Safeguarding action plan - Lessons Learned Log

Date Raised	Raised By	Subject	Lessons Learned

Project Charter :   Safeguarding action plan

Project Ref:		Start Date:	End Date:	Directorate Sponsor	Project Lead	Project Manager
		01/09/17		Carol Tozer	01/09/2017	

Objective(s)

Overall Approach

	Key Activities	Due Date
1		
2		
3		
4		
5		

Scope

High Level Risk Analysis

Indicators	Risk	Controls/Mitigation	Rating

Measures of Success

Key Performance Indicators	Current -> Future State	
KPI 1	0%	100%
KPI 2	0%	100%
KPI 3	0%	100%
KPI 4	0%	100%

Key Stakeholder Sign-Off

Responsibility	Name	Agreed	Date
Dir Sponsor	Carol Tozer		
Proj Lead	Terry Corry		
Proj Support			

Safeguarding Action Plan 6th March 2018		Master Schedule					
			Start Date	End Date	Status	Project or Action Lead	
Main Tasks with individual actions	*Link*	*Dependency*	01/09/17	31/03/18	On Target	*01/09/2017*	*Resource*
1 **Core Functions**						*	
1.01 Develop a comprehensive set of Safeguarding Team Operational Procedures	• 9.1 • 9.6 • 9.10	Secure Interim Transformation Manager (ASC)	01/09/17	31/03/18	On Target	Terry Corry /Maria Blazeckova	Within existing resources
1.02 Draft MAASH policy and procedures completed. To be signed off by MC/CT and adopted by Safeguarding team as part of the operational procedures	• 9.1 • 9.6 • 9.10	All internal staff	23/10/17	31/03/18	On Target	Terry Corry/Mike Corrigan/Jane Hughes	within existing procedures
1.03 Draft MAASH policy and procedures completed. To be circulated to partner agencies for consultation	• 9.1 • 9.6 • 9.10	All partner agencies	27/11/17	31/03/18	On Target	Terry Corry/Jane Hughes /Maria Blazeckova	Within existing resources
1.04 Draft threshold criteria/ guidance document to be completed for internal agreement/sign off	• 9.1 • 9.6 • 9.10	All partner agencies	21/12/17	28/02/18	Complete	Terry Corry/Jane Hughes /Maria Blazeckova	Within existing resources
1.05 Draft Safeguarding criteria to be presented to stakeholder workshop for consultation	• 9.1 • 9.6 • 9.10	All partner agencies	22/01/18	22/01/18	Complete	Jane Hughes	Within existing resources
1.06 Safeguarding criteria to be presented to the LSAB	• 9.1 • 9.6 • 9.10	All partner agencies	23/03/18	23/03/18	On Target	Fleur Gardiner/Terry Corry	Within existing resources
1.07 Ensure Safeguarding criteria for actions/processes and responses are clear and understood by all agencies	• 9.1	Secure Interim Transformation Manager (ASC). Comprehensive all agencies Training Programme delivered by Independent Consultant.	01/09/17	23/03/18	On Target	Terry Corry/Jane Hughes	Within existing resources in part funded by iBCF funding
1.08 Ensure consistent, accurate application of Safeguarding criteria by ASC ensure MSP is embedded. .	• 9.1	Robust Performance framework in place.	01/09/17	31/03/18	On Target	Terry Corry/Jane Hughes	Within in existing resources . To be considered at SAB training sub group

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		Link	Dependency	Start Date	End Date	Status	Project or Action Lead	Resource	
Main Tasks with individual actions				**01/09/17**	**31/03/18**	**On Target**	**01/09/2017**	**Resource**	
1.09	Carry out independent case file audit & create SMART measures to evidence feedback and referrals	• 9.1	Robust Performance framework in place. (MSP)	03/01/18	31/04/2018	On Target	Jane Hughes /Maria Blazeckova/BIT Team	Within existing resources	
1.10	Establish IW specific MSP Framework to reflect the SHIP document. Engage with external partners to provide critical challenge (link to operational procedures below 2.04 & 3.08)	• 9.1	All partner agencies	11/07/17	30/04/18	On Target	Terry Corry	Within existing resources	
1.11	To develop a Multi Agency Safeguarding functional (MAASH)	• 9.6	Secure Interim Transformation Manager (ASC). Comprehensive all agencies Training Programme.	01/09/17	31/11/17	On Target	Terry Corry	Within existing resources	
1.12	Develop robust multi agency risk assessment tool that is applied consistently across ASC applied to MARM and PARIS	• 9.1	ASC to take ownership. MARM & PARIS liaise with Partner agencies	01/09/17	29/2//18	Complete	Terry Corry	Within existing resources	
1.13	MARM (to include risk assessment & risk management planning tool & suite of supporting documents)complete in conjunction with SHIP document & RiPFA to be distributed	• 9.1	ASC to take ownership. MARM & PARIS Maria Blazeckova - liaise with Partner agencies	24/11/17	31/11/17	Complete	Maria Blazeckova	Within existing resources	
1.14	MAASH document to enhance local IOW Safeguarding policies and procedures and ensure disseminated to all staff and partners	• 9.1	Secure Interim Safeguarding Transformation Manager.	01/09/17	30/03/18	On Target	Terry Corry	Within existing resources	
1.15	Publish MASH operational procedures on the intranet and internet as appropriate	• 9.1	ICT/ Catherine Smith Ivory	02/01/18	30/04/18	On Target	Maria Blazeckova	within existing resources	
1.16	Making Safeguarding Personal (MSP) is understood by all and underpinned by performance indicators .	• 9.1 • 9.9 • 9.10 • 9.12	Secure Interim Transformation Manager (ASC). Comprehensive all agencies Training Programme.	09/09/17	31/05/18	On Target	Terry Corry/Debbie Downer	Within existing resources SAB	
1.17	Performance indicators established & will be submitted as part of monthly reporting	• 9.1 • 9.9 • 9.10 • 9.12	All	11/09/17	31/05/18	On Target	Maria Blazeckova/Liz Atherfold	within existing resources	
1.18	Undertake critical pathway analysis to develop options appraisal for combined Adult First Response and Safeguarding Team - streamlining Single Point of Access - improving triage and application of Safeguarding criteria . To include review of PARIS forms	• 9.2 • 9.11 • 9.12	New safeguarding manager in post - options paper by end Feb 18	03/08/17	31/05/18	On Target	Mike Corrigan	Within existing resources	
1.19	Team consulted to review and comment on all PARIS forms as part of the above critical pathway	• 9.11 • 9.12	All team	14/11/17	28/11/17	Complete	Maria Blazeckova	within existing resources	
1.20	Review admin support and function to include safeguarding & MAASH	• 9.1 • 9.2 • 9.6 & 9.9 & 9.11	Shared Services Capacity.	01/09/17	31/05/18	On Target	Mike Corrigan/ Jackie Hazel	Cost included in training plan	

	Main Tasks with individual actions	Link	Dependency	Start Date 01/09/17	End Date 31/03/18	Status On Target	Project or Action Lead 01/09/2017	Resource	
1.21	The Vulnerable Adults Panel to be reviewed following the development of Integrated Locality Services, (ILS) and embedding MARM	• 9.1	MAASH procedures	01/09/17	31/03/18	Complete	Terry Corry	Within existing resources	
1.22	Embed the use of Family Case Conferencing . Utilising links and resources via RiPfA (Research in Practice for Adults)	• 9.1 • 9.7	Secure Interim Transformation Manager (ASC).	01/09/17	30/04/18	On Target	Maria Blazeckova/Liz Atherfold	Within existing resources	
1.23	Strengthen senior management capacity within ASC Safeguarding	• 9.5	Successful delivery of ASC reorganisation.	11/07/17	31/05/18	On Target	Mike Corrigan	Within existing resources	
1.24									
2	**Training**						*		
2.01	Develop a clear ASC Safeguarding Learning and Development pathway for all ASC staff	• 9.1 • 9.6 • 9.7	Safeguarding Training Sub Group.	01/09/17	31/03/18	Complete	Terry Corry/ Sarah Teague	Training budget established	
2.02	Develop a robust training programme for resilience within the team	• 9.1 • 9.6 • 9.7	Safeguarding Training Sub Group.	16/11/17	16/11/17	Complete	Terry Corry/Sarah Teague	Training budget established	
2.03	Develop comprehensive Risk Assessment and Risk Enablement training programme	• 9.1 • 9.6 • 9.7	Safeguarding Training Sub Group.	01/09/17	31/03/18	Complete	Terry Corry/ Laura Clarke	Training budget established	
2.04	Develop MSP training Programme for ASC and Partner organisations / external organisations / partners.	• 9.1 • 9.6 • 9.7	Safeguarding Training Sub Group.	01/09/17	31/03/18	On Target	Terry Corry / Sarah Teague	Training budget TO BE established. May incur additional costs	
2.05	Develop a fully costed ASC Safeguarding Learning and development Programme	•9.1 •9.6 • 9.7	Safeguarding Training Sub Group.	01/09/17	31/03/18	On Target	Terry Corry/Sarah Teague	Training budget established	
2.06									

	Main Tasks with individual actions	Link	Dependency	Start Date 01/09/17	End Date 31/03/18	Status On Target	Project or Action Lead 01/09/2017	Resource	
2.07									
2.08									
2.09									
2.10									
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2.12									
2.13									
3	**Operational procedures and performance development**						*		
3.01	Assurance that Safeguarding operates in-line with the documented SHIP process.	• 9.1 • 9.6 • 9.8		01/09/17	31/03/18	Complete	Terry Corry/Maria Blazeckova	Within existing resources	
3.02	Safeguarding operational procedures mapped to ensure compliance and adopted for day to day practice . • see 1.18 above	• 9.1 • 9.6 • 9.8		14/11/17	30/04/18	On Target	Maria Blazeckova	within existing resources	
3.03	Ensure that all First Point of Contact staff are clear in regard to Safeguarding enquiries & processes (linked to service redesign)	• 9.2 •9. 11	Contact centre and partner agencies	01/09/17	30/04/18		Terry Corry	Within existing resources	
3.04	Identify all first point of contact staff ensure that the pathways are understood by all . Training to be provided and regular team meetings to share best practice	• 9.2 •9. 11	Criteria & pathways/Help desk officers	03/12/17	30/04/18	On Target	Maria Blazeckova/Cate Sheen	within existing resources	
3.05	Ensure providers and partner agencies are utilising IOW safeguarding criteria to ensure consistency in practice and reporting criteria.	• 9.1 • 9.3 • 9.4 • 9.10	Making connections (criteria) and falls strategy/falls coordinator post	01/09/17	30/04/18	On Target	Terry Corry	Within existing resources .Training model costed	
3.06	Ensure Falls strategy when completed by health is issued to all staff and partners with agreed clear pathway for recording and actions	• 9.1 • 9.3 • 9.4 • 9.10	Reliant on the criteria and the falls prevention & bone strategy	01/09/17	30/04/18		Caroline Robertson (Health)/Laura Gaudion	Within existing resources	
3.07	Ensure advocacy (IMCA) is promoted in-line with MSP & Care Act requirement	• 9.1 • 9.10 • 9.12	All	01/09/17	31/03/18	Complete	Terry Corry	Costs to be monitored may incur further costs against present budget	
3.08	All strategy/MARM and meetings agenda used as a tool and prompt to embed MSP & keeping the adult central to the discussion	• 9.1 • 9.10 • 9.12	Admin support	11/07/17	11/07/17	Complete	Maria Blazeckova	within existing resources	
3.09	All staff who Chair Safeguarding & MARM Meetings are clear about this role.	• 9.4 • 9.6 • 9.12	Initiate training plans. Observations and Mentoring. Link to training programme	01/07/17	30/04/18	On Target	Maria Blazeckova	Within present training plan	

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	Main Tasks with individual actions	Link	Dependency	Start Date 01/09/17	End Date 31/03/18	Status On Target	Project or Action Lead 01/09/2017	Resource	
3.10	Processes are followed in relation to performance management. Safeguarding activity is accurately captured for the Business Information Team.	• 9.1 • 9.9	Review of PARIS.	01/09/17	31/12/17	Complete	Terry Corry/Debbie Downer/Jeremy W./Maria B	Within existing resources .	
3.11	Robust performance criteria set to be reported to the board monthly		Link to 21 above	20/11/17		Complete	Maria Blazeckova		
3.12	SAB will receive Safeguarding Performance Data from PARIS.	• 9.9	Functionality of Paris and Data inputting. Link to 21	01/09/17	31/12/17	Complete	Fleur Gardiner/Terry Corry/Debbie Downer	Within existing resources	
3.13	• Establish Falls steering group • Review process for reporting Falls and quality assurance measures	• 9.4 • 9.8	• CCG responsibility • Link to 3.06 above	01/09/17	30/05/18	On Target	Terry Corry / Mike Corrigan	Within existing resources	
3.14	Continue to practice in accordance with statutory responsibilities when responding and managing medication concerns	• 9.3	CCG responsibility	01/09/17	30/05/18	On Target	Terry Corry/Mike Corrigan	Within existing resources	
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Actions	Comments
Operational procedures to capture all functions in the team including electronic software (PARIS) Map out operational pathways define team roles and functions (utilising Critical Pathway Analysis).	• MAASH steering group established. • MB to research RiPFA guidance in relation to family conferencing • Engage HealthWatch and/or People Matter.(Making connections) (Draft complete present to the board 23/3/18) • See Risk/Issue register (point 16/17) raised 10/10/17
Draft completed to be signed off by CT/MC then circulated to partner agencies for comment/approval	Draft complete
• Currently being drafted by Jane Hughes (Making connections) • 1st Draft to be circulated to MAASH Steering Group by 5th February 2018 • Collate feedback/ incorporate .Agree at a meeting with prtner agencies on 12th March 2018	
• 3rd January 2018: 1st draft circulated. Feedback requested. • 11th January 2018: Meeting with Terry Corry, Fleur Gardiner and HW. Revisions made to Threshold Guidance • 19th January 2018: Meeting with representatives from CCG/NHS Trust • 23rd January 2018: 2nd draft Threshold Guidance. Feedback requested within a week (31st January 2018 • Complete	
• **22nd January 2018:** Stakeholder Consultation sessions • 29th January 2018: Health related threshold guidance circulated to CCG for advice and feedback. • All partner agencies consulted	
1st Draft circulated to MASH Steering Group 5th February 2018 • SAB board 23/3/18 for agreement	
• Develop IOW localised Safeguarding criteria in collaboration with partner agencies • To be shared with partner agencies via comprehensive training programme	• Meeting held with Jane Hughes. Draft agreed 23/1/18 Local action planning meeting to be regularly held
Ensure ASC are recording in PARIS. Clear process /expectations to be reinforced and as defined by Operational Procedures: measured via performance indicators / audit / professional supervision	• Fortnightly performance meetings held with BIT team

Actions	Comments
Use MSP toolkit to ensure robust measures are developed & evidenced	• Dependant on the sign off of the threshold document
Engage with Healthwatch and other partner agencies to provide critical challenge	• Making connections commissioned to carry out this work. In progress
Develop a MAASH Steering Group ensure 6 months review post formal launch. Develop Operational Procedures to support MASH in-line with partner agencies.	• MAASH commenced on the 1st December 2017. Meetings held on a daily basis • Daily PM Conference calls with partner agencies re section 42 issues • MAASH action plan developed to support the steering group
All agencies should utilise where appropriate a standardised Risk Assessment. This will not prevent key professionals utilising specialist risk assessment tools.	• Wherever possible agencies should adopt the same approach to a risk assessment framework to support safeguarding activity, (this does not prevent specialist / professional assessment supporting the process). • MARM working group established attended by Susan & Fleur . Ensure Risk documentation consistent with SHIP
All agencies should utilise where appropriate a standardised Risk Assessment. This will not prevent key professionals utilising specialist risk assessment tools.	Liz Atherfold working with Maria to support embed the learning & development via RiPfA
• Draft circulated 14/2/18 • Steering group 16th March for agreement	Action - Once published advise NHS and partner agencies to ensure engagement (consider media support to promote across IOW communities)
awaiting comments/ sign off from the steering group. • Steering group 16th March	
• MSP has explicit and appropriate performance measures introduced, managed and monitored. • Workshop to be delivered on MSP November 2017 (Adi Cooper) • Utilise MSP tool kit via audit and promote MSP champions	• TC to set up Safeguarding performance Task & Finish group. (Liz,TC, MB, SW, Jan Thomas , Jeremy and Irene)
Linked to SAC report	Monthly meeting held and ongoing . Dedicated time of a consultant practitioner to work with the BIT team to undertake data cleansing and reporting. Work in progress
• Review roles and functions of the teams and produce Options Appraisal • Produce Operational Procedures - to support future option • Review PARIS functionality across Single Point of Access, (SPA) • Investigate Electronic Social Care Records (ESCR)	• The service will be re-designed by end May 2018. • New action - Map out critical pathway - HW, TC , MB . Draft complete to be agreed by all partners • Further ASC workforce re-designed options will be considered.
Sense check and ensure robust recording of data	Meeting 30 November to finalise concerns
To review processes and training to ensure good/robust minute taking skills	• Included in training plan • Integrated roles review required • Meeting to take place on 19/1/18

Actions	Comments
• Review the terms of reference and quality assurance. •VAP Steering Group to oversee process/quality of information and outcomes • Arrange workshops with partners/staff to present the above and raise awareness	The MARM document/process has been adopted
• Reinforce within Operational Procedures. • Develop performance measures. • Develop training Programme •Utilise the resources and research evidence of the RiPfA for family conferencing	Reinforce the importance of and embed RIPFA in routine practice
Formalise Restructure Implementation date • recruit permanent SM role and principal SW	• Interim Service Manager and Team Manager (Transformation) now vacant.(See Risk register updated 27/11/17). Risk as interim manager resigned • Meeting held on 19th January 2018 to review/progress
• Ensure IWC Safeguarding pathway includes and reflects all local & national agendas/frameworks to ensure legal compliance ,improve standards and practice across all ASC, particularly in ref. to MCA/DoLS/Beat Interest Decisions • Conduct learning needs analysis (LNA) from PDR's , manager feedback and other data tools • AST Consultant Practitioner to roll-out meetings across ASC teams to share best practice, legislation, case learning.	• AST CP started - meetings being held. Further work to establish agenda items to reinforce practice • Training programme meeting to be held on 11/10/17 • The training programme will continue to be reviewed and be part of the PDR process for all
	This training will be ongoing to support all staff , this will be part of PDR's
• Ensure all staff are trained in terms of proportionate Risk Assessments - and ensure Risk Assessment training programme is offered regularly as a rolling programme to include a refresher within agreed timescales refreshed annually • Ensure appropriate Safeguarding assessment tools are utilised in PARIS. (Audit Risk Assessment within File Audit)	• Risk assessments - review to include forensic assessments/repeat offending etc. • Focussed around the person & carer needs • This will continue to be monitored and reviewed to ensure that this is inline with the threshold documentation
• Develop and commission MSP training plan 2017/18 - this should be a rolling programme. • Participate in the development of the multi-agency Learning & Development programme with the IOWSAB	• Mandatory for all staff inductions and including staff who have been promoted. • Ensure good communication channels • Training roll out to partners following sign off of the threshold document
• Commission and deliver against the agreed programme • Review and monitor level of engagement to feedback to ASC • Analyse feedback and impact evaluations to inform future development and planning	This training will be ongoing to support all staff and adjusted to meet the needs of the service as appropriate , this will be part of PDR's

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Actions	Comments
•Review existing performance measures •incorporate into PDR/supervision ,case presentation, file audits, SAB/MSP audit (Spring 2018)	• Regular supervision and support for all & PDR's arranged
operational procedures to capture all functions in the team including electronic software (PARIS) Map out operational pathways define team roles and functions (utilising Critical Pathway Analysis). Embed the use of Family Conferencing as good practice. Un	Mapping draft complete written operational day to day procedures and flow chart to be compiled by 30th April
•Criteria will be reinforced through workforce development. • Develop MSP champions in each team . • Regular safeguarding team attendance at ASC meetings	Action - Map out all key teams to include children services.
Regular team meetings & communications re. changes in practice & procedures	Safeguarding regularly attend LD managers meeting
Training programme (see above) reference feedback and provider forums. Evaluate internal Referral Quality	First falls meeting held on the 18/9/17
•IWC commissioning liaise with CCG/Health . Not IWC owned • Work alongside CCG/Commissioning/QA team re falls strategy and implications for safeguarding	Meet with Kathie Glover re Falls strategy and roll out
Responsibility of Chair of Safeguarding meeting also to clarify roles / responsibilities. Ongoing •Person is supported through process via advocacy. Record this. Progress to be monitored by Chair. Review of information informs next stage of enquiry. Develop Performance Report.	• Link to training plan for MARM
Linked to above	
•Clarify role /meeting planning/agenda /recording/actions and risks • Training programme to support and develop meeting Chairs	• All group managers & Practitioners to be trained. TC to observe & support. Standardised agenda items. Explicit procedures to be mapped out. • mentoring taking place

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Actions	Comments
•Reports must be relevant and reflect outcomes. There needs to be commentary in the reports to support findings/trends. • Develop suite of MSP reporting targets • Family conferencing • Advocacy	•Risk assessment document for MARM must be consistent with the SHIP • Team meeting 6/10/17 agreed S42 process . Expectation that ALL historic enquiry meetings closed by 27/10/17 (see minutes) • Fortnightly team action update and review meetings for all and admin support diarised
• Criteria set re S42 -7 day & 28 day criteria • 14/11/17 share performance indicators with 'making connections'	Measure - reported number of planning meetings held within 7 days of referral
• Performance team to ensure data is provided to ASC Service board monthly. • Report to SAB board on a quarterly basis (Dec 2017)	
• Develop clear protocols for reporting falls • Ensure clear pathways within local criteria. • Develop QA measures and monitoring • Establish Falls steering group	• Falls reports to be considered against QA assurance sub group. • Falls steering group have met • Falls workshop for all 17/10/17 • Falls prevention workshop held by IWFRS attended
Review process for reporting med errors and safeguarding alerts.	• Develop clear protocols for reporting medication errors. • Ensure clear pathways within local criteria. • Develop robust QA measures and monitor and manage • Reinforce Management understanding of criteria •Quality surveillance group • Responsibility for the above with the CCG - ensure all staff aware of protocols

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Safeguarding action plan - Risk & Issue Log

Last updated: 22/02/2017

RISK - An uncertain event that, if it occurs, has a positive or negative effect on the prospects of achieving project objectives.
ISSUE - A relevant event that has happened, was not planned, requires management action and has had a negative effect on the Programme, Project or work stream.

Status Key:
Closed
Low
Medium
High

Item No	Date Raised	Risk or Issue?	Raised By	Description	Mitigation	Escalation To	Result-ion Date	Owner	Status
		Issue	Hilary Corrick	PARIS not currently used consistently by all including OOH practice: Risk of sensitive information being accessed on the I drive and risk of specific information not being up to date	• Training to be provided • Importance of consistent recording reiterated in meetings • Performance management part of PDR process, 1-1 sessions • Review of PARIS in relation to Safeguarding recording.	Terry Corry & Irene Woodford		Mike Corrigan	Low
		Risk	Terry Corry	MASH not being developed due to technology requirements/constraints.	TC to develop MASH project group - Key challenge to progress IT developments	Terry Corry/Irene Woodford		Mike Corrigan	Low
		Risk	Terry Corry	Not all partner agencies sign up to new criteria MASH & MARM process	Low risk as engaged in development as above	Terry Corry		Mike Corrigan	Medium
		Risk	Terry Corry	Risk of not progressing as planned and meeting milestones	• Develop working group to develop and update monitor action plan. Report to SAB QA Sub-Group • Develop key milestones.	Terry Corry		Mike Corrigan	
		Risk	Terry Corry	Risk of not being able to recruit suitably qualified skilled staff	Low risk - Escalate risk if necessary	Terry Corry		Mike Corrigan	
		Issue	Terry Corry	Deliver standardised procedures	Report to project team, steering group & report to SAB QA Sub-Group	Terry Corry		Mike Corrigan	Low
		Risk	Terry Corry	Risk of not delivering across all elements of the project - Risks of reputational damage to the Council and SAB	Overview and progress/highlight reports to SAB QA Sub-group	Terry Corry		Mike Corrigan	Medium
		Risk	Maria Blazeckova	Management capacity within the teams	TC to monitor. Potential agency	Terry Corry			Medium
		Risk	Maria Blazeckova	Competency of front line response/ competent workforce	TC to address in training plan/programme . Support for all provided	Terry Corry			Low
		Risk	Maria Blazeckova	Loss of help desk officer resource 31/03/18. No MAASH cover for meetings	MB to liaise with CS & ensure budget provision	Mike Corrigan			High
		Risk	Terry Corry	Loss of transformation manager at short notice	Numerous key tasks need to be transferred. Options being considered by senior management team (Carol Tozer. Mike Corrigan)	Carol Tozer/Mike Corrigan			Medium

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