**TASK People Responsible**

1. **Risk assess the need for a physical meeting Independent Chair and Practice Supervisor(PS)**

In respect of an ICPC; consideration of this possibility needs to commence during the strategy discussions, at the point an ICPC is requested the SW and PS need to prepare to address the below points. In respect of an RCPC the below issues can be explored at Core Group.

**Questions to address:**

* What are the issues within the case that might increase risk to/or vulnerability of family members if the meeting is held remotely?
* Who needs to attend the meeting in person to mitigate the identified issues?
* What are the risks to the Chair and social worker of holding the meeting in person?
* Who else is required to be part of the meeting plan to ensure the meeting is safely executed?
* What facilities are needed to ensure smooth running of meeting? Will there be a need for a safe waiting area or will all family attendees be in the same room all of the time?
* How will adequate supervision and support be provided to family members?

1. **Suitable LCC Building to be Identified Independent Chair and Social Worker/PS**

Local knowledge of the suitability of open buildings is essential to the completion of a risk assessment process. Once the above analysis has taken place the Chair and social worker will have a clear understanding of what is required to facilitate the meeting safely. There is a whole section within the online LCC Health and Safety Manual that addresses the use of buildings during Covid 19 Restrictions. Open Buildings are listed on George and each open building has its own COVID 19 risk assessment.

<https://professionals.lincolnshire.gov.uk/downloads/download/171/covid-19-building-risk-assessments>

It is important that the Chair, PS and Social worker are confident that the issues identified during task 1 are able to be managed alongside the relevant building risk assessment. The Chair will be responsible for managing the meeting on the day but will require the social worker's local building knowledge and knowledge of the family's dynamic to ensure that the meeting plan is able to be safely executed.

**N.B** As soon as the potential local building has been identified the **Chair** can ask the **Safeguarding and Review team** to make a provisional booking so that the date is held by the building whilst the risk assessment activity is undertaken and formal permissions sought.

**TASK People Responsible**

1. **Meeting Risk Assessment to be completed Independent Chair and Q&S Team Manager**

A risk assessment should be constructed by the Chair which will be signed off by the Q&S Team Manager. It is important that the safety measures needed and the relevant building risk assessment are linked to this individual meeting risk assessment. Once signed off, this plan together with a corporate property building use form will be provided to corporate property and to the relevant building manager.

The Q&S Team Manager will always update the Q&S Head of Service on all plans to access LCC buildings. By following this process implicit consent to the meeting going ahead is assumed. The HoS can be reassured that all the decision making has been taken in line with current policy and procedures.

The Chair must specify within the meeting risk assessment, a clear meeting management plan that has been co-produced by the Social Worker and themselves. It is important that an initial discussion has taken place with the building manager so that local staffing and 'on the day' considerations are taken into account.

How virtual attendees and minute taking is going to be facilitated must be included in the plan too. All Chairs have been provided with specialist microphones to enable combined meetings to be facilitated well.

1. **Copy of the meeting plan is shared by the Chair with Safeguarding and Review and the Meeting Support assistant allocated to that Conference.**

Safeguarding and Review will liaise with the building reception and be a reference point for the meeting attendees.

**See example risk assessment on pages 3 & 4**

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| --- | --- | --- | --- | --- | --- | --- |
| **­­­­Operation Description:**  **Lincolnshire County Council – Risk Assessment Template** | Meeting taking place to enable ICPC engagement for vulnerable mother | | | | | |
| **Operation Location:** | The Family Centre  This risk assessment is specific to the meeting and should be read in conjunction with the COVID 19 building risk assessment | | | | | |
| **Persons at Risk:** | Social worker, Chair, Mother and other building users | | | | | |
| **Risk Assessment Guidance**  **Hazard:** Something with the potential to cause **harm**.  **To Assess Risk:** Using the **tables below**, consider **Severity** (S) and **Likelihood** (L) **without** Control Measures. **Multiply** (S x L)  If applicable, **add** the **Weighting** figure**.**  **Describe Control Measures:** Control measure(s) **reduce** the likelihood, **and/or** severity of **harm**, reducing **risk**.  **Re-assess Risk**, considering Severity (S) and Likelihood (L) **with** Control Measures in place.  **Multiply** (S x L) and, if applicable, **add** the **Weighting** figure **= Risk Rating** (with controls). | | | | | | | | |
| **Severity (S)** | | **x** | **Likelihood (L)** | **+** | **Weighting (W)** | **=** | **Risk Ratings (R)** | |
| Fatality = **5** | |  | Likely = **5** |  | Apprentice/trainee/inexperienced staff member/young person (15-18yrs) = **5** |  | **20 +** | Very High Risk |
| Injury (Specified injury / RIDDOR reportable) = **4** | |  | Probable = **4** | **15 - 19** | High Risk |
| Injury (requiring treatment and/or 3 to 7 day absence) = **3** | |  | Possible = **3** |  | Part-qualified/staff with less than 2yrs experience/persons aged 18-25yrs = **3** |  | **9 – 14** | Medium Risk |
| Injury (requiring treatment and/ or absence less than 3 days) = **2** | |  | Unlikely = **2** | **4 – 8** | Low Risk |
|  | Fully qualified/professional/ management/ and/or persons above 25yrs = **0** |  |
| Minor Injury = **1** | |  | Very Unlikely = **1** | **1 - 3** | Very Low risk |

**FOR EXAMPLE**

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| **HAZARD** | **Assessment** | | | | **CONTROL MEASURES TO REDUCE THE RISK** | **Re-assessment** | | | |
| **S x L + W = R** | | | | **S x L + W = R** | | | |
| Catching COVID 19 from others in the meeting or meeting attendees passing Covid 19 to other building users | **1131** | **2** | **0** | **6** | Chair of meeting has noted the risk assessment for the building during COVID 19. and clear information about accessing the building and the precautions in place have been provided to all attendees  All attendees will wear masks when arriving in the building and when in the public areas.  Only x people in a very large room – will separate the tables to allow for easy access and no having to pass close to another attendee  Will use a monitor large enough to allow for attendees to see screen and contribute | **3** | **1** |  | **3** |
| Mother has unstable mental health issues and may become distressed | **2** | **3** | **0** | **6** | Mother has no history of violence and Dr \*\*\*\*\* has agreed to attend with mother to help her regulate her emotions and anxieties. Mum will be individually supported to engage with the meeting by an advocate who will also attend and can support mum if she needs to take time out.  Chair will arrive 45 minutes before meeting to ensure arrangements in place and will meet with mum and her advocate so that plans for break out time and space are in place | **12** | **1** |  | **2** |
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**\*each square to be colour coded to suit the risk rating**

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| **Directorate:** | | Children's Services | | | **Team/Service:** | | Quality and Standards | | |
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| **Managers Name :** | | | Debbie Johnson | | | **Signature:** | | Electronically completed. | |
|  | | |  | | |  | | |  |
| **Date:** | 29/9/2020 | | |  | | | | |  |

**Persons detailed below have read and understood this Risk Assessment**

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| --- | --- | --- | --- |
| **Name** | **Role** | **Signature** | **Date** |
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