

**Improvement plan to respond to recommendations of Ofsted Inspection of Safeguarding and Looked After Children Services in Bath and North East Somerset (January 2012) relating to Children’s Service: Health Services: LSCB**

**Note:** Improvement plan also being compiled to respond to CQC recommendations for Health: actions from both plans have been coordinated.

**NOTE:- Glossary on page 33**

**Final Version**

Areas for improvement have been themed 1. Practice and management: 2. Service management – Children’s Service and cross-Services.

**Second review of progress – 26<sup>th</sup> June 2012**

1. Practice and management improvement								
Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.1 Ensure that core assessments are completed following all child protection investigations (Immediate)</p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures BANES Quality Manual</p> <p><b>Agency</b> Children’s Social Care Service Children’s Service</p>	<p>1.1 Reiterate advice to all staff and reinforce in-service assurance and off-line auditing</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>Development and use of in-service audit tool</li> <li>Refresher training for Social Workers re Section 47s and core assessments</li> <li>Development and use of off-line audit tool and programme for auditing</li> <li>Staff involvement in task and finish group to confirm standards and share good practice</li> <li>Use of standard template for recording supervision sessions</li> <li>Rolling programme of reflective supervision workshops</li> </ul> <p><b>Supplemented by:-</b> Off-line auditing</p>	<p>Maurice Lindsay</p> <p>Trina Shane Charlie Moat Liz Jones Trina Shane</p> <p>Clive Diaz Liz Jones</p> <p>Clive Diaz Trina Shane</p> <p>Trina Shane</p> <p>Liz Jones</p> <p>Clive Diaz Liz Jones</p>	<p>February 2012</p> <p>April 2012</p> <p>May 2012</p> <p>April 2012</p> <p>March 2012</p> <p>From June 2012</p>	<ul style="list-style-type: none"> <li>Sign off by line manager</li> <li>Supervision records</li> <li>Sample audits by Service Managers</li> <li>Offline auditing</li> <li>SCSC (for those progressing to conference)</li> <li>Quarterly outcomes reports and LSCB Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>Completed in every child protection investigation</li> <li>Record of decisions and clear plans for any on-going work</li> <li>Evidence of effective in-service quality assurance and sign-off</li> <li>Culture of compliance and use of best practice established</li> </ul>	<p>Main action and underpinning actions completed.</p> <p>Management report for the period 1<sup>st</sup> March-31<sup>st</sup> May shows that this is now established practice--- only 2 outstanding and being followed up. Underpinning actions will be used to sustain and evidence improvements</p> <p>Awaiting feedback from file audits to determine consistency of quality and timeliness. GREEN</p>	<p>Now established as standard practice. Audit of quality and timeliness to be completed to evidence sustained improvements</p>	<p>July 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.2 Ensure that assessments are high quality and recorded fully on case records (<b>Immediate</b>)</p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures BANES Quality Manual</p> <p><b>Agency</b> Children's Social Care Children's Service</p>	<p>1.2 Use staff supervision sessions, training/workshops, task and finish group, in-service assurance and off-line auditing to establish and maintain high quality assessments</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>Rolling programme of reflective supervision workshops</li> </ul>	<p>Trina Shane Charlie Moat Liz Jones Clive Diaz</p> <p>Liz Jones</p>	<p>March 2012 and on-going</p> <p>From June 2012</p>	<ul style="list-style-type: none"> <li>Sign off by line manager</li> <li>Supervision records</li> <li>Sample audits by Service Managers</li> <li>Off-line auditing</li> <li>SCSC (for cases progressing to conference)</li> <li>Quarterly outcomes report and LSCB Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of consistently high quality assessments and records of decisions and actions</li> <li>Evidence that high quality assessments are leading to clear plans for work</li> <li>Evidence shows that learning from audits is improving quality of assessments</li> <li>Evidence of effective in-service assurance and off-line auditing</li> <li>Culture of use of best practice established</li> </ul>	<p>Action and underpinning actions implemented and will be on-going. Quality standards and practice guidance on assessments now agreed and on Care First as an aide memoir for social workers. Audit tools will now reflect these quality standards and managers are expected to refer to them in supervision of social workers. Reflective supervision workshops reinforcing practice and focus on structured approach to supervision sessions and effective recording of actions and decisions. Quality of assessments subject to off-line auditing AMBER</p>	<p>Audits of supervision records are evidencing use of structured approach to sessions. In service assurance is showing improvements in quality but needs to be more consistent and sustained.</p>	<p>July 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.3 Ensure prompt sharing of information between Children's Social Care and Health Services (and other Children's Services) about children subject to child protection plans and children who are looked after <b>(Immediate)</b></p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures BANES Quality Manual Care Planning Regulations</p> <p><b>Agency</b> Children's Social Care Health Services</p>	<p>1.3 Introduce same day notification system for all protection plans and care episodes</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Prompt distribution of Child Protection conference notes</li> <li>• Provision of updated lists of children with protection plans</li> <li>• Redistribution of coming into care check list and mandatory notifications prior to placement</li> <li>• Provision of updated lists of children who are looked after</li> <li>• Review of information sharing systems, including electronic transfer</li> </ul>	<p>Trina Shane Charlie Moat Designated Nurse</p> <p>Michael Sidey Imelda Murphy Kate Townsend</p> <p>Charlie Moat</p> <p>Trina Shane</p> <p>Trina Shane Designated Nurse</p>	<p>March 2012</p> <p>Henceforth From March 2012</p> <p>March 2012</p> <p>From March 2012</p> <p>May 2012</p>	<ul style="list-style-type: none"> <li>• Team Manager assurance</li> <li>• Audit and 3 monthly report from Service Manager to Divisional Director</li> <li>• Request feedback from Health Services and other services</li> </ul>	<ul style="list-style-type: none"> <li>• Health Services and other Children's Services always have up to date information and lists</li> <li>• Joined up working with protection plans and children looked after</li> </ul>	<p>All actions implemented. Coming into care checklist reissued. Same day notification system introduced for children admitted to care for health assessment, initial care review and PEP meeting. Systems already in place for prompt notification of child protection plans and distribution of notes.</p> <p>GREEN</p>	<p>Audits have confirmed that arrangements are in place and contributing to better sharing of information and timeliness of first reviews and PEPs for looked after children. Future audits to be used to test out if sustained</p>	<p>July 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
1.4 Ensure that referring agencies are promptly informed of the actions taken following their referral <b>(Immediate)</b>  <b>Practice standards</b> Working Together 2010 SWCP Procedures BANES Quality Manual Care Planning Regulations  <b>Agency</b> Children's Social Care Service	1.4 Duty Officer dealing with referral to provide feedback within 24 hours and record in child's record  <b>Underpinned by:-</b> <ul style="list-style-type: none"> <li>Information Officer checking that this has been completed and providing weekly lists to Team Manager</li> </ul> <b>Supplemented by:-</b> <ul style="list-style-type: none"> <li>Off-line auditing</li> <li>Audit by LSCB</li> </ul>	All Team Managers and Deputy Team Managers to implement   Clive Diaz  Jim Gould	From March 2012   From March 2012 September 2012	<ul style="list-style-type: none"> <li>Team Manager sign off of referrals</li> <li>Reports to Service Performance Improvement Group</li> <li>LSCB seeks feedback from all LSCB agencies</li> </ul>	<ul style="list-style-type: none"> <li>Prompt advice is provided and informs any on-going work or referrals to other agencies</li> </ul>	Process in place. Arrangements made for reports to evidence. Partner agencies to be audited via LSCB  AMBER	Initial audits confirm compliance---wider audit planned	July 2012

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.5 Ensure that ethnic and cultural issues for children and their families are appropriately considered in assessment and case planning <b>(Within 3 months)</b></p> <p><b>Practice standards</b> BANES Quality Manual Working Together 2010 Care Planning Regulations</p> <p><b>Agency</b> Children's Social Care Service</p>	<p>1.5 Use staff supervision sessions, reflective practice and training, best practice examples and learning from case reviews and audit to embed across the service</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>Mandatory reflective practice workshops with SARI</li> <li>Supervision and PDPs</li> <li>Reviews of Equality Impact Assessments</li> <li>In-service quality assurance at regular interviews</li> </ul> <p><b>Supplemented by:-</b> Off-line audits of cases – including SCSC</p>	<p>Charlie Moat Trina Shane</p> <p>Liz Jones</p> <p>All Managers with staff</p> <p>All Team Managers Maurice Lindsay Trina Shane Charlie Moat</p> <p>Clive Diaz</p>	<p>May 2012 and on-going</p> <p>March 2012 and henceforth With all staff during 2012 PRs By March 2013 June 2012 and quarterly thereafter</p> <p>On-going</p>	<ul style="list-style-type: none"> <li>Supervision sessions</li> <li>Feedback from and follow-up evaluation of impact of reflective practice workshops</li> <li>Equalities Team feedback re EIA reviews</li> <li>In-service quality assurance</li> <li>Off-line auditing</li> </ul>	<ul style="list-style-type: none"> <li>Consistent practice and assessments informing plans that meet children's ethnic and cultural needs</li> </ul>	<p>Main action and underpinning actions implemented and are on-going. All EIAs updated. Additional workshops planned to reinforce focus on ethnic and cultural issues. Area for continuing work. Improvements to be evidenced by off-line audits AMBER</p>	<p>Improvements but not yet fully embedded in practice</p>	<p>July 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.6 Ensure that case records contain high quality chronologies and that historic information is fully considered in case planning <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2010 Care Planning Regulations</p> <p><b>Agency</b> Children's Social Care Service</p>	<p>1.6 Introduce standard approach to compiling chronologies and reiterate to staff their critical purpose and that these must be compiled and used in all cases</p>	<p>Trina Shane Charlie Moat</p>	<p>April 2012</p>	<ul style="list-style-type: none"> <li>In-service file audits and supervision records</li> <li>Feedback from, and evaluation of impact of, reflective practice workshops</li> <li>Senior Management Team audits</li> <li>Off-line audits – inc feedback from IRS and SCSC</li> </ul>	<ul style="list-style-type: none"> <li>That all cases have a high quality chronology and there is evidence that this, and historic information, is informing assessments and case planning</li> <li>Consistent appreciation amongst staff that a chronology is a crucial tool for working with a child/family</li> </ul>	<p>Main action and underpinning actions completed. Quality standards and practice guidance on assessments are now agreed. Guidance on chronologies is incorporated. Audit tools now reflect these standards.</p> <p>All case studies discussed in reflective practice workshops have a detailed chronology. The value of this and the importance of fully considering historical information is always emphasised.</p> <p>Workshop planned re chronologies for court proceedings.</p> <p>Significant improvements noted in number of chronologies completed. Audits taking place to evidence improvements in quality and use</p> <p>AMBER</p>	<p>Audits of completion and quality---need to establish greater consistency. Off-line audits to be completed in August 12</p>	<p>September 2012</p>
	<p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>Introduction and trialling of revised forms with focus upon chronologies</li> <li>Reflective practice workshops and opportunities for learning from best practice</li> <li>Staff involvement in establishing and sharing exemplars</li> <li>Supervision sessions and file audits</li> <li>In-service quality assurance</li> </ul>	<p>Trina Shane</p> <p>Liz Jones Trina Shane Charlie Moat</p> <p>Liz Jones</p> <p>All Team and Deputy Team Managers Maurice Lindsay Trina Shane Charlie Moat</p>	<p>April 2012</p> <p>May 2012</p> <p>June 2012 and quarterly thereafter</p>					
	<p><b>Supplemented by:-</b> Off-line quality assurance</p>	<p>Clive Diaz Indep Chairs IROs</p>	<p>June 2012 and quarterly thereafter</p>					

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.7 Ensure that core groups are held in accordance with the plan of protection and that minutes of the group are recorded on case files <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures BANES Quality Manual</p> <p><b>Agency</b> Children's Social Care Service plus other involved agencies</p>	<p>1.7 Team Managers to ensure that all core group meetings are held on time and that the Chair records and distributes the minutes</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Establishing a system detailing dates of all core group meetings</li> <li>• Use of standard agenda and template</li> <li>• Preparation, planning and evaluation within staff supervision sessions</li> <li>• Other agencies ensuring that their staff attend core group meetings</li> <li>• Review by Independent Chair at next case conference</li> <li>• Ensuring that all core group meetings are accessible in Documentum</li> </ul>	<p>Trina Shane Implemented by all Team Managers</p> <p>Kate Townsend with all Team Managers Trina Shane to distribute All Team Managers Deputy Team Managers Maurice Lindsay with LSCB members Michael Sidey Imelda Murphy</p> <p>Trina Shane Kate Townsend</p>	<p>May 2012 and on-going</p> <p>March 2012</p> <p>March 2012</p> <p>Henceforth</p> <p>May 2012</p> <p>Henceforth</p> <p>April 2012</p>	<ul style="list-style-type: none"> <li>• Team Manager oversight and sign-off</li> <li>• Service Manager audit of supervision records and case files</li> <li>• Independently chaired case conferences</li> <li>• SCSC auditing of child protection cases</li> <li>• Quarterly outcomes reports and LSCB Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>• Core Groups are held on time and include parents and other involved agencies</li> <li>• Notes from meetings clearly detail the work to be undertaken and reviewed</li> <li>• Core group notes are accessible to those parties who may need to use them to inform decision making</li> </ul>	<p>Actions completed but need more focus on evidencing that all core groups are held and notes recorded. Case Conference Chairs to document within all child protection plans. Report to be presented to Divisional Director.</p> <p>AMBER</p>	<p>Arrangements in place for all core group meetings.</p>	<p>July 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.8 Ensure that social work reports to looked after children reviews are of a consistent high quality to inform care planning and to enable the plan to be effectively monitored and reviewed.</p> <p><b>(Within 3 months)</b></p> <p><b>Practice standards</b> BANES Quality Manual Care Planning Regulations 2010</p> <p><b>Agency</b> Children’s Social Care Service</p>	<p>1.8 Re-state service standards to all practitioners and managers, and reinforce in-service assurance and off-line auditing and reporting to Divisional Director</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Process whereby all reports are quality assured and signed off by Team and Service Managers prior to sharing with child/young person etc. and submitting to Independent Reviewing Officer</li> <li>• Planning and preparation within supervision sessions</li> <li>• Staff involvement short term working group to establish exemplars and share good practice</li> <li>• Care planning workshops for all staff</li> </ul>	<p>Maurice Lindsay</p> <p>Charlie Moat Trina Shane All Team and Deputy Team Managers</p> <p>All Team and Deputy Team Managers Charlie Moat Clive Diaz</p> <p>Charlie Moat Liz Jones</p>	<p>February 2012</p> <p>Introduced 09.02.2012</p> <p>From March 2012</p> <p>May/June 2012</p>	<ul style="list-style-type: none"> <li>• Service Manager quality assurance of all reports (for set period) and then sample audits</li> <li>• Reports to Divisional Director</li> <li>• DD sample audits</li> <li>• Service Manager audits of supervision records</li> <li>• Off-line audits</li> <li>• Evaluations within IRS reports to CLT and corporate parenting group</li> </ul>	<ul style="list-style-type: none"> <li>• All reports are signed off as meeting service standards: have been prepared well in advance of reviews and shared with all parties: clearly detail progress and proposals for future work</li> </ul>	<p>Action and underpinning actions all implemented though some capacity issues in respect of Service Manager sign off of all reports. More consistent improvements in quality of reports from Children in Care Team than in front of house teams where new arrangements are being embedded. Further work required to reinforce use of staff supervision sessions for planning and preparation.</p> <p>Further work required to ensure comments from children/young people and their parents about their view of their plan are always incorporated To be reinforced within staff supervision AMBER.</p>	<p>Improved timeliness of submission of reports for established cases but not yet achieved for all new care episodes.</p>	<p>June 2012</p>



Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.9 Ensure robust notification arrangements to IROs and key partners, including health and education, following a child or young person becoming looked after by the Local Authority <b>(Within 3 months)</b></p> <p><b>Practice standards</b> BANES Quality Manual Care Planning Regulations 2010</p> <p><b>Agency</b> Children's Social Care Service</p>	<p>1.9 Reiterate advice to all staff and reinforce arrangements for Service Managers only approving new care episodes when these notifications have been completed</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Redistribution of coming into care checklist</li> <li>• Same day notification arrangements</li> <li>• Care planning workshops</li> </ul> <p><b>Supplemented by:-</b></p> <ul style="list-style-type: none"> <li>• Off-line auditing</li> <li>• Health audit</li> </ul>	<p>Maurice Lindsay</p> <p>Charlie Moat</p> <p>Charlie Moat Trina Shane Charlie Moat</p> <p>Clive Diaz</p> <p>Designated Nurse</p>	<p>February 2012</p> <p>February 2012</p> <p>February 2012 May/June 2012</p> <p>From March 2012 From June 2012</p>	<ul style="list-style-type: none"> <li>• Service Manager approval of new care episodes</li> <li>• Feedback from Independent Reviewing Service</li> <li>• IRS reports to CLT and corporate parenting group</li> </ul>	<ul style="list-style-type: none"> <li>• All notifications issued and as a result the first review, health assessment and PEP are in place</li> </ul>	<p>Main action and underpinning actions completed. GREEN</p>	<p>Confirmed by audit of all new care episodes since March. Feedback from Independent Review Service, Virtual School Head and LAC Education Coordinator confirmed this position which has resulted in timely first reviews and PEPs. Need to confirm impact upon timely completion of health assessments</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.10 Ensure that all relevant health professionals are invited to and able to contribute effectively to looked after children reviews (<b>Immediate</b>)</p> <p><b>Practice standards</b> BANES Quality Manual Care Planning Regulations 2010 Duty to promote health of looked after children</p> <p><b>Agency</b> Children's Social Care Service</p>	<p>1.10 Establish system for routine invitations to health professionals to contribute to looked after children reviews – through either attendance (if in line with the child/young person's wishes) or reports to the IRO</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Team Managers and social workers making full preparations for all review meetings within supervision sessions</li> <li>• IRO's preparatory meeting with child/young person</li> </ul> <p><b>Supplemented by:-</b></p> <ul style="list-style-type: none"> <li>• Audit by Health</li> </ul>	<p>Charlie Moat with Sirona Care and Health</p> <p>All Team Managers</p> <p>IROs</p> <p>Designated Doctor for LAC</p>	<p>March 2012</p> <p>Henceforth</p> <p>September 2012</p>	<ul style="list-style-type: none"> <li>• Supervision sessions and Team Manager oversight of preparations for review</li> <li>• IRO review of attenders and reports</li> <li>• Feedback from health professionals</li> <li>• Child Care Strategy and Quality Assurance Group</li> <li>• IRS reports to CLT and corporate parenting group</li> <li>• Annual Health Report to CP Group and HWPB</li> <li>• Feedback from In-Care Council</li> </ul>	<ul style="list-style-type: none"> <li>• Health input to looked after children reviews ensures that the health needs of the child/young person are being met</li> </ul>	<p>IRS sending out review consultation form as matter of routine to Child Health IRS asked to send out excerpt of review notes on health issues to Child Health as matter of routine after reviews</p> <p>GREEN</p>	<p>All relevant health professionals are invited (in line with the child/young person's views) and are contributing.</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.11 Ensure that health staff attend looked after children reviews, where appropriate and relevant, and that they receive minutes of the review <b>(Within 3 months)</b></p> <p><b>Practice standards</b> BANES Quality Manual Care Planning Regulations 2010 Duty to promote health of looked after children</p> <p><b>Agency</b> Health Services Children's Social Care Service</p>	<p>1.11 Health agencies are asked to ensure that health professionals are available to attend, and advised that Children's Social Care Service will send copies of all minutes</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Process for distributing minutes to Health professionals and services</li> <li>• Health agencies ensuring capacity for health staff to attend</li> <li>• IRO's preparatory meetings with child/young person</li> </ul>	<p>Maurice Lindsay</p> <p>IROs</p> <p>Chrissie Hardman</p> <p>IROs</p>	<p>April 2012</p> <p>April 2012</p> <p>April 2012</p> <p>Henceforth</p>	<ul style="list-style-type: none"> <li>• Supervision sessions and Team Manager oversight of preparations for review</li> <li>• IRO review of attenders and reports</li> <li>• Feedback from health professionals</li> <li>• Child Care Strategy and Quality Assurance Group</li> <li>• IRS reports to CLT and corporate parenting group</li> <li>• Annual Health Report to CP Group and HWPB</li> <li>• Feedback from In-Care Council</li> </ul>	<ul style="list-style-type: none"> <li>• Health input to looked after children reviews ensures that the health needs of the child/young person are being met</li> </ul>	<p>Main action completed. Independent Reviewing service sending copies of minutes to relevant health professionals. Awaiting confirmation from Sirona Care and Health that health professionals are available to attend when requested. Meeting arranged with reviewing service and child health to finalise detail of protocol around this. AMBER</p>	<p>Actions have been taken to ensure that appropriate processes are in place. Impact upon quality of health plans to be incorporated into future IRS reports to Children's Leadership Team Health cannot yet confirm that they can resource this.</p>	<p>July 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.12 Ensure that looked after statutory reviews are timely in order to promote the timely and effective monitoring of care plans <b>(Within 3 months)</b></p> <p><b>Practice standards</b> BANES Quality Manual Care Planning Regulations 2010</p> <p><b>Agency</b> Children's Service</p>	<p>1.12 Maintain timetable for all existing reviews and ensure early notifications of all new care episodes and arranging reviews accordingly</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Ensuring consistent high quality reports to reviews (see 1.8 above)</li> <li>• Ensuring robust notification arrangements (see 1.9 above)</li> <li>• Service Manager arrangements for approving placements and same day notifications (see 1.3 above)</li> <li>• Maintaining sufficient IRS capacity</li> <li>• Care planning workshops for staff</li> </ul>	<p>Clive Diaz Charlie Moat Trina Shane</p> <p>As above (1.8)</p> <p>As above (1.9)</p> <p>Charlie Moat Trina Shane</p> <p>Children's Leadership Team</p> <p>Charlie Moat</p>	<p>April 2012</p> <p>As above</p> <p>March 2012</p> <p>Review annually</p> <p>May/June 2012</p>	<ul style="list-style-type: none"> <li>• Monthly reports re reviews due and completed</li> <li>• Service Manager assurance that notification of new care episodes has been provided to IRS.</li> <li>• IRS reports to CLT and corporate parenting group</li> </ul>	<ul style="list-style-type: none"> <li>• All reviews are had on time and informed by high quality reports and contributions from all appropriate parties</li> <li>• This is confirmed through the IRS six monthly reports and feedback from children/young people, carers, parents etc.</li> </ul>	<p>Main action and underpinning actions completed.</p> <p>Notification of new care episodes is contributing to timely initial review meetings.</p> <p>Performance in respect of overall timeliness of reviews will be impacted by previous year's arrangements.</p> <p>AMBER</p>	<p>Audit June 2012 shows 100% notifications made. Audit of admissions in March shows all initial reviews held on time</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.13 Ensure the timely completion of all health assessments and reviews <b>(Immediate)</b></p> <p><b>Practice standards</b> BANES Quality Manual Care Planning Regulations 2010 Duty to promote the health of looked after children</p> <p><b>Agency</b> Children's Service Health Services Sirona Care and Health</p>	<p>1.13 Children's Service requires Sirona Care and Health to ensure the timely completion of all health assessments and reviews</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Re-distribute the existing looked after children/Health Service protocol and ensure that this is consistently implemented</li> <li>• Introduction of new service specification in contract with Sirona Care and Health</li> <li>• Introduction of operational protocol between Children's Social Care and Sirona Care and Health</li> </ul> <p><b>Supplemented by:-</b></p> <ul style="list-style-type: none"> <li>• IRS review of health assessments (within looked after children review meeting)</li> <li>• Audit by Health</li> </ul>	Liz Price Jenny Theed	March 2012	<ul style="list-style-type: none"> <li>• Independent chairing of review meetings</li> <li>• Child Care Strategy and Quality Assurance Group</li> <li>• Offline auditing of LAC reviews</li> <li>• IRS reports to CLT and Corporate Parenting Group</li> <li>• Annual Health Report to CPG and HWPB</li> <li>• Health audit by Designated Nurse for LAC</li> </ul>	<ul style="list-style-type: none"> <li>• That all health assessments and plans are up to date and meeting the child/young person's immediate health needs, and anticipating any future health needs</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners and providers reviewed LAC health service, new model of service with additional capacity and funding agreed.</li> <li>• Specification and contract variation signed off May 2012</li> <li>• Feedback from provider of timely notifications and more health assessment s/ reviews completed on time.</li> </ul> <p>AMBER</p>	<p>Provider internal audit of files resulted in improvement plan for administration of service.</p> <p>Admin check shows all health assessments for admissions since February have been held or requested</p>	July 2012
		Charlie Moat Chrissie Hardman	April 2012					
		Chrissie Hardman Charlie Moat	April 2012					
		Chrissie Hardman Charlie Moat	April 2012					
		Clive Diaz	On-going					
		Designated Nurse for LAC	On-going					

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.14 Ensure robust quality assurance and case file audit arrangements (for looked after children) are in place <b>(3 months)</b></p> <p><b>Practice standards</b> BANES Quality Manual Care Planning Regulations 2010</p> <p><b>Agency</b> Children's Social Care Service</p>	<p>1.14 Reiterate advice to all staff and reinforce in-service assurance and off-line auditing</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Link with actions re 1.8 (above)</li> <li>• Front line staff involvement in case auditing</li> <li>• Team Manager quality assurance</li> <li>• Sample audits by Service Managers</li> <li>• Use of standard template for recording supervision notes and decisions</li> </ul> <p><b>Supplemented by:-</b></p> <ul style="list-style-type: none"> <li>• Off-line auditing</li> <li>• CCSQA Group</li> </ul>	<p>Maurice Lindsay</p> <p>Charlie Moat</p> <p>All Team Managers Trina Shane Charlie Moat Trina Shane</p> <p>Clive Diaz</p> <p>Charlie Moat</p>	<p>February 2012</p> <p>April 2012</p> <p>From March 2012 From March 2012 March 2012</p> <p>From April 2012 Henceforth</p>	<ul style="list-style-type: none"> <li>• Reports from CCSQA Group to Divisional Director</li> <li>• Feedback from off-line auditing</li> <li>• IRS reports to PCLT</li> </ul>	<ul style="list-style-type: none"> <li>• Ownership across the Children's Social Care Service of quality assurance and evidence within case records that this is robust and effective</li> </ul>	<p>Main action completed and underpinning actions (also linked to 1.8) completed. Robust arrangements in place within both Children' Social care and multi-agency Quality Assurance group. GREEN</p>	<p>Clear evidence of quality assurance and improvements across the Service Confirmed by in service assurance and off-line auditing</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.15 Ensure that actions identified in looked after children health plans are carried out and robustly monitored <b>(Immediate)</b></p> <p><b>Agency</b> Children's Service Children's Social Care Health</p>	<p>1.15 Every looked after children review to include a focus upon progress with health plans</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Arrangements for health professionals input and distribution of meeting minutes to Health (see 1.10 and 1.11 above)</li> </ul> <p><b>Supplemented by:-</b></p> <ul style="list-style-type: none"> <li>• Audit by Health</li> </ul>	<p>Clive Diaz IROs</p> <p>As detailed in 1.10 and 1.11 above</p> <p>Designated Nurse for LAC</p>	<p>From April 2012</p> <p>As detailed in 1.10 and 1.11 above</p> <p>From April 2012</p>	<ul style="list-style-type: none"> <li>• Independent Chairing of review meetings</li> <li>• Child Care Strategy and Quality Assurance Group</li> <li>• Off-line auditing of LAC reviews</li> <li>• Health participation in Corporate Parenting Group</li> <li>• IRS reports to CLT and CPG</li> <li>• Annual Health Report to CPG and HWPB</li> </ul>	<ul style="list-style-type: none"> <li>• That all health plans are progressed and are meeting the child/young person's immediate health needs, and anticipating any future health needs</li> </ul>	<p>Actions completed. IROs ensuring all LAC reviews include focus on health. LAC health service continuing to use BAAF health plans. Further work needed on improving formats. Clinical audit of health plans underway</p> <p>Guaranteeing overview of progress of all health plans not possible by health provider until additional capacity in place.</p> <p>Meetings arranged with reviewing service and child health to finalise detail of protocol around this. AMBER</p>	<p>Annual Health Report to be compiled in August 2012 and presented to LSCB, CTB, HWPB in September 2012</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>1.16 Ensure that there is effective 'flagging' of all children and young people known to Social Care Services on hospital information systems to facilitate risk identification and protection from harm (<b>Immediate</b>)</p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures Information sharing guidelines</p> <p><b>Agency</b> Children's Social Care Service RUH</p>	<p>1.16 Explore the scope to enable RUH to access social care records via Total View</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• RUH to research systems for achieving this flagging</li> <li>• Meeting to review position and determine next steps</li> <li>• Establish information sharing protocol and practice between Children's Social Care and Royal United Hospital</li> <li>• Work of Hospital liaison group to embed and monitor practice</li> <li>• Inclusion in multi-agency training programme</li> <li>• Provision of regular and updated information</li> </ul>	<p>Charlie Moat Liz Price Kerry Hempleman</p> <p>Karen Littlewood</p> <p>Karen Littlewood Trina Shane Charlie Moat Karen Littlewood Joe Duncan</p> <p>Trina Shane</p> <p>Training Management Group/Nicola Bennett Joe Duncan Charlie Moat</p>	<p>April 2012</p> <p>April 2012</p> <p>May 2012</p> <p>June 2012</p> <p>From April 2012</p> <p>During 2012/13</p>	<ul style="list-style-type: none"> <li>• SCSC auditing of relevant cases</li> <li>• Annual audit of arrangements</li> <li>• Review of information sharing protocol and practice</li> </ul>	<ul style="list-style-type: none"> <li>• RUH staff are able to access and use social care records to inform decision making about individual children presented to the hospital or causing concern</li> <li>• Improved sharing of information and joint working</li> </ul>	<p>Action completed but whilst technically possible should not be implemented due to data protection issues---legal view being sought to inform response to Ofsted. Focus upon ensuring that RUH staff are focussing upon the child as presented and liaise with Children's social care as required</p> <p>RUH have reported to SHA re progress with improving IT systems. RUH have installed new IT alert function but will take 2 months to migrate data and train staff</p> <p>Need assurance that systems are 'talking' to each other. departments. AMBER</p>	<p>None thus far as action not implementable. Clear working arrangements in place between RUH and Hospital based Social Work Team.</p>	<p>May 2012 August 2012</p>



Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<b>2. Service management – within Children’s Service and across Services</b>								
<p>2.1 Ensure that Managers provide regular high quality supervision and fully record management decisions and directions on case records <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures BANES Quality Manual Care Planning Regulations 2010</p> <p><b>Agency</b> Children’s Social Care Service</p>	<p>2.1 Complete audit of current arrangements and skills, and enhance these through coaching and training, and reinforce quality assurance arrangements</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Audit of supervision records</li> <li>• Live observations and feedback from supervision sessions</li> <li>• Training and on-going coaching or supervisors</li> <li>• Use of standard template for supervision records</li> <li>• Assessment of all Managers against desired skills sets for re-designed service</li> <li>• On-going Service Manager quality assurance of supervision records</li> <li>• Annual survey and report to LSCB</li> </ul> <p><b>Supplemented by:-</b></p> <ul style="list-style-type: none"> <li>• Off-line audit of case records</li> <li>• LSCB audit of supervision arrangements</li> </ul>	Trina Shane Charlie Moat	May 2012 and on-going	<ul style="list-style-type: none"> <li>• Service Manager quality assurance of supervision records</li> <li>• PRs and PDPs</li> <li>• Annual survey of supervision arrangements and experience</li> <li>• Report to LSCB and challenge from Board</li> </ul>	<ul style="list-style-type: none"> <li>• All Managers are suitably equipped, confident about supervision skills, and able to use supervision to provide overviews, reflection, and direction.</li> <li>• This can be consistently evidenced in supervision records and individual case records.</li> <li>• Supervisors and supervisees report and can demonstrate continuous improvement and professional development</li> </ul>	<p>Action and underpinning actions implemented and are on-going. Significant work completed to introduce more consistency in supervision arrangements, process and contents. All managers attending reflective supervision workshops. On-going audits of quality , experience and impact of supervision to take place LSCB annual audit planned.</p> <p>AMBER</p>	<p>Sample audit of supervision across all social work teams shows use of new template for all social worker supervision sessions across Service.</p>	<p>September 2012</p>
		Trina Shane Charlie Moat	On-going					
		Maurice Lindsay Charlie Moat Trina Shane	On-going					
		Trina Shane	On-going					
		All Managers	From March 2012					
		Maurice Lindsay Charlie Moat Trina Shane Charlie Moat Trina Shane	April 2012 – July 2012					
		Maurice Lindsay	From April 2012					
Clive Diaz	March 2013							
Nicola Bennett Jim Gould								

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.2.1 Ensure that electronic case recording systems effectively support staff to record their work and evidence management oversight of cases (<b>Within 3 months</b>)</p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures BANES Quality Manual</p> <p><b>Agency</b> Children's Service Children's Social Care</p>	<p>2.2.1 Confirm and articulate decisions about use of electronic recording systems, and provide clear direction about use and reinforce this through training to establish consistent practice and management oversight</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>Revision of existing forms used by Family Team and sign-off as appropriate for use – and trial within front of house team</li> <li>Clear advice to all Managers re. recording management oversight and decision</li> <li>Service Manager audit of case records to evidence the above</li> <li>Explore scope for extended use of Documentum and present case to Inspection Steering Group</li> <li>Assess options for further improvement of electronic case records</li> <li>Training and on-going support/advice to staff</li> </ul> <p><b>Supplemented by:-</b></p> <ul style="list-style-type: none"> <li>Off-line auditing of case records</li> </ul>	Ashley Ayre Maurice Lindsay	May 2012	<ul style="list-style-type: none"> <li>Reports from Management Information Team</li> <li>In-service quality assurance</li> <li>Off-line auditing</li> </ul>	<ul style="list-style-type: none"> <li>Evidence that informed and consistent use of electronic case records is contributing to improved recording, assessments, planning, reviews and management oversight of these</li> <li>Electronic case records provide user-friendly reports for staff, children, young people, parents, carers</li> </ul>	<p>Decision taken to use Case First on all occasions; clear guidance to all staff; arrangements in place to support management oversight of cases; series of revisions completed and others planned; further training and tailored support in place; front line staff involved in working group to effect further revisions; Service Manager audits in place. Needs to be triangulated by off-line auditing. AMBER</p>	<p>Feedback from front line staff has been largely positive. Revisions achieved with timetable and make improvements possible. Still some barriers (e.g. chronologies). Audits showing more consistent records of management oversight. Need to be triangulated by off-line audits</p>	<p>July 2012</p>
		Trina Shane	April 2012					
		Maurice Lindsay	February 2012					
		Charlie Moat Trina Shane	March – June 2012					
		Trina Shane Kate Townsend	May 2012					
			July 2012					
		Trina Shane Kate Townsend	During 2012/13					
Clive Diaz	From April 2012							

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.2.2 Ensure that the Emergency Duty Service have access to all necessary information contained in Children's Social Care Service electronic case records <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures BANES Quality Manual</p> <p><b>Agency</b> Children's Social Care Service with EDT/South Gloucestershire Council</p>	<p>2.2.2 Make arrangements for EDT to access all Children's Social Care electronic</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Actions to improve the quality of all case records and management oversight (see 1.1, 1.2, 1.6, 1.8, 1.14 above)</li> </ul>	<p>Charlie Moat Liz Jones</p> <p>As detailed above</p>	<p>April 2012</p> <p>As detailed above</p>	<ul style="list-style-type: none"> <li>• Feedback from EDT</li> <li>• SCSC auditing of cases where EDT have been involved</li> </ul>	<ul style="list-style-type: none"> <li>• EDT can assess all electronic case records and use these to make informed decisions re any individual case</li> </ul>	<p>Completed and confirmed by EDT</p> <p>GREEN</p>	<p>EDT can assess all electronic case records and use these to make informed decisions re any individual case</p>	<p>Not required</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.3 Ensure that the 11 – 18 strategy improves early identification of the needs of older children and young people who may be vulnerable, leads to well-targeted and effective services for this age group and reduces the need for statutory intervention <b>(Within 6 months)</b></p> <p><b>Practice standards</b> BANES Quality Manual Children Act 1989 Children Act 2004</p> <p><b>Agency</b> Children’s Service Health Police Voluntary Sector Schools and Academies</p>	<p>2.3 Complete the review of preventative services for 11 – 18 and use this to establish consistent and accessible step up and step down services</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>Presenting findings to CLT</li> <li>Complete pilot of use of integrated processes with 3 schools</li> <li>Reinforce use of integrated processes with all schools</li> <li>Update and distribute integrated pathway for children and young people with behaviour needs</li> <li>Delegate funds to support Behaviour and Attendance Panels</li> <li>Increase number and improve quality of CAFs compiled by all agencies – make case to Schools Forum: CTB: LSCB</li> </ul>	Tony Parker Sally Churchyard	April 2012	<ul style="list-style-type: none"> <li>Report to Service Performance Group</li> <li>Report to CTB</li> <li>LSCB Annual report</li> </ul>	<ul style="list-style-type: none"> <li>Needs of these vulnerable children and young people are met by a range of services, thereby avoiding the need for statutory involvement and, where required, building upon the work completed through statutory involvement</li> <li>Agencies and staff equipped, and supported, to provide these preventative services</li> <li>Increased numbers in education, employment and training</li> <li>Reductions in school exclusions: offending: substance misuse: teenage pregnancies</li> </ul>	To be reported in September 2012. All actions and underpinning actions completed	To be reported in September 2012	September 2012
		Tony Parker	April 2012					
		Sally Churchyard	July 2012					
		Sally Churchyard Tony Parker	September 2012					
		Tony Parker	June 2012					
Tony Parker	June 2012							
Tony Parker Maurice Lindsay Sally Churchyard Caroline Dowson	April – June 2012							

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.4 Ensure that all looked after children made good academic progress throughout secondary school, increase the numbers achieving 5 or more GCSEs at A* – C grades, including English and Maths, and narrows the attainment gap between looked after children and their peers in BANES (Immediate)</p> <p><b>Practice standards</b> Care Planning Regulations 2010 Duty to promote the educational achievement of looked after children BANES Quality Manual</p> <p><b>Agency</b> Children’s Service Children’s Social Care Schools and Academies</p>	<p>2.4 Implement the Virtual School improvement plan to ensure that coordinated and tailored support is provided to each looked after child throughout his/her education</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Support and advice to carers</li> <li>• Robust links with all schools and designated teachers</li> <li>• Additional support at key stages</li> <li>• Personal education plans regularly updated for all children</li> </ul>	<p>Mike Gorman Tony Parker</p> <p>Mike Gorman Lynne Whitfield Mike Gorman</p> <p>Mike Gorman and all headteachers Schools and Lynne Whitfield</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>	<ul style="list-style-type: none"> <li>• Virtual School Headteacher’s report to CLT, CTB and Schools Forum</li> <li>• Independent Chairing of LAC reviews</li> <li>• Service Performance Group</li> <li>• Reports to Corporate Parenting Group and In-Care Council</li> </ul>	<ul style="list-style-type: none"> <li>• That all children and young people in care are supported to realise their full potential, and as many as possible achieve 5 GCSEs A* – C</li> <li>• That all children and young people in care are equipped with the skills and qualifications to move into further education, training and employment</li> </ul>	<p>Main action and underpinning actions implemented and are on-going. Tailored support provide to young people sitting exams this year and to their carers.</p> <p>Results pending</p> <p>AMBER</p>	<p>Results due in August 2012</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.5 Ensure that the In-Care Council is engaged with the development and quality assurance of Health Services for looked after children <b>(Within 3 months)</b></p> <p><b>Practice Standards</b> Duty to promote the health of looked after children</p> <p><b>Agency</b> Children's Service Health In-Care Council</p>	<p>2.5 Identify representative from Health to join the Corporate Parenting Group and establish links with the In-Care Council and through this engage the Council in future quality assurance</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Support and appropriate training for In-Care Council members</li> <li>• CQC Action Plan</li> </ul>	<p>Liz Price</p> <p>Charlie Moat</p> <p>Karen Littlewood</p>	<p>May 2012</p> <p>May 2012</p> <p>May 2012</p>	<ul style="list-style-type: none"> <li>• Reports from In-Care Council to the Corporate Parenting Members Group and to Lead Member</li> <li>• Annual Health Report to HWPB</li> </ul>	<ul style="list-style-type: none"> <li>• Young people in care (and care leavers inform the development and quality assurance of Health Services to children and young people in care)</li> </ul>	<p>Main action and underpinning actions completed. Young people engaged – more work needed on how young people contribute to Quality Assurance. AMBER</p>	<p>Feedback received from young people</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.6 Ensure that all care leavers receive effective support to raise their aspirations, to improve their employability, to engage successfully in education, training or employment and to achieve well <b>(Within 6 months)</b></p> <p><b>Practice Standards</b> Care Planning Regulations 2010 Leaving Care Regulations</p> <p><b>Agency</b> Children's Services including Employment &amp; Skills Virtual School BANES Council Services</p>	<p>2.6 Ensure the provision of co-ordinated and tailored support to all care leavers and that this is regularly reviewed and updated via formal review meetings</p> <p><b>Underpinned by</b></p> <ul style="list-style-type: none"> <li>Continuing provision of teenagers to work placements</li> <li>PCLT sponsors for all care leavers</li> <li>Work of the employability post</li> <li>Including provision in local contracts to offer opportunities to care leavers</li> <li>Pathway planning for all care leavers</li> <li>Work of Virtual School Headteacher</li> </ul>	<p>Charlie Moat</p> <p>Lynne Whitfield</p> <p>PCLT members Jeremy Smalley Jeremy Smalley</p> <p>Charlie Moat</p> <p>Mike Gorman</p>	<p>September 2012 and on-going</p> <p>July-August 2012</p> <p>Henceforth</p> <p>Henceforth</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>	<ul style="list-style-type: none"> <li>Annual report to PCLT</li> <li>Annual report to In-Care Council</li> <li>Annual report to Lead Member</li> <li>IRS reports to PCLT</li> </ul>	<ul style="list-style-type: none"> <li>Through this support, all care leavers are consistently engaged in positive and productive further education, training and employment which provide real opportunities for them to establish skills for adult life</li> </ul>	<p>To be reported in September 2012. Main action (which is on-going) and underpinning actions completed.</p>	<p>To be reported in September 2012</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.7 NHS Bath and North East Somerset and Wiltshire, BANES Council and Sirona Care and Health should ensure that an annual looked after children report is prepared and is presented to health trust boards, corporate parenting groups and health and wellbeing boards <b>(Within 6 months)</b></p> <p><b>Practice standards</b> Care Planning Regulations 2010 Duty to promote the health of looked after children Duty to promote the educational achievement of looked after children</p> <p><b>Agency</b> As detailed above</p>	<p>2.7 Children's Trust Board to establish process for compilation of annual looked after children report and ensure that arrangements are made for it to be presented to Health Trust Board: Corporate Parenting Groups and Health and Wellbeing Board</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• CQC action plan</li> <li>• Inclusion in contract with Sirona Care and Health</li> </ul>	<p>Ashley Ayre Liz Price</p> <p>Karen Littlewood Liz Price</p>	<p>September 2012</p> <p>September 2012 May 2012</p>	<ul style="list-style-type: none"> <li>• Health and Wellbeing Board</li> <li>• Corporate Parenting Group</li> <li>• Health Trust Board</li> <li>• Report to LSCB in June 2012</li> </ul>	<ul style="list-style-type: none"> <li>• Corporate ownership of services for looked after children, and challenges to providers, that ensures the provision of high quality services and resources</li> </ul>	<p>To be reported in September 2012. Arrangements in place for compilation of Annual Health report and its subsequent presentation to LSCB, CTB, HWPB in September 2012</p>	<p>To be reported in September 2012</p>	<p>September 2012</p>



Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.8 Ensure that a Designated Doctor and Nurse for looked after children are appointed (<b>Immediate</b>)</p> <p><b>Practice standards</b> Duty to promote the health of looked after children</p> <p><b>Agency</b> Children's Service Sirona Care and Health</p>	<p>2.8 Seek confirmation that Designated Doctor and Nurse for looked after children have been appointed (and in post)</p>	<p>Liz Price</p>	<p>May 2012</p>	<ul style="list-style-type: none"> <li>• Report to Children's Trust Board</li> <li>• Annual LAC report to HTB, CPG, HWPB (see 2.7 above)</li> <li>• Independent Chair of LSCB</li> <li>• Annual Report on effectiveness of LSCB arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent arrangements in place and contribute to meeting current health needs and anticipating future health needs of all children and young people in care</li> </ul>	<p>Not yet appointed. New service specification agreed including new designated posts. Funding agreed and contract variation signed May 2012. Sirona Care and Health recruitment arrangements in place</p> <p>AMBER</p>	<p>None to date</p>	<p>July 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.9 Ensure that a performance management framework for health providers' safeguarding activity and outcomes is established and that this is monitored thoroughly through clinical governance and through LSCB arrangements <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures Health standards</p> <p><b>Agencies</b> Children's Service Health providers RUH Designated Nurse Designated Doctor LSCB</p>	<p>2.9 LSCB Chair to require Health providers (via Designated Nurse Safeguarding) to present report to LSCB meeting in June 2012 providing assurance that performance management framework and clinical governance arrangements are in place</p>	<p>Jim Gould Ashley Ayre Karen Littlewood</p>	<p>March 2012 for June 2012</p>	<ul style="list-style-type: none"> <li>• LSCB Annual Report</li> <li>• Report of LSCB</li> <li>• Chair to CTB and HWPB</li> <li>• Safeguarding reports to HWPB</li> <li>• Report to Lead Member on effectiveness of LSCB arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Framework and clinical governance arrangements in place and endorsed by LSCB</li> </ul>	<p>Letter sent from Independent Chair LSCB to Chief Executive. First progress report presented to LSCB 12<sup>th</sup> June 2012 and further reports planned for September and December meetings. Annual Section 11 audits to be completed in December 2012. Report from LSCB Chair to CTB 21<sup>st</sup> June 2012. AMBER</p>	<p>To be determined and evidenced to LSCB through annual section 11 audit</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.10 Ensure that Adult Mental Health Services have appropriate child protection and safeguarding training and related supervision, and that performance monitoring of safeguarding in Adult Services is robust <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2010 SWCP Procedures</p> <p><b>Agency</b> LSCB Children's Service AWP Adult Mental Health Partnership NHS South Gloucester (Lead Commissioners) Strategic Health Authority</p>	<p>2.10 LSCB Chair to require AWP and Adult Services to present report to LSCB meeting in June 2012 providing assurance that appropriate arrangements for child protection and safeguarding training; staff supervision; and performance monitoring are in place</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• Development of standard single action child protection training package</li> <li>• CQC action plan</li> <li>• AWP action plan and monitoring by SHA</li> </ul>	<p>Jim Gould Ashley Ayre</p> <p>Nicola Bennett LSCB</p> <p>Karen Littlewood Mark Dean Mandy Cox</p>	<p>March 2012 for June 2012</p> <p>June 2012</p> <p>June 2012</p>	<ul style="list-style-type: none"> <li>• LSCB Annual Report</li> <li>• Report of LSCB</li> <li>• Chair to CTB and HWPB</li> <li>• Safeguarding reports to HWPB</li> <li>• Report to Lead Member on effectiveness of LSCB arrangements</li> <li>• Report from Strategic Health Authority</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate and robust arrangements in place and assurance obtained by LSCB</li> </ul>	<p>Letter sent by Independent Chair LSCB to Chief Executive and acknowledged. First report presented to LSCB 12<sup>th</sup> June 2012 and further reports planned for September and December. Annual Section 11 audits to be completed in December 2012. Report from LSCB Chair to CTB 21st June 2012. SHA monitoring implementation of CQC recommendations (AMBER)</p>	<p>To be determined and evidenced to LSCB through annual section 11 audit</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.11 Ensure effective performance management of safeguarding processes, practice and recording within the Children's Acute Hospital Services and that their effectiveness is reported to the LSCB <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2010</p> <p><b>Agency</b> Children's Service RUH LSCB</p>	<p>2.11 LSCB Chair to require Head of Safeguarding at RUH (via Designated Nurse Safeguarding) to present report to LSCB meeting in June 2012 providing assurance that effective performance management arrangements are in place</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• CQC action plan</li> <li>• SHA monitoring of CQC action plan</li> </ul>	<p>Jim Gould Ashley Ayre</p> <p>Karen Littlewood Mandy Cox</p>	<p>March 2012 for June 2012</p> <p>June 2012</p> <p>June 2012</p>	<ul style="list-style-type: none"> <li>• LSCB Annual Report</li> <li>• Report of LSCB Chair to CTB and HWPB</li> <li>• Report to Lead Member on effectiveness of LSCB arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Effective arrangements are in place</li> </ul>	<p>Letter sent by Independent Chair LSCB to Chief Executive and acknowledged. First report presented to LSCB 12th June 2012 and further reports planned for September and December .Annual Section 11 audits to be completed in December 2012. Report from LSCB Chair to CTB 21st June 2012. SHA reviewed progress of this CQC action in June 2012. RUH has reviewed their systems for recording safeguarding concerns AMBER</p>	<p>To be determined and evidenced to LSCB through annual section 11 audit</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.12 Ensure that robust clinical governance of Health Services to looked after children, including those placed out of area, is in place in accordance with statutory guidance <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Care Planning Regulations 2010 Duty to promote health of looked after children</p> <p><b>Agency</b> Sirona Care and Health Children's Social Care Service</p>	<p>2.12 CTB Chair to require Sirona Care and Health to present report to CTB meeting in June 2012 providing assurance that robust clinical governance arrangements for Health Services to looked after children are in place</p>	<p>Ashley Ayre Liz Price</p>	<p>April 2012 for June 2012</p>	<ul style="list-style-type: none"> <li>• Children's Trust Board</li> <li>• Reports to Corporate Parenting Group;</li> <li>• In-Care Council; Annual Report to HWPB</li> </ul>		<p>Report not presented to CTB. Arrangements in place to update contract to cover clinical governance arrangements form health services to looked after children. Specifications for new model health service agreed and funded but not yet staffed. Specification includes health assessment/medicals for those out of area. RUH annual safeguarding report 2011/12 to be available to SHA &amp; LSCB by end of June 2012. AMBER</p>	<p>None. To be reviewed 25.6.12 internally and then 2.7.12 by SHA.</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.13 Ensure that all clinical and non-clinical staff in health provider organisations have access to regular, planned safeguarding supervision <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2010</p> <p><b>Agency</b> Health providers LSCB NHS BANES and Wiltshire PCT (as commissioners)</p>	<p>2.13 LSCB Chair to require Health providers (via Designated Nurse Safeguarding) to present report to LSCB meeting in June 2012 providing assurance that these supervision arrangements are in place</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>LSCB Annual Audit of supervision arrangements in all agencies</li> <li>CQC action plan</li> <li>Monitoring of CQC action plan by SHA</li> </ul>	<p>Jim Gould Ashley Ayre</p>	<p>March 2012 for June 2012</p>	<ul style="list-style-type: none"> <li>LSCB Annual Report</li> <li>Report of LSCB Chair of CTB and HWPB</li> <li>Safeguarding reports to HWPB</li> <li>Report to Lead Member on effectiveness of LSCB arrangements</li> <li>LSCB annual audit of agencies' supervision arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Assurance provided to LSCB and any staff surveys confirm in place</li> </ul>	<p>Letter sent from Independent Chair LSCB to Chief Executive. First progress report presented to LSCB 12th June 2012 and further reports planned for September and December meetings. Annual Section 11 audits to be completed in December 2012. Report from LSCB Chair to CTB 21st June 2012. Named professionals in Trusts receiving safeguarding supervision from Designated Nurse. Safeguarding policies in Trusts in place by May 2012 in line with CQC action plan but policies undermined by lack of capacity for reflective supervision. AMBER</p>	<p>to be determined and evidenced to LSCB through annual section 11 audit . Audit of staffing in range of roles re safeguarding supervision due to be reported in Dec 2012</p>	<p>September 2012</p>
		<p>Nicola Bennett</p>	<p>December 2012</p>					
		<p>Karen Littlewood Mandy Cox</p>	<p>June 2012 June 2012</p>					

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.14 Ensure that general practitioners, the Walk in Centre, Pharmacists and all appropriate health practitioners are fully engaged in safeguarding arrangements <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2010</p> <p><b>Agencies</b> All Health providers LSCB Health commissioners NHS BANES and Wiltshire PCT</p>	<p>2.14 LSCB Chair requires NHS BANES/Wiltshire PCT to review current circumstances and present report (via Designated Nurse Safeguarding) to LSCB meeting in June 2012</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>• CQC action plan</li> <li>• Monitoring of CQC action plan by SHA</li> </ul>	<p>Jim Gould Ashley Ayre</p> <p>Karen Littlewood Mandy Cox</p>	<p>March 2012 for June 2012</p> <p>June 2012</p> <p>June 2012</p>	<ul style="list-style-type: none"> <li>• LSCB Annual Report</li> <li>• Report of LSCB Chair of CTB and HWPB</li> <li>• Safeguarding reports to HWPB</li> <li>• Report to Lead Member on effectiveness of LSCB arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Clear plans for ensuring engagement of these health practitioners in safeguarding arrangements – and evidence of this</li> </ul>	<p>Letter sent from Independent Chair LSCB to Chief Executive. First progress report presented to LSCB 12th June 2012 and further reports planned for September and December meetings. Annual Section 11 audits to be completed in December 2012. Report from LSCB Chair to CTB 21st June 2012. Designated Nurse met with GP forum re safeguarding arrangements in June 2012. Work started on review programme of visits and training programme for independent contractors. (LP 20.6.12) AMBER</p>	<p>-to be determined and evidenced to LSCB through annual section 11 audit. Audit/review due to be completed Aug 2012</p>	<p>September 2012</p>

Area for improvement	Actions	Lead	Date for completion	Assurance measures	Desired outcome	Progress at ..... (Inc RAG rating)	Evidence of impact	Date of next review
<p>2.15 Ensure that safeguarding training undertaken by staff in health providers is at the appropriate level, is consistent across all organisations and is subject to vigorous monitoring <b>(Within 3 months)</b></p> <p><b>Practice standards</b> Working Together 2012</p> <p><b>Agency</b> All Health providers Safeguarding leads in Health Services LSCB</p>	<p>2.15 LSCB Chair requires NHS BANES/Wiltshire PCT to present a report (via Designated Nurse Safeguarding) to the LSCB meeting in June 2012 providing assurance that these arrangements are in place for single agency training.</p> <p><b>Underpinned by:-</b></p> <ul style="list-style-type: none"> <li>LSCB multi-agency child protection training programme</li> <li>Development of a standard single agency training package and evaluation process</li> <li>CQC action plan</li> <li>Monitoring of CQC action plan by SHA</li> </ul>	<p>Jim Gould Ashley Ayre</p> <p>LSCB Training Management Committee Nicola Bennett/ Training Management Committee</p> <p>Karen Littlewood Mandy Cox</p>	<p>March 2012 for June 2012</p> <p>April 2012 – March 2013</p> <p>June 2012</p> <p>June 2012</p> <p>June 2012</p>	<ul style="list-style-type: none"> <li>LSCB Annual Report</li> <li>Report of LSCB Chair of CTB and HWPB</li> <li>Safeguarding reports to HWPB</li> <li>Report to Lead Member on effectiveness of LSCB arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Single agency training programme complementing multi-agency training and meeting the views of staff within health provider services</li> </ul>	<p>Letter sent from Independent Chair LSCB to Chief Executive. First progress report presented to LSCB 12th June 2012 and further reports planned for September and December meetings. Annual Section 11 audits to be completed in December 2012. Provision also made for monitoring by LSCB Training management Group, but not taken up. Report from LSCB Chair to CTB 21st June 2012. Providers have progressed work to identify numbers of staff needing training and training required and to establish a consistent standard for single agency training. AMBER</p>	<p>to be determined and evidenced to LSCB through annual section 11 audit.</p>	<p>June 2012 Dec 2012</p>

Signed off by: Ashley Ayre  
Strategic Director



Abbreviations/ Glossary

LSCB	Local Safeguarding Children Board
SCSC	Safeguarding Children Sub Committee (of the LSCB)
CQC	Care Quality Commission
HWPB	Health and wellbeing Partnership Board
RUH	Royal United Hospital
PCT	Primary care trust
AWP	Avon and Wiltshire Partnership (Mental Health Trust)
SHA	Strategic Health Authority
CTB	Children's Trust Board
HTB	Health Trust Board
CLT	Children's Leadership Team
PCLT	People and Communities Leadership Team
CP/CPG	Corporate Parenting Group
CCSQA	Children in Care Strategy and Quality Assurance Group
EDT	Emergency Duty Team
DD	Divisional Director
IRO/IRS	Independent Reviewing Officer/Service
LAC	Looked After Children
PEP	Personal Education Plan
EIA	Equality Impact Assessment
PDP/PR	Personal development Plan/Performance Review
CAF	Common Assessment Framework
BAAF	British Association for adoption and Fostering

