

■	Actions Complete
■	Action not started
■	Action in progress and on track to meet the target end date
■	Action in progress but at risk of missing the target end date
■	Action in progress but will miss the target end date

LGA Peer Review Recommended Actions

1. Leadership

Ref	Action	What does this mean for Adults at Risk?	Lead	Deadline	Progre	Comments
1.1	Review the Operational Safeguarding Lead's role to give the position the mandate to influence and ensure compliance across adult safeguarding	Adults at risk receive a consistent service and get the right help at the right time no matter what area of Medway they live in	Head of Specialist Services/PSW	Aug-22		
1.2	Review current meetings structures including hierarchy of decision making and develop a clear communication structure with interoperabilities	By ensuring that all meetings are relevant, actions carried out and that there is a golden thread, will improve service delivery	Head of Specialist Services	Dec-22		
1.3	Ensure that the Medway Safeguarding Adult Executive Group's (MSAEG) functions can be dealt with under the K&MSAB arrangements and re-shape the MSAEG to focus on Quality and Governance across internal and commissioned services.	This will stop duplication of work and enhance the work already undertaken to quality assure care providers	Assistant Director	Oct-22		KMSAB are fulfilling MSAEG actions
1.4	Review weekly internal communications to ensure there is a focus on the business of ASC as well the personell information	Staff are receiving updates relating to policy and procedure/services which improves knowledge	Assistant Director/HoS	Complete		More business information included in newsletter. Staff prefer the combined approach

1.5	Undertake a workforce audit to review agency staff, pay rates for PAYE and agency staff and comparisons with neighbouring councils, working with NHSTs on the development of joint roles and recruitment and retention of staff; looking to have a workforce that reflects the population.	A reduction in unfilled posts and an increase in the proportion of permanent postholders will support ASC to achieve an allocated model whereby a Social Worker/Social Care Officer 'knows them and their history'	HR Business Partner	Sep-22		Work is already underway with the SE ADASS workforce group to agree a MOC in regard to locum pay across the SE.
1.6	Link with a local FEE (Teaching Partnership)	This will assist in encouraging students to come to Medway, provide practice placements and attract permanent staff, which will support ASC to achieve an allocated model.	HoS/L&D Manager	Complete		ASC have been part of the teaching partnership since it was introduced.

1.7	Consider leadership support and training for new leadership team	Drives forward the strategic objectives of Adult Social Care and improves operational delivery of service	Director of People/Assistant Director ASC	Oct-23		<ol style="list-style-type: none"> 1. Restorative practice training completed by Senior Leadership Team across the People Directorate. 2. Director of People and Assistant Director, ASC both have mentors that are experienced DASS's 3. Discussions with Resorative practice provider to role out training to all managers in ASC
-----	--	---	---	--------	--	--

2. Quality of Practice

Ref	Action	What does this mean for Adults at Risk	Lead	Deadline	Progress	Comments
2.1	Medway, Reading and Portsmouth councils have been linked as 'buddies' as part of the preparation for CQC Assurance Reviews. Reading and Portsmouth have offered to undertake a case file audit as part of this process.	An external lens will provide independent scrutiny, enable learning to be shared, resulting in improved practice and a better experience and outcomes for Adults at Risk	Assistant Director	Mar-23		

2.2	<p>Internal case file audits:</p> <ul style="list-style-type: none"> • feedback findings from the first case file audit • agree future programme of audits - frequency; number, process and communicate any agreements with with practitioners 	<p>A clear link between audit findings and sharing the understanding of what good looks like will improve quality of practice resulting in improved experience and outcomes for Adults at Risk.</p>	Operational Safeguarding Lead	Ongoing		Feedback has been provided on the February audits to safeguarding hubs
2.3	<p>Complete a Supervision Audit (supervision arrangements; supervision of cases, reflective practice and personal development).</p>	<p>Supervision is an opportunity for SW's to have protected time with their manager to talk through the impact the work has on them personally, as well as exploring decision making and ensuring this is values-based and person-centred. It is essential for social workers' wellbeing and professional development, and most importantly, helps to achieve the best outcomes for the people we work for.</p>	PSW	Jan-23		
2.4	<p>Review the current training offer for locums</p>	<p>Ensuring consistent learning across the workforce will support us to achieve an improved standard of practice and better outcomes for Adults at Risk</p>	Head of Locality & OT Service	May-22		<p>The training offer was discussed at the Adults cpd faculty and agreed that locums can access mandatory training and be paid for their time</p>

2.5	Identify how skills can be retained by staff if they move between locality hubs.	Adults at risk receive a consistent service and get the right help at the right time no matter what area of Medway they live in	Head of Locality Services	Aug-22		
-----	--	---	---------------------------	--------	--	--

3. Structure

Ref	Action	What does this mean for Adults at Risk	Lead	Deadline	Progress	Comments
3.1	Review current structure of safeguarding hubs	Improved communication with partners, consistent practice resulting in Adults at Risk receiving a consistent service no matter what area of Medway they live.	Head of Locality & OT Service	Dec-22		
3.2	Review the and replace digital forms to ensure that asking for a Care Act assessment or a general enquiry is more obvious and accessible, so people do not automatically make a safeguarding referral.	Reducing workloads will make better use of resources and improve the service in ASC	Operations Managers/C&A Systems Team	Aug-22		A professionals referral form has been designed and work is progressing on the Mosaic portal

3.3	Understand the demand at the 'front door'	The appropriate level of resource needed is identified and people who are referred to ASC are worked with in a timely manner	Head of Locality & OT Service/Business Change/P&I	Jul-22		Work to understand demand is progressing with pilots supporting data gathering
3.4	Consider allocating all safeguarding enquiries of people known to ASC to their allocated workers, including practitioners within in-house services	That the Adult at Risk only has one member of staff to liaise with	PSW/ Operational Safeguarding Lead	Sep-23		Need to weigh up the benefits of duplication against the potential drift in enquiries managed outside of the hub
3.5	Review the whole pathway including other part of the locality hub structure	Introducing standard processes across the division and reducing the number of 'hand offs' will improve the service delivered by ASC to the people we support	Assistant Director/HoS/Business Change	Jan-23		
3.6	Review where the provider quality assurance function sits in relation to the Commissioning functions to ensure that they are producing the best service	Care providers receive the best quality assurance available to assist them to improve services, which in turn has an impact on the services Medway's residents receive	Head of Business Operations & Provider Services/Head of Adults Partnership Commissioning	Aug-22		

3.7	Identify and embed a formal way of capturing quality concerns and sharing both within the council and with partners.	The council and partners support providers to improve in these areas which has an impact on the service Medway's residents receive	Head of Business Operations & Provider Services	Jul-22		The Quality Surveillance Group carries out this function.
-----	--	--	---	--------	--	---

4. Performance

Ref	Action	What does this mean for Action	Lead	Deadline	Progress	Comments
4.1	Develop a set of benchmarking data across the CIPFA family including staff numbers; pay and locum/agency rates	Linked with Action 1.5	HR Business Partner	Sep-22		
4.2	Look at opportunities for Demand Modelling	Resource planning projections will identify the appropriate number of staff needed to mitigate the risk of residents being added to a waiting list	Director of Public Health/AD ASC	TBC		
4.3	Develop a set of qualitative data that can be collected regularly which could lead looking at trends and improvements.			Sep-22		
4.4	Introduce governance to set a framework to regularly review high level data by Directorate Management Team, ownership of data by the service areas (including providing the narrative) and understanding and using the data to drive performance at team and individual level (including comparative performance across teams, underpinned by vacancy/FTE data).	Effective service delivery, a	AD/HoS/Business and Intelligence	Sep-22		QAPIB and performance clinics are already in place. QA Framework is required

4.5	Develop a set of core quantitative ('safe') indicators, no more than 5, that can be reported regularly and show areas of risk e.g.on time to start/close safeguarding, assessments, reviews in/out of time etc	positive care experience, and standards and processes that keep people safe while recognising choice and control		Sep-22		
4.6	In preparation for CQC Assurance Review of ASC, complete the TEASC Risk Awareness Tool and PSW Quality Tool.		Assistant Director/PSW	Aug-22		Work with Reading & Portsmouth
4.7	Ensure a forum is identified to considers/monitor the data and actions that result from the analysis.		Assistant Direct	Complete		QAPIB and performance clinics are already in place.

5. Partners

Ref	Action	What does this mean for Action	Lead	Deadline	Progress	Comments
5.1	Review governance structures and links to partner structures – ensuring groups have ToR, clear roles and reporting arrangements	Links with Action 1.2	Head of Specialist Services	Dec-22		
5.2	Learn from C&YP services and review QA processes	Links with Action 2.2, 2.3 and 5.4	AD/Heads of Service/PSW	Aug-22		Also contacting other council's ASC services
5.3	SAB review access to training for all providers – the platform used and access for care providers	Ensures providers receive appropriate training to support the people they care for	Assistant Director/KMSA B	Jul-22		Currently agencies that pay into the KMSAB can access the training

5.4	Feedback any issues highlighted in the Case File Audit and ensure mechanisms are in place to monitor improvement.	Linked with Action 2.2	Operational Safeguarding Lead	Ongoing		Learning sessions are undertaken within the 3 month audit cycle. Monitored through reports to QAPIB
5.5	Deliver mandatory refresher safeguarding training with a focus on best practice ahead of s42 i.e. fact finding and professional curiosity.	Professional curiosity is required to support professionals to question and challenge the information they receive, identify concerns and make connections to enable a greater understanding of a person's situation	Head of Locality & OT Service	Sep-22		This is being progressed through the Adult CPD faculty