

OFSTED INSPECTION MAY 2014 - IMPROVEMENT PLAN

Key:

- Ofsted Para Number refers to the Area of Improvement identified in the Ofsted Inspection Outcome of 30 June 2014
- Children of Herefordshire's Improvement and Partnership Programme (CHIPP) is the transformation programme for children's wellbeing and associated partners which will be the vehicle through which all the Ofsted areas for improvement will be delivered. Each area for improvement therefore has been allocated within the programme to ensure a clear lead and consistent approach to its delivery.
- An evidence library has been created in order to ensure that we can evidence impact against each area for improvement.

| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G | Monitoring and Evaluation |
|-----|---------------------|--|--|--|----------------|---|-------|--|
| 1. | 17. (57, 138) | Ensure that caseloads in children in need and looked after children's teams remain manageable | Assistant Director, Safeguarding and Family Support (PM) | Caseloads for CiN and LAC teams remain at 16-18 cases on average per social worker | Ongoing | Weekly case loads reports are produced to evidence this. Lower case loads impact positively on timeliness of CP and LAC statutory visits. | | Weekly caseload reports are considered at Safeguarding and Family Support Heads of Service meeting. Caseloads and timeliness of CP and LAC statutory visits form part of the monthly performance report. The report is discussed by teams within Safeguarding and Family Support, HSCB and monthly performance challenge meetings If performance dips without an adequate explanation and response from lead officer, HSCB independent chair will escalate to Director for Children's Wellbeing. |
| 2. | | | Assistant Director, Safeguarding and Family Support (PM) | Review of Medicare contract. | August 2014 | Completed. All cases now transferred back to the fieldwork teams | G | Weekly caseload reports. Monthly reports to Monthly Children's performance challenge meeting with Leader, CX, Cabinet |



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|-----|-------------------|---|---|---|--------------------|---|-------|
| 3. | | | Head of Fieldwork (KP) | Profile caseloads to establish what a reasonable caseload would look like across the service | August 2014 | Weekly reports now developed to enable trend analysis and ensure that action can be taken quickly if peaks emerge. Pilot of Caseload Management tool (weighting) undertaken during September and evidence that case loads continue to be at a manageable level - completed. | G |
| 4. | | | Assistant Director: Safeguarding & Family Support | Forecasting of support services medium term staffing requirements based on assessment of performance data to inform direct work service development. | November 2014 | Assessment of performance data in progress | G |
| 5. | | | Assistant Director: Safeguarding & Family Support (PM) | A review and evaluation of the whole service which will be undertaken to establish whether the infrastructure is right and to inform service staffing and management arrangements. | Septembe r 2014 | Completed. | G |
| 6. | 17. (138) | Reduce caseloads within the Children with Disabilities service so that all social workers have sufficient time to provide children with the level of service they require. | Head of Children with Disabilities and Practice Development | Two additional social workers to be employed in the service | June 2014 | Completed as at June 2014 | G |

| 3 | Monitoring and Evaluation |
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| | Member and Group Leaders. |
| | Safeguarding and Family Support Heads of Service |
| | Monitored through CHIPP. Health and Social Care Overview and Scrutiny Committee. |
| | Directorate Leadership Team CHIPP Programme Board and Directorate Leadership Team |
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| 7. | | | Head of Children with Disabilities and Practice Development (DC) | An interim review of the CWD service to take place to ensure that there is sufficient capacity in light of the Children and Families Act 2014 and the Care Act 2014 | October 2014 | A further five social workers have been recruited to the CWD team as from December 2014. An experienced permanent team manager has now also been appointed who has substantial child protection experience. | G |
| 8. | | | Head of Children with Disabilities and Practice Development (DC) | A comprehensive review of the CWD service to be undertaken over a 12 month period to consider to the potential for an integrated service model in the context of the Care Act 2014 and the Children's and Families Act; the innovation programme, personalization, adults wellbeing transformation programme and health organisations and the potential for a different integrated service model. | Septembe r 2015 | This review is now a project within CHIPP and a project manager will be appointed. | G |
| 9. | | | Head of Children with Disabilities and Practice Development (DC) | To support the CWD review, external expertise and/or consultation will be needed. The lead manager for the CWD review will investigate best practice to incorporate within the review. | December 2014 | The Improvement Outcomes for Young People in Herefordshire external consultant report will inform the CWD project. Visits to other local authorities to look at best practice will be ongoing and conducted by the Heads of Services and Team Manager for CWD. | G |

| 3 | Monitoring and Evaluation |
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| | Childcare Managers |
| | Directorate Leadership Team |
| | Children and Young People Partnership |
| | Health & Wellbeing Board |
| | Cabinet |
| | Safeguarding and Family Support Heads of Service |



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| 0. | 18. (96, 122, 130, 131,132 , 133) | Ensure that the electronic case and performance management system in children's social care provides accurate performance information. | Frameworki Transformatio n Manager (MG) in conjunction with Service Manager – ICT Strategy and Commissionin g (DL) | Frameworki Transformation Manager is implementing the project plan, with full system revision to be completed by end 2014/15. Development of FWI and integrated data sharing across health, social care and public healthDevelopment and upgrades of FWI will take place | June 2015 | The transformation of frameworki is progressing on schedule. The project has been re- based line to finish in June 2015 due to the focus on reporting performance priorities. Where there is a spike or dip in performance indicators, then consideration to the reasons why is given. There are ongoing discussions with operational managers as to the quality of data being entered into Frameworki Comparator data via the West Midlands Consortium is used to establish whether Herefordshire is within range of its comparators. | G | QA Framework and performance management reports will focus on impact of changes to practice Service Manager – ICT Strategy and Commissioning The quality of analysis and commentary within the monthly performance report gives confidence to HSCB, monthly performance challenge meetings and Department for Education as to the integrity of data. |
| 1. | | | Frameworki Transformatio n Manager in conjunction with Service Manager – | As the project is reaching closure a benefits review will be undertaken to establish the skills and capabilities required to maintain and develop the system | April 2015 | Due to the rebasing of the project, this will now be completed by by April 2015. | A | CHIPP Joint Senior Management Team Service Manager – ICT Strategy and Commissioning |



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| | | | ICT Strategy and Commissionin g | | | | |
| 12. | | | Head of Children with Disabilities and Practice Development (DC)/HSCB Business Manager | Children's social care QA and performance framework is being integrated within the HSCB's framework following the journey of the child through the partnership and its systems and services | December 2014 | Completed | G |
| 13. | 19. (134) | Ensure that audit and performance management is robustly and routinely undertaken by managers across children's services and is effectively used to develop services and to improve the quality of practice. | Head of Children with Disabilities and Practice Development (DC) | Children's social care QA Framework has been approved and is being implemented. Any irregularities in the performance reports will be routinely audited by the QA and Compliance Team and relevant corrective action will be taken. Quarterly reports will be presented to Heads of Service and DLT. An action plan with respect to deficit issues identified will be incorporated into the report. Learning from audit to inform training and development needs of service through integration of QA and Compliance Team with Social Work Academy | Septembe r 2014 Septembe r 2014 | Owing to sickness and the appointment of some new team managers there has been some slippage in audit completion by team managers. Heads of Services will be discussing the situation with the relevant team managers. QA and Compliance managers are providing the support to the Heads of Service and Team Managers. Due to capacity issues within the division, it has been agreed by Safeguarding and Family Support Heads of Service that the requirement to complete audits have been reduced by 50% for a three month period. Overview Audit Issues Log has been introduced so that themes can be | A |

| 6 | Monitoring and Evaluation |
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| | HSCB Steering Group |
| | HSCB QA sub group |
| | Quarterly reports to Improvement Board |
| | HSCB QA Sub Group |
| | HSCB Steering Group |
| | Safeguarding & Family Support Heads of Service |
| | Quarterly Performance Cabinet Reports |
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| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
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| | | | | | | captured from monthly case audit activity. The log is updated on a monthly basis and reviewed. | |
| 14. | 20. (58, 128) | Ensure that consistent and high quality formal supervision of social care staff is provided and that all staff have regular supervision that provides reflection and challenge. | Head of Children with Disabilities and Practice Development | All managers to be trained in reflective supervision and in line with the expectations of the supervision policy. | Septembe r 2014 January 2015 | Supervision training will be undertaken by Advanced Practitioners for all new managers. An audit of supervision will then be conducted in July / August 2015 to ensure that embedment. | A |
| 15. | | | Head of Children with Disabilities and Practice Development (DC) | Supervision survey commissioned with Bristol University taking place in June 2014 and will be in September to Childcare Management and joint senior management team | Septembe r 2014 | Completed. | G |
| 16. | | | Head of Children with Disabilities and Practice Development (DC) | Supervision Audit as part of annual cycle of audits is due to take place in July/August 2014, reporting in Sept 2014. As part of the outcome, there will be recommendations as to required actions and further audit activity with respect to supervision. | December 2014 | Completed | G |
| 17. | 21. (134) | Ensure that regular case file audits and re-audits within social work teams are undertaken and are used to identify areas of strength and development and to measure the effectiveness of | Head of Children with Disabilities and Practice Development | QA Framework has been approved and is being implemented. for Safeguarding and Family Support which will be refreshed on an annual basis. | July 2014 | The QA Framework will be refreshed in April for approval by Safeguarding and Family Support and | A |

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| | QA Framework |
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| | Children Managara |
| | Childcare Managers |
| | Joint Senior Management Team |
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| | HSCB QA Group |
| | HSCB Steering Group |
| | Safeguarding and Family Support Heads of Service |
| | Directorate Leadership Team |
| | Quarterly reports to Improvement Board |
| | HSCB QA Sub Group |
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| | | actions taken to improve performance. | (DC) | Learning from audit to inform training and development needs of service through integration of QA and Compliance Team with Social Work Academy is underway. | | DLT, HSCB QA Sub Group. | |
| 18. | | | Head of Safeguarding and Review (JR) | QA and Compliance service capacity increased. | Septembe r 2014 | Completed | G |
| 19. | | | Head of Children with Disabilities and Practice Development (DC) | The creation of a new lead manager will oversee QA and the Social Work Academy integration, including its training and development function. This post holder will have lead responsibility for ensuring the review and revision of the quality assurance framework and will track progress against the QA action plan in accordance with the agreed governance arrangements. | Septembe r 2014 | Completed | G |
| 20. | 22. (48, 50, 52, 54) | Ensure that thresholds for access to children's services are understood and consistently applied by local authority staff and partner agencies, so that children and families get the right help at the right time. | Head of Safeguarding and Review (JR) | Embedding levels of needs awareness in induction of new staff across the partnership. | | | |
| 21. | | | Head of Children with Disabilities and Practice Development | Audit activity includes evidence of levels of need guidance being applied in decision making to refer to MASH | | | |

| 5 | Monitoring and Evaluation |
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| | HSCB Steering Group |
| | Safeguarding & Family Support Heads of Service |
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| | HSCB QA Group |
| | HSCB Steering Group |
| | Safeguarding and Family Support Heads of Service |
| | Directorate Leadership Team |
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| | The QA quarterly report to Safeguarding and Family Support Heads of Services and HSCB. |



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| | | | (DC) | | | | | |
| 22. | | | | Review and revision of Levels of Need / thresholds guidance | Septembe r 2014 | Completed | G | HSCB P&P Group HSCB Steering Group Children & Young People's Partnership Health and Wellbeing Board |
| 23. | | | Head of Safeguarding and Review (JR) | Launch and implementation of new guidance. | October 2014 – March 2015 | Multi-agency workshops are being held throughout October to March 2015 to launch the new guidance. | G | HSCB Strategic Board Children & Young People's Partnership HSCB MASH Governance Group |
| 24. | | | Head of Children with Disabilities and Practice Development (DC) | Regular thematic audits will be undertaken to establish the embedding and effectiveness of the guidance. | January 2015 | Regular thematic audits planned in line with the QA Framework. | G | HSCB QA Sub Group HSCB Steering Group |
| 25. | 23. (55, 56) | Ensure that the independent reviewing officers effectively structure and manage child protection conferences and develop specific and measurable child protection plans. | Head of Safeguarding and Review (JR) | Introduction of an ongoing parental feedback mechanism. The feedback will be analysed and used to inform service delivery. This will also enable an ongoing check back as to the success of the plans to improve CP Plans detailed below. | October 2014 | Completed. Data collection from parental feedback will continue and the findings from that data will be analysed quarterly and the findings reported to childcare managers and HSCB. Any findings will then feed into any learning. The next quarterly report will be delivered to HSCB | G | HSCB Steering Group Safeguarding and Family Support Heads of Service and Childcare Managers. |



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| | | | | | | and Safeguarding and Family Support Heads in April 2015. | | |
| 26. | | | Head of Safeguarding and Review (JR) | Introduction of time limited agency feedback mechanism. This will provide critical feedback on the quality and effectiveness of CP Conferences to secure a strong evidence base to establish the scale of any issues identified and pinpoint the developmental needs. | October 2014 | Completed. Time limited agency feedback will be conducted for one month on an annual basis (November). The analysis of the findings will then be reported into childcare managers and the HSCB. | G | HSCB Steering Group Safeguarding and Family Support Heads of Service and Childcare Managers. |
| 27. | | | Head of Safeguarding and Review (JR) | Improve the quality of the formulation of the Outline CP Plan by benchmarking what a good "Outline" CP Plan from other local authorities | January 2015 | Completed. A sample review of the new outline CP plan will take place in January to ensure that they are being embedded. A report on the review will be available by the end of February for consideration at the May HSCB Steering Group. Work will continue to ensure that the quality SMART CP plan continue to improve. This is being monitored through regular dip sampling with ongoing development sessions with the CP chairs to improve practice. | G | HSCB Steering Group Safeguarding and Family Support Heads of Services |



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| 28. | | | Frameworki Transformatio n Manager | Improve Frameworki to better support the formulation of a quality Outline CP Plan at Conference | December 2014 | Completed | G |
| 29. | | | (MG) Head of Safeguarding and Review (JR) | Direct observations of conference by service manager and key partner agencies (Named Nurse) | December 2014 | Direct observation by service manager and named nurse has commenced and it is planned that 10 conference will be observed and a report provided for HSCB QA Sub Group. The remaining observations will take place during January and a report will be prepared for the HSCB QA Sub group for March 2015. | A |
| 30. | | | Head of Safeguarding and Review (JR) | The HSCB diagnostic has been commissioned through the LGA to support the evaluation of the successful implementation of the above. | December 2014 | The LGA have conducted their review and the Health and Social Care Overview and Scrutiny Committee will be receiving a report on 4 February 2015. Extraordinary Meeting of HSCB took place on 2 nd December 2014 to review the findings, which inform the proposal as to the development of the HSCB structure at it's January | G |

| Monitoring and Evaluation |
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| Performance framework |
| HSCB QA Sub Group |
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| HSCB Steering Group |
| QA Framework |
| Health and Social Care Scrutiny Committee |
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| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
|-----|---------------------|---|---|--|--------------------|---|-------|
| | | | | | | meeting | |
| 31. | 23. (67?, 80) | Ensure that there is effective leadership, practice, quality assurance and capacity within the Independent Reviewing Officer service. | Head of Safeguarding and Review (JR) | Review of Safeguarding and Review service (incorporating conference chairs and IROs) underway and action plan as above to be developed. | January 2015 | .The review and scoping exercise has been completed and a project plan will be drawn up to support implementation as part of the CHIPP programme. | A |
| 32. | | | Head of Safeguarding and Review (JR) | The business plan for the service will be reviewed to ensure that all the issues are contained within the business plan. | November 2014 | Completed | G |
| 33. | | | Head of Safeguarding and Review (JR) | Immediate recruitment to current vacancy underway. | August 2014 | Completed | G |
| 34. | | | Head of Safeguarding and Review (JR) | Secondment of SM into the service with specialist expertise in LAC from August. | August 2014 | Completed | G |
| 35. | | | Head of Safeguarding and Review (JR) | Self-assessment against IRO Handbook and Care Planning Regulations to be undertaken to establish where the gaps are and to prioritise the actions needed in order to ensure the service improvement. | April 2015 | SEF identified key areas for priority built into action plan and scoping document for service development. | G |
| 36. | | | Head of Safeguarding and Review | Improve business process so that minutes are distributed in accordance with agreed timescales | Septembe r 2014 | Completed. Full implementation as from September 2014. Tracking mechanism now | G |

| 9 | Monitoring and Evaluation |
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| | Safeguarding and Family Support Heads of Service |
| | HSCB Steering Group |
| | Directorate Leadership Team |
| | CHIPP Programme Board |
| | Safeguarding and Family Support Heads of Service |
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| | Childcare Managers |
| | CHIPP Project Board |
| | Monthly Safeguarding and Review meeting takes place between the Head of Service, Service Manager and Business Support to review |



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| | | | (JR) | | | established to monitor compliance. | | business processes, tracking of performance and agree remedial action when required. If an impasse is reached between Safeguarding and Review and Business Support, the issue will be escalated to the Assistant Director for Safeguarding and Review for resolution There will be evidence of CP cases not drifting and minutes distributed within agreed timescales and that CP conferences take place within statutory timescales. |
| 37. | 24. (66) | Ensure that all children with a disability known to children's services are rigorously assessed to ensure that their needs are met and that the local authority is fulfilling its statutory functions. | Head of Children with Disabilities and Practice Development (DC) | An audit of all high cost placements is being undertaken to establish the quality of assessments and that needs have been correctly identified. The outcome of the audit will inform priorisation as to practice issues and any relevant training and development. | August 2014 Septembe r 2015 | The findings from the audit will form part of the CWD project within CHIPP. | G | Complex Needs Panel Joint Group Commissioning Directorate Leadership Team |
| 38. | | | Head of Children with Disabilities and Practice Development (DC) | A comprehensive review of the CWD service to be undertaken in the context of the Care Act and the Children's and Families Act; Adults Wellbeing Transformation Wellbeing; health organisations; the innovation programme, personalization and the potential for a different integrated service model | Septembe r 2015 | This is now a project with the CHIPP programme and a project manager will be appointed | G | Directorate Leadership Children and Young People Partnership Health & Wellbeing Board Cabinet |



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| 39. | 25. (62, 64, 65) | Ensure that information about children who go missing is effectively shared and robustly analysed between partner agencies. | Head of Safeguarding and Review (JR) | Develop HSCB mechanism for the ongoing strategic oversight of coordinated multi-agency responses for children who go missing. The CSAR sub group will ensure the analysis of missing children data and identify specific themes, groups and trends which may identify risk areas within the county and regionally and develop an appropriate response. | Septembe r 2014 | Multi-agency operational group is established to share information, identify themes and trends to respond consistently – completed but further work on embedding processes and the data set continues within this group | G |
| 40. | | | Frameworki Transformatio n Manager (MG) | Develop a reporting mechanism within frameworki to ensure best identification and best practice in respect of missing children and enable performance reporting including return interview outcomes. | October 2014 | Completed. A detailed and summary report is produced. And is considered by the MASH Governance and Head of Fieldwork and HSCB CSAR Operation Group. | G |
| 41. | 26. (68) | Ensure that the partner agencies and the community are aware of the need to notify children's social care services of private fostering arrangements. | Head of LAC (JK) | Training of frontline staff around private fostering. Refresh of private fostering awareness raising strategy. This to include local press, schools (exchange students) and children's centres early years settings and the public at large. | July 2015 | Practice standards drafted by Head of Children with Disabilities and Practice Development (DC) which need to be signed off. Work package included in CHIPP to focus on family and friends placement, to include private fostering. Training to frontline staff will be part of this project moving forward | A |

| 'G | Monitoring and Evaluation |
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| | HSCB Business Plan 2014/15 |
| | HSCB Strategic Board |
| | HSCB Sexual Exploitation and Trafficking Strategic Group |
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| | Performance framework |
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| | HSCB Steering Group |
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|-----|-------------------|-----------------------------|---------------------|---|------------------|---|-------|---|
| 42. | | | Head of LAC (JK) | Refresh of current posters and information leaflets and consider wider strategy as to information sharing and awareness sharing. | December 2014 | completed | G | Childcare Managers |
| 43. | | | Head of LAC (JK) | Analysis of data from comparator and good performing authorities as to what number of private fostering arrangements would be expected in Herefordshire and learn from approaches they take. | April 2015 | Private fostering has been transferred to the kinship and SGO hub so that there is greater outsight. Comparative data will be one of their primary tasks. Alison Forshaw is due to meet with MASH to review the number of referrals being received as to establish capacity within the SGO and Kinship Hub to ensure 6 weekly visits can be completed. Work package included in CHIPP to focus on family and friends placement, to include private fostering. Training to frontline staff will be part of this project moving forward | G | Corporate Parenting Panel |
| 44. | | | Head of LAC (JK) | Clarification of what a private fostering arrangement is as part of the practice standards for kinship and private arrangements. | December 2014 | Practice standards have been drafted. We are working with our partners in Worcester to try and bring consistency around kinship arrangement heard in court. This has also included joint training around kinship placements. | A | Internal Policy and Procedures Group |



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| | | | | | | Work package included in CHIPP to focus on family and friends placement, to include private fostering. Training to frontline staff will be part of this project moving forward | |
| 45. | | | Head of LAC (JK) | To provide sufficient leadership and capacity to achieve above actions, responsibility for private fostering to move into the Kinship and SGO hub | April 2015 | Monitoring of Private fostering has been added to the roles and responsibilities of SGO and Kinship Team Manager, who will report to Childcare Managers six monthly Alison Forshaw is due to meet with MASH to review the number of referrals being received as to establish capacity within the SGO and Kinship Hub to ensure 6 weekly visits can be completed. Team is now at full establishment which will support this work being taken forward. | G |
| 46. | | | Head of LAC (JK) | Update private fostering workflow on frameworki as currently not fit for purpose to enable effective monitoring and performance reporting of such arrangements. | December 2014 | This will be delivered within the frameworki performance project plan. | A |
| 47. | 27. (70) | Ensure that the Emergency Duty Team effectively supports young people held in police custody out of hours and that appropriate alternative accommodation is | Head of Fieldwork (KP) | Review of EDT operational protocols | October 2014 | Lead Commissioner, HoS LAC and HoS Fieldwork have reviewed operational protocol. Updated draft has been shared with | A |

| • | Monitoring and Evaluation |
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| | Childcare Managers monthly |
| | Performance framework |
| | Joint Senior Managers HSCB Steering Group |



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| | | available to prevent young people being held in police custody overnight. | | | | Worcestershire and in consultation stage. Review Meeting scheduled bi-monthly. Next Meeting to take place in March 2015 and the final document/protocol will be presented to HOS and Policy and Procedures Sub Group for sign off. A new EDT incident and event referral record has been devised and implemented. | | |
| 48. | _ | | Head of Fieldwork (KP) | Review with YOS and police colleagues as to expectations and practice | November 2014 | YOS Commissioning, Performance and Quality Assurance Manager is currently investigating issues around overnight detention of young people work with the West Mercia EDTs. | A | HSCB Steering Group YOS Management Board |
| 49. | | | Head of Fieldwork (KP) | Identify providers of appropriate accommodation | November 2014 | Exploring Worcestershire's existing "Safe Base" contract as a potential model to follow, or as an option the EDT should already have access to. | A | Joint Senior Managers |
| 50. | | | Head of LAC (JK) and Head of Fieldwork (KP) | Reporting arrangements to be discussed and agreed with police | October 2014 | Cases where young people are held in custody overnight are now flagged by the EDT duty manager and the duty HOS is contacted were agreement/ challenge is brought around the terms | G | Childcare Managers |



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| | | | | | | for the young person being held and whether or not they should return to placement. | | |
| 51. | | | Head of Looked Children | Develop clear strategy with police to trouble shoot such issues locally including definition of 'secure'. | October 2014 | Remand Protocol has been shared at HOS level and will need to be progressed through governance. | A | HSCB Steering Group |
| | | | | | | Peter Merry has complied a very good report following the police inspection which will look at recognizing offenders under 18 as children and improving the current custody suit arrangements in Hereford. There is also greater clarity around the term 'secure' and how this is used. Ongoing Meeting held Jan 2015 – work required in partnership with the police. | | |
| 52. | | | Frameworki Transformatio n Manager | Develop performance report to monitor and evaluate progress in reducing frequency of use of custody inappropriately. | December 2014 | The EDT episode is now live in Frameworki and will capture a range of data previously not reportable, including the reason why a young person is at the police station. Worcestershire's EDT staff still need to be trained on the new episode. It is anticipated | A | HSCB Steering Group YOS Management Board |
| | | | | | | that this will take place by the end of March. | | |



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| 53. | 28. (73) | Fully utilise Family Group Conferences to inform care planning, particularly where care proceedings are being considered. | Head of Fieldwork (KP) | Review and resource FGC service to ensure robust response to requirements of Public Law Outline, and case law implications. | December 2014 | All cases that are presented to Legal Gateway (new name for the meeting) now have an action to convene a FGC. | G |
| 54. | | | Frameworki Transformatio n Manager (MG) | Performance reporting on FGC activity and outcomes developed. | December 2014 | Work on this module will commence when the service determine what their reporting requirements will be. | A |
| 55. | 29. (51 , 147) | Ensure that diversity issues and the ethnic and cultural identity of children and their families are thoroughly assessed and addressed. | Head of Additional Needs (LK) | Council and partnership wide strategy to be developed which will include actions and monitoring and evaluation mechanisms. | January 2015 | A meeting has taken place with the Head of Additional Needs. An audit has been requested which looks at good and bad practice in connection with diversity Head of CWD and Practice Development will liaise with the children and young people's consultant to ensure that this matter is contained within the new children and young people's plan | G |
| 56. | | | Head of Children with Disabilities and Practice Development (DC) | Engage with Equalities Manager to ensure that children's diversity issues are fully embedded within the council's diversity strategy. | November 2014 | Completed as this will be encompassed with the children and young people's plan. | G |
| 57. | | | Head of Children with Disabilities | Develop enhanced reporting and QA of assessments to evaluate quality of awareness of diversity | June 2015 | An audit will take place to identify good and bad practice. This will then | G |

| • | Monitoring and Evaluation |
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| | Childcare Managers |
| | CHIPP Project Board |
| | Cabinet Children and Young People's Partnership Health & Wellbeing Board |
| | Management Board |
| | QA Framework |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
|-----|-------------------|---|---|--|------------------|--|-------|
| | | | and Practice Development | issues to inform training needs. | | inform training needs for safeguarding and family support. | |
| 58. | | | Head of Children with Disabilities and Practice Development | Identification of good practice examples where diversity issues have been thoroughly considered. | June 2015 | The audit of cases will provide examples of good practice. | G |
| 59. | 30. | Implement and monitor a robust system for making timely decisions to ensure there are no delays in accommodating children when they need to be looked after. | Head of LAC (JK) and Head of Fieldwork (KP) | Review of processes for decision making including resource panel, legal planning and CNS. | November 2014 | Legal gateway terms have been reviewed and implemented. CNS has been reviewed and signed off Nov 2014. TOR for resource panel/ placement panel has now been updated and circulated to staff and agreement to accommodate a child is now being raised at assistant director level and signed off when appropriate. The placement agreement process has been communicated out to all staff | G |
| 60. | | | Head of LAC (JK) | As part of review, reporting arrangements to be developed to evidence timeliness of decisions and escalation process if delay is identified. | November 2014 | Work on the looked after children workflow is not yet in FWi. The permanence process for LAC is being developed CHIPP. Additional work is also being completed with the IRO service around their | A |

| 6 | Monitoring and Evaluation |
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| | |
| | QA Framework |
| | Childcare Managers |
| | Directorate Leadership Team |
| | Childcare Managers |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
|-----|-------------------|---|---|--|--------------------|--|-------|
| | | | | | | role in escalating cases. | |
| 61. | | | Head of LAC (JK) | Continued joint working between Edge of Care and resource panel. Direct work service development to ensure dedicated edge of care response to ensure all actions have been taken to support the child remaining within the family. | December 2014 | A representative from family support has now been identified and will present a report at resource panel in order to monitor young people on the edge of care. | G |
| 62. | 31. (78) | Ensure that plans for permanency are made and clearly recorded at children's second looked after review in line with national guidance. | Head of LAC (JK) | Development and roll out of permanency policy and its implementation. | November 2014 | Permanence policy is in draft but has to be agreed by a multi-agency group before being signed off. This will be looked at as part of CHIPP. | A |
| 63. | | | Frameworki Transformatio n Manager | Performance measurement reports to be developed to evidence compliance | 1 April 2015 | The LAC module is now being built and it is anticipated that the module will go live on 1 April 2015 | A |
| 64. | | | Head of Safeguarding and Review (JR) | Secondment of SM into the service with specialist expertise in LAC will lead on self-assessment against Care Planning regulations and LAC Review Process improvement agenda. | August 2014 | Completed | G |
| 65. | | | Head of Safeguarding and Review (JR) | Revised LACR Records drafted and due to be trialed – these give greater focus to permanence planning and better evidence QA by IROs | Septembe r 2014 | Documents completed and are being trialed. Work on the LAC module will be completed by the end of January 2015 | G |
| 66. | 32. | Develop specific assessment methods to inform decisions about whether siblings should be | Head of LAC (JK) | Refresh guidance documentation and share best practice examples | Septembe r 2014 | Sibling assessments are being completed by the advanced practitioner | G |

| 9 | Monitoring and Evaluation |
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| | Childcare Managers |
| | CHIPP Project Board |
| | |
| | Policy approval: Cabinet/Cabinet Member |
| | Performance to be reported within the broader performance framework |
| | |
| | QA Framework |
| | QA Framework |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
|-----|-------------------|--|---|--|------------------|--|-------|
| | (81) | permanently placed together or apart. Record assessments and decisions in detail to reflect the significance of the decision being made. | | across the service. | | service. Clear matching document already being used to match children to appropriate placements. | |
| 67. | | | Head of Children with Disabilities and Practice Development (DC) | Ensure QA processes incorporate analysis of impact of use of this guidance in improving outcomes | August 2015 | The audit will be included within the LAC audit which will take place during 2015/16. | A |
| 68. | 33. (79) | Ensure that regular analysis and reporting from the advocacy service provides an accurate account of emerging themes. | Head of Children's Commissionin g (PG) | Review of the contract to ensure analysis of information gathered informs future commissioning, good practice and most effective means of service delivery Agree outcomes for the service that demonstrate the difference advocacy has made to the experience of the child | November 2014 | Contract is formally monitored on a quarterly basis with the provider. Continuous discussions about operational aspects, and themes emerging to improve services. Outcome measures have now been developed which will evidence difference the service has made – reporting on these is still in its infancy and the fact it is only on a quarterly basis | A |
| 69. | - | | Head of Children's Commissionin g (PG) | Specific developments of advocacy arrangements for younger children and CWD as part of contract refresh. | November 2014 | The contract has been reviewed and provision for younger children and CWD is within the existing contract; this has been addressed with the provider and internal staff made aware | G |
| 70. | | | Head of Children's | Analysis of resource required to achieve expectations of voice of | November | Awarded contract to Participation People with | G |

| 5 | Monitoring and Evaluation |
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| | Safeguarding and Family Support Heads of Service |
| | Joint Senior Management Team |
| | Corporate Parenting Panel |
| | Joint Senior Management Team |
| | Corporate Parenting Panel |
| | Joint Senior Management Team |
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| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G | Monitoring and Evaluation |
|-----|-------------------|---|--|--|--|---|-------|--|
| | | | Commissionin g | child strategy | 2014 | start date of April 2015 | | Corporate Parenting Panel |
| 71. | 34. | Ensure that the virtual school develops and implements a strategy to narrow the gap in attainment between looked after children and all other children in Herefordshire. | Virtual Head Teacher (SL) | Increase our understanding of the educational needs of the current LAC cohort to identify barriers to learning and to include the strengths and weaknesses in core curriculum subjects. | Septembe r 2014 | Analysis session with Education Liaison for LAC service planned for 12 th September Session held and analysis sheet being completed by team members Analysis and development session planned for 27 November with Senior LAC Education Officer Interventions being developed to support development of emotional health of primary aged looked after children. Trial delivery now underway | G | Joint Senior Management Team Corporate Parenting Panel |
| 72. | | | Virtual Head Teacher (SL) Virtual Head Teacher (SL) | Develop a core data package for Education Liaison for Looked After Children Service to ensure that all information required to understand the barriers to learning of the individual child coming in to the care system is gathered and used to develop appropriate packages of support. | December 2014 Septembe r 2014 | Data Gathering sheet now operationalfor work required to analysis data. | G | Joint Senior Management Team Corporate Parenting Panel Joint Senior Management Team Corporate Parenting Panel |
| 74. | _ | | Virtual Head | Conduct review of ELL Service working practices and workloads, | October | Discussion underway with senior management to | Α | Joint Senior Management Team |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G | Monitoring and Evaluation |
|-----|-------------------|-----------------------------|------------------------------|---|--------------------|--|-------|---|
| | | | Teacher (SL) | including exploration of extending remit of Virtual School from 0 – 25. | 2014 | restructure service. | | Corporate Parenting Panel |
| 75. | | | Virtual Head Teacher (SL) | Develop ICT monitoring to allow closer tracking of progress and attendance. | Septembe r 2014 | Looked After Call engaged to provide data for those placed out of county. Set up meeting arranged for week commencing 14 th September Looked After Call now collecting Out County Data held with eGov Digital to look electronic PEPs as a way of gathering data Looked After Call now collecting in county data. This now includes collection of attainment information. ePEP recommendation in review paper. | G | Joint Senior Management Team Corporate Parenting Panel |
| 76. | | | Virtual Head Teacher (SL) | Develop intervention strategies at county, school, group and individual level | November 2014 | To follow from session on 12 th September. Team promoting strategies and making use of Education Endowment Fund website information. Emotional health intervention in development. | G | Joint Senior Management Team Corporate Parenting Panel |
| 77. | | | Virtual Head Teacher (SL) | Use of EP time, commissioned with Pupil Premium money to help with understanding and planning for | December 2014 | No applicants and a further advert placed. | G | Joint Senior Management Team |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G | Monitoring and Evaluation |
|-----|-------------------|-----------------------------|------------------------------|---|--------------------|--|-------|---|
| | | | | those LAC with particularly challenging needs | | Two assessments completed by current team members. | | Corporate Parenting Panel |
| | | | | | | EP recruited, start date agreed as 20/04/015 | | |
| 78. | | | Virtual Head Teacher (SL) | Develop intervention strategies at county, school, group and individual level | Septembe r 2014 | Initial trawl of strategies recommended by team planned for session on 12 th September. | G | Joint Senior Management Team Corporate Parenting Panel |
| | | | | | | Session held, follow up to be held with Designated Teachers during November network meeting (planned for 12 November) | | |
| | | | | | | Designated teachers conference planned for 27 March, will look at closing the gap. | | |
| 79. | | | Virtual Head Teacher (SL) | Develop data on comparative effectiveness of interventions by demonstrating progress to support decision making in choice of | January 2015 | Developing using Education Endowment Fund website. | G | Joint Senior Management Team Corporate Parenting Panel |
| | | | | appropriate interventions for LAC. | | Discussed at designated teacher meeting in December, will be part of the conference in March. | | |
| 80. | | | Virtual Head Teacher (SL) | Demonstrate good progress for all and accelerated progress for the majority | Septembe r 2015 | Year end data required | A | Joint Senior Management Team Corporate Parenting Panel |
| 81. | | | Virtual Head Teacher (SL) | Assess immediate impact of Letterbox Club on initial cohort | December 2014 | Project to be offered to Trainee Educational Psychologist when she starts. | G | Joint Senior Management Team Corporate Parenting Panel |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
|-----|------------------------|---|--|--|------------------|---|-------|
| | | | | | | Trainee EP is developing evaluation methodology. | |
| | | | | | | Evaluation complete. | |
| 82. | 35. (87, 88, 89) | Ensure that all looked after children and young people make consistently good or better progress at every stage of their education and close the attainment gap between looked after children and all children in Herefordshire. | Virtual Head Teacher (SL) | Analyse current LAC cohort to identify barriers to learning and to include the strengths and weaknesses in core curriculum subjects. | | Analysis session with Education Liaison for LAC service planned for 12 th September. As above | G |
| 83. | | | Virtual Headteacher | Annual report to Corporate Parenting Panel on LAC attainment | November 2014 | Report prepared. | G |
| 84. | | | Virtual Head Teacher | Develop termly report for Looked after Children Placement Operation Group (LACPOG) to show progress again key strategic targets and identifying key cases causing concern | December 2014 | Report prepared and updated on a monthly basis. | G |
| 85. | 36. | Ensure effective joint working with the police and youth offending services to routinely record and analyse information about looked after children engaged in offending behaviour. | Head of LAC (JK) | Audit of cohort of young people with history of offending and reoffending. | October 2014 | This task has been started but is still ongoing. Outstanding task linked to work being completed within CYPP. | A |
| 86. | | | Frameworki Transformatio n Manager (PG) | Review of recording and analysis arrangements to ensure robust and regular reporting and response to issues is in place | December 2014 | Performance and Frameworki Transformation Manager to liaise with the police and YOS to ensure there are robust reporting arrangements in place. | A |

|) | Monitoring and Evaluation |
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| | Joint Senior Management Team |
| | Corporate Parenting Panel |
| | November Corporate Parenting Panel |
| | Joint Senior Management Team |
| | Corporate Parenting Panel |
| | YOS Board |
| | Corporate Parenting Panel |
| | Performance framework arrangements |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G | Monitoring and Evaluation |
|-----|-------------------|-----------------------------|---------------------|--|-----------------|--|-------|--|
| | | | | | | This will be linked to the review of the LAC module within Frameworki which commenced in August. This will now be live as from January 2015. Education, YOS and Frameworki Manager will meet by the end of February to agree the information sharing arrangements. | | |
| 87. | | | Head of LAC (JK) | Scoping of Prevent and deter work with LAC young people 11+ | October 2014 | This is being looked at as part of integrated youth approach. Joint meetings have taken place between YOS, 16+ and youth contracts. | A | YOS Board Corporate Parenting Panel |
| 88. | | | Head of LAC (JK) | Development of Northumberland Risk Model. | October 2014 | Policy and terms of reference now agreed. Need to agree panel composition and frequency of meetings. Consideration being given to the strategic CSE group hearing these cases given the need for senior officer outsight and agreement to actions. Draft plan has been compiled by Angela Robinson and shared with HSCB. | A | YOS Board Corporate Parenting Panel |
| 89. | | | Head of LAC | Development of Integrated youth approach with YOS/ 16+/ Youth | October | Outstanding task. Angela Robinson has drafted a | Α | CHIPP Project Board |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
|-----|-------------------|---|---|---|------------------|--|-------|
| | | | (JK) | Contract/Police/ Health. | 2014 | proposal but this is subject to further discussion with partners and is linked to work being undertaken within CHIPP. This is also subject to changes within YOS. | |
| 90. | 37. (93) | Develop and implement working arrangements with local Child and Adolescent Mental Health Service providers to enable better access to treatment for looked after children. | Assistant Director: Education & Commissionin g (CB) | Refresh of CAMHS Strategy which will then feed into wider recommissioning of mental health services. Strategy will contain actions for 12 months to improve emotional health and wellbeing | December 2014 | Emotional health and wellbeing strategy agreed at Children and Young People's Partnership Oct 2014, implementation to be overseen through steering group. Highlighted at health and wellbeing board Nov 2014. Review meeting taking place w/c 19 Jan 2015 | A |
| 91. | | | Assistant Director: Education & Commissionin g (CB) | Ensure CAMHS Strategy includes early years component | December 2014 | Completed | G |
| 92. | | | Head of LAC (JK) | Ensure relationship between CAMHS Strategy and services and the HIPPS and TISS developments are clearly defined. | December 2014 | Meeting has taken place with CAMHS local office (Mark Hemming) and agreed that we need a relaunch of the service in the form of a partners event and clarity around criteria for referring cases. Performance data | G |

| G | Monitoring and Evaluation |
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| | Children & Young People's Partnership |
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| | Children and Young People's Partnership provide monitoring |
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| | Children and Young People's Partnership provide monitoring |
| | Health & Wellbeing Board |
| | Children and Young People's Partnership provide monitoring |
| | Health & Wellbeing Board |
| | Joint Commissioning Group |
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| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G | Monitoring and Evaluation |
|-----|-------------------|--|---------------------|--|--------------------|--|-------|---------------------------|
| | | | | | | requested from CAMHS. CAMHS are members of the HIPSS steering group to ensure that children and young people are sign posted to the right service. | | |
| 93. | 38. (94) | Ensure that the children in care council is effective, is representative of the range of looked after children and has membership of the council's corporate parenting group. | Head of LAC (JK) | Head of LAC (JK), chair of corporate parenting, chair of CiC council and care leavers champion to develop approach to inform corporate parenting strategy. | Septembe r 2014 | Completed. Review to assess impact will take place in August/September 2015 | G | Corporate Parenting Panel |
| 94. | | | Head of LAC (JK) | As from September 2014, young people will have membership of corporate parenting panels | Septembe r 2014 | Completed | G | Corporate Parenting Panel |
| 95. | | | Head of LAC (JK) | Head of LAC (JK) to be sent minute from CiC for information and action when required. | Septembe r 2014 | Completed | G | |
| 96. | _ | | Head of LAC (JK) | Adopt and publish the Pledge for Looked after Children, as a demonstration of the commitment of the Corporate Parent to our Looked After Children. | Septembe r 2014 | Completed. | G | Corporate Parenting Panel |
| 97. | | | Head of LAC (JK) | Develop CiCC website to ensure it is representative of the voice of our LAC and is a useful resource for them | October 2014 | Successful development day completed and draft web site now in place. Next development day is due to take place in April 2015. | A | Corporate Parenting Panel |
| 98. | 39. (125, | Ensure all local authority elected members understand and effectively undertake their role as | Head of LAC (JK) | Members' Seminar in October/November re Corporate | October 2014 | Completed. | G | Corporate Parenting Panel |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
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| | 136) | a corporate parent. | | Parenting. | | | |
| 99. | | | Strategic Business Intelligence Manager | Programme of Members' Seminars in place up until February 2015. New rolling programme to be developed after 2015 local elections. | February 2015 | Ongoing. Have also agreed to send bi monthly updates on how are LAC cohort are getting on and any patterns or trends which members could support to address. | G |
| 100. | | | Head of LAC (JK) | Survey of Members' understanding of their corporate parenting role to be undertaken and repeated following programme of seminars to evaluate impact. | March 2015 | Follow up questionnaire to be sent prior to March 2015 following Corporate parenting seminar. Outstanding | G |
| 101. | | | Cabinet Member: Children's Services (JM) | Work being undertaken by Cabinet Member Children's Wellbeing to make proposals to the Group Leaders re mandatory training for all Councillors at the start of each administration year to attend safeguarding and corporate parenting seminars. The proposal will recommend that failure to attend will result in members allowances not being paid. | August 2014 with effective from May 2015 | Note to Group Leaders had been drafted and is to be agreed. | G |
| 102. | | | Cabinet Support Member Children's Services (JM) | Cabinet Support Member is liaising with various local business leaders about apprenticeships and work experience for looked after children. | November 2014 | Being addressed within context of wider apprenticeship and barriers to work project within CHIPP | G |
| 103. | 40. (103?) | Refresh and re-launch the recruitment strategy to increase the number of adopters for children with complex needs and for larger sibling groups. | Head of LAC (JK) | Recruitment to a marketing and recruitment post within the adoption and fostering service with particular investment in social media. | July 2014 | Marketing and recruitment post in adoption now appointed. Fostering marketing and recruitment post advertised. | G |

| ~~ | Monitoring and Evaluation |
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| | Joint Senior Management Team |
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| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
|------|----------------------|---|---|--|-----------------|--|-------|
| 104. | | | Head of LAC (JK) | The recruitment strategies across the West Mercia have been developed and are due to be signed off in September. | October 2014 | Completed. | G |
| 105. | 41. (110, 111) | Ensure that all pathway plans are up to date, are of good quality, are based on a robust analysis of need, with clear and agreed goals and are regularly reviewed. | Head of LAC (JK) | Development of Pathway plan with young people and partners | July 2014. | Pathway plan is now at point of sign off through Corius. Training delivered Nov 2014 | G |
| 106. | | | Head of Children with Disabilities and Practice Development (DC) | Audit activity with respect to the impact and quality of pathway plans will be undertaken as part of the QA framework and any learning will be incorporated. | March 2015 | Completed | G |
| 107. | | | Mentoring and Participation Officer (DB) | In conjunction with the above process a survey of young people will take place to understand their experience of the pathway planning process. | March 2015 | On track | G |
| 108. | 42. | Ensure that all care leavers receive a copy of their health records. | Head of LAC (JK) | Development of health passport for care leavers. | January 2015 | Best practice example identified and being adapted for Herefordshire. Children and young people moving from foster care are continuing to use the full health passport, care leavers will be more condensed but will include advice and medication details for life limiting illnesses. This is not being used | A |
| | | | | | | consistently at this stage due to pressures within | |

| 6 | Monitoring and Evaluation |
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| | Childcare Managers |
| | QA Framework |
| | QA Framework |
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| | Childcare Care Managers QA Framework |



| No. | Ofsted Para No | Ofsted Area for Improvement | Lead | Action | By When | Progress | R/A/G |
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| | | | | | | the 16+ service. | |
| 109. | 43. (82, 117, 137) | Ensure that all looked after children and care leavers understand their rights, responsibilities and entitlements and receive the guidance, support and resources to realise them. | Head of LAC (JK) | Refresh of Corporate parenting strategy to include the rights and children and young people, incorporating monitoring and evaluation arrangements to ensure all children are enabled to understand their rights. | January 2015 | Corporate parenting strategy to be updated for January 2015. A monitoring mechanism will be incorporated with the review of the LAC review of frameworki module and will also link to the Voice of the Child Group. Rights of the child will also feature on the young people website. | G |
| 110. | 44. (135) | Ensure that learning from complaints and representations from children and young people, parents and carers and service users is systematically collated and analysed and is used to improve service delivery and development. | Head of Children with Disabilities and Practice Development (DC) | Children's social care complaints procedure and guidance has been revised and incorporated within the QA and Compliance Service to strengthen accountability, knowledge, understanding, learning and dissemination of learning | March 2015 | Completed. Following a recent analysis of complaints, further guidance needs to be produced in relation to documentation that independent investigating officers have access to ensure that Data Protection legislation is not breached and what they have received. | G |
| 111. | | | Head of Children with Disabilities and Practice Development (DC) | New integrated QA and SW academy service will enable learning from complaints to be built into training and development plan. | March 2015 | Completed | G |

| 3 | Monitoring and Evaluation |
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| | Corporate Parenting Panel |
| | Quarterly reports to Heads of Service Half yearly report to Joint SMT and members Statutory Annual Complaints Report will be produced for year end March 2015 and presented to Audit and Governance Committee, HSCB Steering Group |
| | Childcare Managers |



Key:

- HSCB is the Herefordshire Safeguarding Children's Board
- Ofsted Para Number refers to the Area of Improvement identified in the Ofsted Inspection Outcome of 30 June 2014

| | Ofsted Para No | Business Plan Referenc e | Ofsted Area for Improvement | Lead | Action | By When | Progress | RAG Rating | Monitoring and Evaluation |
|----|----------------------|-----------------------------------|---|---|--|------------------|---|---------------|---|
| 1. | 149 | 4.1 | Ensure that governance arrangements between the LSCB and the Improvement Board are clarified. | Independ ent Chair of HSCB | Agree protocol which sets out the governance arrangements between HSCB and Improvement Board. | Octobe r 2014 | Protocol signed agreed at the October Strategic Board and Improvement Board. Completed | G | Chairs of HSCB Strategic Board and Improvement Board |
| 2. | 150 | 2.2 | Ensure that LSCB policies and procedures are up to date and incorporate issues specific to Herefordshire. | Chair of Policy and Procedur es | West Mercia independent chairs to agree sub regional approach to policy and procedure development. | Januar y 2015 | Review of existing procedures has been undertaken and a programme for revision developed. Meeting with West Mercia peers was postponed and due to be re- arranged for the new year. | A | HSCB Steering Group |
| 3. | | 2.2 | | Chair of Policy and Procedur es | In consultation with Tri-x, three year timetable to be agreed on a regional basis for a systematic review and update of bespoke policy and procedures in consultation. This should be informed by current, and known about future, national and local priorities. | Januar y 2015 | Meeting with West Mercia peers was postponed and due to be re-arranged for the new year. | A | HSCB Steering Group |
| 4. | | 2.2 | | Chair of Policy and Procedur es | Priority to be given to child sexual exploitation and Children Missing procedures on the basis of Ofsted recommendations. | Octobe r 2014 | Operational processes effective in MASH from 5 November 2014 and performance reporting into the CSAR operational and intelligence group has now commenced. | G | HSCB Steering Group |
| 5. | 151 | 1.4 | Ensure that the LSCB receives accurate and relevant performance information from its partners to enable it to assure itself on the quality of | Chair of the QA Sub Group | Develop a multi-agency child's journey scorecard. This will clearly define what data will be received, the format and the frequency. | Januar y 2015 | The contents of a draft scorecard has been agreed and reporting against it is still in development. This will need to be reviewed against any recommendations from the LGA peer diagnostic on the | A | HSCB Steering Group |



| | Ofsted Para No | Business Plan Referenc e | Ofsted Area for Improvement | Lead | Action | By When | Progress | RAG Rating | Monitoring and Evaluation |
|-----|----------------------|-----------------------------------|--|---------------------------------------|---|-----------------------|--|---------------|---------------------------------|
| | | | safeguarding work. | | | | HSCB planning day in Feb / Mar 2015 | | |
| 6. | | 1.4 | | Chair of QA Sub Group | Effectiveness of audit programme to be reviewed to ensure that it provide adequate assurance on accuracy of performance data. | Februa ry 2015 | Review to be undertaken by QA sub group in January. | G | HSCB Steering Group |
| 7. | 152 | 4.1 | Ensure that the work of the LSCB operational groups is manageable and prioritised. | Chair of Steering Group | Terms of reference for the steering group and sub groups to be reviewed to ensure appropriate governance compliance and priorisation. | Octobe r 2014 | Completion to Timescale. Ratified at to July's meeting of HSCB Strategic Board and made available on within the Constitution, available for download on the About HSCB webpage. | G | HSCB Strategic Board |
| 8. | | 4.1 | | Chair of HSCB Steering Group | Establish a quarterly sub group chairs meeting to ensure that activity and priorities across the sub group are in line with business plan prioritized and steering group directives. | Septe mber 2014 | Completed. Quarterly meetings have been established and the first meeting took place on 8 September 2014. | G | HSCB Strategic Board |
| 9. | | 4.1 | | Chair of HSCB Steering Group | Support the chairs of the steering group and sub group to set agendas to ensure compliance with terms of reference and Business Plan / Ofsted improvement priorities. | Septe mber 2014 | Complete. All HSCB meetings are agendered with the support of the Business Unit with thought given to ensuring the Board's priorities are progressed. | G | HSCB Steering Group |
| 10. | 153 | 1.4 | Ensure that learning from multi- agency case audits is actioned and the impact is reviewed through repeat audits. | Chair of QA Sub Group | QA Sub Group is reviewing its work programme and the HSCB quality assurance framework, including revised data set and scorecard, to ensure focussed audit and review audits to assess progress. | Februa ry 2015 | Completed but will be reviewed subject to any recommendations from the LGA peer diagnostic. | G | HSCB Steering Group |
| 11. | | 1.4 | | Chair of QA Sub Group | Learning generated through QA sub group to be reported to Steering Group who will identify the relevant vehicle for sharing the learning and action improvement activities to the appropriate sub group. | Octobe r 2014 | Governance arrangements between all sub groups and Steering Group have been made more robust with significant time in all Steering Group meetings to monitor the work of the sub groups and progress towards HSCB's priorities. Steering Group is exercising its | G | HSCB Steering Group |



| | Ofsted Para No | Business Plan Referenc e | Ofsted Area for Improvement | Lead | Action | By When | Progress | RAG Rating | Monitoring and Evaluation |
|-----|----------------------|-----------------------------------|--|--|--|----------------------|---|---------------|---------------------------------|
| | | | | | | | governance role. | | |
| 12. | 154 | 3.2 | Ensure that robust strategies and intelligence in relation to specific vulnerable groups are developed and implemented, in particular missing children and those at risk of child sexual exploitation. | Chair of Children at Specific Additional Risk | Undertake a self assessment against the requirement of the National SET Action Plan . | Octobe r 2014 | The self assessment has been completed and learning from it has informed the strategy and operational processes being implemented. Additional resources have been agreed with a CSE senior practitioner, family support worker and co-ordinator in post to be supplemented by additional police resources from January. | G | HSCB Steering Group |
| 13. | | 3.2 | | Chair of Children at Specific Additional Risk | Develop a new Strategic Plan and Disruption Plan for Herefordshire | Octobe r 2014 | Completed | G | HSCB Steering Group |
| 14. | | 3.2 | | Chair of Children at Specific Additional Risk | Establish a CSAR Operational Group to drive forward the SET agenda in Herefordshire through the implementation of the Strategic Plan. | Novem ber 2014 | Completed | G | HSCB Steering Group |
| 15. | | 3.3 | | Head of Safeguar ding and Review | HSCB is taking a leading role and ensuring effective contributions across the partnership in connection with the West Mercia Joint Protocol on Missing Children and Young People. | Januar y 2015 | Pan West-Mercia procedures remain in development and will be presented to the regional Boards in the new year. | A | HSCB Steering Group |
| 16. | | 3.3 | | Chair of children at specific | HSCB's Missing Children Action Plan to be fully implemented to ensure a high quality joined up approach to | Octobe r 2014 | Missing Children Action plan is currently being monitored and majority of items are | G | HSCB Steering |

V7 2 March 2015



| | Ofsted Para No | Business Plan Referenc e | Ofsted Area for Improvement | Lead | Action | By When | Progress | RAG Rating | Monitoring and Evaluation |
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| | | | | additional risk | incidences of children missing from care or home. | | complete or on target for delivery. | | Group |
| 17. | | 3.3 | | Chair of children at specific additional risk | Develop HSCB mechanism for the ongoing strategic oversight of co- ordinated multi-agency responses for children who go missing. | Septe mber 2014 | Completed | G | HSCB Steering Group |
| 18. | | | | Framewo rki Transfor mation and Performa nce Manager | Develop a robust reporting mechanisms which identifies missing children and children who are at risk of CSE | Novem ber 2014 | Pan West-Mercia procedures remain in development and will be presented to the regional Boards in the new year. Local reporting agreed and operational in advance of pan West Mercia agreement. | G | HSCB QA Sub Group |
| 19. | 155 | 4.5 | Ensure that multi-agency safeguarding training is sufficient, taken up by partners and is robustly evaluated. | Chair of Training and Develop ment | Immediate course evaluation processes, will have been developed and implemented to provide improved quality of information to HSCB to inform the development of its multi- agency safeguarding training offer. | Octobe r 2014 | Evaluation work is progressing. Immediate evaluation questions will be finalised by the end of October and will be built into all training courses in delivered in November. Current work is sufficient to ensure delivery to timescale. | G | HSCB Steering Group |
| 20. | | 4.5 | | Chair of Training and Develop ment | Impact evaluations for HSCB Training, will have been developed and implemented to provide improved quality of information to HSCB understand the impact of training on practice and to inform the development of its multi-agency safeguarding training offer. | Februa ry 2015 | Processes in development within the wider evaluation process development. Current work is sufficient to ensure delivery to timescale. | G | HSCB Steering Group |
| 21. | | 4.5 | | Chair of Training and Develop | Undertake a review of multi-agency agency training needs to assess the sufficiency of HSCB's multi-agency training offer. | April 2015 | Not yet in timescale. Progress against this is dependent upon additional resource within the business unit for which funding has now been | G | HSCB Steering Group |



| | Ofsted Para No | Business Plan Referenc e | Ofsted Area for Improvement | Lead | Action | By When | Progress | RAG Rating | Monitoring and Evaluation |
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| | | | | ment | | | agreed. Interim appointments are now being made. | | |
| 22. | | 4.5 | | Chair of Training and Develop ment | The board will commit to a periodic systematic evaluation of all courses led by the Workforce Development Advisor (or equivalent post) with the process engaging workforce representatives. | March 2015 | In progress, although with the Business Unit review awaiting implementation from April 2015 it has not been possible to recruit to the post and therefore this work has been undertaken by HSCB's part time Multi-Agency Training Officer and is therefore not running to schedule. Systematic evaluation of the HSCB Neglect training in place and initial findings will be able to be reported in April 2015 | G | HSCB Steering Group |
| 23. | | 4.5 | | Chair of Training and Develop ment | A standard process for engaging the workforce in the development of HSCB training will have been implemented and used to inform the development of training for the education workforce and then applied to other courses later in the year. | March 2015 | Not yet in timescale. | G | HSCB Steering Group |
| 24. | 156 | 4.3 | Ensure that the LSCB business unit is effectively able to support the work of the LSCB. | Head of Safeguar ding and Review/H ead of Adults Safeguar ding | Undertake a review of the Business Unit, the expectations upon it, and the resource available to it to ensure it is able to support an increasingly effective Board | August 2014 | Completed | G | HSCB Strategic Board |
| 25. | | 4.3 | | Independ ent Chair of the HSCB & Chair of | Agree the response to the report ensuring an implementation plan is in place. | Octobe r 2014 | Completed. | G | HSCB Strategic Board |



| | Ofsted Para No | Business Plan Referenc e | Ofsted Area for Improvement | Lead | Action | By When | Progress | RAG Rating | Monitoring and Evaluation |
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| 26. | | 4.3 | | HSAB Head of Safeguar ding and Review | Implement the agreed outcome of the review, ensuring that a developed Business Unit is in place. | Februa ry 2015 | Funding being agreed by key partners, advertising for posts will begin in Jan 2015 with appointments to most roles anticipated by April 2015. Interim arrangements will be put in place as from 1 January 2015 to ensure additional capacity in the business unit to address action plan priorities. | G | HSCB Strategy Board |