

Brighton & Hove City Council

Appendix 1: Strategic Risk Focus Report: SR13, SR20, SR33 and SR32

Print Date: 28-Aug-2019

Initial Rating						
LIKELIHOOD	IMPACT					
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)	
	Almost Certain (5)	0	0	0	1	0
	Likely (4)	0	0	0	2	0
	Possible (3)	0	0	0	1	0
	Unlikely (2)	0	0	0	0	0
	Almost Impossible (1)	0	0	0	0	0

Revised Rating					
LIKELIHOOD	IMPACT				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
	0	0	0	0	0
	0	0	0	1	0
	0	0	1	2	0
	0	0	0	0	0
	0	0	0	0	0



1 - 3
Low
Monitor periodically

4 - 7
Moderate
Monitor if the risk levels increase

8 - 14
Significant
Review and ensure effective controls

15 - 25
High
Immediate action required & need to escalate to the management level above

Risk Details

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR13	Not keeping vulnerable adults safe from harm and abuse	Executive Director Health and Adult Social Care Assistant Director - Integrated Services Head of Adult Safeguarding	BHCC Strategic Risk, Legislative	10/06/14	Threat	Treat	 L3 x I4	 L3 x I3		Revised: Uncertain

Causes

Link to Corporate Plan: Our Purpose – A Good Life; Ensuring a City for all ages, inclusive of everyone and protecting the most vulnerable. Keeping vulnerable adults safe from harm and abuse is a responsibility of the council. Brighton & Hove City Council has a statutory duty to co-ordinate safeguarding work across the city and the Safeguarding Adults Board. This work links partnerships across the Police and Health and Social Care providers. Under the Care Act, since 2015, the Local Authority has a statutory duty to enquire, or cause others to enquire, if it believes a person with care and support needs is experiencing or is at risk of harm and abuse and cannot protect themselves. In 2017/18 809 safeguarding enquiries were completed by the adult assessment service, similar data for 2019/20 is being finalised. The Care and Support Statutory Guidance makes requirements regarding ‘Making Safeguarding Personal’ setting expectations for safeguarding work to be ‘person led and outcomes focussed.’

Potential Consequence(s)

- * Failure to keep vulnerable adults safe from harm or abuse will pose risk to vulnerable citizens
- * Failure to meet statutory duties could result in legal challenge
- * Failure to respond to a more personalised approach could result in challenge
- * Inadequate budget provision could result failure to meet statutory requirements

Existing Controls

First Line of Defence: Management Controls

1. Local Safeguarding Adults Board (LSAB) work plan established, with independent leadership, with aligned LSAB sub group work plans
2. Multi agency safeguarding adult procedures in place, for preventing, identifying, reporting and investigating allegations of harm and abuse, in line with Care Act requirements and endorsed by all 3 Sussex Safeguarding Adults Boards. Continuous professional development plan in place for social work

qualified staff, including a training programme and Practice Development Groups, for Care Act and Mental Capacity Act requirements. Impact of assessment staff training monitored through Audit Moderation panel and Statutory Duties Training Group.

3. For Adult Social Care (ASC) staff who have contact with vulnerable people, Safeguarding Awareness Training is Mandatory, and uptake is monitored through the LSAB Self Assessment submission.
4. BHCC Quality Monitoring Team oversee process in place to monitor quality of adult social care providers, in partnership with Clinical Commissioning Group (CCG), and Care Quality Commission (CQC).
5. Violence Against Women and Girls training programme available for LSAB member organisations, and ASC Assessment Service staff enabled to attend.
6. Dedicated Principal Social Work post for adult services, ensuring well trained, motivated social work service, meeting continuous professional development requirements in line with Social Work Professional Capabilities Framework, including expectations for professional supervision.
7. Senior Social Work/Operational Management authorisation of all Mental Capacity assessments undertaken in ASC Assessment Service.
8. Named Enquiry Supervisor for all Safeguarding Enquiries undertaken in ASC Assessment Service.
9. Deprivation of Liberty Safeguards (DoLS) Team to lead and co-ordinate all DoLS referrals in line with statutory requirements.
10. Approved Mental Health Practitioner (AMHP) Operations Manager overseeing the AMHP Team, to meet all relevant statutory requirements. This includes review (with SPFT) of demands on the service in light of changes to S136 legislation.
11. A range of materials and offers to signpost people to help inform good safeguarding is available e.g. on LSAB and Council website, safeguarding adult section.

Second Line of Defence: Corporate Oversight

1. Quality Assurance across key agencies, monitored by the Independently Chaired LSAB, with annual progress report on the LSAB work plan published.
2. Multi agency, and single agency safeguarding audits undertaken. The Safeguarding Adult Review sub group of the LSAB continues to meet monthly, and considers referrals for Safeguarding Adult Reviews, as well as looking at relevant coroner's rulings for the area.
3. Quarterly audit framework for adult social work service monitoring safeguarding enquiry practice are monitored by Audit Moderation Panel, and Corporate Performance Indicator (KPI) to monitor number of Safeguarding Enquiries not meeting Practice Standards.
4. Care Governance Board overseeing Quality Monitoring and is attended by the CQC who share information which enables local risks to be considered and assessed.
5. Learning from Safeguarding Adult Reviews (SARs), monitored through SAR sub group of the LSAB.
6. Yearly Social Work Health Check undertaken jointly by Principal Social Workers in both Adult Social Care; and Families, Children & Learning
7. LSAB Independent Chair meets quarterly with Chief Executive
8. LSAB annual report to Health and Wellbeing Board, includes statutory progress report on LSAB work plan.
9. Pan Sussex Safeguarding adults procedures group, meets quarterly, to review and update Sussex Safeguarding Adults procedures regularly, ensuring they are legally compliant and responsive to local and national practice development and learning.
10. Dols Governance/Mental Health Act Group, meets quarterly, attended by Assistant Director and Head of Adult Safeguarding, to ensure activity under DOLs and the Mental Health Act is quality assured, meets legal requirements, and activity is delivered with an efficient use of resources.
11. Departmental Management Team and HASC Modernisation Board oversee developments and monitor risks to Department.
12. Working with ADASS (association of directors of adult social services) on monitoring the impact of DoLS work to Local Authorities following the Supreme Court ruling in 2014 (P v Cheshire West Council and P&Q v Surrey County Council).

13. Joint service improvement panels with partners, including the CCG, share inspection results, complaints and other issues.

Third Line of Defence: Independent Assurance

1. For the council's in-house registered care services CQC Inspections on an on-going regular basis. Information on council website re. inspection results: <https://www.brighton-hove.gov.uk/content/social-care/getting-touch-and-how-were-doing/adult-social-care-inspection-reports-council>

2. CQC's programme of inspections of all registered care providers are published weekly and available on CQC's website www.cqc.org.uk. These are monitored for local relevance by the council's Quality Monitoring team managed by the Head of Adult Safeguarding.

3. Safeguarding referrals through the Adult Social Care's 'Access Point', the point of public contact for issues relating to Adults, can be made by anyone including other professionals, GPs, Police, neighbours, friends. Access Point safeguarding referrals are assessed by Senior Social Workers.

Reason for Uncertainty in Effectiveness of Controls: Despite efforts there are no guarantees that there will not be incidents.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Continue to learn from Safeguarding Adult Reviews, coroners inquests and case reviews	Head of Adult Safeguarding	55	31/03/20	01/04/15	31/03/20

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: A Safeguarding Adults Review was undertaken (called SAR X), written by an Independent Author commissioned by the Local Safeguarding Adults Board (LSAB) following the death of a person who was homeless, who was at times not engaging with support agencies, and with a Personality Disorder. The review was commissioned by the LSAB in April 2016.</p> <p>The SAR Sub Group of the LSAB (Chaired by B&H HealthWatch) has finalised the SAR X Action plan.</p> <p>The SAR X Action Plan is reviewed and monitored via the SAR Sub Group, which reports to the LSAB. The SAR Sub Group will monitor the completion of the Action Plan. Last reviewed at the SAR Sub Group 18/03/2019 and noted to be completed.</p> <p>SAR X summary is published on the LSAB website http://brightonandhovelscb.org.uk/safeguarding-adults-board/safeguarding-adults-reviews/.</p> <p>A briefing regarding SAR X has been completed, and has been circulated to all LSAB member organisations for staff awareness.</p> <p>A multi agency audit has been completed by the LSAB regarding adherence to requirements of the Mental Capacity Act. An Action Plan has been drawn up from this audit, which has agreed at the Quality Assurance Sub Group of the LSAB on 21/01/2019. Progress on the Action Plan is be monitored through the Quality Assurance Sub Group and reported to the LSAB, and is noted as on target for completion.</p> <p>An audit regarding adherence to Making Safeguarding personal principles is being planned to be undertaken June 2019. An update eon progress will be reported to the next Quality Assurance Sub Group on 29/07/2019.</p> <p>All 3 Sussex Safeguarding Boards have committed to SCIE Learning Review methodology, and a number of SAB member shave attended training on this in order to become reviewers. The B&H SAB will be updated on the progress of this in Sept 2019.</p>					
Develop and deliver Advance level Safeguarding training for senior and experienced social workers	Head of Adult Safeguarding	50	31/03/20	01/06/18	31/03/20
<p>Comments: Delivery of training started 26th March 2019. Roll out is monthly for six months. Course content has been developed in consultation with the assessment team. This course is for senior and experienced social workers, focussing on complex safeguarding cases. Monitoring of the take up and effectiveness of this course will be through the Statutory Duties Training Group, chaired by the Principal Social Worker. The target for delivery is 80% of all staff who require it by 31/3/20.</p>					

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Monitor progress of legislative change from DoLS to Liberty Protection Safeguards	Head of Adult Safeguarding	50	31/03/20	01/04/19	31/03/20
Comments: The timescale for changes to legislation is unclear. A group is established with initial meetings scheduled to monitor the progress and outcome of legal change and plan for transition. Initial meeting held March 2019, with follow up meeting planned August 2019. Briefing completed by the Deprivation of Liberty Safeguards Team Manager of new requirements to the new meeting.					
Performance Indicator for assessment service staff attendance on core training sessions to be monitored through the Statutory Duties Training Group.	Head of Adult Safeguarding	60	31/03/20	20/01/17	31/03/20
Comments: Lead Enquiry Officer (LEO) training for safeguarding adults was developed by the Professional Standards and Safeguarding Team, to build on training rolled out in 2015 when the Care Act started, and on on-going Practice Development Groups. From July 2017 a two day training course is delivered every two months, facilitated by Practice Managers in the Safeguarding and Professional Standards Team. The sessions have been fully subscribed to and were well received by attendees as they felt it would support their practice. The position by January 2019 is that that every social worker undertaking the Lead Enquiry Officer role has completed the new training and the expectation is that that all new postholders will undertake the training when in post. The training content and coverage is monitored via the Statutory Duties Training group, chaired by the Principal Social Worker for Adults.					
Programme of Prevent training to be rolled out to all Assessment Service staff in contact with citizens, Senior Social Workers and Operations Managers, and Registered Managers of provider services. All relevant staff to have attended training.	Head of Adult Safeguarding	70	30/10/19	20/01/17	31/10/19

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: 97 staff have been trained so far, which is 65% of the target workforce (150). Further courses are planned throughout 2019. The aim had been for full completion by April 2019. Unfortunately due to staff undertaking the training having moved roles, we have been delayed in completing this action. 3 staff have been identified to undertake the training, and they are awaiting the opportunity to undertake the training course which will then enable them to deliver this training to HASC staff so that we can then complete the training target. In the interim all staff have been requested to complete the Home Office Prevent e-learning training, and a reminder of this has gone to HASC staff through the 'In the Loop' communication newsletter.</p> <p>The Quality Monitoring Team has had a training session by the Prevent Lead, and are incorporating learning from this into their quality audit visits of commissioned adult social care providers.</p>					

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR20	Failure to achieve health and social care outcomes due to organisational and resource pressures on the Clinical Commissioning Group (CCG) and Brighton & Hove City Council (BHCC)	Executive Director Health and Adult Social Care Head of Adult Social Care Commissioning Assistant Director - Integrated Services	BHCC Strategic Risk, Economic / Financial	14/08/2019	Threat	Treat	 L4 x L4	 L3 x L4		Revised: Uncertain

Causes

Link to Corporate Plan Priority 3: Health and wellbeing

The high level Health & Wellbeing Strategy was formally adopted in March 2019 however there are still policy decisions that will need to be considered by the new council administration and fed through the Health & Wellbeing Board (HWB). The systems to deliver improved collaboration are made up of a number of organisations outside the council and there are competing drivers including budget and performance challenges which have been difficult to align. There are wider changes in National Health Service (NHS) structures, e.g. the NHS geographical boundaries which are still a work in progress, have implications for an already complex health care system.

Potential Consequence(s)

If parties do not work together as effectively as required, or organisation's priorities change, it will affect delivery of performance targets. Any failure of delivery across the health and care system could impact on costs and pressures throughout the system and frustrate attempts to release efficiency savings and improve system performance.

Existing Controls

First Line of Defence: Management Controls

1. The CCG operates across 6 Clusters. From April 2017 three Social Care District teams support these Clusters so that social care operational work is aligned.
2. Better Care Board established (high level and cross sector representation) and co-chaired by Executive Director Health & Adult Social Care and CCG Director of Commissioning, with oversight by Health & Wellbeing Board.
3. Finance and Performance Board monitors spend and performance.
4. Health & Social Care Partnership Board (HSCPb) jointly chaired by CCG and BHCC meets monthly to identify and collaboratively plan for service delivery
5. Health & Wellbeing Strategy adopted in March 2019.
6. Considerable collaborative operational working is being delivered within both the hospital social work teams and district adult social care teams (specifically east team working with CCG Cluster 6).

Second Line of Defence: Corporate Oversight

1. Health & Wellbeing Board reviewed and governance arrangements in place to help deliver a collaborative approach, including oversight of the Better Care Plan.
2. Better Care Plans in place. Section 75 signed off at the end of March 2018 and cover up to April 2020.
3. Partnership work agreed and submitting an annual Better Care Plan since the deadline in March 2014. Revised Better Care plan for 2017-19 submitted and approved.

Third Line of Defence - Independent Assurance

1. NHS England signed Better Care Plan, submitted Nov 2017 (approved with 2 conditions, addressed).
2. Quarterly Better Care submissions to NHS England ongoing. There has not been any challenge back from NHS England.
3. Internal Audit - No specific Internal Audit work in 2017/18. In 2016/17 internal audit work reviewing the Better Care Fund gave Limited Assurance. of Controls - Partners' budgets are often determined by Government.

Reason for Uncertain status of Effectiveness of Controls - This risk is affected by changes affecting a number of organisations which contribute to the health care system.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Develop 2nd Tier of Mental Health Integrated Services with Sussex Partnership Foundation Trust (SPFT) to involve BHCC staff being seconded to SPFT within the framework for the revised S75 agreement.	Assistant Director - Integrated Services	75	31/03/20	01/04/16	31/03/20

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Comments: All relevant BHCC social worker staff already seconded and working alongside SPFT. We have signed off a new S75 agreement with SPFT through to 2020. Final S75 agreement approved by HW Board 30/6/18.					
Further develop and simplify Integrated Discharge Pathways with service users and their families, involving partners Brighton and Sussex University Hospitals NHS Trust (BSUH), SCFT, CCG, Independent Providers, Third Sector and other local authorities.	Assistant Director - Integrated Services	50	31/03/20	01/04/16	31/03/20
Comments: HASC re-structure of Social Work teams aligned to new pathways was completed in December 2018. Further pathway re-alignment/simplification with partners has been requested. Workshops are planned from April 2020. Previous update - HASC's Assistant Director, Integration represents BHCC to develop this work to enable efficiency, a person centred approach and reduce duplication. An operational group meets (CUCORG) and reports to the Accident & Emergency (A&E) Delivery Board; Progress is also monitored through CATO (Caring Together). A co-produced progress update report was reported to the Accident & Emergency (A&E) Delivery Board on 28 June 18.					
Further integration with Primary Care Clusters	Assistant Director - Integrated Services	55	31/03/20	01/04/16	31/03/20
Comments: Meetings have taken place between the Health & Social Care Integration Board and representatives of the Clinical Commissioning Group (CCG). Development of further collaborative programmes of work as directed by the Board have received support from the council's Corporate Programme Management Office. Pilot model of integration underway in Cluster 6 with a view to then rolling out to other Clusters.					

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Partner review of the admissions process to residential units from hospital care to reduce the risk of unstable clients entering a residential unit with changed needs post admission.	Assistant Director - Integrated Services	100	15/04/19	26/10/18	15/04/19
Comments: Clients transferred from hospitals may present increased complex needs after initial entry to a residential care home. Partners, including staff in the residential units as appropriate, have worked together to review the care pathway. A revised admissions process was agreed and is operating from mid-April 2019.					
Plan Admission Avoidance with SPFT to extend delivery of social care responsibilities and enable more effective services	Assistant Director - Integrated Services	10	31/03/20	02/01/18	31/03/20
Comments: Work with partners across the city with the SPFT and NHS colleagues. This will enable an admission avoidance programme which is led by CCG and involves SPFT and BHCC with aim to enable a reduction in admission to acute hospital. From November 2017 social care staff moved into the Sussex Community Trust premises to form the Referral Management Hub which has delivered and continues to improve outcomes.					

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR33	Not providing adequate housing and support for people with significant and complex needs	Executive Director Health and Adult Social Care Head of Adult Social Care Commissioning Assistant Director - Integrated Services Head of Adult Safeguarding	BHCC Strategic Risk	14/08/19	Threat	Treat	 L4 x I4	 L3 x I4		Revised: Adequate

Causes

Link to Corporate Plan: Our Purpose - A Good Life; Ensuring a City for all ages, inclusive of everyone and protecting the most vulnerable.

Lack of affordable housing within the city and housing benefit changes

Unclear needs assessment for clients in this group and likely demand

Cross planning across organisations and services is complex

Services are not able to cope with demand

Potential Consequence(s)

People are placed in inappropriate accommodation which may present a danger or risk to them or others

People may not get the appropriate services and support to address their needs

Placing people in unsuitable accommodation for their needs

Failure to review ongoing needs of individuals and their family once initially housed

Clients are not supported appropriately

Public services deal with the effect, e.g. hospital admissions, anti-social behaviour, self-harm

Increased financial pressures are ongoing

Outcomes for services and clients are not achieved

Existing Controls

First Line of Defence - Management Controls

Housing Strategy.

Rough Sleeping Strategy.

Greater cross-directorate recognition of pressures and delivery issues between housing and adult social care led by Executive Directors (EDs) and senior officers.

Commissioning process for rough sleeping and single homeless persons has reached a conclusion and the services will be commissioned and reviewed.

Agreement at Strategic Accommodation Board (SAB) to start transition planning five years earlier to ensure there is sufficient lead time to create the necessary provision.

Second Line of Defence - Corporate Oversight

1. Strategic Accommodation Board is a cross-council group, meeting bi-monthly, chaired by ED HASC and is formed of ED Neighbourhood, Communities & Housing (NCH), senior directorate representatives to supplement housing strategy and enable focus on vulnerable adults and children. Strategic action plan now being developed focussing upon available council sites and Clinical Commissioning Group (CCG) also attend as co-strategic partner.

2. Rough Sleeping Strategy Board, cross organisational meets quarterly, chaired by Head of Policy & Partnerships on behalf of City Management Board.

3. Safeguarding Adults Partnership Board (SAPB) learning from current cases escalated by officers or others e.g. the Local Government & Social Care Ombudsman (LGSCO).

4. Health & Wellbeing Board; Housing Committee.

Third Line of Defence - Independent Assurance

1. Independently chaired Local Safeguarding Adults Board meets quarterly and provides an annual report to the Health & Wellbeing Board.

2. Independently chaired Local Safeguarding Children Board meets quarterly and provides an annual report to the Health & Wellbeing Board.

3. Internal Audit - This is risk was agreed March 2018. No specific Internal Audit work.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Conduct in-depth Joint Strategic Needs Assessment on people with multiple and complex needs agreed as a priority by Health & Wellbeing Board (March 2018).	Director of Public Health	58	31/10/19	02/07/18	31/10/19
Comments: Health & Wellbeing Board approved 2018/19 programme. Consultant in Public Health leading the project. Multiagency steering group and associated research underway.					

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Develop and roll out communication with Tier 4 managers to be aware of role of the Safeguarding Adults Partnership Board (SAPB) to improve escalation cases and referrals for Safeguarding Adults Reviews	Executive Director Health and Adult Social Care	10	31/03/20	12/07/18	31/03/20
Comments: This work has been agreed by ED HASC and is raised at SAB for further input.					
Ensure our overall customer service is compliant with Homeless Code of Guidance and our Housing Allocations Policy, including close working with Adult Social Care and / or Children, Families & Schools so we have a holistic view of the overall household needs and any Adult Social Care (ASC) / Children's & Families (CFS) accommodation or other duties that may apply	Assistant Director Housing	0	31/03/20	01/08/19	31/03/20
Comments: New actions recently inserted, progress updated will be provided as part of the next risk review cycle					
Ensure our timely provision of appropriate Temporary Accommodation via Housing, within our commissioning of any specialist accommodation whereby we have a joint discussion on city housing needs and accommodation requirements for specialist housing groups via Strategic Accommodation Board	Assistant Director Housing	0	31/03/20	01/08/19	31/03/20
Comments: New actions recently inserted, progress updated will be provided as part of the next risk review cycle					
HASC and Housing working on development of joint Homeless & Rough Sleepers Strategy	Executive Director Health and Adult Social Care	10	31/12/19	01/04/19	31/12/19

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Comments: This work is at an early stage and will be reflected in the HASC Directorate Plan.					
Needs Assessment using Public Health data and other intelligence to inform adult social care commissioning - demands analysed, resource availability and reported to Strategic Board and communicated to provider market and partners to develop capacity	Head of Adult Social Care Commissioning	30	31/10/19	01/02/18	31/10/19
Comments: We continue to develop a Commissioning Strategy to ensure we have the right services to meet needs. January 19 Update - Some analysis provided to Strategic Accommodation Board, e.g. implementation agreed Learning Disability accommodation review undertaken and reported to Health & Wellbeing Board on 6/3/18. The HASC Directorate Plan contains action on the Market Position Statement as a priority. The Market Position Statement will be reported to Health & Wellbeing Board in Q4 2019. An older peoples accommodation needs assessment has also been commissioned through Housing Lin and this will report in by End of August 2019. This will be valuable to support both commissioning and planning/development opportunities that might arise or be proposed.					
Review and align the current Rough Sleeping and Homelessness Strategies into a single plan.	Head of Adult Social Care Commissioning	25	31/12/19	01/04/19	31/12/19
Comments: - Council approval and publication of the new strategy – Dec 19 - KPI - Number of people who cease to become rough sleeping, now in sustainable accommodation [Corporate - City] - Joint measure to be developed with NCH to measure numbers of people prevented from becoming homeless/rough sleepers by May 19 - This work is to commence shortly with resource from both NCH and HASC being identified. A new rough sleeper coordinator has now been appointed and this role will be involved in taking this work forward.					

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Service Review of inhouse hostel provision now links to the Supported Accommodation review to develop improvements and meet future needs	Head of Adult Social Care Commissioning	30	31/10/19	01/04/19	31/10/19
<p>Comments: The scoping of this review is underway, working with the CCG and relevant partners. Progress reports will be reported to SteerCo-Sustainable Social Care; and the Accident & Emergency Delivery Board.</p> <p>Organisation has now been commissioned (Homeless Link) and kick start of meeting took place at end of July 2019.</p>					

Risk Details

Risk Code	Risk	Responsible Officer	Risk Category	Last Reviewed	Issue Type	Risk Treatment	Initial Rating	Revised Rating	Future Rating	Eff. of Control
SR32	Sub-standard health & safety measures lead to personal injury, prosecution, financial losses and reputational damage	Executive Director of Finance & Resources Head of Human Resources & Organisational Development Head of Health and Safety Compliance and Transformation Manager	BHCC Strategic Risk	14/08/19	Threat	Treat	<div style="background-color: red; color: black; text-align: center; padding: 2px;">Red</div> L5 x I4	<div style="background-color: red; color: black; text-align: center; padding: 2px;">Red</div> L4 x I4		Revised: Adequate

Causes

Link to Corporate Plan: Outcome ' A modern council: Providing open civic leadership and effective public services'

To ensure that the council meets the requirements of law and controls the likelihood and impact of risks which have potential to cause harm to residents, visitors and stakeholders there must be robust oversight of arrangements in delivering services and procuring goods to meet health and safety (H&S) legislation and other regulatory requirements. This is challenged by reducing resources, increasing demands and changes to our operating environment, and increased focus by regulators.

Potential Consequence(s)

- * Actual and potential harm
- * Custodial sentences for duty holders
- * Fines and litigation
- * Resources wasted
- * Decisions made are challenged
- * Increased costs of rectifying mistakes
- * Financial stability of organisation compromised
- * Reputational damage.

Existing Controls

First Line of Defence: Management Controls

1. Health & Safety (H&S) policy which sets out roles, responsibilities and arrangements
2. Access to competent advice (Health & Safety team) including technical fire safety lead investigation of all health & Safety incidents
3. Safety management framework - Team Safety
4. Response when required to the Health & Safety Executive (HSE) by the Head of H&S re. progress on actions to Notice of Contravention (NOC) and other HSE requirements from May 2019
4. H&S Training core programme
5. Fire Risk Assessments (FRAs) in place on council buildings with a programme of review which is monitored by Head of Health and Safety and AD Property and Design
6. Wellbeing Steering Group managed by Health & Safety team - stronger links to staff issues, e.g. the causes of stress and anxiety
7. Property & Design team check of cladding on all non housing buildings in the operational portfolio, eg. civic officers, historic (museums and libraries), social care, schools, sports pavilions etc. and the non-operational commercial portfolio
8. Housing Fire Health and Safety Board (Council, ESFRS & Mears) continue to oversee co-ordination of resources and manage actions through to completion. Enhanced fire risk assessments have been carried out on High Rise blocks impacted by fire door issues emerging from the Grenfell Inquiry. The enforcing authority are supportive of the council's approach
9. The Economy, Environment and Culture health & safety board oversees co-ordination of resources to manage risk and emerging safety issues
10. Head of Health & Safety in liaison with ED F&R developed a Strategic Corporate Action plan for H&S with a particular focus on working at height risks, 2019.

Second Line of Defence - Corporate Oversight

1. Corporate H&S Committee, meets quarterly
2. Managers complete Health & Safety checklists linked to Team Safety plans
3. H&S audit programme
4. Housing, Fire, Health & Safety Board meets regularly includes representation from East Sussex Fire & Rescue Service, the council's health & safety, Communications and Building Control and housing managers
5. H&S representation at Risk Management Steering Group/Safety Advisory Group/Major Incident Support Team (MIST)

6. Community initiatives partnership, governance and escalation through members' existing governance structures
7. Assurance Group that includes 3 ELT Directors and Head of H&S - to ensure that actions identified following Blatchington Mill fatality are robustly followed through and to identify how to dynamically manage risk more effectively.

Third Line of Defence: Independent Assurance

A. Post Grenfell tragedy - post June 2017

- a) information required by Ministry of Housing Communities and Local Government (MHCLG) in relation to council owned blocks was provided.
- b) Conference call held with MHCLG on 7 September 17 regarding our approach and the work we've done since Grenfell, in particular in relation to purpose built private sector blocks.
- c) We have visited all privately owned high rise properties throughout the city to ascertain cladding systems and have confirmed to MHCLG that we are not aware of any residential blocks over 18m in height with ACM cladding. The MHCLG and East Sussex Fire and Rescue Service continue to be supportive of the approach
- d) Department for Education (DfE) undertook on-line survey of construction of schools premises, returned by the council 30/6/17
- e) East Sussex Fire & Rescue Service (ESFRS) Regulatory Reform (Fire Safety) Order - ESFRS undertake citywide audits according to a prioritised programme which includes a range of council buildings. No inspections of council buildings have led to the need for enforcement action. All Council high rise buildings have been visited by ESFRS
- f) Council reported to Ministry of Housing Communities & Local Government (MHCLG) on private sector blocks visual inspections
- g) Independent assurance on this risk is available from the inspections carried out by the HSE and East Sussex Fire and Rescue Authority.

B. Health & Safety Executive (HSE)

- a) April 19 re. fatal accident investigation in relation to an incident involving a school caretaker at a secondary school in August 2018.
- b) In 2016 the HSE visited the depot as part of National Waste Initiatives which resulted in minor recommendations which were actioned.
- c) HSE Control of Vibration unannounced inspection in City Parks in October 2017, linked to national focus on work related health. Areas for improvement identified which has led to development of an action plan with assigned leads and timescales for action. In March 2018 through an HSE visit specifically on vibration due to RIDDOR reports in City Parks and City Clean. The outcome was that on 19 March 2019 the HSE would issue an improvement notice (not yet received) which has generated increased resource from the corporate H&S team to develop an action plan and revised risk assessment process for vibration.

C) Fatality of employee

- a) After Inquest re. fatality of a council employee in 2018 the BHCC Coroner issued a Regulation 28: Report to Prevent Future Deaths in March 2019. Head of Health & Safety and Senior Lawyer prepared a letter in response to outline the activity of the council to address the issues raised within the Regulation 28 Report, and our plans to address the long term corporate issues. The letter was sent via the CEO of BHCC on 3 May 2019.
- b) February 2019 ongoing investigation by HSE with Notice of Contravention issued and BHCC responded within required deadline. HSE decision to prosecution is still pending as at 12 July 19.

There was no internal audit work in 2018/19.

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Additional resource identified within the corporate health & safety team to support City Environment to address specific high risk h&s issues initially with a focus on vibration and noise	Head of Health and Safety	75	31/07/19	29/04/19	31/07/19
Comments: H&S team continue to scope and plan specific work activity for City Clean and City Park, whilst delivery H&S business as usual. Two lead consultants (officers) moved into City Environment on a part-time basis. On 19/4/19 HSE indicated they would be issuing an improvement notice against BHCC in relation to management of vibration risks (not received as at 12 July 19). A central approach to co-ordinate needs of City Environment Management (CEM) has begun with 1 member from the service to work with corporate health & safety team, to inform the future action plan for CEM, to be agreed by the end of July 2019 and delivered as scheduled.					
Additional temporary personnel to be recruited to address specific high risk issues in City Environment and Housing	Head of Health and Safety	100	31/07/19	01/05/19	31/07/19
Comments: The recruitment process for a consultant H&S post for 6 months (secondment arrangement) complete, with the role starting from 15/7/19. The recruitment process for a Consultant Fire Safety specialist for 8 months (agency) was completed however the successful candidate chose not to accept the position. The approach to meet fire safety needs in Housing and CEM was reviewed in light of this and agreement made that the fire safety work in Housing would be undertaken as a programme of work by a Fire Safety Consultancy as a separate contract. Fire risk assessment within CEM was reviewed and as progress had exceeded expectation and due to the successful recruitment to the H&S Consultant role, current fire safety resourcing was deemed sufficient.					
Engagement of independent health & safety consultancy to undertake a review of our corporate H&S arrangements	Executive Director of Finance & Resources	50	01/01/20	01/06/19	01/01/20

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
Comments: Action plan including commissioning consultant was signed off the CEO and ED F&R and the Assurance Group will have oversight of progress. Two year membership to RoSPA gained in July 2019. Head of Health & Safety is scoping the review of H&S Arrangements and which targeted audits will be undertaken. The scope will include an independent H&S Audit of Blatchington Mill School. A proposal for the scope of the independent review will be presented by the Head of H&S at the Assurance Group Meeting 31/7/19.					
ESCC commissioned to undertake a peer review of BHCC's corporate H&S team's arrangements to identify immediate opportunities for change	Compliance and Transformation Manager	100	01/06/19	01/04/19	01/06/19
Comments: BHCC's Head of H&S and ESCC H&S officer scoped and agreed the approach. The review began mid-May and any appropriate outcomes are fed into the strategic H&S action plan which was provided to the HSE within the deadline required within the notice of contravention.					
Housing Fire Safety Board plan and monitor the ongoing programme of sprinkler installations in the council's housing stock as approved by Housing Committee	Assistant Director Housing	50	31/03/20	01/04/16	31/03/20
Comments: Continue to work with ESFRS to take a risk based approach to prioritising consultation with residents on installation of sprinkler systems in council blocks, utilising match-funding where available. Continue joint monitoring of statutory fire risk assessment and other duties and a risk based approach to investment and response to issues arising, including fire doors in council blocks. Ensure emerging Fire Health & Safety Standards from central government post Grenfell are reviewed and implemented as required. In particular, concerning issues with fire doors. Continue to update H&NH Cttee					
Plan next bi-annual 'Well Workforce Survey for launch January - February 2020', linking to the bi-annual the Staff Survey results. This will ensure effective communications and generate increased engagement.	Head of Health and Safety	50	31/03/20	01/04/19	31/03/20

Risk Action	Responsible Officer	Progress %	Due Date	Start Date	End Date
<p>Comments: The staff survey results have been issued to the Leadership Network and results can now be considered as part of the planning. The oversight group is in place, the Wellbeing Steering Group. Last Steering Group held 9/7/19.</p> <p>Planning for the next Well workforce survey is underway, the survey will be run in Jan / Feb 2020. The comms approach is being developed now to lead into the survey and will involve oversight of the Wellbeing steering group. Robust governance and tracking and progress are in place.</p>					
<p>Response made to HSE's Notice of Contravention(NOC) issued in February 2019 in relation to the fatality at Blatchington Mill School which in part lead of the development of the H&S Strategic Action Plan</p>	<p>Executive Director of Finance & Resources</p>	<p>100</p>	<p>26/04/19</p>	<p>22/02/19</p>	<p>26/04/19</p>
<p>Comments: HSE will monitor our response to the NOC. The last contact with the HSE was 29.4.19 where they indicated they would telephone the Head of H&S for fortnightly updates on progress. This has not transpired and there has been no contact from the HSE since 29.4.19. However, activity against the Strategic Action Plan continues and has been tracked through the Assurance Group (last meeting 2/7/19).</p>					
<p>Review how findings of health and safety audits are monitored to ensure themes and corrective actions are identified as well as high priority recommendations</p>	<p>Head of Health and Safety</p>	<p>10</p>	<p>01/04/20</p>	<p>01/09/19</p>	<p>01/04/20</p>
<p>Comments: The Corporate Health & Safety team have looked at ESCC (Orbis partner) approach with the view to trial their audit approach in BHCC. The Corporate approach to health and safety auditing will be reviewed as part of the Strategic Health & Safety Action plan, and take on board findings from the external review by a health and safety consultant; and any other issues.</p>					

