



overall the direction of travel is improving.  
 overall the direction of travel is static.  
 overall the direction of travel is deteriorating.

**MARCH PROGRESS REPORT**

	Aim/Outcome	Action	Last Month RAG	This Month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Risk Report
<b>Recommendation 1: The Council should urgently ensure that concerns are investigated, strategy meetings and protection plans devised and implemented where necessary</b>													
1.1	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	Meeting of Director of Adult Social Services, Chair of Safeguarding Board, Partner Executive Directors and Chief Officers to secure the commitment to the rapid development of local multi-agency safeguarding	G	G	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	All statutory agencies formally committed via written Memorandum of Understanding (MOU) which is signed by all partners	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services		
1.2	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	The TOR of the Adult Safeguarding Partnership Board are re-written and agreed to reflect current national best practice requirements in safeguarding vulnerable adult arrangements across Leeds.	G	G	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	Safeguarding Partnership Board and sub group structure is established with new MOU. These provide the governance to ensure and monitor that all relevant agencies and staff are equipped to safeguard vulnerable adults across Leeds. Improvements to be measured by the QA sub-group. Baseline & targets to be established.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services		
					Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08					
1.3	Leadership of Adult Safeguarding Board is effective and arrangements ensure that vulnerable adults are safeguarded.	A Head of Safeguarding appointed with partners to drive and support the boards work.	G	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Head of Adult Safeguarding is jointly appointed.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services		
						Jan-09	Jan-10	Jan-10	All key stages of the Adult Safeguarding plan 2008/09 are completed & plan for 09/10 published and actioned.				
1.4	Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice	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.	G	G	Yr 1 Qtr 3	Sep-08	Dec-08	Dec-08	All staff are aware of and understand expectations regarding the safeguarding procedures and the need for effective outcomes evidenced via audit of enquiries post Sept 08 by independent auditor.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		
						Dec-08	Mar-09	Mar-09	Independent Audit report defines further action required and Chief officer action with fieldwork staff to embed requirements				
			A	G								A copy of the Independent Audit Report has been provided to the Lead Inspector, Lead Executive member and Scrutiny Board.	No risk currently identified.

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1.5	Management action ensures that frontline management quality assurance is effective in supporting good practice	Roll out to fieldwork staff a supervision checklist as an aide memoire, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.	G	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Casework audit shows that fieldwork staff are being effectively supervised and this is evidenced in case file notes in relation to safeguarding casework	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers), Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		
1.6	Frontline staff are equipped to safeguard vulnerable adults and have competencies to do so effectively.	Each social work team has undertaken a workshop training session on roles and responsibilities in relation to safeguarding.	G	G	Yr 1 Qtr 3	Oct-08	Dec-08	Dec-08	All fieldwork teams have attended a training session on roles & responsibilities in relation to safeguarding by the end of the year.	Graham Sephton (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		
1.7	Independent audit undertaken & establishes that vulnerable people in Leeds are being effectively safeguarded	Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.	A ↔	G	Yr 1 Qtr 3	Oct-08	Dec-08	Mar-09	Audit report shows improved standard of practice compared with inspection findings.	Stuart Cameron - Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)		
						Oct-08	Dec-08	Mar-09	Establishes a baseline of current practice.				
1.8	Fieldwork Structures are reinforced to coach, support and monitor quality of practice	Establish 10 Senior Practitioner posts with associated administrative support to coach, support, audit and assure quality of practice concentrating initially on safeguarding work in front line adult social care teams.	A	G	Yr 1 Qtr 3	Oct-08	Jan-09	Feb-09	Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded.	John Lennon, Chief Officer (Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Work is progressing well.	No risk currently identified.
						Jan-09	Jun-09		Future monitoring demonstrates improved outcomes for people. Baseline measures to be established.				
1.9	Independent Quality Assurance Processes are implemented and ensure timely and effective safeguarding.	Establish 3 independent specialist chairs in the city to independently manage all case conferences and strategy meetings.	A	G	Yr 1 Qtr 3	Oct-08	Jan-09	Feb-08	Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded.	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	The recruitment process for the 3 administrative support is progressing in line with Corporate HR requirements these post are with the re-deployment panel for consideration.	No risk currently identified.
		Establish appropriate administrative support to these posts.	A ↔	A ↔	Yr 1 Qtr 3	Jan-09	Jun-09		Future monitoring demonstrates improved outcomes for people. Baseline measures to be established				

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Recommendation 2: The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts.													
Recommendation 6: The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.													
2.1	Expectations about the quality of practice reflect those of service users and stakeholders. Services can be evidenced as meeting these expectations and services are committed to meeting the expectations.	Establish practice standards and competencies in relation to: - adult safeguarding practice. - interagency work - communications, recording and information sharing with partner agencies - case management: referral, assessment, care planning and review - appraisal and supervision. - hospital discharge processes and associated services - advocacy, information and support to service users and carers - direct payments and self directed care. - Communicate to all staff.	A	A	Yr 1 Qtr 4	Oct-08	Jun-09		A clear basis for measuring and managing performance is established which will demonstrate best practice and outcomes for service users and carers.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Quality Assurance Manager in post since April'09 to support this process. On target for completion.	No risk currently identified.
2.2	Independent Quality Assurance Processes are developed and effective in improving performance	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems (See 1.7)	A	G	Yr 1 Qtr 4	Oct-08	Mar-09	Mar-09	A systematic approach to assuring safeguarding practice is established informed by independent expertise in safeguarding practice.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	A baseline report of quality of safeguarding investigating practice within Adult Social Care will be published by April 2009. Quality Assurance Manager in post since April'09. Tools for quality assurance system have been proposed by external consultant. Please refer to 2.1	No risk currently identified.
						Oct-08	Mar-09	Mar-09	Compliance with practice standards evidenced. A baseline needs to be established.				

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2.3	Independent Quality Assurance Processes are developed and effective in improving performance	Establish regular detailed quality reporting and review to: - DMT Board (monthly) - Operational managers - Safeguarding Board via Performance Monitoring & Quality Assurance subgroup - Scrutiny board Setting out the effectiveness of intervention and achievement of standards.	A ↑	A ↑	Yr 1 Qtr 4	Feb-09	Apr-09		A monthly schedule for quality reports and action plans established and monitoring of progress ongoing.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	A copy of the Independent Audit Report has been provided to Scrutiny Board.	No risk currently identified.
						Feb-09	Apr-09		Baselines are established from which to measure practice improvement.	Stuart Cameron-Strickland (Head of Performance)		A regular process for reporting quality to DMT has been established. Discussions with partners about quality reporting have commenced.	No risk currently identified.
						Feb-09	Apr-09		Improvements in practice and outcomes for people are evidenced by the reports.	Stuart Cameron-Strickland (Head of Performance)		Please refer to 2.1	No risk currently identified.
2.4	Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.	Develop processes of peer file audits against an agreed checklist by frontline practitioners and managers:	A ↑	A ↑	Yr 1 Qtr 3	Oct-08	Dec-09		Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.3)	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers) Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	Checklist completed and distributed to be used in all cases from 1st April'09.	No risk currently identified.
						Oct-08	Dec-09		Baselines for performance established and reports show improved performance.			Ongoing discussion with Quality Assurance Manager and operational Managers to develop robust quality assurance and risk management tool to record the outcome using ESCR.	No risk currently identified.
2.5	Managers can evidence that care packages are creative, personalised, informed and contribute to safeguarding awareness and prevention.	Establish quality circle for managers - sharing learning.-	A ↔	A ↔	Yr 1 Qtr 4	Jan 09	Mar 09		Managers are able to operate to minimum standards and are developing more creative, personalised ways of interagency working.  This is evidenced in QA of case work. Baseline measures to be established (see 1.7)	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers) Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	Initial meeting took place on 01April'09 to: '- Scope a range of ideas for defining and evidencing quality in respect of creative, personalised care packages which contribute towards safeguarding awareness and prevention.  Quality Assurance Manager and Operational Managers are scoping out establishment of quality circle and Quality Assurance toolkit.(see 2.4)	Work can not be completed within the original timescale set.  Tim Willis agreement to be sought to adjust the Plan Finish date to end of June'09.

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2.6	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	The partnership board to establish a Performance, Audit and Quality Assurance (PAQA) sub group with representation from key agencies.	R ↔	G	Yr 1 Qtr 3	Jul-08	Dec-08	Mar-09	A core group with TOR defining governance and reporting arrangements is approved by the Safeguarding Partnership board.	Emma Mortimer (Adult Safeguarding Coordinator) Stuart Cameron Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Quality Assurance sub-group meeting is to meet on 29th April'09.	One month out of Plan Finish Date
2.7	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	An audit of existing arrangements is undertaken by PAQA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	A ↔	A ↔	Yr 1 Qtr 3	Oct-08	Mar-09		Audit report completed and recommendations approved by Safeguarding Partnership board.	Emma Mortimer (Adult Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	A reminder to partners to produce information was issued on 28th March'09.	

**Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these:**  
- Set out specific and monitorable expectation on staff from all agencies.  
- Implements a system of compliance monitoring processes that ensure consistent practice.

3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines.	Stage 1: Revise multi-agency safeguarding procedures.	G	G	Yr 1 Qtr 3	Oct 07	Dec-08	Dec-08	Procedures agreed by partners and agencies.	Chief Officer (Social Care Commissioning) Emma Mortimer (Adult Safeguarding Coordinator), Head of Safeguarding	Chief Officer (Social Care Commissioning)		
		Stage 2: Ratify procedures through all agencies governance processes	A ↑	A ↑		Dec 08	Dec 09	Procedures ratified by all partners and agencies.	Procedures agreed and will be progressively rolled out during April'09.			No risk currently identified.	
3.2	Arrangements for safeguarding vulnerable adults are coordinated across agencies and disciplines	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, ie, homeless unit, community safety, domestic violence leads, etc.	G	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Protocols are in place and agreed	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)		
			A ↔	G		Jan 09	June 09	Mar-09	QA of case files evidence effective use of protocols baseline and targets to be developed and agreed.				
3.3	Increase awareness and understanding of issues and arrangements regarding safeguarding vulnerable adults.	Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.	↑	↑	Yr 1 Qtr 3/4	Oct-08	Jun-09		Marketing strategy is implemented	Mike Sells (Communications Manager)	Chief Officer (Resources)	Strategy and Action Plan agreed. Initial tasks agreed and actioned .	No risk currently identified.
					Yr 2 Qtr 1	Jun 09	Jan 10		Surveys and quality assurance establish baseline and targets relating to outcome measures.				

**Recommendation 4: The Council and partners should progress the emerging multi-agency training strategy and link this development with the agreed set of minimum competencies from specific roles within the adult safeguarding process**

4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Scope out at a high level training requirements and secure resources across agencies. See 1.6, 1.7 and 1.8 above	A ↑	A ↓	Yr 1 Qtr 3/4	Oct-08	April 09		Establish and fund a plan which demonstrates a multi-agency commitment and reflects cross agency training requirements resulting in the effective safeguarding of adults across Leeds	Emma Mortimer (Safeguarding Coordinator), Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Subgroup meetings delayed because partners have not nominated sub group members. Initial meeting was set for end Feb, but cancelled - first meeting now to take place in April.	Training subgroup membership - partners have not provided nominations, as agreed. April deadline for agreeing multi agency training framework unlikely. May is new target for this. <b>To be reviewed with Lead Inspector, Tim Willis to extend Plan Finish Date to May'09.</b>
4.2	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Agree mandatory multi-agency training programme including training sub-group to incorporate workforce leads.	A ↑	A ↔	Yr 1 Qtr 4	Jan-09	Apr-09		Interagency strategy for safeguarding training established. A rolling programme is implemented and targets for numbers to be trained across agencies are met. Targets to be defined and agreed.	Chief Officer (Social Care Commissioning) Head of Adult Safeguarding, Graham Sephton (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Subgroup meetings delayed because partners have not nominated sub group members. Initial meeting was set for end Feb, but cancelled - first meeting now to take place in April.	Training subgroup membership - partners have not provided nominations, as agreed. April deadline for agreeing multi agency training framework unlikely. May is new target for this. <b>To be reviewed with Lead Inspector, Tim Willis to extend Plan Finish Date to May'09.</b>
		Identify staff who require specific competencies and training requirements			Yr 2 Qtr 3/4	Apr 09	Sep 09						
		Establish training frequency for all roles and partners			Yr 2 Qtr 3/4	Apr 09	Sep 09						

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4.3	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	Monitor training via the Training and Quality Assurance subgroups			Yr 2 Qtr 1 & 2	Apr-09	Sep-09		Establish baseline and agree targets for training key staff across agencies based upon 4.1 which evidences that all frontline internal and external staff are aware of how to identify vulnerable adults and respond appropriately to concerns. User experience surveys evidence improved safeguarding experience.	Stuart Cameron Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)		
						Apr-09	Mar-10		Yr 1: 90% of respondents feel safe.				
						Apr-09	Mar 10		Yr 2: 95% of respondents feel safe.				

**Recommendation 5: The Council should ensure that staff are alert to potential risk factors where people live in situations of ongoing vulnerability and that appropriate contingency plans are put in place.**

5.1	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns	<p>Establish a risk management protocol and standard for protection of people living in vulnerable situations including partner agencies -</p> <p>A) Differentiate risk, monitor and manage this.</p> <p>B) Establish an information protocol around risk and vulnerability.</p> <p>C) Establish agreed process and standard for contingency planning.</p>	A	A	Yr 1 Qtr 4 & Yr 2 Qtr 2	Dec-08	Sep-09		All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	Chief Officer (Access & Inclusion) Chief Officer (Learning Disability) Head of Safeguarding	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	As agreed with Quality Assurance Manager, work already started on establishing a risk management strategy and framework that will be for all work area and will not be limited to Safeguarding.	No risk currently identified.
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**Recommendation 7: The Adult Safeguarding Board should agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.**

7.1	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Ensure final draft of serious case review procedure is agreed by the board	G	G	Yr 1 Qtr 3	Jul-08	Dec-08	Agreed Sept 08	1/ The procedure is formally agreed by the board	Chief Officer (Social Care Commissioning)	Director of Adult Social Services		
		Ensure final draft of serious case review procedure is taken through governance structures of statutory partners.				Sep 08	Sep 09	Sep-08	2/ The procedure is formally adopted within all partner agencies.  Future arrangements for the review of potentially serious cases & criteria are managed within the serious review sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)				
7.2	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	Safeguarding Partnership Board conducts serious case reviews using new procedures and revise procedures in line with learning. (See recommendations 4 & 6).	A	R	Yr 1 Qtr 3 & 4	Nov-08	Feb-09		A pilot of two serious case reviews will have been conducted	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Likely to be completed in May'09.	Tim Willis agreement to be sought to extend the Plan Finish Date May'09.
				A		Mar 09	Apr 09		Findings and action reported in report to the board				

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<b>Recommendation 8: The safeguarding board should strengthen its leadership role and processes for informing and reporting practice issues to elected members.</b>													
<b>Recommendation 25: The Council and its partners should strengthen governance arrangements so that elected members and relevant Chief Officers in partner organisations have a clear understanding of the performance of adult safeguarding arrangements.</b>													
8.1	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people	Accountability arrangements for Adult Safeguarding are established through a distinct formal delegation arrangement between the Director of Adult Social Services and The Chair of the Safeguarding Board	G	G	Yr 1 Qtr 3	Sept 08	Oct 08	Oct 08	Accountability for safeguarding vulnerable adults in Leeds is clear, transparent and unambiguous to partners and other stakeholders	Director of Adult Social Services	Director of Adult Social Services		
8.2	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people.	Safeguarding Board approves revised terms of reference and membership	G	G	Yr 1 Qtr 3	Jun-08	Nov-08	Nov 08	Revised terms of reference adopted and ratified by statutory partners	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)		
8.3	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	The work of the Board is reported through the governance structures of the respective partners. Elected members will receive reports through the Adult Social Care Scrutiny Board. The reports to include progress against the plan, the business plan and work programme for the following year.	A	A		Sep-08	May-09		Annual audits & good governance review, all sub groups have work plans and deliver them.	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Underway	No risk currently identified.
									Annual Report is produced in May accompanied by a business plan for the following year.			Underway	No risk currently identified.
									¼ly Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3).			Underway, please refer to 2.6	No risk currently identified.
									The work of the board is open to challenge by established group of service users and their carers.			A user and carer reference group is in the process of being established to participate in the work of the Board.	There are a number of different options for engagement which will need to be fully explored and may not be completely resolved by May'09.
8.4	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	The annual report is ratified by the governance structures of safeguarding partners including the Executive Board of the Council and its Overview and Scrutiny Board(s).	A	A	Yr 1 Qtr 4	Dec-08	May-09		Annual Report contains details of volume of activity and quality of outcomes from all partners. Performance improvement and learning points are incorporated into future action plans.	Adult Safeguarding Board	Chief Officer (Social Care Commissioning)	Scheduled for July'09 Executive Board.	May'09 deadline for report to be submitted to Executive Board will not be met due to reporting timescale.

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Recommendation 9: The Council should ensure more inclusive and individualised assessments.													
Recommendation 10: The Council should promote more ambitious, outcome focused care planning.													
Recommendation 12: The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized													
9.1	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Progressing action plans for whole systems transformation through Self Directed Care Programme. Progress reviewed by DMT (SU involvement at Board, Team & workshop level).	A	A	Yr 1 Qtr to Yr 3 Qtr 4	Apr-08	Mar-11		30% of services are delivered through individual budgets. Satisfaction and outcomes surveys show increased levels of choice and control including increased opportunities for self-assessment.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	20 customers have now completed Self Assessment Questionnaire(SAQ) with Early Implementer Team (EIT) and all entered into the Resource Allocation System (RAS). First support plans completed, demonstrating increased levels of choice and control. Under representation of older people and mental health users being addressed by EIT visiting area teams to highlight the progress and proactively seek appropriate referrals. Business Change team in place with one additional business change leader post to be recruited. Direct Payment target for 08/09 exceeded. Intention to review project plan, which will be monitored by DMT- Transformation board. This strand is monitored via Personalisation Scrutiny Working Group.	No risk currently identified.
9.2	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Continuing process of workshops communicating to practitioners the vision of personalisation and setting challenges for individuals around IB & DP and developing awareness.	A	G	Yr 1 Qtr 3 & 4	Oct-08	Mar-09	Mar-09	Frontline staff understand and apply to practice the principles of personalisation as evidenced by measures of 1/ Delivery 2 / Feedback Delivery Targets:08/09 759 recipients 09/10 2,417 recipients Feedback baseline: 43% survey respondents report being offered DP.Targets to be agreed.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Direct payments exceeded target for 08/09. People strategy completed and to be agreed by the end of May. Discussions taking place with external expert who will be undertaking the evaluation of the early implementer, in partnership with internal audit. Two facilitated workforce development half day sessions with key stakeholders arranged to scope future training needs using the in Control 'jigsaw' model. this will contribute to the Total Transformation workforce development group. Specific programme of training being commissioned for 'first 500.	No risk currently identified.
9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.	G	G	Yr 1 Qtr 3	Oct-08	Mar 09	Oct 08	Leeds has joined the 'in Control,' Programme	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)		



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9.4	Almost all service users report that they have accurate accessible information and that care processes are undertaken with respect to the person, in a timely manner, the range of services met preferences and they consider they are more in control	Agree measurable standards for outcome focused assessments and care planning and communicate to staff. These include: 1/ Timeliness 2/ Choice and Control 3/ Respect for the person including who fund their own care and support	A	A	Yr 1 Qtr 4	Dec-08	Aug-09		Measurable standards for outcome focused assessment and care planning which include respect for the person and timeliness have been communicated to all staff and are being used as evidenced by measures including targets 08/09: Older people assessed in 4 weeks - 85% Survey respondents happy with the assessment process - 90% Survey respondents report that the assessing SW is courteous and helpful - 90%. Further baselines and targets to be established in relation to quality factors and self funders.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	Work is progressing well and improvement in 1. Timeliness in outcome focused assessment. 2. Choice and Control through Direct Payments has been noticed.	No risk currently identified.
9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	Ensure SAP/ introduction of CAF in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments. Involve all relevant agencies to ensure an integrated assessment. (see Recommendation 19.2)	A	A	Yr 1 Qtr 4	Dec-08	Mar-10		All agencies ultimately use and contribute to SAP/CAF to result in effective outcome based assessment and care planning. Evidenced by the file audit process.	Wendy Emerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)	work is progressing.	Agreement to be sought by Tim Willis to make amendments to this action.
9.6	Service users and carers have appropriate access to information and advocacy.	The infrastructure is established to support service users and carers with partners, including access to accessible and timely information and advocacy services. (See recommendation 13).		A	Yr 2 Qtr 1	Mar-09	Jun-09		Evidence shows effective support for service users and carers in the provision of accurate, accessible and appropriate information and advocacy services Targets 08/09: Older people assessed in 4 weeks: 85% Survey respondents happy with the assessment process: 90% Survey respondents report that information is adequate: 90% Targets for advocacy services to be established.	Mike Sells (Communications Manager)	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability) Chief Officer (Social Care commissioning) Chief Officer (Resources)	Service users and carers are asked question in survey on adequacy of communications received. Advocacy provision is being mapped.	No risk currently identified.
9.8	QA processes effectively support improved service delivery	Arrangements for QA outlined under recommendation 2 are operational.		A	Yr 2 Qtr 1	Mar-09	Jun-09		QA assurance process to monitor that personalised services are delivered and vulnerable adults empowered to choose as evidenced by measures of 1/ Delivery 2/ Feedback Delivery Targets: 08/09 - 759 recipients 09/10 - 2,417 recipients Feedback baseline: 43% of survey respondents report being offered DP. Targets to be agreed.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Work has commenced. Draft work plan is being developed.	No risk currently identified.

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<b>Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.</b>													
11.1	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Review current systems, determine resources required and align these to ensure that reviews are undertaken in a timely manner inline with FAC's guidance.	↑ A	G	Yr 1 Qtr 4	Dec-08	Mar-09	Mar-09	From an 07/08 baseline of 63% In Year 1: 76% of service users to receive a timely review.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers).	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	ART co-ordinating 2000 additional provider-led reviews; Areas prioritising completion of open active cases for review prior to 31/03/09 will be known following end of year Performance Report due on 14 May'09.	No risk currently identified.
			↑ A	↑ A	Yr 2 Qtr 1	Mar-09	Jun-09		In Year 2: 80% of service users to receive a timely review.			DST- reporting framework is being adjusted for Disabled Facility Grant (DFG).	No risk currently identified.
11.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	Agree quality outcome focused standards for reviews to incorporate personalisation and risk factors	↔ A	↔ A	Yr 1/2 Qtr 4/1	Dec-08	Jun-09		Quality standards established with operational staff.	Brian Ratner, Nyoka Fothergill, Jim Traynor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers).	Chief Officer (Access and Inclusion)  Chief Officer (Learning Disability)	Work to ensure in-house support plans are reviewed for community services and take a more holistic and personalised view and are outcome focused to be monitored via sampling of support plans . Review of procedures are undertaken to catch and to meet the requirement of NI 130 refresher (Number of people receiving Self Directed Services including Direct Payments expressed as % of people receiving community based services). Action Plan has been established, which will be monitored by DMT (Performance) Board.	No risk currently identified.
					Yr 2 Qtr 2/3	Jun 09	Jan 10		75% of all reviews meet core quality standards as evidenced in file audit process.				
<b>Recommendation 13: The Council should build on the wide availability of advocacy services by specifying and focusing the circumstances in which it should be used to empower people.</b>													
13.1	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	Determine requirements in Leeds for advocacy	↑ A	↑ A	Yr 1 Qtr 4	Jan-09	Aug-09		The following range of advocacy requirements are incorporated: - Crisis - Task or Issue - Representational Short Term or Long Term Independent Mental Capacity Advocacy (IMCA)	Mick Ward (Head of Strategic Partnerships and Development)	Chief Officer (Social Care Commissioning)	First Project Board to meet in April. PID Produced to scope out the work.	No risk currently identified.

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<b>Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services</b>													
14.4	Directly provided services have clear contractual arrangements including performance and QA measures which are monitored and reported.	Extend current contract and monitoring arrangements to cover directly provided services	G	G	Yr 1 Qtr 4	Nov-08	Apr-09	Jan-09	Service level agreements are in place for: 08/09 Homecare,	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)		
					Yr 2 Qtr 1/4	Apr 09	Mar 10		09/10 Residential Care and Daycare				
14.5	Develop formal joint commissioning frameworks with health to extend the range of options for delivering personalised services	Establishment of agreements and Service Specifications jointly with the PCT for - residential (including specialist and general) care, - home care, - day care	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		Formal agreements with LPCT regarding joint commissioning frameworks, Service specifications in place for homecare and other key services	Tim O'Shea (Head of Adult Commissioning), Mark Phillott (Commissioning Manager)	Chief Officer (Social Care Commissioning)	This work in underway but will take a lengthy time to complete. Detailed negotiation with commissioners from NHS Leeds underway. Framework in relation to mental health and preventative services for older people in place.	Tim Willis agreement to be sought to extend the Plan Finish Date until Oct'09
<b>Recommendation 15: The Council and partners should strengthen hospital discharge procedures by focusing on the quality of peoples experiences</b>													
<b>Recommendation 16: The Council and partners should strengthen hospital discharge procedures by setting out clear reciprocal responsibilities with procedures in place for ensuring compliance with those standards.</b>													
<b>Recommendation 17: The Council and partners should strengthen hospital discharge procedures by agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.</b>													
15.1	People access a range of care services that promote their independence.	The remit of the existing Planned and Urgent Care Group is extended to undertake revising current protocol, procedures and practice to ensure that: 1/ the roles of different professionals are clear. 2/ the hospital discharge process is timely, safe and ensures a consideration of dignity and respect for the individual. 3/ a process for resolving disputes is in place.	G	G	Yr 1 Qtr 3 & 4	Oct 08	Nov 08	Nov 08	Actions taken prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect. Regular reports are provided to the Leeds Joint Commissioning Board for Adults.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)		
15.2	People access a range of care services to promote their independence. These prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect.	New protocol and procedure published and adopted by local hospitals including, LTHT, NHS Leeds and ASC. New protocol and procedures agreed with significant out of Leeds neighbouring hospitals.	A	G	Yr 1&2 Qtr 4/1-3	Nov 08	Mar 09	Mar-09	There is a signed protocol between ASC and health partners covering hospital discharge procedures, continuing care and disputes resolution. Protocol and procedure agreed by health partners and ASC and included in contractual arrangements.	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Director of Commissioning (Leeds NHS)		
				A	Yr 1&2 Qtr 4/1-3	Mar 09	Nov 09		Protocol and procedure agreed by neighbouring hospitals and ASC, ie, Harrogate, Bradford, Wakefield.			New Delay Transfer Protocol completed to go to DMT on 23 April. Work has already been progressing with outside Leeds hospital to agree to a single protocol.	No risk currently identified.

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15.3	The monitoring of hospital discharge arrangements is effective and lessons are learned from concerns.	Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		Baseline for delayed discharges of 27. Establish and initiate a baseline and targets to include data and info from: - Reviews of service users. - Complaints. - User experience surveys included in the reports to JSCB	Philip Schofield (Service Delivery Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	In May Planning and Urgent Care group will receive report on feedback from the customer Care Survey conducted by ASC in the end of last year and 1st quarter of this year on people experience on hospital discharge. There will be a combined report with NHS-Leeds on surveys and complaints to produced a baseline assessment on issues around dignity and safeguarding and customer Satisfaction with their time in hospital and when they are discharged from hospital.	No risk currently identified.

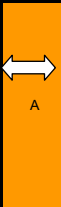
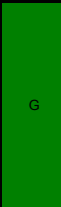





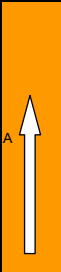
**Recommendation 18: The council should improve the availability of information about the range of carer's services.**

18.3	Carers confirm that they are well informed about services. They have information, which is accurate, accessible and appropriate in terms of their culture, sexuality, age, gender and religion.	Put arrangements in place to review, monitor and assure up to date, accurate and regular supply of information and effective communications with carers.	A	G	Year 1 Qtr 4	Dec 08	Mar 09		Carers and people who use services are helped to understand how to maintain wellbeing through a range of accessible information provided in partnership. 90% of survey respondents report that information provided is adequate as an initial baseline. Adult Social Care Information, Communications & Marketing Strategy is reviewed to establish further baseline and targets.	Mike Sells (Communication Manager)	Chief Officer (Resources)	Outline strategy has been developed, The strategy includes the requirement to identify gaps in information and to prioritise actions to address these within the overall timescale for this action.	No risk currently identified.
					Year 3 Qtr 1-2	Apr-10	Sep-10						

**Recommendation 19 : The Council and partners should improve the use by staff of the wide range of preventative services in preventative support packages for particularly vulnerable people in the community.**

19.3	Quality Assurance systems show that there is a successful focus upon early prevention and reduced need for higher level support services.	Ensure that the commissioning approach to preventative services is effective via QA systems outlined in recommendation 2	A	A	Yr 1 Qtr 4	Jan-09	Apr-09		Establish a baseline and targets for measuring use of preventative services to show a focus upon early prevention & reduced need for higher level support. To include data relating to: 1/ signposting and information given 2/ review information 3/ surveys 4/ evidence from case file audits 5/ hospital admissions & numbers entering long term residential care	Tim O'Shea (Head of Adult Commissioning) Stuart Cameron-Strickland (Head of Performance),	Chief Officer (Social Care Commissioning)	A range of different quality assurance and performance method are being implemented to better understand the value for money and quality of Leeds preventative services. A formal system will be agreed by end of April 2009 with a baseline report produced by the end of June 2009.	Tim Willis agreement to adjust Plan Finish date to July 09
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Recommendation 20: The Council and partners should agree a set of joint funding priorities and set out clear service development plans with associated joint management arrangements and joint funding commitments (reference recommendation 14)												
Recommendation 21: The Council should set out a clear commissioning plan for Older People's Services, including re-commissioning arrangements for existing services (where appropriate).												
20.1	The health and wellbeing needs of the people of Leeds are evidenced within the JSNA & shape commissioning priorities linked to Our Health, Our Care, Our Say, outcomes	Agree arrangements for future governance of JSNA process. Publish conclusions from initial work programme and data analysis.	G	G	Yr 1 Qtr 3 & 4	Dec 07	Feb-09	Feb-09	All commissioners have a detailed analysis of the health and wellbeing needs of whole population so that strategic commissioning can link investment to activity over time.	John England, Deputy Director (Partnerships and Organisational Development)	Deputy Director (Partnerships & Organisational Effectiveness)	
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Establish Joint Commissioning priorities including shared funding arrangements.	A	A	Yr 1 Qtr 3 & 4	Oct 08	Apr-09		Systems and infrastructure to support joint working in place 1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published. 3/ Impact on individuals measured against.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development), Carol Cochrane (Director of Commissioning & Priority Groups NHS Leeds)	Chief Officer (Social Care Commissioning)	Programme now established as a longer term Workstream between NHS Leeds and Adult Social Care with longer timescale for complete delivery.  Tim Willis agreement to adjust Plan Finish date to July 09
20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.	A	A	Yr 1 Qtr 3 & 4	Nov 08	Sep-09		Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better. Strategic commissioning developed to link joint investment to activity over time.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development)	Chief Officer (Social Care Commissioning)	1. Commissioning prospectus to be published in May 2. Older Better - The Draft Workplan for 2009/10 is being written and will go to the May Older People's Health and well Being Group. 3. ASC lead on Health and Well Being in Later Life appointed .  No risk currently identified.
20.5	Options which will maximise effective joint working to best meet the needs of people and deliver outcomes are identified.	Review intermediate tier, JCMT, Mental Health Teams, Hospital Discharge	A	A	Yr 1 Qtr 4	Jan 09	Apr-09		Systems and infrastructure to support joint working in place and enabling staff to delivery safe dignified transfers of care. Baseline and measures to be developed, to include data from, complaints, reviews, delayed transfers. Reports on progress are submitted on a quarterly basis to the Leeds Joint Commissioning Board.	Mick Ward (Head of Strategic Partnerships and Development), Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Options appraisal of Community Intermediate Care beds has commenced. Initial meetings to rewrite Transfer of Care (TOC) Protocol have taken place between ASC and NHS Leeds stakeholders to begin joint review of CIC beds taken place. Project Officer defined 1. Commissioning Prospectus to be published. 2. Joint approach to commissioning preventative services in development. 3. Standardised services review in use.  Tim Willis agreement sought to extend time to complete this work to July'09
		Review and develop joint commissioning/ market management of homecare. (cross ref to 20.3)			Yr 1 Qtr 4	Apr 09	Oct 09					

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<b>Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.</b>													
22.1	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	QA of compliance with the current supervision policy will form part of the file audit process outlined under recommendation 2.2 & 2.3.			Yr 1 Qtr 3 & 4	Oct 08	Mar 09	Mar-09	Ensure implement policy in relation to supervision across 100% of assessment and care management staff.	John Lennon (Chief Officer Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)	Supervision policy has been out for consultation, amendment have been made and ready to be signed off by the end of April'09.  Validation of adherence to the policy has been agreed to be part of the Quality Assurance Framework. (please refer to 2.2 and 2.3)	Work completed but awaiting formal sign off.
22.2	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	Review the existing supervision policy to include: 1/ Align with requirements in relation to safeguarding and personalisation 2/ A separate codicil of professional requirements for fieldwork staff 3/ Align with corporate work in this area.			Yr 1 Qtr 4	Oct 08	Mar-09	Mar-09	Revised supervision policy published. Revised supervision policy rolled out to all fieldwork staff. Baseline and targets in relation to compliance and effectiveness to be established. To include: 1/File audit process. 2/Employee survey. 3/ Investors in People reviews.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	The Supervision Policy reviewed and shared with Trade Union as part of the process. Amendments suggested. Agreed that all services now set implementation plans and dates for the roll out of new supervision policy - supported in this by Organisation Development Team. Agreed that regular reports on implementation come back to DMT.	No risk currently identified.
					Yr 2	Mar 09	Mar 10	A programme of 'supervision skills' training will be commissioned.				No risk currently identified.	
<b>Recommendation 23: The council should make the established business planning process more effective by cascading general intentions in strategic vision documents into more effective action and team plans.</b>													
23.1	Business priorities are cascaded and included in effective team plans.	Arrangements are put in place for the financial year 2009/10 to ensure that teams are engaged in setting out how they will contribute individually to achieve service improvement.			Yr 1 Qtr 4 to Yr2 Qtr 1	Feb-09	Jun-09	Staff are supported in the planning process: road shows; service conferences; team engagement. Each action within Adult Social Care plan will have populated detailed team plans against which their progress can be monitored. Teams know and reflect the business priorities in their team plans. Plans monitored through supervision and team meetings.	Tracy Cartmell (Head of Transformation)	Chief Officer (Resources)	Chief Officer Service plans produced for Learning Disability, Access and Inclusion, Resources and Strategy, Support and Enablement and Commissioning at 31.03.09 Plans in place to further cascade plans to team level by 30/6/09. Team Plans produced for: Information & Knowledge Management, Disability Services Team, Support & Enablement, Day Services, Residential Services, Community Equipment Service and Family Placement Service by 31.3.09.	No risk currently identified.	

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<b>Recommendation 24: The council should publish a workforce development plan which reflects the reshaped services and sets out how retraining and job redesign processes are to be utilised to deliver the skills needed to reconfigure services.</b>												
24.1	There are sufficient appropriately skilled staff to undertake the full range of social care functions, particularly in relation to safeguarding and personalisation	Create and launch a framework that maps competencies, skills and knowledge for key roles and groups in Adult Social Care in relation to safeguarding, personalisation & the requirements of business change (see Reek 14).	↔ A	↔ A	Yr 1 Qtr 4 & Yr 2 Qtr 1	Nov-08	June-09	Framework launched.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Priority has been given to creating Safeguarding framework. 464 people trained in safeguarding between Nov and Feb. Over 800 people will have been trained by April. This training has targeted three levels - alerter, line manager (referrer) and investigator. Currently working up plans to develop a clear understanding of needs around personalisation, linking work around Total Transformation Pilot, In Control models and Self Directed Support (SDS) programme streams.	New levels of training may need to be added to reflect the various roles and tasks of team managers, senior practitioners, independent chairs, and the head of safeguarding.
24.2	There are sufficient appropriately skilled staff to undertake social care functions	Publish our 3 year workforce strategy which reflect commissioning intentions and planned business change (2009 to 2012)	↔ A	↔ A	Yr 1 Qtr 4 & Yr 2 Qtr 1	Dec-08	May-09	Staff are equipped with the skills and knowledge required to deliver the personalisation agenda. Gaps are identified and addressed. These include requirements linked to safeguarding and the role of the independent sector within the delivery of personalised service delivery.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	First version of the workforce development strategy will be shared with DMT on 23rd April'09	No risk currently identified.
		Review in Oct 2009 in relation to plans in Recom 14			Yr 2 Qtr 3	Oct 09	Dec 09					
24.3	Services are consistently provided by an appropriately skilled and knowledgeable workforce	A new process for identifying investment and measuring the quality and impact of workforce development will be introduced in the 2009/10 planning cycle. New reporting process will be introduced.	↔ A	↑ A	Yr 1 Qtr 4	Oct-08	Mar-09	An agreed set of performance measures for workforce development will exist and managers can evidence that staff are competent for their role and can identify and respond to areas where staff competency issues exist. Measures to be developed which include data from: 1. Staff survey 2. Investors in People reviews 3. Occupational health data	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Draft performance measures and new reporting framework will be shared with DMT as part of workforce development strategy on 23rd April'09.	Tim Willis agreement sought to extend time to complete this work to April'09.
24.4	All will be aware of local skills standards and the support available to meet these standards	A web site will be created as a central resource for all information relating to workforce development. A clear description of what training and development is on offer to be communicated. Expected behaviours around the most important workforce development processes will also be shared, following the review of policy and process in each area.	↔ A	↑ A	Yr 1 Qtr 4	Nov-08	Jun-09	Web site available by end of June 2009; service users are in receipt of services from appropriately skilled staff whose competency is measured by workforce competency measures and quality of delivered is confirmed through quality assurance systems	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Specification for website currently being drawn up (purpose, audience, content). Development work to be conducted from April to June.	No risk currently identified.