Audit Panel

Report title: Corporate Risk Register Update Q4 2021/22 & Safeguarding Risk Review

Date: 21 June 2022

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Rich Clarke, Head of Assurance - Karen Eaton, Group Manager, Insurance and Risk – Joan Hutton, Director of Adult Social Care

Outline and recommendations

1. This report updates Members of the Audit Panel on the Council's Strategic Risks, as detailed in the Strategic Risk Register for the quarter ending 31 March 2022.

2. The report further advises Members on progress towards developing a refreshed Risk Management strategy, replacing the current 2017-22 edition last seen by this Panel in June 2021.

3. Finally the report provides Members, as requested, with additional information on how the Council manages two specific risks: on child and adult safeguarding.

4. Audit Panel are recommended to:

   (i) note the Strategic Risk Register
   (ii) note and comment on plans for developing the Risk Management Strategy
   (iii) note the update on safeguarding risks

1. Recommendations

1.1 The Audit Panel are recommended to:

(i) note this strategic risk register

(ii) note and comment on plans for developing the Risk Management Strategy

(ii) note the update on safeguarding risks

2. Policy Context

2.1 The contents of this report are consistent with the Council's policy framework. It supports the priorities set out in the Corporate Strategy 2018-2022:

- Open Lewisham
- Tackling the housing crisis
- Giving children and young people the best start in life
- Building an inclusive local economy
- Delivering and defending: health, social care and support
- Making Lewisham greener
- Building safer communities

2.2 It supports all of the Council's priorities generally through effective risk management for all of its activities and duties.

3. Background

3.1 Risk continues to be identified and managed in accordance with the Council's Risk Management Strategy (2017-22) as reported to Audit Panel in June 2021. The presentational format has been refreshed in response to feedback from Members and Officers ahead of a broader refresh of the Risk Management Strategy.

3.2 Audit Panel have previously requested an update on Safeguarding risks for the June 2022 meeting.

3.3 EMT have received papers discussing options for the future management of risk in October 2021 and February and June 2022. The outcomes of these high-level discussions will shape the outcome of the review of the Risk Management Strategy and progress will continue to be reported to this Panel ahead of a planned full update in December 2022.

3.4 EMT last reviewed and approved the Strategic Risk register in June 2022 and will continue to work to the existing Strategy until approval of its replacement.

3.7 This reports summarises the risks identified as at the end of March 2022.

4. Summary of Strategic Risk Changes this quarter

4.1 There are no new risks added to the register this quarter

4.2 There are a number of changes to risk scores. We detail these in context of the full register later in the report but in summary:

Reference & Short Title	Change & Rationale
Increasing Risk Scores	
1.B.1: Health & Safety Non-Compliance	Likelihood increased from "3" to "4". Now **red** risk. Based on a limited assurance internal audit report highlighting weaknesses in compliance arrangements.
4.A.2: Price Increases & Supply Chain Shortages	Likelihood increased from "3" to "5". Now **red** risk. Based on continuing (and forecast further) inflation increases and suppliers' reduced ability to reliably source equipment such as laptops.
Reducing Risk Scores	
1.A.1: Information Governance Failure	Likelihood reduced from "3" to "2". Remains **amber** risk. Based on embedding of planned control actions, affirmed by positive assurance internal audit report.
2.A.1: Internal Control Adequacy	Likelihood decreased from "4" to "3". Now **amber** risk. Based on continuing improvements in responding to agreed actions and positive year end controls conclusions.
3.A.2: Management Capacity and Capability	Impact decreased from "4" to "3", Likelihood decreased from "3" to "2". Remains **amber** risk. Based on filling all remaining vacant Senior Leadership posts in early 2022.
4.B.1: Performance Management Failure	Impact decreased from "3" to "2", Likelihood decreased from "4" to "3". Remains **amber** risk. Based on effective implementation of agreed actions, including developing performance dashboard reporting.
5.B.2: Impact of COVID-19 on service delivery	Impact decreased from "5" to "4". Remains **amber** risk. Based on lower incidence rate, but cognisant of continuing and developing threat.

4.3 All risks in the register have been reviewed by the risk owners and narrative and actions have been updated as appropriate for each.

4.4 The full register and details are at appendix A of this report.

5. Specific Risk Reviews

5.1 At its March meeting the Panel requested specific reviews of the two (then and now) highest rated risks on the register:

- 2.A.2: Failure in child safeguarding
- 2.A.5: Serious adult safeguarding concerns

5.2 Each risk has a current risk score of 25 (5 impact x 5 likelihood); the highest rating on Lewisham's scale.

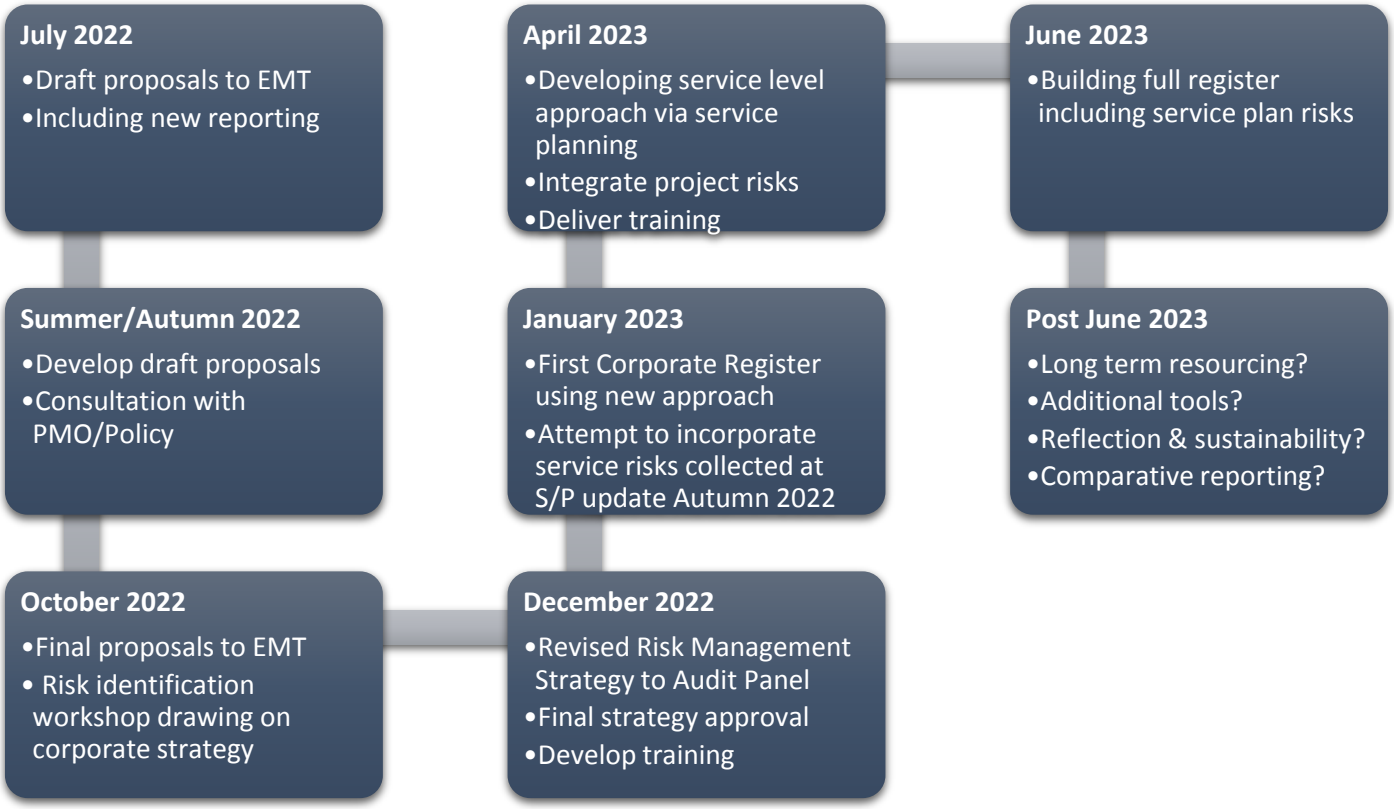
5.3 This report includes further detail on the management of adult safeguarding risk at Appendix B. Information on the child safeguarding risk will follow.

6. Developing a New Risk Management Strategy

6.1 The current Risk Management Strategy, last seen by this Panel in June 2021, runs from 2017-2022. We are working currently on developing a refreshed Risk Management Strategy that aims to improve how the Council identifies, reports and manages its risks. The key improvement aims are:

- Increased currency and dynamism to risk reporting information,
- Better organised, more available information in more useable reporting,
- Easier administration and information management, and
- An approach that provides a comprehensive overview of risk at the Council.

6.2 We have already begun developing the approach with workshops with the Executive Management Team earlier in the year and the Strategic Leadership Team in July. The full planned timetable for development is below.



7. Summary & Conclusions

7.1 The Council manages risk in accordance with its Risk Management Strategy 2017 – 2022 but are in the process of reviewing these arrangements.

7.2 The risk registers have been reviewed for the period ending 31 March 2022 and the Strategic Risk Register has been updated to reflect the assessment of risk to the Council at that time.

7.3 The Strategic Risk Register was reviewed and approved at EMT by circulation in May/June 2022 and is appended to this report at Appendix A.

8. Financial Implications

8.1 There are no direct financial implications arising from this report.

9. Equalities Implications

9.1 There are none arising directly from this report.

10. Legal Implications

10.1 The Authority has a duty to safeguard Council services and assets and seeks to meet that duty by having appropriate risk management arrangements.

11. Climate change and environmental implications

11.1 There are none arising directly from this report however the impact of climate change (e.g. air quality, extreme weather, flooding, compliance with new requirements/standards for service delivery) is included in the Strategic Risk Register as a risk that is currently rated as amber.

12. Crime and disorder implications

12.1 There are none arising directly from this report however some of the risks recorded within the Strategic Risk Register have crime and disorder implications (e.g. 3.B.1 Multi-agency Governance).

13. Health and wellbeing implications

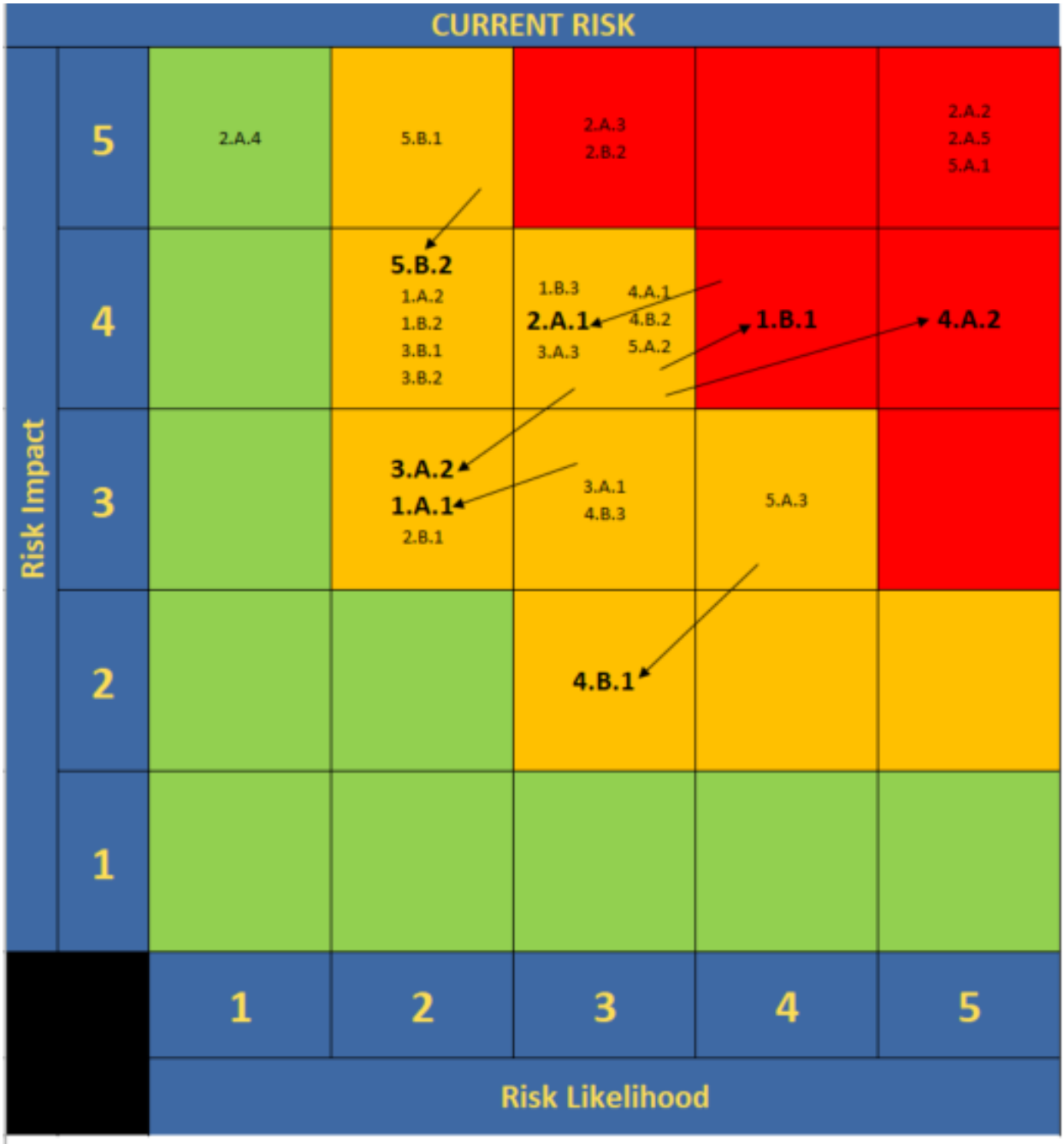
13.1 There are none arising directly from this report however some of the risks recorded within the Strategic Risk Register have health and wellbeing implications (e.g.Multi-agency Governance, Failure to agree with partners integrated delivery models for local health and care services) and others could impact indirectly.

Report Author

If there are any queries on this report, please contact Rich Clarke, Head of Assurance, on extension 48730.

Appendix A: Strategic Risk Register

Risk Matrix – Q4 2021/22



Larger font bold indicates movement from previous quarter
Arrow indicates where risk has moved from

Risk Listing – Q4 2021/22

Risk Listing									
Ref	Title	Owning Directorate	Current Score			Target Score			Recent Changes
			Imp	Lik	Score	Imp	Lik	Score	
Current High Risks									
2.A.2	Failure in child safeguarding	Children & Young People	5	5	**25**	5	4	**20**	
2.A.5	Serious adult safeguarding concerns	Community Services	5	5	**25**	5	4	**20**	
5.A.1	Unable to maintain delivery within balanced budget	Corporate Resources	5	5	**25**	4	1	**4**	
4.A.2	Global commodity price increases/supply chain shortages	Corporate Resources	4	**5**	**20**	3	2	**6**	**UP: Was 4x3 (Amber)**
1.B.1	Non-compliance with health & safety	Chief Executive's	4	**4**	**16**	2	3	**6**	**UP: Was 4x3 (Amber)**
2.A.3	Non-delivery of transformational change	Chief Executive's	5	3	**15**	5	2	**10**	
2.B.2	Serious cyber security breach	Corporate Resources	5	3	**15**	5	1	**5**	
Current Moderate Risks									
1.B.3	Respond to climate change	Housing, Regeneration & Public Realm	4	3	**12**	3	2	**6**	
3.A.3	Pace of change negatively impacts service delivery & morale	Chief Executive's	4	3	**12**	4	3	**12**	
4.A.1	Failure to manage suppliers & procurement programmes	Corporate Resources	4	3	**12**	2	2	**4**	
4.B.2	Delivery of Building for Lewisham fails	Housing, Regeneration & Public Realm	4	3	**12**	4	2	**8**	
5.A.2	Unforeseen spending/loss of income from funding streams	Corporate Resources	4	3	**12**	3	2	**8**	
2.A.1	Adequacy of internal control	Corporate Resources	4	**3**	**12**	4	2	**8**	**DOWN: was 4x4 (Red)**
5.A.3	Loss of income - debt collection	Corporate Resources	3	4	**12**	3	1	**3**	

Risk Listing									
Ref	Title	Owning Directorate	Current Score			Target Score			Recent Changes
			Imp	Lik	Score	Imp	Lik	Score	
5.B.1	Failure to contain impacts of emergency	Corporate Resources	5	2	**10**	4	2	**8**	
5.B.2	Contain impacts of COVID-19 and deliver service	Chief Executive's	**4**	2	**8**	3	3	**9**	**DOWN: was 5x2 (Amber)**
3.A.1	Loss of constructive relations	Chief Executive's	3	3	**9**	3	2	**6**	
4.B.3	**Failure to meet Housing standards**	Housing, Regeneration & Public Realm	3	3	**9**	3	2	**6**	Revised title to reflect wider standards requirements
3.B.1	Multi-agency governance leads to ineffective partnership work	Chief Executive's	4	2	**8**	4	1	**4**	
3.B.2	Integrated delivery models for local health & care services	Community Services	4	2	**8**	3	2	**6**	
1.A.2	Governance failing in service change	Chief Executive's	4	2	**8**	4	2	**8**	
1.B.2	Unresponsive to legislative change	Chief Executive's	4	2	**8**	4	2	**8**	
4.B.1	Failure to manage performance leads to service failures	Chief Executive's	**2**	**3**	**6**	2	2	**4**	**DOWN: Was 3x4 (Amber)**
3.A.2	Maintain sufficient management capacity & capability	Chief Executive's	**3**	**2**	**6**	3	2	**6**	**DOWN: was 4x3 (Amber)**
1.A.1	Information governance failure	Corporate Resources	3	**2**	**6**	3	2	**6**	**DOWN: was 3x3 (Amber)**
2.B.1	ICT not fit for purpose/does not meet business needs	Corporate Resources	3	2	**6**	4	1	**4**	
Current Low Risks									
2.A.4	Elections not conducted efficiently or effectively	Chief Executive's	5	1	**5**	4	1	**4**	

Changes since December 2021 marked in **red bold** text

Risk Descriptors

Likelihood (Horizontal 'X' Axis)

Rating	Probability	Description 1	Description 2
Very High (5)	>50%	More likely to occur than not	Regular occurrence. Circumstances frequently encountered - daily/weekly/monthly
High (4)	21-50%	Likely to occur	Likely to happen at some point within the next 1-2 years. Circumstances are occasionally encountered (few times a year)
Medium (3)	6-20%	Reasonable chance of occurring	Only likely to happen every 3 or more years
Low (2)	1-5%	Unlikely to occur	Has happened rarely
Very Low (1)	<1%	Exceptional circumstances	Very low probability/never before

Impact (Vertical 'Y' Axis)

Rating	Individual Impact	Service Impact	Reputational Impact	Finance Impact
Very High (5)	Death of an individual or several people	Complete loss of services, including several important areas of service. Service disruption 5+ days. Service resource diversion up to 80%	Adverse and persistent national coverage. Adverse central govt. response, inc. poss. removal of delegated powers. Officer(s) and/or Members resign.	£5m+
High (4)	Severe injury to an individual or several people, requiring immediate hospitalisation	Major loss of an important service area. Service disruption 3-5 days. Service resource diversion up to 60%	Adverse publicity in professional/ municipal press, affecting perception/ standing in professional/local government community	£2.5m - £5m
Medium (3)	Injury to an individual, requiring immediate hospitalisation	Major effect to an important service area. Service disruption 2-3 days. Service resource diversion 40%	Adverse local publicity/local public opinion	£1m - £2.5m
Low (2)	Minor injury to an individual or several people requiring hospital treatment	Major effect to an important service area for a short period. Service disruption 1-2 days. Service resource diversion up to 30%	Negative local publicity of a persistent nature	£500k - £1m
Very Low (1)	Minor injury to an individual requiring hospital treatment	Significant effect to non-crucial service area. Service resource diversion less than 20%	Negative local publicity	£250k - £500k

As set out in Risk Management Strategy 2017-2022

Risk & Action Listing – Q4 2021/22

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
COMPLY WITH THE LAW: Governance									
1.A.1	Information Governance Failure	**6 (6)**	3 (3)	**2** (2)	**YES** ⇩	Executive Director of Corporate Resources	New data protection training rolled out to all staff **Regular Directorate Reporting** Information asset & security environment audits	Policy review	End of June 2022
1.A.2	Governance in service change	8 (8)	4 (4)	2 (2)	YES ⇨	Director of Law, Governance & Elections	Corporate Programme Management Office Finance training for members & officers Themed budget approach	**(none required: risk on target)**	n/a
COMPLY WITH THE LAW: Regulatory									
1.B.1	Non-compliance with Health & Safety regulation	**16** (6)	4 (3)	**4** (2)	NO ⇧	Chief Executive	Directorate & Corporate working groups	Revise corporate H&S manual	Summer 2022
							H&S training programme	Review & tender building inspections compliance programme	**Q1 22/23**
							Risk assessment & audit programme	Revised policies on water, fire, asbestos	**Q1 22/23**

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
1.B.2	Failure to anticipate & respond to legislative change	8 (8)	4 (4)	2 (2)	YES ⇨	Director of Law, Governance & Elections	Data observatory established Engagement with professional bodies & govt departments Regular policy briefings	**(none required: risk on target)**	n/a
1.B.3	Impact of climate change	12 (6)	4 (3)	3 (2)	NO ⇨	Executive Director for HRPR	Climate Emergency Strategic Action Plan Borough Resilience Forum Flood Plan Air Quality Management plan and monitoring board	Updated Flood Risk Management Strategy Final Air Quality Management Strategy	Q2 2022/23 Q2 2022/23
SECURE SERVICES FOR USERS: Process									
2.A.1	Internal control framework adequacy	**12 (8)**	4 (4)	**3** (2)	NO ⇩	Executive Director of Corporate Resources	Internal audit & assurance, with supporting policy and reporting framework Oracle project Liquid logic control processes	**Revising approach to control account reconciliations to incorporate overall review dashboard**	**Q2 2022/23**

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
2.A.2	Child safeguarding failure	25 (20)	5 (5)	5 (4)	NO ⇨	Executive Director of Children & Young People	All cases risk assessed & thresholds for access linked to statutory requirements	Improvement programme including embedding Signs of Safety	On track
							LCS system redesigned to improve management	**Children's Social Care Improvement Plan within service plan.**	**Q1 22/23**
							Weekly critical safety panel reviewing Quality Assurance and performance framework		
2.A.3	Strategic programme for transformation does not deliver	15 (10)	5 (5)	3 (2)	NO ⇨	Assistant Chief Executive	Organisational Development Strategy & Project Mgmt Office (PMO)	**Portfolio approach top oen in line with corporate strategy & recruiting programme management resource.**	**Q2 2022/23**
							Strategic change boards		
							Building focus and capacity		
2.A.4	Elections not conducted in line with law	5 (4)	5 (4)	1 (1)	NO ⇨	Director of Law, Governance & Elections	Overall project plan	(None)	(N/A)
							Extensive staff training and engagement		

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
2.A.5	Failure in Adult Safeguarding	25 (20)	5 (5)	5 (4)	NO ⇨	Director of Adult Social Care	LSAB provided with regular reports, including monthly case audits	Liberty Protection safeguards system implemented	End of April 2022
							Safeguarding adults policy and procedures ensuring Care Act compliance	Agreed actions monitored at Safeguarding Board and Safer Lewisham Partnership	(N/A)
							SAR Board with governance arrangements and referral process in place		
SECURE SERVICES FOR USERS: Technology									
2.B.1	IT not fit for business need purpose	6 (4)	3 (4)	2 (1)	NO ⇨	Executive Director of Corporate Resources	Directorate participation in corporate PMOs.	**IT process to triage new application requirements for VfM and integration into existing networks.**	**Q1 22/23**
							Dedicated support for key line of business systems		
							Review BCPs with Emergency Planning team		
2.B.2	Cyber security breach corrupts or locks down Council systems or data	15 (5)	5 (5)	3 (1)	NO ⇨	Executive Director of Corporate Resources	Improved controls on admin-level access	Cloud-based authentication through MS365	**November 2022**
							Cyber Strategy & response policy approved		
							Online backups and disaster recovery testing		

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
DEVELOP STAFF & PARTNERS: Workforce									
3.A.1	Loss of constructive employee relations	9 (6)	3 (3)	3 (2)	NO ⇨	Assistant Chief Executive	Refreshed people management including employee assistance Extended union engagement and staff networks	**Establish various forums including monthly consultative meeting and escalation meeting where required.**	**Q1 22/23**
							Pulse surveys across a diagonal slice of staff	Staff Survey	End of Dec 2022
3.A.2	Failure to maintain sufficient management capacity & capability to deliver business and implement change	**6** (6)	**3** (3)	**2** (2)	**YES** ⇩	Chief Executive	All EMT posts are permanently filled and Director level posts appointed OD Strategy in palce	**(None, risk at target)**	**N/A**
3.A.3	Pace of change negatively impacts service delivery and employee morale	12 (12)	4 (4)	3 (3)	YES ⇨	Assistant Chief Executive	Regular staff and management communications from CEX Together Lewisham Staff Network & Leading Together Lewisham New appraisal process launched	Develop People Management Strategy	End of May 2022

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
DEVELOP STAFF & PARTNERS: Partnerships									
3.B.1	Multi-agency governance leading to ineffective partnership working	8 (4)	4 (4)	2 (1)	NO ⇨	Chief Executive	Regular meetings in place and liaison with all key partners & stakeholders Strategic Partnership Boards in place and actively supported	**Development of local place based strategic plans being considered**	**Q1 22/23**
3.B.2	Failure to agree with partners integrated delivery models for local health & care services	12 (4)	4 (2)	3 (2)	NO ⇨	Executive Director Community Services	Partnerships in place across health & social care including monitoring initiatives. Integration planning, including joint posts and whole system recovery plan Strategic Commissioning Function developed	Develop proposals for Commissioning Alliance	Continuing
SERVICES REPRESENT VFM: Procurement									
4.A.1	Failure to manage strategic supppliers and related procurements	12 (6)	4 (3)	3 (2)	NO ⇨	Executive Director of Corporate Resources	Contract management toolkit and supporting training plus contract mgmt dashboard Social Value reporting Expanded service with x2 posts	**Contract management dashboard to be developed in use** Annual Compliance Checklist for all contracts	**Q1 22/23** End of June 2022

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
4.A.2	Global commodity price increases or supply chain shortages	**20** (6)	4 (3)	**5** (2)	NO ⇧	Executive Director of Corporate Resources	Monitoring prices through contract management framework Using variation clauses as required Market engagement and benchmarking	Review supply chain specifications and seek alternatives where possible	Monthly financial reporting
SERVICES REPRESENT VFM: Performance									
4.B.1	Failure to manage performance leads to service failure	6 (4)	**2** (2)	**3** (2)	NO ⇩	Chief Executive	Director sessions as part of SLT One Council approach to collaborative work Performance reporting to EMT	Embed programme and project management approach **New corporate performance dashboard in development**	November 2022 **Summer 2022**
4.B.2	Building for Lewisham programme fails to make full use of available funding streams and/or exceeds	12 (8)	4 (4)	3 (2)	NO ⇨	Executive Director for HRPR	Changes to planning schemes to improve viability, including using 40% of RTB receipts. High level GLA Grant. Split into tranches for clarity & better oversight	**Quarterly financial reviews considering scheme improvement options and viability inc. risks re grant spend. Refining**	**Q1 22/23**

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
	financial parameters							**budgeting monitoring with LH**	
							Updated financial assumptions Jan '22 & quarterly reporting dashboard. BfL Commercial accountant appointed.	**Establish monitoring KPIs for Shared Ownership sales by LH**	**Q1 22/23**
							Sensitivity analysis inc. benchmarking with other London Las, FoL, London Councils and GLA	**Annual financial assumptions review**	**October 2022**
4.B.3	**Failure to meet housing standards**	9 (6)	3 (3)	3 (2)	NO ⇨	Director of Housing Services	LBL Self Referral to the Regulator following issues highlighted by ITV programme.	Significant changes to clienting arrangements with LH, including specific KPIs **and quarterly monitoring**	**Q1 22/23**
							Closely monitoring Lewisham Homes Lessons Learnt Action Plan.	Include clienting of TMO, RB3 for effective oversight of all housing management and tenant/leaseholder services.	**Q1 22/23**

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
MANAGE WITHIN BUDGET: Financial									
5.A.1	Financial failure and inability to maintain service delivery within a balanced budget	25 (4)	5 (4)	5 (1)	NO ⇨	Executive Director of Corporate Resources	Audited financial statements, MTFS, regular reserves and provisions monitoring.	Unwind Covid funding from BAU	June 2022
							Financial planning addressing historic pressures and balanced budget.	Monitor local government finance changes	June 2022
							Comprehensive financial planning.		
5.A.2	Lack of provision for unforeseen expenditure or loss of income from funding streams	12 (6)	4 (3)	3 (2)	NO ⇨	Executive Director of Corporate Resources	Expert valuations of pension fund and insurance provisions	Review bad debt provisions and write-offs post covid	June 2022
							Provisions and reserves strategy		
							Monitor and contribute to consultations on future of LG finance		
5.A.3	Failure to collect debt	12 (3)	3 (3)	4 (1)	NO ⇨	Executive Director of Corporate Resources	ASC charging policy	(None)	N/A
							Additional resource for debt collection team		
							LL and Controc systems aligned		

Ref	Risk Title	Current Risk & (Target Risk)	Current Impact (Target)	Current Likelihood (Target)	On Target? Travel	Risk Owner	Major Current Controls	Future Measures	Future Measures Date
MANAGE WITHIN BUDGET: Business Continuity									
5.B.1	Failure to effectively contain impact of emergency affecting public, business, environment	10 (8)	5 (4)	2 (2)	NO ⇨	Executive Director of Corporate Resources	On-call emergency planning rota and training with London wide standardised packages. BC Management programme using Resilience Standards for London Quarterly Borough Resilience Forum with annual tests	(None)	N/A
5.B.2	Failure to effectively contain ongoing impacts of Covid-19	**8 (6)**	**4** (3)	2 (2)	NO ⇩	Chief Executive	Covid risk register, reviewed by multi-agency partnership with established sub groups Service priorities determined and planned. **Ongoing monitoring and connection to London situation reporting**	**Ongoing monitoring and engagement with NHS about booster vaccinations & emerging other threats (e.g. Monkeypox)**	**Q1 22/23**

Updated by risk owners May/June 2022

Appendix B1: Adult Safeguarding Risk Review

Having robust audit processes in place is central to Lewisham's safeguarding adult board LSAB quality assurance system and offers front-line staff an opportunity to reflect in the knowledge that each practitioner is accountable for their own practice. A variety of different approaches and methods are used to audit safeguarding activity in Lewisham, both from a qualitative and quantitative perspective. Many safeguarding cases involve working together with multi-agency partners such as health colleagues, the police, and advocacy services to enable the triangulation of information to ensure sound evidence-based practice underpins every safeguarding intervention.

Stages of the Safeguarding process:

The Role of the Adult MASH- to provide a timely and consistent approach to the management of safeguarding concerns relating to vulnerable adults in Lewisham, and the decision to progress to a Section 42 Safeguarding Enquiry.

Stage 1: Safeguarding concern, this is the action of reporting concerns and allegations to the Multi-agency safeguarding adults contact hub in Lewisham (MASH). **Target timescale: same day as concern is identified.**

1) **Stage 2: Risk Assessment.** Having received the safeguarding concern the MASH will triage to determine whether to refer it for enquiries under the London ADASS safeguarding adult's procedures.
   Target timescale: By the end of the next working day following the concern being raised.

   As the front door service for safeguarding concerns relating to vulnerable Adults in Lewisham, and due to the very nature and volume of the work coming into the team, a significant proportion of the Manager and Senior Social Worker's time and focus is spent on ensuring that cases are effectively triaged and prioritised, risk is proactively managed that a steady throughput of cases is maintained. All work is recorded on the LAS system and the Operational Manager of the MASH has worked closely with performance colleagues to develop reports to assist in measuring the team's performance and in the day to day running of the team. Obviously, the activity of the MASH in dealing with the early stages of safeguarding activity contributes to and forms part of the overall performance management and data collection for safeguarding activity across the Adult Social Care as a whole.

   The manager of the Adult MASH holds daily meetings with the team to prioritise work, ensure that the most urgent concerns are being progressed and that appropriate actions have been taken in terms of risk assessments

and developing interim protection plans to ensure the Adult's safety and well-being. These morning briefings have proven to be the most effective means of monitoring performance and ensuring the turnover of cases in this busy and pressurised front-door service.

In addition to general safeguarding concerns, each week the MASH team receive, on average, 120 Police ACN reports (Adult Come to Notice –more commonly referred to as MERLIN reports). These are made whenever MPS police officers encounter adults who may be considered vulnerable by means of mental health, age, illness or disability.

Many of these concerns may not sit under adult safeguarding processes, however, they remain concerns nonetheless, and may require other actions to be taken. We have a responsibility to ensure that all concerns are responded to, and a significant amount of time is spent in the MASH triaging them and where necessary, signposting the person to a more appropriate service. The London Multi-Agency Adult Safeguarding Policy and Procedures

places a responsibility on Safeguarding Adult Boards to satisfy themselves that all Police MERLIN reports are being addressed appropriately through their oversight of safeguarding practice.

Around 80% of these reports are in relation to people with mental health issues, people at risk of relapse who may or may not be known to SLAM mental health services. The implementation of the MASH has enabled us to develop much more effective systems to deal with these reports and to ensure that better outcomes are achieved, despite some operational and organisational obstacles that are yet to be resolved e.g. separate I.T systems. These reports are rag rated by the police and all Red-rated reports are sent directly to the MASH manager, accompanied with by a phone call to ensure that urgent concerns are not missed. We now have daily triaging meetings with SLAM colleagues to go through each MH-related MERLIN report to ensure that appropriate and timely actions are taken in response to the level of risk for each case.

In some cases, it is possible to address the safeguarding issues, meet the person's desired outcomes and empower them to be able to protect themselves in the future in the short time the case sits with the MASH.

However for most concerns, once it has been determined that the grounds for a statutory safeguarding enquiry are met, the responsibility to establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom is transferred to relevant service.

2) **Stage 3: Section 42 Enquiry.**

The role of Neighbourhood, AWLD, Safeguarding Quality assurance Services– Ensuring that Safeguarding activities are undertaken in line with the agreed risk assessment. The risk assessment and protection plan are kept under review throughout.

Target timescale: Completed within 28days of the alert.

3) **Stage 4: Case closure**. The responsible team coordinating the safeguarding enquiries will complete the case closure and making safeguarding personal questionnaire which is completed with the adult at risk at the conclusion of the enquiries.

Target timescale: **Completed at the conclusion of the Section 42 Enquiry.**

The audit of ongoing safeguarding enquiries is supported in the following ways.

<u>10 Day case file audits (Safeguarding)</u>

For any allocated case, including safeguarding, workers are expected to take individual responsibility to update each LAS record with a 10 Day case file audit, or a 10-day safeguarding audit setting out what actions have been taken, what work remains outstanding, and the reasons why the case needs to remain on an open caseload. This is to ensure that cases are not allowed to drift. Compliance with the above is monitored through a regular ongoing programme of 6 monthly Case File Audits (see below).

<u>Supervision decisions on case files</u>.

Following each supervision session where caseloads are discussed, including safeguarding enquiries, the line manager is expected to record any decisions, case direction, or actions agreed upon for each case, this is to ensure that cases are not allowed to drift and that there is an appropriate turnover of allocated cases. The individual 10-day case file audits must reflect back on supervision records and evidence that they are being followed or state reasons why this has not been possible. Compliance with the above is monitored through a regular ongoing programme of 6 monthly Case File Audits (see below).

<u>The Role of the SAM (Safeguarding Adult Manager)</u>

Every safeguarding enquiry has an identified Enquiry officer who undertakes and coordinates the actions under Section 42 (Care Act 2014) enquiries and a

person acting as the SAM. The SAM should manage and have oversight of safeguarding concerns that are raised and progress to a full Sect 42 enquiry, providing guidance and support to the Enquiry officer to ensure that risks are properly managed, protection plans are outcome focussed, that due consideration has been given to Human Rights and issue around Mental Capacity and that actions taken are a proportionate response. They should provide ongoing monitoring and quality assure and authorise each stage of the enquiry to ensure that best practice, underpinned by the 6 key principles of safeguarding, is followed at all times. As well as providing this ongoing audit of the enquiry as it progresses, it is the responsibility of the SAM and the Heads of Service to proactively monitor safeguarding concerns to ensure that drift does not prevent timely action and place people at further risk.

A note on timescales;

It is important that timely action is taken, whilst respecting the principle that the views of the adult at risk are paramount and that sometimes, enquiries have to proceed at the pace of the Adult. Divergence from the timescales may be justified where adhering to the timescales would jeopardise achieving the outcomes the adult at risk wants, not be in their best interest, or where significant changes in risk are identified, which need time to be addressed. Other examples where timescales need to flex include when supported decision-making may require an IMCA / advocacy or another resource that is not immediately available, when the person's physical, mental and/or emotional wellbeing may be temporarily compromised, or as a result of other parallel processes having primacy over the enquiry or needing to run alongside it, for example, if the police are undertaking a criminal investigation, or if disciplinary action is being taken. Evidence that enquiries are being proactively managed by the SAM forms part of the monthly call over safeguarding sessions and 6 monthly safeguarding audits (see below).

<u>On-going Quality Assurance Programme and audit of practice</u>

In addition to the role played by individual practitioners and SAMS, the quality assurance of ASC practice and performance falls within a wider quality assurance framework and aims to improve our understanding of whether we are supporting our residents in the right way, at the right time and how we are making a difference to their lives. The delivery of the framework is supported by the Principal Social Worker and the Service Development and Improvement Team, however all services and workers at all levels are expected to participate in the planning and implementation of a series of thematic audits, aligned with the statutory functions of ASC, and ongoing quarterly audits alternating between practice standards and safeguarding, aimed at promoting a culture of openness and continuous self-assessment and improvement. The latter use an audit tool based on the ADASS Use of

Resources tool and Safeguarding audit tool. The safeguarding tool is based on a series of questions designed to draw out evidence that the 6 key principles underpinning adult safeguarding have been applied in each case. The audits focus on the quality of practice and decision making, evidence that the principles of Making Safeguarding personal have been applied and that the Adult at risk has been fully involved in decision making and have been supported to identify the outcomes that are important to them.

Lead auditors are identified and a team of up to 15 frontline staff and managers are each provided with a random sample of 4-5 cases or safeguarding enquires, completed in the preceding 6 months. Results of each audit are collated and analysed by the PSW of Adults and a report is presented to Heads of Service and Director of operations together with an action plan for further improvement. The outcome of these audits should be shared in team meetings and supervision sessions and there is a clear process for managers to follow if the audits have highlighted specific concerns around the practice of an individual worker.

Performance Management, Safeguarding Call-over sessions

Monthly call-over sessions are used to provide an overview of safeguarding activity and assurance that cases are being effectively managed. The Lead Operational Manager and seniors acting in the role of the SAM attend in person to go through all open safeguarding enquiries to explore why the enquiry has not been concluded within the indicative timescales set by the London Multi-agency procedures. The sessions provide a useful forum to offer advice and guidance on individual cases and to identify common themes or trends that may need to be escalated, if necessary to the Safeguarding Adults Board, in order to be resolved. A good example is the delays caused by a backlog of outstanding internal reports in our local acute Hospital trust which were preventing us from progressing and concluding Section 42 enquiries relating to concerns about the care provided by the Trust and community nursing. The sessions provided evidence that led to the development of a jointly agreed Escalation process which resulted in a reduction of delayed reports. The call-over sessions themselves led to a significant reduction in the number of enquiries that were delayed for over 60 days from the point of receiving the concern, and the sessions now focus on cases that are delayed over 30 days. Whilst the focus of the call-over sessions has primarily been on timescales, there are plans to refocus these sessions to explore the quality aspects of safeguarding work across ASC.

Oversight of the Safeguarding Adults Board

As with our key partners in safeguarding, ASC is also accountable to the Lewisham Adult Safeguarding Board. A summary of safeguarding activity is

presented to the board each year. In addition, we receive regular requests for reports to provide the Board with assurance on a variety of issues. These may be local issues or concerns coming out of major safeguarding enquiries or from exposure by undercover journalists highlighting serious concerns about particular types of provisions or care settings. For example, in the last year, we were asked to provide the Board with reports on the number and frequency of placement reviews completed in care homes outside of Lewisham to evidence that we have oversight and are in contact with our citizens placed out of the borough. Another request focussed on the impact caused by restrictions introduced in care homes due to the Covid-19 pandemic.

The board have also coordinated Challenge events for ASC and our key safeguarding stakeholders to discuss their policies and procedures and to receive constructive feedback on areas that could be strengthened or improved.

The Board also arranged for an internal Peer review of safeguarding practice, where an external independent safeguarding specialist senior manager reviewed a number of safeguarding cases and carried out a series of interviews with practitioners and developed a report on her findings which then led to an action plan to take forward recommendations coming out of the review.

Peer Reviews

The audit of safeguarding practice in Lewisham has also been the focus of a Peer Review organised by ADASS and London Councils. It is likely that such sector-led improvement initiatives will be phased out following the announcement that CQC will recommence inspections of Local Authority Adult Social Care departments.

Annual CQC Inspections

Last year in its NHS reform White paper, the government proposed to introduce a duty through a planned Health and Care Bill, in which the CQC would be responsible for assessing local authorities' delivery of their adult social care duties. These annual inspections were last carried out in 2010 and the focus then was on Adult Safeguarding. Whilst we await further details it is clear that Ensuring Safety and Safe and effective practice will be two of the areas that the inspections will focus on.