Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
1	**CHILDREN IN NEED OF HELP OF PROTECTION**						
1	Ensure that assessments are timely, proportionate and effectively identify the risks and needs and protective factors, leading to appropriate and measurable plans						
1.1	Assessments should be completed within 20 days, with exceptions being completed within 45 days	Head of Service MASH/ SA Head of Service SASF	• Assessment Timeliness practice standards to be revised	Dec 2016	Standards to be understood and implemented by staff.	COMPLETED	**Next phase of Performance monitoring on this measure underway. Current performance has been scrutinised and benchmarked against a good authority. This data is one of a new comprehensive suite of key indicators being shared at Team manager level – launch of this approach will start 13/12/12. 9.12.16**
			• Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams.	Dec 2016	Standards to be understood and implemented by staff. Target for 45 days – 83%	COMPLETED	**This indicator is now regularly scrutinised at monthly Team Manager performance meetings and we this is an indicator where sustained improvement is required.**
			• Performance reporting to specify the distribution of working days from the referral outcome to assessment authorisation.	Phase 1 completed Phase 2	Increase in percentage of assessments completed within 20 days. Target – 59.1%		**An action plan is in place including Business Support intervention, introducing a shorter assessment (from a good authority) for specific**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
				Mar 2017 (LOGI) version			**cases only and enhanced Team Management scrutiny. (31 March 2017)**
			• Short Assessment Tool to be introduced	May 17	Increased proportion of Assessments completed within 20 days.	COMPLETED	
1.2	S47 assessments to be completed within 15 working days	Head of Service MASH/ SA Head of Service SASF	• CP Enquiry (S47) practice standards to be revised.	Dec 2016	Staff understand and implement	COMPLETED	**Performance on this measure shows sustained improvement at/to the planned levels 8.12.16**
			• Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams.	Dec 2016	Staff understand and implement	COMPLETED	**Practice standard issued and clarified with staff backed up with regular scrutiny of performance data and system changes that automatically notify HoS on all completed Sc 47s 9.12.16**
			• Heads of Service to comply with management oversight appendix within Scheme of Delegation in relation to S47 authorisation.	Dec 2016	All HoS understand and comply	COMPLETED	**Scheme of Delegation launched with staff 13/12/16**
			• Performance reporting to specify working days from strategy meeting outcome to conclusion of S47.	Phase 1 completed	Target – 95% all CP investigations	COMPLETED	**Phase 2 of performance monitoring launching 13/12/16.**

2

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
				Phase 2 Mar 2017 (LOGI) version	completed within timescales. 70% of all ICPCs to be held within 15 working days of the initial strategy meeting/discussion.		**9.12.16** **This is a measure where we are consistency above 90% - this continues to be monitored at monthly performance meetings. (31 March 2017)**
1.3	Child's record identifies risk, needs and protective factors	Head of Service MASH/ SA Head of Service SASF	• Assessment Quality practice standards to be revised.	Feb 2017	To be issued, understood by staff and implemented and evidenced in case file auditing.	COMPLETED	
			• Practice standards to reflect consistent use of Signs of Safety risk assessment and danger statements.	Dec 2016	All staff understand and comply, as evidenced in case file audits	COMPLETED	**Audit Moderation meeting with HoS completed November 16.** **9.12.16**
			• Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams.	Jan 2017		COMPLETED	**Practitioner requested changes to assessment and Section 47 investigations made live on system W/E 4/11/16** **9.12.16**
			• 5 day Signs of Safety training commissioned for social work staff during November 2016.	Jan 2017	Training delivered and staff using it in their daily work.	COMPLETED	**60 Staff Sws, TMs, IROs and HoS completed 5 day training. 9.12.16**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• All assessments and plans to include, as a matter of course, whether/not a child is at risk of CSE and if so, whether the risk is low, medium or high.		This should be evidenced as part of case auditing processes. 70% target of case audits which rated the quality of assessments as RI, good or outstanding	COMPLETED	**CSE specific risk assessment form due to go live on PARIS April 17. To enable a better appreciation of CSE Risk, Nature and Distribution within case load.** **SoS Handbook issued to all SW's May 17.**
1.4	Ensure that every assessment contains robust analysis **(Ofsted December 2016)**	AD/Heads of Service and Lead Auditor	• Section on assessment for the person completing the assessment to provide their analysis and rationale for plan/intervention	Jan 2017	Evidence of practitioner analysis from audit activity	COMPLETED	**This is now in place and well received by practitioners. (9.2.2017)**
			• 3 workshops with HoS, TMs, ATMs, IROs to be set up to provide clarity on what constitutes good assessment/analysis	22/23 February; 1/2/7/9 March	Auditors know what good looks like	COMPLETED	**Sessions have been booked and all auditors have to sign attendance. (9.2.2017).**
			• TMs must sign off all assessments and should not sign off without seeing robust analysis. HoS to ensure this is audited each month and necessary actions taken and followed up	Monthly audits from Jan 2017	Audit activity seeing consistent application	COMPLETED	**All workshops have now been held and there is a final wash up session scheduled for April 2017.**
			• Progress to be reported in next audit report (and on-going)	Feb 2017	Evidence of progress	COMPLETED	**Team Managers are now routinely signing off assessments. (31 March 2017)**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
1.5	Ensure that staff understand the process for strategy meetings/S47 enquiries and that decisions are recorded **(Ofsted December 2016)**	AD/HoS	• Written guidance to immediately be issued to staff.	Dec 2017	All front line staff have received this and are following it.	COMPLETED	**All staff aware and have been reinforced in HoS meeting with Managers and Practitioners**
			• Working Together to be issued to all front line staff on a recorded basis	Feb 2017	All front line staff have received this and understand it and sign to say they have received it and followed up in supervisions.	COMPLETED	**All front line staff have received this and understand it and sign to say they have received it and followed up in supervisions.**
			• Strategy meetings must be minuted and report the purpose, who attended the meeting, who will be seen, by when and by whom. Meeting pro-forma and guidance to be issued to staff.	Feb 2017	All staff following these expectations	COMPLETED	**A new proforma and practice guidance (covering these issues) has been issued to staff and is now being routinely used. 31 March 2017**
			• Audit proforma to include specific section on strategy meetings	Feb 2017	Audit evidences good minutes and tracking from strategy meetings.	COMPLETED	**The section on strategy meetings has now been added to the audit form and practice guidance. (31 March 2017)**
1.6	Consistent application of CP thresholds and CP process	Head of Service MASH/ SA Head of Service SASF	• Heads of Service to comply with management oversight appendix to Scheme of Delegation in relation to S47 authorisation.	Dec 2016	This should be evidenced in case file audits.	COMPLETED	**The number on plans has risen significantly since July 2017. This is subject to performance management scrutiny and a thematic audit review – early indicators are that this links**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
							to a change in practice guidance.
			• Performance reporting to capture Heads of Service oversight	Mar 2017	Evidence from performance reporting and case file audits.	ONGOING	**HoS automatically notified on all section 47s completed including those potentially returning to a Plan for a second time. 9.12.16.**
			• Further child Protection training to be facilitated for all Team Managers and Chairs / IROs.	Mar2017	All staff are clear about thresholds.	ONGOING	**Further CP Training to be facilitated with Improvement Partner.**
			• One consistent pro-forma is needed for Core Groups and Minutes should be available at all times. **(OFSTED DEC 2016).**	Feb 2017	Consistent proforma is issued and expectations made clear to staff and picked up in audit.	COMPLETED	**One consistent proforma now in place (31 March 2017)**
			• Ensure that core groups are developing child protection plans. **(OFSTED DEC 2016)** Training to IROs on what is expected and what they should be challenging.	From Jan 2017 and ongoing	To be evidenced in case file auditing; picked up by IROs in DRPs and by Lead IRO/HOS in IRO effectiveness audits. Section 47s that lead to an initial case conference – 39% target	COMPLETED	**Audit activity has revealed some inconsistency around the function of core groups and this has been addressed in the service concerned. (9.2.2017)**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
1.7	Reduce number of single assessments that result in no further intervention	Head of Service MASH/ SA Head of Service SASF	• MASH Operational practice standards to be revised and implemented.	Jan 2017	Issued to staff, understood and implemented. .	COMPLETED	**The number and proportion of single assessments that do not lead to any further role have increased so far this year. This is understood to be linked to the operation of a SoS approach.**
			• Additional descriptors to be written into single assessment to identify interventions completed	Dec 2016	Picked up in case file audits	COMPLETED	**Additional descriptors of assessment outcomes are still to go live on PARIS. 9.12.16**
			• Assessment Quality practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams.	Feb 2017	Issued to staff, understood and implemented.	COMPLETED	
			• Within Performance Management implement measure to track proportion of assessment stepped down.		2 % target reduction from current baseline	COMPLETED	
2	**Ensure that timely decisions are made on contacts and referrals and that initial visits to children are prompt**						
2.1	All contacts/referrals to be screened within 24 hours.	Head of Service MASH/ SA	• MASH operational procedures to be written and implemented within the MASH.	Oct 15	Circulated to staff, understood and implemented.	COMPLETED	
			• Performance reporting to specify distribution of working days from contact to referral outcome.	Phase 1 completed	Able to target where intervention is needed.	COMPLETED	**Data is routinely and regularly scrutinised. 85 % of all contacts to CS now**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
				Phase 2 Mar 2017 (LOGI) version	Target – 85% of contacts where a decision was made within 24 hours		**receive a decision within 24 hours, a further 10% are made within 2 days. Delays in decision making are linked to the need to seek further clarification from referrers and locating other professionals for further information.** **The next phase of performance data showing service and team manager's views will be launched on 13/12/12.** **9.12.16** **In February 2017, over 80% of contacts had a decision within 24 hours.** **(31 March 2017)**
2.2	Children in need to be seen within 5 working days of referral outcome.	Head of Service MASH/ SA	• Child Seen practice standards to be revised	Jan 2017	To be issued, understood and implemented.	COMPLETED	**Compliance has improved significantly against historical baselines but is still too variable across and within services. The best levels of compliance are within the Assessment Service and the worst are within the Disability Service these issues are being challenged and addressed**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
							in service plans, performance reporting and performance meetings/scrutiny. 8.12.16
			• Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams.	Jan 2017	To be issued, understood and implemented – case file audits.	COMPLETED	
			• Performance data to specify out of time assessments scheduled in that reporting month and the distribution of working days until child seen.	Phase 1 completed Phase 2 Mar 2017 (LOGI) version	90% target - referrals where the child was seen within 5 working days (SA)		**In February 2017, performance data demonstrated an improvement – to 72.9% A particular team and individuals are being targeted to make improvements. (31 March 2017).**
2.3	Children in need of protection to be seen within 1 working day of S47 starting.	Head of Service MASH/ SA Head of Service SASF	• Child Seen practice standards to be revised	Dec 2016	Issued, understood and implemented – case file audits.	COMPLETED	**Compliance levels have not been sustained these issues are being challenged and addressed in service plans, performance reporting and performance Meetings/scrutiny 8.12.16**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams.	Dec 2016	Issued, understood and implemented – case file audits	COMPLETED	**The next phase of performance data showing service and team manager's views will be launched on 13/12/12. 9.12.16**
			• Performance data to specify out of time assessments scheduled in that reporting month and the distribution of working days until child seen.	Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Target 90% of referrals where the child was seen within 1 working days (Sc 47)	COMPLETED	**This is an improving picture and gone up to 81% in February 2017. Action plan in place to improve this further and it is being tracked at monthly performance meetings (31 March 2017)**
3	**Ensure that 16-17 year olds who are homeless are given the opportunity to have a comprehensive assessment and help and support according to their needs**						
3.1	Referrals are made for all young people who present as homeless	YOT Manager	• Develop practice standards for Youth Homelessness Prevention Service to ensure that all homelessness is recorded for 16-18 year olds.		Practice standards issued, understood and implemented.	COMPLETED	**9.12.16**
			• Develop and implement process for referral for 16/17 year olds with Youth Homelessness Prevention service.		Staff clear as evidenced in case file audits.	COMPLETED	

Version 17 080617

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Agree Screening process with MASH and implement.		100% of all young people who present as homeless are appropriately recorded as homeless. All of these young people are referred for an assessment to MASH.	COMPLETED	**More young people are now being subject to social work assessments and several have entered care as a result.**
			• Coordinate weekly tracking meeting for Social Workers completing assessments and Youth Homelessness Prevention workers.			COMPLETED	
			• Single Team created to align Housing and Social Care activity for vulnerable people.	March 2017		COMPLETED	
3.2	All young people receive the opportunity for an assessment in line with the Southwark Judgement	YOT Manager	• Develop practice standards and implement in IYSS to inform process for youth homelessness assessments.		To be issued, understood and implemented. .	COMPLETED	
			• Produce guidance on when an assessment is necessary and implement between Youth Homelessness and IYSS Management Team.		To be issued, understood and implemented.	COMPLETED	**More young people are now being subject to social work assessments and several have entered care as a result. 9.12.16**
			• Train YOT Social Workers in Signs of safety.			COMPLETED	

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Train YOT Social Workers in Single Assessments.			COMPLETED	
			• Develop youth homelessness tracking report.		Evidence that 100% of young people who meet the criteria for assessment are given the opportunity to have an assessment	COMPLETED	**100% of young people who are referred for an assessment are now given the opportunity to have one as recorded on the Youth Homelessness referral tracker.**
3.3	Assessments lead to an offer of help and support where needed	YOT Manager	• Develop and implement new practice standards for assessment and management oversight in IYSS. For process of assessment and management oversight.	Nov 16	Issued, understood and implemented.	COMPLETED	**Performance of IYSS is part of the data sets used across Children Services. The % of CYP entering care has risen as anticipated 9.12.16**
			• Ensure that SW in IYSS complete single assessments.	Nov 16	Assessments lead to an offer of suitable help and evidenced through case file audits.	COMPLETED	
4	**Ensure that all children who go missing from home or care are offered a timely and comprehensive return interview and that information from these interviews is collated to inform effective targeting of preventative and protective services**						
4.1	Children who go missing to be offered a return home interview within 72 hours of their return	HOS for Safeguarding and QA	• review contractual arrangements with existing service provider	April 2017		COMPLETED	**This is an improving picture with the % of RHI completed in 72 hours rising to 80% in Q4 (11/04/17).**

Version 17 080617

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• issue contract variation	April 2016	Target – 80% of young people who were provided with a return home interview within 72 hours	COMPLETED	
			• develop and implement set of return home interview practice standards	Nov 2016	Issued, understood and implemented	COMPLETED	
4.2	Monitor and analyse information from return home interviews in order to improve future practice	ATMIFSS CS Performance Lead HOS for Safeguarding and QA	• all young people who go missing to be discussed at the weekly multi-agency Missing Monday Meeting	Sept 2016 and ongoing	.	COMPLETED	**All missing episodes and return home interviews are discussed at Missing Monday Meetings with follow up action identified. Individuals of concern along with locations and trends are escalated to the MACSE forum. All information is held on the Missing Tracker which is used to monitor cases. (11/04/17)** **ATM IFSS will attend all Missing Monday meetings and MACSE to provide management input at multi-agency meetings.**
			• Develop PARIS template to ensure that all missing data is recorded on PARIS	May 2017		COMPLETED	**Template now live**

13

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Develop LOGI report to monitor volume and timeliness of return home interviews	May 2017	70% of return home interviews audited that were judged to be RI, good and outstanding		
			• Complete TSCB MACA audit to look at the quality and impact of return home interviews and disseminate learning.	Mar 2017		COMPLETED	**The TSCB undertook a thematic audit of return home interviews in March 2017 and are due to report on the findings to the TSCB Delivery Group on the 22nd May. (11/04/17)** **New practice standards have been issued to staff in April 2017. (11/04/17)**
5	**Ensure that the number of children at risk of CSE is known and actions plans are in place**						
5.1	Consolidate strategic response to the risk of CSE	Head Early Help	• Develop TOR for Missing, Exploited and Trafficked Sub-Group.	Aug 2017	Clear arrangements to identify and monitor Children at risk of CSE	ONGOING	**ToR to be attached**
			• Ensure that MACSE and Missing Monday Meetings facilitate mapping of risk activity and this is reported to the MET subgroup	Aug 2017	Clear arrangements to identify and monitor Children at risk of CSE	ONGOING	**Data being collected, collated and reported to MET subgroup**
5.2	Monitor and analyse information from CSE risk assessments	Head of Early Help	• Ensure all cases identified as being at risk of CSE are known	April 2017	Provide data from PARIS to CSE business support		**Request has been made to PARIS for indicator box**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Ensure all cases with CSE have an assessment in the form of the CSE toolkit and this is reviewed	April 2017	Compliance with assessments and reviews		**This is being monitored through CSE spreadsheet. Ongoing work to streamline with Early Help tracking**
			• Monitor quality of assessment and plans in relation to CSE through CSE Audit	Nov 2017			
			• Monitor equality of service- for example, boys at risk of CSE through CSE Audit				
5.3	Ensure that the interventions in relation to CSE are effective	Head of Early Help	• Audit CSE toolkit outcomes and disseminate effective practice	Nov 2017	Information shared	ONGOING	
			• Ensure CSE Champions support best practice interventions	April 2017	Notes from CSE Champions Meetings	COMPLETED	**CSE champions meet regularly and share best practice identified in MET forum.**

2   PARTNERSHIP WORKING

6	With partners, ensure that multi-agency thresholds are understood and consistently applied across the partnership						
6.1	Develop an early help strategy and pathway for Torbay	AD/HoS/TSCB	• Multi-agency workshops between Dec 2016 and April 2017 to agree:- o Shared vision and language for Early Help in Torbay o Fit for purpose threshold document agreed o Pathways, processes and paperwork agreed o Interventions	Dec 2016 – April 2017	Clear strategy and precise guidance that is understood and applied by the multi-agency group. Thresholds understood and applied by the multi-agency group.	COMPLETED	**Multiagency workshops have been held and an Early Help Steering Group is in place. Strategy document and thresholds document to go to TSCB for sig-off on 15 June 2017, with a multi-agency launch in July 2017.**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
6	**Work effectively with partnerships to ensure that children receive timely and effective early help and assessments and plans are in place for each child**						
6.2	Single Point of Access	AD/HoS	• Develop 1 front door for early help and statutory services. Staffing , paperwork and com's to partner agencies to take place in Jan/Feb 2017	End Feb 2017	Improved and consistent thresholds	COMPLETED	**One front door went live on 1 March 2017.** **A comprehensive step up/down process has now been issued to staff, to use with immediate effect (31 March 2017)**
6.3	Early Help Assessments are comprehensive and reflect the right threshold of need	Head of Early Help TSCB	• Develop and implement EH practice standards, as part of work in 6.1	July 2017	Improved, consistent thresholds and coherent pathways to intervention, as evidenced in case file audits.	ONGOING	**Partners are confident in multi-agency TAF working within the community.** **Partners are confident in completing EH assessments and TAF plans. More detailed data/audit activity needed.**
			• Develop and implement EH audit tool as part of work in 6.1	Sept 2017		COMPLETED	**Multi-agency working group has been set up (reporting into the Early Help Steering Group) , so that TSCB can sign off on 15 June 2017, with a launch date on 16 June 2017. Ongoing training needs arising from the launch, will be picked up by the Early Help Steering Group (31 March 2017)**

Version 17 080617

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
6.4	Children receive a timely response for EH and targeted intervention	HOS Early Help EH Team	• Review role of EH panel and processes, as part of the Early Help Strategy refresh outlined in 6.1 in consultation with the Improvement Partner.	Jan –April 2017	Children receive an appropriate and timely response, based on robust assessment – case file auditing.	COMPLETED	**Data needs to be recalculated and presented in line the other compliance measures.**
7	**Ensure that the threshold for a referral to the Designated Officer is well understood across the partnership**						
7.1	Ensure that the threshold for a referral to the designated officer is well understood across the partnership	HOS for Safeguarding and QA	• Develop and implement a set of LADO practice standards	Nov 16	Issued, understood and implemented across the multi-agency group.	COMPLETED	**Review quarterly monitoring data to evidence this position**
		CS Performance Lead	• Deliver awareness raising sessions on LADO role across partnership	Mar 2017	Develop improved understanding of the role	COMPLETED	**20 workshops and presentations have been delivered to various partner agencies and groups of staff throughout 2016/17. (11/04/17)**
		HOS for Safeguarding and QA	• Develop PARIS templates to ensure that all LADO activity is recorded on PARIS and can be reported on	Mar 2017	Accurate recording and tracking	COMPLETED	**New forms built in PARIS and went live W/E 21/10/16. 9.12.16**
			• Complete and sign off annual report for 2015/16	Nov 2016	Highlight activity for 15/16	COMPLETED	**Annual Report signed off.**

Version 17   080617

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Undertake a thematic audit on LADO	Sept 2017	QA processes	ONGOING	
8	**With partners, ensure that timely and effective services are in place, particularly in relation to domestic abuse, adult mental health, CAMHS and emergency duty service**						
8.1	Ensure that domestic abuse work has a clear strategy and action plan	Children's Commissioner / TSCB	• Work with the Domestic Abuse and Sexual Violence Co-ordinator to ensure Children and young people are fully considered within review of Domestic Abuse Strategy	Sep 2017 July 2017	Roll out of domestic abuse strategy DA Co-ordinator recruited.	COMPLETED COMPLETED	**Community services have agreed the funding of an additional coordinator post to operate within the service. 9.12.16**
			• Convene multi agency workshop to review current arrangements and begin to shape future provision				
8.2	EDS provides a timely and effective service to children out of hours	Children's Commissioner / TSCB' HoS Targeted Intervention	• Work with Improvement Partner to review Out of Hours arrangements within the context of the new Delivery Model..	April 2018			
3	**SAFEGUARDING AND QUALITY ASSURANCE**						
9	**Strengthen the quality assurance role in Independent Reviewing Officer and Child Protection and Chairs and ensure that reviews and conferences result in effective information**						
9.1	Recruit and retain IRO and QA roles	HoS Safeguarding and QA	• Recruit to vacant roles		100% IRO workforce	COMPLETED	**IRO vacancies and management roles have been filled. One IRO vacancy currently out to advert and we have had 2 credible applications. (31 March 2017)`**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
9.2	Implement Signs of Safety Approach	HOS Safeguarding and QA / Senior IRO	• Ensure CP Chairs trained in SOS Approach	Nov 2016	100% IRO compliance with training	COMPLETED	**All Chairs have attended the 2 day Advanced and the 5 day Practice Lead course which took place in November 2016 (11/04/17)**
			• Introduce Signs of Safety as a method to conduct CPCs	Nov 2016	100% compliance – IRO effectiveness audits audits	COMPLETED	**All CPCs are now conducted using the Signs of Safety Framework.**
			• Develop and implement a set of practice standards for CP Chairs and IROs	Dec 2016	Circulated, understood and implemented, so that IROs are very clear about their core tasks, roles and responsibilities.	COMPLETED	
			• Exercise to understand the way professionals apply the scale of risk factors within child protection conferences. **(OFSTED DEC 2016)**	Feb 2017	Confusion is minimised and there is one clear consistent message to parents/children and young people and professionals.	ONGOING	**Desk top review of scoring underway to establish trends is ongoing.**
9.3	Monitor and analyse service specific performance information	HOS Safeguarding and QA CS Performance Lead	• Develop SARS practice standards	Jan 2017	Rolled out, understood and implemented so there is improved and consistent practice.	COMPLETED	**Changes in PARIS have been made to capture the additional data required by the service. Half of the data report has been built. 9.12.16**

Version 17   080617

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
		HOS Safeguarding and QA	• Develop a LOGI PARIS report that captures agreed data set and monitors compliance with practice standards for CP Chairs and IROs	To be completed by end of February 2017	Consistently clear management information so that areas for further work can be targeted.	Data continues to be captured manually by SARS (11.04.17)	
			• Data to include a regular measure on the timeliness of ICPCs. **(OFSTED DEC 2016)**	Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Target percentage of 95%ICPCs being help within timescales should be the target	*COMPLETED*	**Data set now included this data and it is analysed on a monthly basis. (9.2.2017)**
			• Undertake a themed audit on repeat CPPs	Jan 2017	Thresholds understood and applied consistently and that quality of child protection planning is robustly protecting children.	COMPLETED	**This audit has now been completed and the report will be available at the next Team Managers Performance Meeting**
9.4	Ensure IROs and CP Chairs provide effective scrutiny and **challenge (Ofsted Dec 2016)**	AD/HoS for this service	• HoS for this service and Lead IRO to audit the effectiveness of IROs on a weekly basis – 1 case per IRO, per week, based on an agreed audit tool	From Jan 2017 and weekly on an on-going basis	IROs providing robust and appropriate scrutiny and challenge -70% target of cases audited where IRO oversight was rated as	COMPLETED	

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
					RI, good or outstanding.		
			• Hampshire colleagues to visit to ensure that the IRO audit tool is robust, that auditors know what good looks like and to complete seminars with IROs in their role in scrutiny and challenge	Jan – April 2017	IROs providing robust and appropriate scrutiny and challenge and knowing what good looks like IROs clear about their core business	COMPLETED	
			• Letter to IROs from AD to clarify expectations	Jan 2017		COMPLETED	
			• Number of DRPs (in relation to assessment and planning to increase and Lead IRO/HOS to sign off DRPs before they go out.	Jan 2017 and on-going	Increase by 10% of DRPs being raised based on quality of assessments and plans. DRPs to be of good quality and targeting issues appropriately To share data and action plan for improvement – effectiveness audits of IROs	COMPLETED	**In 2015/16 14 DRPs were issued, this increased to 71 for 2016/17. However, following a review by Hampshire colleagues in January 2017 the threshold for DRPs was considered too low. The DRP process has since been revised. Whilst this will result in a decrease in the number of formal DRPs it will result in an increase in the number of IRO case note recordings which demonstrate informal challenge (11/04/17)**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Introduce monthly team performance meetings	Feb 2017 and ongoing		COMPLETED	
			• Establish routine of practice observations of CP Chairs and IROs annually		Reassurance that IROs are acting as per the IRO handbook.	COMPLETED	**Hampshire colleagues observed practice in February 2017 – CP and CLA (11/04/17)**
9.5	CLA, CPPs, pathway plans should be SMART and well **established (Ofsted Dec 2016)**	AD/HoS/IROs/Lead Auditor	• 3 workshops with HoS, TMs, ATMs, Pas and IROs to provide clarity on what constitutes a good plan	22/23 Feb and 1/2/7/9	Auditors clear on what good looks like	COMPLETED	**All auditors have to attend all 3 seminars on a signed for basis. (9.2.2017) These have now been completed, with a mop-up session in April 2017 (31 March 2017)**
			• One consistent pro-forma per category of plan should be issued to staff and decisions about whether PARIS or Word	March 2017	All staff using consistent proforma	COMPLETED	
			• IROs and case file auditors to ensure that quality of the plan is audited fully each month and that necessary actions are taken and followed up.	From Jan 2017 and on-going	Increased percentage of good robust plans by 5%	ONGOING	**There has been a steady increase throughout January 2017 (9.2.2017)**
			• IROs to raise DRPs when plans are not SMART and robust.	From Jan 2017 and ongoing	Poor plans are appropriately challenged.	COMPLETED	**There is evidence that plans are now being challenged by the IROs, after an analysis of recent DRPs (31 March 2017)**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Case file audit tool to be amended so there is a clearer expectation on what constitutes a good plan.	Jan 2017	Issued and expectations clarified. Inadequate audits to be re-audited within 2 months. Case file auditing and moderation	COMPLETED	**Completed and issued (9.2.2017)**
			• Child protection plans and CIN Plans need to be clear and explain what parents need to do to change their behaviour, by when, and the consequences of not sustaining any change. They must have a contingency.	From Jan 2017 and ongoing	Case audits and moderation and scrutiny of IRO (IRO effectiveness audits) and use of DRPs increase by 5% to target this issue.		**Now being picked up in auditing activity (9.2.2017)**
4	**CHILDREN LOOKED AFTER AND PERMANENCE PLANNING**						
10	**Monitor the progress of children looked after more closely at Key Stage 4 and pay greater attention to ensuring that they achieve five GCSE grades A* - C, including English and Maths**						
10.1	Monitoring progress at key stage 4	Virtual Head	• To use the current tracking system to implement Progress, Review, Intervention and Monitoring (PRIM) meetings on half term basis.	Half Termly	Meeting or exceeding expected progress	COMPLETED	These arrangements have enabled the better identification of those CLA that are on the cusp of underperformance and intervene accordingly PRIM Meetings have taken place for all pupils.

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Refocus Virtual School Governing Board scrutiny on improving outcomes for CYP	Termly		COMPLETED	VSGB has discussed the role and function of the Board and increased challenged, introduced a new performance dash board and a recorded Q and A process.
			• Develop monitoring system based on learning from Rees Report	Dec 2016		COMPLETED	Rees Report criteria being used for the reporting to the VSGB and Corporate Parenting report given in the same format.
			• CLA at key stage 4 are supported to do as well as they possibly can	Sept 2016	Percentage of CLA achieving 5 GCSEs (A*-C, including maths and English) – September 2016 we achieved 21.7% Our target is to improve on this in 2017	COMPLETED	Key State 2 to Key Stage 4 Purchased WIMBL a locked down tablet with revision guides and materials for all CLA in mainstream schools
10.2	Attention to attainment	Virtual Head	• Deliver next tranche of attachment training.		Take up of training	COMPLETED	Around 20 practitioners have completed attachment training with a further 4-scheduled within the current programme.

2nd tranche of training will be completed at the end of June 17 with some |

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
							delegates receiving Masters Points. The 3rd tranche training starting in September 17 will include Social Care.
			• Develop the Designated Teacher Handbook.			COMPLETED	
			• Purchase and use GCSE pod.		CLA progress for pupils using the GCSE pod	COMPLETED	VS have engaged with Young People and produced a film to depict the quality use of Pupil Premium Plus, which has been shared with Headteachers.
			• To train foster carers on expectations of how to support learning				
10.3	LAC should not be routinely taken out of school to meet with social workers **(DEC 2016)**	HOS	• Clear message to be given to all staff • IROs need to ensure this is not happening.	January 2017	Staff are clear regarding expectations and are only visiting children in school by exception.	COMPLETED	**All staff very clear about expectations and any exceptions to be agreed by HOS, but only in exceptional circumstances. (9.2.2017)**
10.4	Corporate Parenting strategy needs to be developed	Virtual Head	• Embed joint accountability with VSGB re-attainment plus contributing factors identified in Rees Report.	Dec 2016 and termly	Improvement in the factors identified by Rees Report	ONGOING	**Monthly Corporate Parenting Boards have now been re-established and are taking place. (31 March 2017).**

Version 17   080617

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
							Agenda Item requested for July 17 Board to nominate a Corporate Parenting Member to sit on the VSGB. **Full Council Meeting to be provided with the Annual Report of the VS in September 17.**
11	**Merge the Permanency Policy and ensure that permanence planning is pursued for all children in a timely manner and that consideration is routinely given to Foster to Adopt arrangements and concurrent planning, where appropriate.**						
11.1	Permanence planning is considered at the earliest stage and revisited throughout the child's journey	AD/Head of Service Specialist Services	• Revise permanency policy and practice guidance.	Issued by end of February 2017	One consistent approach to achieving permanency that is clear to staff – both documents to be rolled out, understood and implemented – IRO scrutiny and audit processes.	COMPLETED	**Policy and practice guidance has now been issued to staff and HOS. Workshops undertaken in April and May 2017**
			• Revise permanence Panel Terms of Reference and put into practice guidance.	Jan 2017		COMPLETED	**This meeting is now working more effectively and tracking actions, in order to evidence completion. (9.2.2017) Staff workshops set up for April 2017 (31 March 2017).** **Strategically linked to Permanence Tracker Meeting.**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Provide training on permanence Planning policy and practice standards	Apr 2017		COMPLETED	**Staff Workshops undertaken in April and May 2017.**
11.2	Permanence Plans improve outcomes for children and young people	AD/HoS/Reviewing Service	• All CLA to be on a plan for permanence by the time of the second review	From Jan 2017 onwards	Full compliance – data and auditing		**Now that we have a suite of data reflecting the journey of the child, we can monitor progress. Next progress report will be for January 2017 data (9.2.2017)**
			• Care plans must be robust and include a plan for permanence	From Jan 2017 onwards	70% target of plans to be at least RI or better		
			• Permanence planning case note to be developed in PARIS or Word so IROs can note when child is in their permanent placement	July 2017	Target – 75% of CLA who have been in care for 12 months or more who are in their permanent placement		
11.3	Actively consider Foster to Adopt arrangements in Permanence care planning	Head of Service Specialist Services	• Foster to Adopt Policy to be reviewed in line with Adopt South West	Jan 2017	COMPLETED 2% increase in number of children with a plan for foster to adopt from 2016 baseline.	COMPLETED	**First foster to Adopt placement is now underway 9.12.16.**
			• Develop and implement Foster to Adopt Practice Standard	Jan 2017		COMPLETED	

Version 17   080617

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Provide training on Foster to Adopt process and practice standard	Feb 2017		COMPLETED	
5	**CARE LEAVERS**						
12	**Develop ways for care leavers to receive clear and effective advice and guidance on their next steps, which include more formal communication to them of their entitlements**						
12.1	Improve the delivery and access to information for care leavers	YOT Manager	• Review and improve communication of care leaver entitlements , IAG and next steps via social media	Dec 2016	Care leavers know their entitlement in the various communication forms.	COMPLETED	**Hard copies and electronic copies available not to all Care Leaver's on their entitlements. (31 March 2017)**
			• Deliver revised care leaver booklet	Dec 2016	70 % of Eligible and relevant and former relevant that said they had accessed the website	COMPLETED	**No mechanism for asking young people if they've seen the website currently running via PARIS.**
			• Re-fresh care leaver website	Dec 2016	Number of website visit by monitoring usage	COMPLETED	**Outcomes- Web traffic indicates that since the introduction of the new website 30% of Care Leavers have been using the Website every month. This is an improvement from 16%.**
			• Expand and increase social media presence of care leaver service	Dec 2016	Number of former relevant and relevant	COMPLETED	**89% in touch**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
					CYP in contact need target		
13	**Ensure that the quality of pathway plans is consistently good and that care leavers are actively encouraged to contribute to the development and content of these plans**						
13.1	Pathway plans to be re-designed in consultation with young people	Care Leavers Practice Manager

Social Work Student | • Review pathway plan that reflects national best practice and young people's views | Dec 2016 | New designed and implemented pathway plan | COMPLETED | **New Pathway Plan implemented Jul 2016** |
			• Deliver and implement improved pathway plan that clearly reflect the views of young people	Dec 2016	Target 90% of pathway plans were the young person's contribution was evident	COMPLETED	**Where appropriate, Skype is being used and young people are responding particularly positively to this. (31 March 2017)**
13.2	Quality assurance processes in the care leavers team to ensure good quality pathway plans	YOT Manager	• Establish and implement QA framework for pathway plans	Dec 2016	70% target of pathway plans judged to be at least RI or better	COMPLETED	**A service meeting has been held and a robust process agreed for case file auditing and for a greater number of cases being audited. Head of Service to audit with Team Managers in order to provide additional scrutiny and challenge. 8.12.16**
13.3	Young people's forum to review pathway plans on a yearly basis.	Care Leavers Forum	• Establish Care Leavers' forum as key mechanism to obtain views on effective practice		Effective and regular forum and evidence of doing something with this information to impact service delivery and development.	COMPLETED	**Feedback collated December 2016 and ongoing**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
13.4	Pathway plans to be improved in response to feedback from MOMO app.	Care Leavers Practice Manager YOT Manager	• Ensure usage of MOMO app across the service, through provision of appropriate technology and training for staff.	Apr 2017	% of CLA 15 + who have used MOMO – target?	In process	**This will be reported in April 2017. 8.12.16**
			• Data from MOMO app to be used to review quality of Pathway Plans. Pathway plans. Case file auditing process to be used to understand the quality of pathway plans.	Apr 2017	70% target of pathway plans judged to be at least RI or better.	ONGOING	**This will be reported in April 2017 – we need to give new auditing process time to bed in. 8.12.16**

6 LEADERSHIP AND GOVERNANCE

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
14	The Chief Executive should ensure that leadership in Torbay is strong, consistent and sharply focused on improving and sustaining outcomes for children throughout children's social services						
14.1	Increase corporate oversight and understanding of CS performance, resource and outcomes	DCS / CX and AD corporate Services	• Introduce regular keep in touch meeting/teleconference between DCS & CX	Summer 2016	Latest Ofsted monitoring letters confirm positive progress. Regular meetings taking place	COMPLETED	Well informed on CS performance, budget and outcome
			• Implement monthly reporting from DCS to CX on CS performance using appropriate comparator data	Summer 2016	Latest Commissioner reports confirm positive direction and progress. Reporting taking place as expected.	COMPLETED	CX has a comprehensive overview of performance using appropriate comparators

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Children Services key decisions and plans incorporated within annual cycle of council decision making arrangements.	Summer 2016	Key decisions and plans subject to member oversight	COMPLETED	Key decisions and plans subject to review and revision by Elected Members
			• Overview & Scrutiny Working Party for Children's Services established.	Summer 2016		COMPLETED	
14.2	Corporate Parenting Board	Lead Member AD / Head of Specialist Services	• Ensure that CPB meets regularly	Dec 2016	CPB meeting regularly as expected.	COMPLETED (FEB 2017)	**CPB now meeting monthly (31 March 2017)** CPB dashboard CPB action plan
			• Develop CP strategy, Plan, refresh Pledge	July 2017	Clear strategy in place	COMPLETED	
			• Launch Pledge	Sept 2017	Pledge launched and circulated	ONGOING	
			• Training for PCB elected members by LGA arranged / provided	March 2017		COMPLETED	
15	**Improve the quality of performance management and monitoring through an improved and robust suite of data, effective and challenging management oversight and rigorous action planning**						
15.1	Deliver Management reporting tool platform	Principal Performance Manager	• Deliver new online reporting tool for all managers and populate with live performance data (first phase)	June 2016	Team managers and Services Managers critique performance and address areas for development in a timely way.	COMPLETED	**Online Tool live and available to Service Managers. Introductory sessions with all managers have been completed. 9.12.16** **Team Managers, HOS and Performance Manager**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
							meet together with the AD on a monthly basis in order to track and monitor performance on the PIs. Most PIs (with some exceptions) now have data broken down to team and individual levels. (31 March 2017)
			• Develop a suite of Performance Indicators to span the Child's Journey	December 2016	Suite of indicators distributed and understood.	COMPLETED	
			• Establish drill down function on key performance data to see practitioner and team performance	Jan 2017	Team managers and HoS critique performance and address areas for development in a timely way. These 'front sheets' for each PI to show, at a glance, how a team is doing month on month and in relation to other teams.	In process – to be completed fully April 2017	**Second phase of performance management involving service and team managers is being launch 13.12.16** **Apart from some new PIs, over 20 have been broken down to team and individual levels and are being scrutinised by Team Managers, AD, HOS and Performance Manager on a monthly basis. (31 March 2017)**
			• Introduce benchmark information across performance data	Feb 2017	70% target of practice standards where there is evidence of sustained	COMPLETED	**Benchmarks have been used in manager's monthly performance meetings. 9.12.16**

Version 17 080617

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
					improvement in performance		
			• Build further PM and service views	Sept 2017	More robust and clear management information.	ONGOING	**Second phase of performance management involving service and team managers is being launched 13/12/16 8.12.16**
15.2	Develop and implement data addressing areas for drift and delay	Principal Performance Manager	• Develop data on timeliness of decision making, visiting and assessment timeliness. (Data Gaps noted by Ofsted are addressed.)- first phase	Jun 2016	70% target of practice standards where there is evidence of sustained improvement in performance	COMPLETED	**Data on MASH decision making and visits during CIN and CPP and timeliness of assessments improved on base line Oct 15. Areas of lower performance on 1st visits are being challenged. 9.12.16**
			• Refine views of key practice compliance measures (2nd phase)	Mar 2017		COMPLETED	**A more comprehensive set of KPIs that build on existing practice standards will be launched with TMs on 13.12.16 Now launched and scrutinised at monthly performance meetings (31 March 2017)**
15.3	Re-establish performance management routine and embed	Assistant Director, Principal Performance Manager, Principal	• TMS and HOS to meet on a monthly basis with AD to review progress and agree actions – regular performance meeting	Jan 2017	Performance culture embedded at Team Manager level, so progress can be	COMPLETED AND ONGOING	**This work has started and a day with Team Managers will be held on 13 December to re-launch the performance framework.**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	performance within the culture	Business Support Manager and HoS			tracked and action taken accordingly.		**8.12.2016**
			• Each service to produce their own practice standards and service plans. The practice standards will set out expectations and the service plans will clarify how these will be met	Jan2017	All services are clear about their service standards	COMPLETED	**By January 2017, each service will have an updated set of practice standards and service plans, which highlight key priority areas. 8.12.16**
			• DCS and AD to meet with HOS and Performance Manager on a monthly basis to review progress and agree actions.	July 2016 and ongoing	Senior Managers own the data and take action accordingly	COMPLETED AND ONGOING	**Key PIs broken down to team and individual levels and Team Managers meet with AD to scrutinise the data on a monthly basis – now established practice. (31 March 2017)**
			• Tracker systems to be implemented in each service, with the purpose of enabling the HOS, on an ongoing operational basis, to track individual performance activity and deal with areas of concern as they arise and put them right.	Feb 2017 Oct 2016	Services have a system to track management information for their service.	COMPLETED	**A visiting tracker has already been implemented. The full tracker will be available to use from 13 December 2016. 8.12.16**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Develop performance reports for key governance and decision making forums – corporate reporting, Children's Improvement Board, Lead member / CX , Corporate Parenting Board (first draft)	Aug 2016	Service Managers and Team managers able to provide own narrative on progress and use data to inform service plans	COMPLETED	Q2 Evidence that improvement actions routinely addressed
			• TSCB performance reporting (CS element) – first draft	Dec 2016	TSCB own the data and understand trends and issues needing action in key areas.		
			• Develop routine reports on the quality outcomes of case audits KPIs via LOGI	Feb 2017	Overview of practice quality readily available to DCS,AD, team and service managers every month		Overview of case audits begins to be reported in monthly meetings
			• Develop routine reports on what children are saying (from MOMO)	May 2017	% of CLA who have used MOMO – target 40%		CLA overview of feedback begins to be reported in monthly meetings
15.4	Refine and update PARIS forms to reflect practice and additional information needs	Principal Performance Manager	• Develop, refine PARIS forms as specified by Ofsted recommendations and remove and reduce unused and forms and fields from PARIS. • **Phase 1 -** Revised SA and Sec 47	 Nov 2016	Number of forms revised (and simplified) since April 2016	 COMPLETED	Q1 Introduce event based case notes – setting up event based notes , referral return letter

35

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			Refine case notes Refine overview checks SoS CPP plan New LADO forms Reduce and remove off line additional SARS forms Audit form Performance Overview for SARS Update CWD CIN coding Address missing data items in Adoption Team Visiting tracker **Phase 2** Legal tracker Fostering service electronic recording CLA review forms Refine Early recording Case supervision form Professional supervision form Refine Missing and CSE capture	Sept 2017			Q2 – Address LADO, IRO and Single Assessment, Sos Plan, Audit tool, **Q3 – Address recording of non CIN, additional case notes for PLO and Case supervision 9.12.16** **Q4 legal tracker Start working on Fostering and finalise Adoption, Perm planning and personal supervision 9.12.16**
			• Upgrade Paris to keep in line with latest releases	Mar 2017	CS staff benefit from removal of known system errors	COMPLETED AND ONGOING	**Q4 latest version due to be rolled out in February – testing of new version already underway 9.12.16**
16	Ensure that audits are routinely embedded and learning from audit activity and training is systematically evaluated and contributes to a learning culture with the organisation						
16.1	Implement a new audit tool	Lead Auditor	• Develop and implement new case audit tool		New audit tool on PARIS	COMPLETED	Quarterly audit report demonstrates compliance with new audit arrangements

Version 17 080617

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• Roll out training and guidance to auditors		70% target of cases audited as at least RI or better	COMPLETED	
			• All requested audits to be completed without exceptions OVERSIGHT OF Audit activity to be implemented.	From Jan 2017 and on-going	90% compliance minimum	COMPLETED	**Quarterly report March 2017 will evidence Evidenced in MARCH 2017 report (31 march 2017) All completed with wash up sessions in April (31 March 2017)**
			• Mandatory seminars for all auditors on what good looks like (assessment and planning) to take place		Evidence of attendance.	COMPLETED	**Signed attendance.**
16.2	Improve Audit Activity	AD/HoS/Lead Auditor	• Audit tool to be updated to include strategy meetings and expectations about plans and assessments only 1 risk limiting judgement	22/23 Feb and 1/2/7/9 March 2017	Evidence through audit activity of auditors having a better understanding of 'good' Includes issues raised from OFSTED Dec 2016 visit	COMPLETED AND ISSUED	
			• Robust process for tracking actions from audits to be put in place by lead auditor	Jan 2017	All actions being tracked and acted upon	COMPLETED – IN PLACE	**Now in place and being tracked by HOS and lead auditor. 31.March 2017**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			• All inadequate audits to be re-audited after 2 months and this to be tracked by lead auditor	Jan 2017	All inadequate audits re-audited and improvements shown	COMPLETED	**This is now taking place (31 March 2017)**
			• Lead auditor to provide 1:1 audit support for new auditors and those targeted as needing support	Jan 2017	All auditors are confidant in auditing activity	COMPLETED	**Happening where needed (31 March 2017)**
			• Monthly audit moderation to take place with a focus on consistent judgements	Feb 2017 and ongoing	Consistent judgements in evidence	COMPLETED	**Taking place with HOS and lead auditor (31 March 2017)**
			• Updated audit form and guidance to be issued at seminars and sent out afterwards	Sept 2016 and ongoing	HoS can take actions earlier	COMPLETED	
			• HoS for QA to complete a monthly report on audit activity and this should be a standing item on the HoS meeting agenda	Jan and Feb 2017	All auditors and staff clear on expectations	COMPLETED	**February report presented to monthly performance meeting (31 March 2017)**
			• Lead auditor to complete a quarterly report on learning lessons from audits and this to be disseminated to all staff. Both reports above to link, for consistency.	Feb 2017 and ongoing	Staff actively learning from audit activity	COMPLETED	**Lead auditor has completed a report for between Dec-March 2017 (31 March 2017)**
17	**Ensure that Leadership and Management of HoS and TMs is robust**						
17.1	Management decisions must be recorded and	AD/HoS/Lead Auditor TMs/HOS	• Team Managers to be briefed on expectations by HoS	Jan 2017	Team Managers clear on expectations	COMPLETED	**Better evidenced now through case file auditing (31 March 2017)**

Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	provide a clear rationale for decisions (Ofsted Dec 2016)						
			• HoS to audit and raise with Team Managers if management decisions/their rationale is not recorded	Feb 2017	Audit compliance and evidence in audits	ONGOING	**Dec-March progress report completed by lead auditor (31 March 2017)**
			• Progress to be reported on by lead auditor	March 2017	Evidence of improvement	ONGOING	
17.2	Supervision needs to take place and better **evidenced (Ofsted DEC 2016)**	AD/HoS/Lead auditor	• One consistent template and practice guidance to be issued to staff	Feb 2017	Consistent practice across the board		
			• Quarterly supervision audits to take place	From Sept 2017	Consistent practice across the board, evidenced through case auditing.		
17.3	Practice decisions and governance structure needs to be in place	AD	• Fortnightly HoS meeting with AD to be set up, so that decisions are taken and discussed by the leadership group	Dec 2016	Shared ownership and structure for decision making		
17.5	Learning from serious case reviews needs to be better utilised **(OFSTED DEC 2016)**	AD/HOS/WDO	• Head of Safeguarding and QS to provide regular updates from learning from SCR's and IMR's.	March 2017	Staff understand the lessons and use to inform practice, evidenced through case auditing.		**Information from SCRs now inputted into staff learning space intranet page. (31 March 2017)**