

## Leeds Independence, Wellbeing and Choice Inspection Action Plan: Summary Report March 2009

### Appendix 1

#### This Period

#### Completed Actions this Reporting Period

1.4	Letter to all Service Delivery Managers and team managers outlining requirements in relation to current safeguarding practice to be cascaded and managed via the line management structure.	9.2	Continuing process of workshops communicating to practitioners the vision of personalisation.
1.7	Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.	11.1	Review current systems, determine resources required .
2.2	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems	15.2 (a)	New protocol and procedures published and adopted by local hospitals.
2.6	Establish performance & quality assurance sub- group.	22.1	QA of compliance with the current supervision policy will form part of the file audit process.
22.2 (a)	Review of the existing supervision policy		

#### This Period

#### Overdue Actions this Reporting Period

7.2(a)	Safeguarding Partnership Board conducts serious case review using new procedures yet to report.		
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#### Next Period

#### Actions due for completion by the next Reporting Period

2.3	Establish regular detailed quality reporting and review to DMT, Safeguarding Board via, Performance Monitoring & Quality Assurance subgroup and Scrutiny board.	14.5	Establishment of agreements and Service Specifications jointly with the PCT for residential care, home care and day care.
4.1	Scope out at a high level training requirements and secure resources across agencies	15.3	Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)
4.2 (b)	Agree mandatory multi-agency training programme including training sub-group to incorporate workforce leads.	19.3	Ensure that the commissioning approach to preventative services is effective via QA systems.
7.2(b)	Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning.	20.2	Establish Joint Commissioning priorities including shared funding arrangements.
14.4(a)	Safeguarding Partnership Board conducts serious case reviews using new procedures to revise procedures in line with learning.		

#### Actions commencing in the next Reporting Period

4.2 (b)	Establish training frequency for all roles and partners	14.1	Procure external expert advice to generate an options appraisal regarding steps to shift the emphasis of social care interventions away from building based services.
4.3	Monitor training via the Training and Quality Assurance subgroups	14.4	Extend current contract and monitoring arrangements to cover directly provided services
9.7	Establish internal and public communication strategy to raise awareness and expectations of self directed care in current and potential service users	18.1	Ensure teams are aware of locality options, including all relevant staff in ASC and partner agencies to receive a social isolation toolkit which specify the range of preventative services.
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### Overview

- Number of Actions have been successfully completed within the required timescale.
- Actions specific to safeguarding where joint partnership work is required with other agencies such as NHS Leeds are on target.
  - Quality Assurance work has gained momentum since the appointment of the Quality Assurance and Safeguarding Manager.
  - Direct Payments have improved choice and control for increasing number of people.
  - The Supervision Policy and programme of 'Supervision Skills' training will be completed well in advance of the required Plan Finish time.
  - Recruitment process is continuing to ensure adequate resources are available to secure the outcomes set out in the action plan.






### Risks

There are a number of actions where the original schedule has not taken sufficient account of the other dependent actions. These are largely related to the length of time required to recruit staff or interdependencies of other tasks which sit outside these actions. Negotiations are taking place with the Lead Inspector with the view to adjust these timescales. Two actions require further changes to ensure these are more in line with the work that is required to complete these actions. (please refer to attached appendix - *Proposed changes to the Action Plan* )

### Proposed Amendments to the Action Plan

Please refer to the attached appendix. Highlighting areas raised with Lead Inspector.

### Guidance on RAG Reporting

	Action completed and success criteria met.		Either the action is not on track for completion and/or there are significant risk to completion time and/or
	Action on track but not completed.		Not due to commence
	Action Completed.		