by the Council. There are still some issues in Children's Services which may impact in the future – managers are monitoring this closely with their staff.
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Part 2 (Portfolio Service & Performance)

Adult Services

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS11	Unpreparedness to meet the needs of clients discharged from hospital because they have been discharged prematurely and without a full assessment	↔	IM	We continue to work within the guidance for testing, and to work with information gathered in partnership with BCUHB. We are conducting "arms length" proportionate assessments followed up with more detailed assessments in Discharge to Assess facilities. A dedicated team of social workers and occupational therapists has been set up to follow individuals through the discharge process and back home – this is working well. Telephone and Skype are being utilised for some assessments to support discharge, and we have proportionate paperwork in place to assist in rapid safe discharge. Each service user is being risk assessed; the most complex may still receive a visit with appropriate precautions. A testing regime is in place to ensure that people do not have COVID19 before they are discharged. Hospital discharges are being processed effectively through the new step down facilities.

Children's Services / Early Years

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS20	We will not meet our ambition to safely reduce our identified cohort of children looked after due to delays in the court process	↔	MT	We are completing targeted assessment work for increased Special Guardianship Orders and discharge of care orders ready for court consideration in the Autumn. Recruitment of additional staff has created capacity in the Courts, allowing the potential for a higher throughput of cases.
*SS21	Targets for Mockingbird are missed due to a failure to recruit foster carers to the scheme given the constraints on completing assessments for carers and providing training	↔	MT	Our first Mockingbird group is in place. Progress during COVID-19 has also been impacted by the resignation of the dedicated social worker. Social Worker recruitment has now been completed. With the support of the Fostering Network we have been working with a consortia of Mockingbird sites across the UK to share experience, learning, and approaches to mitigating risk and recovery planning. This Group will help us learn from sites that are fully operational and embedded which will inform a revised plan. .

Adult & Children's Services

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS23	Impacts on vulnerable people through a withdrawal of resources from non-critical services to prioritise meeting demand in critical services	↔	MT	We need to be able to comply with our legislative requirements to promote the well-being of individuals, with reference to statutory guidance. To achieve this we are using triage processes in the Single Point of Access for Adults and in Children's First Contact, which ensure that all enquiries are dealt with on a case by case basis. We have risk assessments in place to direct services to the individuals who are at highest risk. We have a Virtual Early Help Hub in operation to provide telephone advice and assistance to help prevent problems from escalating and additional demand on statutory services. In response to the reduction in advocacy services for adults, we are working with Flintshire Local Voluntary Council and carers' organisations to ensure that the voices of individuals are heard. Service users in supported living accommodation are accessing day services through technology. We have an agreement in place with Pharmacists and BCUHB for the management of substance misuse services. We are ensuring the safety of our workforce and the public through the use of telephone and secure video conferencing facilities, and we have introduced a rota for staff in line with 2 metre distancing in office and clinical areas, and a plan is being developed to roll this out to the wider workforce in Ty Dewi Sant. Assessment and support for young people is wherever possible being carried out via telephone or video conferencing calls. Contact with care leavers, parents and carers, and foster carers is being maintained with one to one remote sessions, with appropriate frequency determined on a case by case basis.
*SS24	Pressures on the care system as unpaid carers and families are not able to continue in their caring role due to the reductions in respite and day services	↔	ST	We are working with commissioned services for carers to ensure that PPE is available for those staff and unpaid carers who need it. We have reminded staff to consider the carer when undertaking the discharge assessment. We have started 'Keeping in touch' calls to carers, shifting provision to supporting mental, physical and emotional well-being of carers remotely. Carers Week was 8-14 th June and the Carers Strategy Group has focused activities on awareness raising and sharing some stories to increase the visibility of unpaid carers. Consideration is being given to re-introducing support services for carers, i.e. respite and day care, even on a phased or priority basis to mitigate carer breakdowns/ burn-out over the coming months. We are expanding direct payment options for families with disabled children, and are working with Action for Children to provide domiciliary support through Arosfa. We are working with specialist schools to provide childcare as part of Resilience Hub provision and are looking to maximise opportunities for families to use resources across the Council portfolio to undertake activities to provide respite.

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS26	Adults and children are not effectively safeguarded due to restrictions in their visibility during shielding/social isolation and targeted criminal activity designed to exploit vulnerable people	↔	IM	We are ensuring that all safeguarding processes can continue, by circulating information about revised working practices to partners and testing out virtual meetings technology. Assessments are in place to determine the potential for increased risk to individuals. We are ensuring the safety of our workforce and the public through the use of telephone and secure video conferencing facilities. Virtual Missing, Exploitation, Trafficking (MET) meetings are in place to share intelligence across agencies and the associated action plans. Vulnerable children supported through Resilience School Hubs. Virtual Early Help Hub is operating to assist in identifying and supporting families before problems escalate. Systems and protocols need to be established for supporting vulnerable families in partnership with schools/ Resilience Hubs. We are working with Health visitors to ensure shared clarity on processes for escalation of concerns about vulnerable children. We have rebalanced capacity in the Safeguarding Unit to account for a temporary reduction in Safeguarding Referrals and an increase in Adult at Risk work, to include an increase in requests from professional for advice on mental capacity and liberty safeguards as people are shielding or self-isolating. The national launch of the new regulations on Liberty Protection Safeguards has been officially delayed. We are continuing to promote safeguarding awareness to the general public and publicise referral routes, with enhanced reporting to track child protection and adult safeguarding referrals. Corporate Safeguarding will play a role in ensuring our systems and processes are working effectively. Cases are still being prioritised according to need. Visibility has improved now that children are back in school. Still some challenges with adults in the community however.
*SS27	Insufficient capacity to cope with a sharp increase in referrals to child and adult services	↔	ST	We are establishing a multi-agency group to monitor trends in referrals and anticipated areas of demand for partner agencies and 3rd sector support. The Group will work to support partners to ensure services are accessible and resilient. Work with police and 3rd sector to understand incidents of domestic violence and service demand and work to support service resilience and sufficiency of support. We are providing early help support for parents with low/moderate mental health needs through the Early Help Hub and signposting to support through Family Information Service. We are also developing strong social media and promotion tools about the Early Help Hub and how to access support. Support options are being identified for families of children that are shielding and therefore unable to access traditional community based support. Funding has been secured from the regional Transformation Fund to invest in early help as part of our recovery planning. We are working with Action for Children to extend existing therapeutic support service for children and young people experience trauma. No spike is in evidence; trend is reducing.

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS28	Individuals with a learning disability or autism are unable to access services due to the suspension of transformation programmes	↔	MT	We are seeking clarification on funding availability post December 2020. The transformation project is going ahead, albeit that we are still awaiting confirmation of the funding criteria. Waiting list for health assessments remains still high

Previously Closed Risks

Risk Ref.	Risk Title	Risk Trend	Mitigation Urgency	Mitigating Actions
*SS07	We are unable to progress with the processing of complaints and Information Requests due to physical distancing requirements and travel restrictions	↓	ST	-
*SS25	Insufficiency in the supplies of equipment for people to keep themselves safe due to the diversion of equipment to temporary hospital facilities, and the supply of PPE	↓	IM	-