

Composite Outcomes and Action Plan for improving services to children and young people

Progress update – February 2011

**Kim Drake, Assistant Director; Safeguarding and Vulnerable
Children Service**

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Ref	Area for improvement	Outcomes to achieve	Lead officer	Reporting to (accountable body)	Key actions	Timescales	Progress
1.1	Improve quality and timeliness of assessments ensuring they explicitly identify risk and protective factors and identify individual needs of children and young people (para 42)	All children and young people referred to children's social care receive a timely assessment of high quality which explicitly identifies risk and protective factors for each child	Lisa Green, Head of Fieldwork	R&A Service Improvement Group S&VC Senior Management Team HSCB	Reconfigure R&A team – interim model Increase partner agency contributions to assessment Develop key staff to understand requirements through series of development workshops Quality assure assessments weekly (3 audits undertaken each by Head of Service and Assistant Director) and record actions for improvement	25 October 2010 31 March 2011 31 January 2011 From 1 October 2010	Completed Underway – to be evidenced through multi agency peer audit – 18 February 2011 Completed Underway
1.2	Ensure that staff receive regular reflective and outcome-focused supervision in line with policy requirements, that supervision on cases is recorded on appropriate supervision template and that this is accessible on the electronic recording system. (para 78)	All staff receive regular, reflective and outcome-focused supervision	Lisa Green, Head of Fieldwork	R&A Service Improvement Group S&VC Senior Management Team	Embed use of supervision template on all safeguarding cases. Ensure regular audits of cases against supervision standards Report regularly to Assistant Director for Quality Assurance Group	End of November 2010 From January 2011 From February 2011	Being used by all teams – evidenced through audit Underway – report to SMT in March 2011 Forms part of S&VC report to QAG through Head of Safeguarding and Review

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1.8	Partners perceptions of RAT need improving (para 44)	Ensure that partners have confidence in the referral and assessment team and that this leads to appropriate referrals.	Kim Drake, Assistant Director, S&VC	R&A Service Improvement Group	Produce clear referral standards for all partners including R&A team Gain commitment from partner agencies to be part of joint solution via R&A Service improvement group Monitor and review quality of team approach	31 December 2010 January 2011 (partner event) From January 2011	Completed Commitment through HSCB – partner event scheduled for May 2011 Key partners – police, health and CAF – part new multi agency desk. To be reviewed – June 2011
6.2	Agencies do not always escalate concerns when they relate to a partner agency (para 34)	Ensure that agencies effectively escalate concerns with partner agencies and that appropriate remedial action is taken	Kim Drake, Assistant Director S&VC	Policy and Practice sub group, HSCB	Review and relaunch HSCB escalation policy	December 2010	Overall policy being reviewed and enhanced – to be launched March 2011 Specific protocol between PCT and Children's Social Care launched in February 2011
6.3	Performance monitoring by HSCB is currently inadequate and it does not receive nor effectively analyse sufficient information to offer an accurate oversight of agencies' safeguarding practice (para 50)	Ensure that sufficient information is given to, and effectively analysed by, the HSCB to include the outcomes of single and multi-agency audits so that it can effectively monitor safeguarding and child protection and hold agencies to account.	Hilary Hall, Head of Quality and Improvement	Quality Assurance and Evaluation sub group, HSCB	Devise model for agencies to use to give effective information to QA group	From January 2011	Performance framework developed – to be agreed by QA sub group – February 2011 and implemented from March 2011 alongside refresh of role and membership
			Sue Doheny, Director of Quality and Clinical Leadership	HSCB Strategic Board	Ensure effective analysis of information through QA group membership and operating model	From February 2011	

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6.4	Several aspects of HSCB performance framework have yet to be developed (para 50)	Implement whole performance framework for HSCB Ensure that HSCB has sufficient operational capacity to perform its role effectively.	Hilary Hall, Head of Quality and Improvement and Sue Doheny, Director of Quality and Clinical Leadership	HSCB Strategic Board	Develop and agree performance framework Implement performance framework Monitor implementation Agree model for future business unit in conjunction with Adult Safeguarding Board Recruit to business unit	January 2011 From February 2011 From April 2011 November 2010 January 2011	To be agreed at February 2011 QA sub group and implemented from March 2011 Implementation to be monitored through sub group Model agreed by Strategic Board – January 2011 Recruitment underway – February 2011
7.1	The council has not ensured sufficient awareness of their complaints process and early resolution of complaints is not recorded and analysed to identify trends (para 35) There is limited evidence that young people are appropriately encouraged and enabled to complain and comment through the complaints process. The view of the council is that informal systems are used effectively to resolve issues (para 74)	Ensure that children and young people know how to make a complaint, and that early resolution of complaints is recorded, themes are identified to learn lessons, and appropriate action is taken CYPD is able to analyse trends and improve services accordingly	Hilary Hall, Head of Quality and Improvement	CYPD Directorate Leadership Team	Ensure that complaints leaflets sent out to all service users at point of contact with directorate Ensure all CYPD staff aware of their responsibility to disseminate complaints information. Devise system for collating 'soft' information re potential complaints and early resolution, reporting to DLT Report bi annually to Corporate parenting panel and S&VC SMT for changes to service	November 2010 From December 2010 – quarterly updates January 2011 From April 2011	Completed Attendance at team meetings – January to March 2011 System to be implemented through case note alerts on Frameworki On schedule

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7.2	Electronic recording system does not effectively support effective delivery of children's social care social workers and staff or provide useful management information or performance reports (para 51)	Improve the electronic recording system so that it can produce accurate information and performance can be effectively monitored.	Hilary Hall, Head of Quality and Improvement	Frameworki Business Strategy Forum S&VC Senior Management Team Directorate Leadership Team	Reconfigure Frameworki episodes and reporting functions in line with action plan Train staff on any changes Agree key changes through SMT	October 2010 – March 2011 October 2010 – March 2011 October 2010 – March 2011	Underway and on schedule Underway and on schedule Underway
7.3	Monitoring by the council of actions taken following audits is variable and not consistently resulted in significant improvement (para 51)	Ensure that there is effective performance monitoring including sufficiently in depth auditing which ensures good and timely social work responsiveness, assessment and care planning. Audits undertaken by children's social care are in depth and robustly challenging practice and systems to ensure that outcomes for children are good	Chris Baird, Assistant Director, Planning, Performance and Development and Hilary Hall, Head of Quality and Improvement	S&VC Senior Management Team CYPD Quality Assurance Group	Review and revise current audit tool Revise programme for audits with focus on key areas Devise monitoring tool for use across the directorate Quality assure audit process and actions to ensure changes made	December 2010 December 2010 December 2010 Bi-monthly reports starting February 2011	Revisions to tool and programme considered and made. Programme of in depth multi disciplinary audits in place. Completed Reports on progress and learning to come through the QAG. Training for Heads of Service and service managers being considered.
7.5	The Council currently does not have an independent visiting service and is in process of negotiating a contact to deliver one (para 68)	Ensure that an independent visitor service is established	Daniel Crampton, Head of Safeguarding and Review	CYPD Directorate Leadership Team	Scope and cost requirements Report to DLT	March 2011	To be discussed and way forward agreed at S&VC budget meeting on 8 February 2011

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8.1	The current sexual assault examination arrangements for children and young people are not resourced with appropriately qualified and experienced clinicians to conduct examinations (para 36)	Ensure that where there are concerns that children and young people have been sexually abused, they have access to timely assessments in a suitable environment with appropriately trained and experienced clinicians	Neil Fraser, Designated Doctor	HSCB	Review commissioning arrangements for children/young people who may have been sexually assaulted and develop service specifications to underpin the service. Recommission the service	31 March 2011	New commissioning arrangements agreed in principle with Worcestershire
8.3	Within NESH lack of understanding and practice of 'best interest' decision making with inappropriate use of data protection and confidentiality for 16-18 year olds (para 38)	Ensure all CAMHS practitioners are aware and implement 'best interest decision making' for all young people	Lynne Renton, Head of Safeguarding, NESH and Hazel Blankley, Named Nurse	NHS Herefordshire Board	Explore the current training provided on Clinical conference days re extrapolating MCA training to enable more in depth sessions to be delivered for the Mental health Directorate and other clinicians whose role suggests they need such training Ensure all CAMHS practitioners are aware and implement 'best interest decision making' for all young people by group sessions	31 March 2011	Legislative lead has been appointed to work across the Mental Health Directorate (which includes CAMHS) her role includes Mental Health Act, Mental Capacity Act, and Safeguarding. External consultant employed to do a discrete piece of work across the mental health directorate and other directorates/agencies to explore the dissemination of MCA knowledge and training with a view to a re launch.

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							Training date for CAMHS staff set for 08.02.2011 re MCA and best interest decision making.
10.1	Delays in sharing decisions from strategy meetings (para 46)	Ensure that minutes from child protection strategy meetings and discussions are shared within prescribed timescales.	Lisa Green, Head of Fieldwork	R&A Service Improvement Group S&VC Senior Management Team	Devise improved system for ensuring immediate sharing of decisions Devise monitoring system to ensure this is happening	January 2011 January 2011	Completed – dedicated administrative staff in place. Compliance testing to be undertaken in March 2011
10.4	Recording issues (para 47): <ul style="list-style-type: none"> retrospective case and supervision recording lack of chronologies start meetings not written up promptly child protection conference minutes not produced for several weeks records kept in different places on system <p>Not all LAC cases have chronologies making it difficult to understand family history (para 77)</p>	Ensure that all case files have complete chronologies and that case recording is up to date Case recording for looked after children needs to consistently of good quality to ensure that plans and intervention is focussed on key outcomes and that children and young people can be involved in this process and have good information recorded about key events in their lives	Lisa Green, Head of Fieldwork, Stephanie Rowles, interim Head of LAC and Hilary Hall, Head of Quality and Improvement	S&VC Senior Management Team	Clear instruction to staff re compliance on this issue and practice note with guidance re why this important Template for chronologies to be devised with 3 month update as standard Evidence improvements through ongoing audit programme	End of November 2010 January 2011 From February 2011	Practice note issued – further note to be issued in February 2011 Template received from Corelogic and being tested for implementation – mid February 2011 Further workforce development to be undertaken during 2011/2012 Ongoing

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10.6	<p>Pathway plans are completed although the quality is variable and are not fully embedded in practice or used as working document (para 77)</p> <p>Care plans and pathway plans are not always central in work undertaken with children and young people. (para 77)</p> <ul style="list-style-type: none"> ▪ care plans not always updated following change of circumstances ▪ pathway planning not always detailed and clear 	<p>Ensure that care and pathway plans are of good quality and regularly updated and that they are used to deliver effective services to children and young people</p>	Stephanie Rowles, interim Head of LAC	S&VC Senior Management Team	<p>Devise clear policy and guidance on pathway plans</p> <p>Embed practice and compliance in looked after service</p>	<p>End of December 2010</p> <p>From January 2011</p>	<p>Underway – delayed awaiting appointment of new ATM for Aftercare who started 31 January 2011.</p> <p>Revised timescale of March 2011</p>
			Daniel Crampton, Head of Safeguarding and Review	CYPD Quality Assurance Group	<p>Monitor through RAG rating and audit process</p> <p>Report bi-monthly to CYPD Quality Assurance Group</p> <p>Develop training and development sessions for staff based on issues arising</p>	<p>From December 2010</p> <p>From December 2010</p> <p>From January 2011</p>	<p>Integrated into overall directorate audit process</p> <p>RAG forms updated and implemented from 1 January 2011</p> <p>Awareness sessions being developed, to commence in March 2011</p>
11.1	<p>Management capacity and oversight in referral and assessment team (para 44)</p>	<p>Ensure that there is sufficient management capacity in the referral and assessment team and that managers have the appropriate skills and knowledge to perform their role effectively.</p>	Lisa Green, Head of Fieldwork	R&A Service Improvement Group	<p>Assess management capacity in team and employ resources most effectively</p> <p>Devise workforce development for ATMs</p> <p>Ensure induction for new manager</p>	<p>31 December 2010</p> <p>31 December 2010</p> <p>13 – 18 December 2010</p>	<p>Completed – one team manager and 2 ATMs. Team reconfigured into two sub teams, each headed up by an ATM</p> <p>Underway – delayed due to sickness absence of one ATM</p> <p>Completed</p>

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11.3	Evaluation of all services is not systematic. (para 59)	Ensure that systematic evaluation of services informs commissioning	Chris Baird, Assistant Director, Planning, Performance and Development and Philippa Granthier, Head of Children's Development	CYPD Directorate Leadership Team Children's Trust	Develop evaluation model for CYPD Pilot model on identified services Roll out model across directorate services	March 2011 April 2011 From June 2011	Part of initial priorities for Children's Development section.
11.5	There is limited evidence of management oversight of cases and audits being undertaken by managers (para 80)	Ensure good management oversight and qualitative assurance arrangements are in place which lead to improvements	Stephanie Rowles, interim Head of LAC	S&VC Senior Management Team CYPD Quality Assurance Group	Embed standard re management oversight and use of supervision template on looked after children and young people cases. Ensure regular audits of looked after children and young people files against service framework Report regularly to Assistant Director for Quality Assurance Group	End of November 2010 From January 2011 From February 2011	Supervision template being used by the team Underway – report to SMT in March 2011 Forms part of S&VC report to QAG through Head of Safeguarding and Review
11.6	There is no systematic process to build up local intelligence about effectiveness of providers overall in meeting identified needs (para 86)	Establish systematic approach to capturing local intelligence and informing future placements and commissioning	Stephanie Rowles, interim Head of LAC	S&VC Senior Management Team Joint Commissioning Group	Develop model at placement panel	February 2011	Underway – Placement Panel now captures this information and Head of Service liaising with new Contracts Manager to embed.