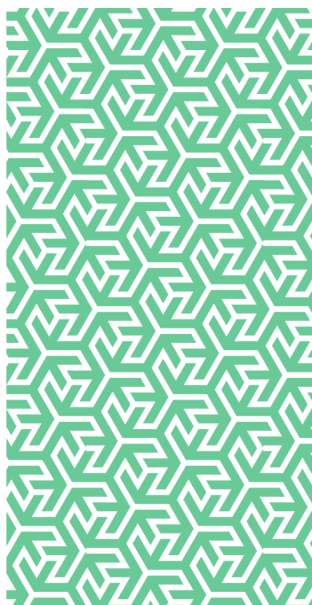




Risk control

Children's Services Risk
Management Mini Health Check
Neath Port Talbot Council

Date 6th March 2023



In partnership with



Children's Services Risk Management Mini Health Check Neath Port Talbot Council

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Introduction

A number of high profile investigations and adverse reports regarding Local Authority Children's Services in the national press over recent times have placed pressure on organisations that provide children's services to review their service provision to ensure it is fit for purpose.

Many of the adverse reports have highlighted failures in the governance of these services, directly attributing liability to local authorities.

The consequences of these failures can be profound and include physical and psychological injury to the affected children. The implicated organisation can suffer significant reputational damage and financial losses associated with claims for compensation.

Against this backdrop, the main purpose of the mini health check is to review the organisation's performance in providing children's services and to offer constructive and practical recommendations to assist with compliance and support activities that will reduce risk and its adverse consequences.

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This report is made without any liability whatsoever being placed upon Gallagher Bassett International Ltd, its officers, agents or employees.

This report is limited to a review of the adequacy of policy, strategy and systems adopted by the client and is based upon information provided by the client or their representatives. Where information was provided, it was assumed that it was correct at that time and no independent verification has been made by us in any way. The views and judgements expressed within this report are based upon our interpretation of the information provided during the review.

Legislation and best practice standards are subject to change. This report can only consider legal requirements and best practice standards applicable at the time of the review.

It is the responsibility of the client to ensure that the implementation of any risk improvement recommendations does not contravene any statutory requirements placed upon them.

Review Details

Date of Review:	6 th March 2023
Person(s) Interviewed:	Keri Warren - Head of Children and Young People Services Ian Finnemore - Principal Officer – Business Support & Performance Management Chris Frey-Davis – Principal Officer – Safeguarding and Quality Assurance Jayne Howells – Insurance Manager Deborah Lawrence – Insurance Officer
Location of Interview(s):	Virtual via Microsoft Teams
Review Conducted By:	Roger Lye CMIOSH, SIRM, EnvDip NEBOSH Risk Consultant roger_lye@gbtpa.com 07824 139 566
Date of Progress Review:	3yrs TBC

Executive Summary

A Children's Services Risk Management Mini Health Check was conducted at Neath Port Talbot Council on Monday 6th March 2023. We would like to thank everyone who organised and/or participated in this mini risk review as we do understand how busy everyone is. We would particularly like to thank the interviewees from Children's Services for their open and candid contributions.

The main purpose of the exercise was to review the organisations performance management arrangements for its Children's Services Department and to offer constructive and practical recommendations for improvement.

The review focused on the following areas:

1. Governance
2. Management
3. Employees
4. Regulator Inspections
5. Risk Management / Claims Management

Detailed findings can be found in the reports main body. A summary overview of findings is:

The interviewees projected a confident & competent image of the service where good/sensible risk management practice appears to be well embedded. Staffing at all levels continues to be stable and well supported. There seems to be a tangible desire to seek out and share information and improvement opportunities for the benefit of service users primarily, but also for the sustainability of the service. We hope that your passion and practices continue to deliver the results you strive for.

SUBJECT		
SUBJECT	Points Available	Points Awarded
Governance	30	30
Management	35	35
Employees	45	45
Regulator Inspections	35	35
Risk Management / Claims Management	30	30
Totals	175	175
Compliance Percentage		100%

The most significant areas for risk improvement are...

There are no formal risk improvements to make at this time.

Next Steps

We would be happy to receive your feedback and discuss in more detail any aspect of the report.

We would recommend a repeat of this process in approximately 3yrs to seek assurance of your continued control over your service risks. Should you need any risk management advice or training please reach out to us.

Risk Management Review

GOVERNANCE				
	QUESTION	Answer	Points Available	Points Awarded
1	Has an Elected Member been nominated to oversee the performance of the Children's Services Department?	Yes	5	5
2	Does the Senior Management Team (or equivalent) routinely receive reports on the performance of the Children's Services Department?	Yes	5	5
3	Does the Senior Management Team (or equivalent) actively oversee any improvement plans formulated in response to recommendations made by regulators or other interested parties?	Yes	5	5
4	Does the Senior Management Team (or equivalent) demonstrate its commitment to the continuous improvement of the delivery of children's services? (How?)	Yes	5	5
5	Is there a Director of Children's Services in post who holds the statutory responsibility as set out in the Children Act 2004? (How long in post?)	Yes	5	5
6	Does the Director of Children's Services hold the statutory responsibility for only one authority? (If no, please specify any other authorities?)	Yes	5	5
Sub-total			30	30
Findings				
<p>There is a relatively new Cabinet Member appointed from the community to oversee Children's Services (CS) and this is working well. This is regarded as a positive situation that allows a "fresh pair of eyes" to raise questions from different perspective.</p> <p>There are a variety of reports from the service that are circulated to senior management these include a 30 page weekly report, 6 weekly and quarterly performance reports that go to scrutiny.</p> <p>Part of Chris Frey-Davis's (CFD) role is to ensure & oversee any action plans from regulator inspections are monitored, managed and circulated to the Senior Management Team (SMT).</p> <p>It was stated that there is a clear commitment from the top of the organisation (inc. the Council Leader) to support CS with adequate & continued investment funding and there is a desire to set high standards and keep improving. An example of this was a recently approved 3yr preventive family support strategy that is none statutory.</p> <p>Andrew Jarrett is Director of Social Services, Health and Housing. He has been with the authority for more than 10yrs in a number of senior social services roles. There are 3 x Heads of service reporting into him, one of which is Head of Children & Young People Services – Keri Warren. It was reported that all of the SMT and principal officer roles within the service (with the exception of the Business Support & Performance Management Officer) are held by qualified & experienced social workers.</p>				

MANAGEMENT				
	QUESTION	Answer	Points Available	Points Awarded
7	Are the staff retention levels throughout the management hierarchy of the Children's Services Department considered to be good?	Yes	5	5
8	Does the organisation have plans in place to maintain and / or improve social work practice and the Children's Service generally over the next 12 months?	Yes	5	5
9	Are Practice Guidance for Children's services reviewed at regular frequencies? (If yes, how often?)	Yes	5	5
10	Are Safeguarding Children Partnership procedures reviewed at regular frequencies? (If yes, how often?)	Yes	5	5
11	Are the dedicated CSE hub practice and procedures reviewed at regular frequencies? (If yes, how often?)	Yes	5	5
12	Does the organisation ensure compliance with the organisations practice guidance and procedures? (How?)	Yes	5	5
13	Have good standards of multi-agency working and sharing of information with partner agencies been achieved? (How?)	Yes	5	5
Sub-total			35	35
Findings				
<p>Retention of Management level staff in CS is reported as very good within a very experienced team. There are 5 x Principal Officers but it is understood this is being expanded with the addition of another new role funded by the council. Most management appointments come from within the CS team and there are opportunities for advancement / personal development within the service.</p> <p>Head of service and the director are understood to be accessible and supportive for the CS management team</p> <p>There appears to be a strong culture and framework for continuous improvement in all aspects of the service. A new 3yr strategy is due to be launched in May 23 following next scrutiny committee approval. Below which there are more detailed operational plans for the various CS Teams. Groups have been established to manage and monitor these plans and their outcomes these include, a Quality Assurance (QA), Practice Improvement and an Outcomes group There is investment approved for a new tailored social care IT system to support practice led social care that will be introduced over the next 18 months. There are several groups who meet regularly to focus on practice improvement and CS at NPT are also involved in partnerships with a number of higher education institutions as they seek to be leaders in the field.</p> <p>All practice guidance has a review date although this can be done more dynamically if needed based on change / risk. Where good practice guidance is published by other recognised organisations this is reviewed and sometimes adopted and circulated internally without redrafting / personalising e.g. The Centre for Expertise in Child Sexual Abuse have produced a tool kits. There is a quarterly rolling programme of review by the policies, practices and procedures group of the Safeguarding Board of the</p>				

body of procedures etc. for safeguarding children partnership although again these can be prioritised based on risk. Example provided – The domestic abuse procedure had recently gone through review because of the current national focus.

CSE Hub practice & procedures are reviewed at a minimum every 2yrs, but social workers guidance is not just focused on one type of child exploitation.

Compliance with the organisations practice guidance and procedures is ensured via training and development opportunities, quality framework and regular supervisions (also see next section).

NPT have mature and effective relationships with partner organisations including the local police, youth service, health & probation services etc. They see this as one of their strengths in gaining essential intelligence to enable early interventions. CS at NPT follow the accord on the sharing of personal information (**WASPI**) in their partnership arrangements. Corporate safeguarding practices within NPT have recently gone through internal & external audit with a “clean bill of health”. CS have secured some additional funding from the safeguarding board to put together a multi-agency tracker system to assist in sharing information with partners.

EMPLOYEES				
	QUESTION	Answer	Points Available	Points Awarded
14	Have you confirmed that all social workers working within your Children’s Services Department are registered with the appropriate regulatory body?	Yes	5	5
15	Are the recruitment and retention levels for social workers and other associated professionals within the Children’s Services Department considered to be good?	Yes	5	5
16	Does the organisation support its children’s services workforce (specifically including Social Workers)? (How?)	Yes	5	5
17	Do you achieve and / or maintain employee competency within the Children’s Services Department? (How?)	Yes	5	5
18	Would you describe the current workload levels placed upon social workers and other associated professionals within the Children’s Services Department as reasonable?	Yes	5	5
19	Does the organisation ensure employees receive appropriate information, instruction and guidance on changes to practice guidance and procedures?	Yes	5	5
20	Are clear procedures in place to ensure employees can confidentially raise concerns?	Yes	5	5
21	Have all social workers been DBS checked within the last 12 months?	Yes	5	5
22	Are procedures in place to ensure that less experienced employees receive enhanced levels of supervision?	Yes	5	5

Sub-total		45	45
	<p>Findings</p> <p>Registration of social care staff is covered within the council's safer recruitment policy. The HR function have aligned / dedicated officers who support CS.</p> <p>It was stated that from a workforce of between 150 – 200 social work staff only 2 x people were agency workers (at any one time) and the overall vacancy rate was approx. 5%. Ave case management team may have 12 – 15 staff members. Then there are specialist teams such as fostering</p> <p>These metrics are monitored and reported upon. It is thought that staff turnover is low because of the service ensuring case rates for social workers are reasonable at an average of approx. 13.4 cases.</p> <p>Strategically CS has been a priority area within NPT Council for some years and a high proportion of the councils budgeted is directed to the service to enable reasonable caseloads to be maintained. It is also thought that the clear practice framework used, comprehensive workforce development programme, commitment to staff with regular supervision and support from HR and Occupational Health aligned to the service (for approaching a decade), all contributing to stability amongst the team.</p> <p>Establishing and developing competency begins at recruitment with those starting in the social work field going into a 1 year structured development programme with a combination of learning opportunities inc. foundation & mandatory courses plus specialist training depending on the precise nature of the role. There are opportunities for career development into management / aspiring management or specialisation. Supervisions by management are undertaken to ensure progression can be demonstrated in practice delivery. NPT have recently adopted a development matrix for safeguarding that has been rolled out across Wales. There is also an element of autonomous / self-development that is expected. There is a well embedded quality assurance mechanism and sharing of learning has become an established part of how CS teams operate.</p> <p>There is a regular flow of information through internal review some thematic performance clinics to explore & examine practice. Documented practice guidance etc. across CS exists but it is recognised this can sometimes be substantial and work is ongoing to distil some of this into more user friendly one page documents. There is a practice tool kit / practice directory that is due to go online imminently for staff.</p> <p>There is a communications officer who helps to support the service (internally and externally) along with an investment in Consultant roles (internal subject matter specialists within the teams with significant experience) who can offer guidance and support to their team. In addition the team work with several universities in developing good practice in various aspects of social work.</p> <p>There is a Whistle Blowing Policy (along with others including Dignity at Work etc.) although it was felt most concerns from employees are likely to be dealt with more informally by local managers. There is a good working relationship with the unions.</p> <p>There is a Safe Recruitment Policy that includes seeking a full DBS check pre appointment and an annual review, there after the legislative expectation is for a full renewal check every 3yrs or when there is a change in role.</p> <p>Inexperienced / unqualified social workers would expect to undergo supervision at a frequency no longer than 28 working days by the team or deputy team manager (could be more frequent agreed by mgr.). The QA process would also include case reviews and some peer / mentor review if individual's practioner sought it. There also the opportunity case consultations</p>		

REGULATOR INSPECTIONS				
	QUESTION	Answer	Points Available	Points Awarded
23	When was the date of the last Children's Services Inspection undertaken by the relevant regulator*?	Date: 7th – 10th Nov 2022		
24	Have all improvements recommended at the last Children's Services inspection been fully implemented? (Describe?)	Yes	10	10
25	Have there been any focussed visits by the regulator in the last 24 months?	Answer: Yes (as above)		
26	Have all improvements recommended at the last focussed visit been fully implemented? (Describe?)	Yes	10	10
27	Does the organisation maintain a robust approach to the development and implementation of improvement plans formulated in response to any recommendations made within a regulators inspection report?	Yes	5	5
28	How many Looked After Children currently reside in unregistered placements?	Number: 1 Currently		
29	What is the average length of time (during the last 12 months) that Looked After Children are accommodated in S20 accommodation for?	Duration: Not a utilised metric		
30	Has the Children's Services Department avoided being judged as 'inadequate' within the last 5 years?	Yes	10	10
Sub-total			35	35
Findings				
<p>The last focused inspection in Nov 2022 was on "Care planning for children and young people subject to the Public Law Outline (PLO) pre-proceedings in Neath Port Talbot". As an outcome of this inspection there was one relatively minor action requiring nuances to existing procedures to improve sharing of info with parents was required and has been actioned.</p> <p>There are regular visits by the regulator (allocated inspector) who meet & challenge the Director & Head of Service to focus on different areas of the service.</p> <p>As part of the QA processes all actions are tracked and regularly reported upon to the SMT's.</p> <p>Regulators have commented previously on the service's positive work & attitude to responding to actions from inspections and continually striving to seek out & implement developmental improvement.</p> <p>The use of unregistered placements is not a usual or preferred options and then only done for older young person with carefully constructed support plans. There is a process to follow that includes an assessment and a locally there is a preference for utilising family members to place looked after children (where it's a better option based on assessed & process).</p> <p>The average length of time (during the last 12 months) that Looked After Children are accommodated in S76 accommodation this is not a currently used as a routine measure of performance by NPT but it</p>				

is understood this information could be gathered if necessary. 1100 – 1200 children being supported and there are more appropriate measures such as drift.

* England – OFSTED / CQC; Scotland & Wales – The Care Inspectorate

RISK MANAGEMENT / CLAIMS MANAGEMENT				
	QUESTION	Answer	Points Available	Points Awarded
31	Does the organisation promote accepted risk management practices as an active management tool, including within the Children's Services Department? (The use of risk assessment, risk registers etc.)	Yes	5	5
32	Does the Children's Services Department maintain a risk register? If so, is the risk register regularly reviewed, updated and key risks and controls reported?	Yes	5	5
33	Is there a good working relationship between the Children's Services Department and the Insurance Department? (Regular dialogue and flow of information?)	Yes	5	5
34	Are there robust procedures in place for responding to a complaint, allegation or claim? (If so, what are they?)	Yes	5	5
35	Does the Children's Services Department maintain an effective document management system to assist in the investigation of a complaint, allegation or claim?	Yes	5	5
36	Is the Children's Services Department routinely provided with information related to complaints, allegations or claims submitted against it?	Yes	5	5
Sub-total			30	30
Findings				
<p>There is a service level and corporate/strategic risk register maintained by the council. It is understood only 2 x risks from CS exist on the corporate register currently and these have mitigation in place and are regularly reviewed. The service has a critical friend within the audit & governance team.</p> <p>The insurance team commented that the child care legal team of CS always provide a quick response to requests for information following receipt of formal liability claims. Meetings are arranged with CS members when a claim arrives. The CS legal have also been proactive at alerting insurance when they have been involved in civil proceedings where a judge has directed the individual/ or their family to pursue a legal claim.</p>				

There are complaints procedures that ensure a timely response is provided to complainants and where possible resolution comes from face to face meetings. Claims are acknowledged on the day of arrival. Head of service is made aware of any complaints arriving and a senior officer is appointed to manage the complaint. Compliments & complaints are reported upon as are the resulting actions / confirmation of closure etc. and these routine reports are publicly available.

Reporting on complaints is part of the monitoring and assurance processes and data was readily provided i.e. during the first 9 months of 2022 there were 34 complaints received.

There is a regular flow of information on claims provided to the CS management team from the insurance team, but the number of claims are considered to be low / few.

Recommendations

No.	Action	Priority A B C	Target date	Date Implemented
	None			

Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

Get in touch

For more information, please contact your RMP risk control consultant or account director.

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