

# Torbay Children's Services: Improvement Action Tracker

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
<b>1</b>	<b>CHILDREN IN NEED OF HELP OF PROTECTION</b>						
<b>1</b>	<b>Ensure that assessments are timely, proportionate and effectively identify the risks and needs and protective factors, leading to appropriate and measurable plans</b>						
<b>1.6</b>	Consistent application of CP thresholds and CP process	Head of Service MASH/ SA	<ul style="list-style-type: none"> <li>Performance reporting to capture Heads of Service oversight</li> <li>Head of Service oversight of Sec 47 going to ICPC</li> </ul>	Sept - Nov 2017	Evidence from performance reporting and case file audits will indicate correct threshold.	ONGOING	<b>HoS automatically notified on all section 47s completed including those potentially returning to a Plan for a second time. 9.12.16.</b>
		Head of Service SASF	<ul style="list-style-type: none"> <li>Ensure that core groups are developing child protection plans. <b>(OFSTED DEC 2016)</b> Training to IROs on what is expected and what they should be challenging.</li> <li>Review of all CP that has ended at 3 mths (in last 6 mths)</li> </ul>	From Jan 2017 and ongoing  By end Sept 17	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	PART COMPLETED	<b>Audit activity has revealed some inconsistency around the function of core groups and this has been addressed in the service concerned. (9.2.2017)</b>
<b>1.7</b>	Reduce number of single assessments that result in no further intervention	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> <li>Within Performance Management implement measure to track proportion of assessment stepped down.</li> </ul>	By end Sept 17	2 % target reduction from current baseline	REVIEW	
<b>2</b>	<b>Ensure that timely decisions are made on contacts and referrals and that initial visits to children are prompt</b>						
<b>2.1</b>	All contacts/referrals to be screened within 24 hours.	Head of Service MASH/ SA	<ul style="list-style-type: none"> <li>Performance reporting to specify distribution of working days from contact to referral outcome.</li> </ul>	Phase 2	Correct intervention at appropriate	REVIEW	<b>The 2nd phase of performance data showing service and team manager's</b>

## Torbay Children's Services: Improvement Action Tracker

			<ul style="list-style-type: none"> <li>Performance reporting to specify 24hrs and 48hrs</li> </ul>	Phase 3  Mar 2017 (LOGI) version	<p>threshold will be applied.</p> <p>Target – 85% of contacts where a decision was made within 24 hours</p> <p>Appropriate decision making for a minority of contacts to be actioned at 48 hrs instead of 24 hrs</p>		<p>views will be launched on 13/12/12. 9.12.16</p> <p>In February 2017, over 80% of contacts had a decision within 24 hours. (31 March 2017)</p> <p>To maintain target of 85% in 24 hrs but to ensure appropriate % decision – audit of MASH</p>
2.2	Children in need to be seen within 5 working days of referral outcome.	Head of Service MASH/ SA	<ul style="list-style-type: none"> <li>Performance data to specify out of time assessments scheduled in that reporting month and the distribution of working days until child seen.</li> <li>Audit of CiN cases to consider quality of planning Torbay Audit process</li> </ul>	Phase 2 Mar 2017 (LOGI) version  Sept 17	<p>90% target - referrals where the child was seen within 5 working days (SA)</p> <p>Visit on PARIS and plan identifying intervention is present and KPI is met</p>		<p>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).</p> <p>Performance A</p>
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	<ul style="list-style-type: none"> <li>Performance data to specify out of time assessments scheduled in that reporting month and the distribution of working days until child seen.</li> </ul>	Phase 2 Mar 2017 (LOGI) version	<p>Target 90% of referrals where the child was seen within 1 working days (Sc 47)</p> <p>Performance reporting reviewed</p>	COMPLETED	<p>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</p>

# Torbay Children's Services: Improvement Action Tracker

							performance meetings (31 March 2017) Figure for July
2.4	Consistent application of Signs of Safety model by CP Chairs	Head of Service Safeguarding  Improvement Partner	<ul style="list-style-type: none"> <li>• Observations of CP Conferences</li> </ul>	Sept 17	Consistent delivery of CP and planning	Ongoing	
2.5	CiN work is robustly managed and confidence is high in its delivery	Head of Service SASF  AD	<ul style="list-style-type: none"> <li>• Team Manager to oversee CiN meetings</li> <li>• Review of allocation CiN</li> <li>• CiN Protocol</li> </ul>	Sept 17  Oct 17	Increase in confidence in CiN by partners to help children and families	Ongoing	
2.6	Quality of CiN work resulting in diversion from CP/LAC	AD  Improvement Partner	<ul style="list-style-type: none"> <li>• CiN/CP Practice review</li> <li>• Review of documentation</li> <li>• Workshop for Managers on what can be provided at CiN</li> </ul>	C	CiN wk results in reduction of CP + does not increase re-referral rate	Review 27 – 29 Sept	
2.7	CiN is supported by robust Business Support functions	BS Manager	<ul style="list-style-type: none"> <li>• Review of business processes</li> <li>• Review of quality of minutes and timeliness of meeting invites, etc.</li> </ul>	Sept 17	Increase in partner engagement at CiN meetings. Timeliness of all notes/reports and confidence in CiN process is reported by partners at the CIB	Ongoing	
2.8	CiN is not supported by partners due to focus/demand of CP work	TSCB  Partner agencies  AD  Head of Safeguarding	<ul style="list-style-type: none"> <li>• Sharing of updated protocol</li> <li>• CiN meetings structured</li> <li>• CiN meetings TM chair</li> </ul>	Sept 17	Increase in CiN attendance by partners  Reduction of cancellations	Ongoing	

# Torbay Children's Services: Improvement Action Tracker

<b>4</b>	<b>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</b>						
<b>4.1</b>	Children who go missing to be offered a return home interview within 72 hours of their return	HOS for Safeguarding and QA	<ul style="list-style-type: none"> <li>review contractual arrangements with existing service provider</li> </ul>	Sept 2017	Provider meets contractual arrangements.	REVIEW	<b>This is an improving picture with the % of RHI completed in 72 hours rising to 80% in Q4 (11/04/17).</b>  <b>Figure for July</b>
			<ul style="list-style-type: none"> <li>issue contract variation</li> </ul>	Sept 2017	Target – 80% of young people who were provided with a return home interview within 72 hours	REVIEW	
		Commissioning Manager	<ul style="list-style-type: none"> <li>Review return home interview practice standards within Audits CSE</li> </ul>	Oct 17 2016	Compliance + Equality		
<b>4.2</b>	Monitor and analyse information from return home interviews in order to improve future practice	ATMIFSS	<ul style="list-style-type: none"> <li>Review PARIS template to ensure that all missing data is recorded on PARIS</li> </ul>	Oct 2017	Performance reporting provides assurance against set target		
		CS Performance Lead	<ul style="list-style-type: none"> <li>Review LOGI report to monitor volume and timeliness of return home interviews</li> </ul>	Oct 2017	Performance reporting provides assurance against set target		
	HOS for Safeguarding and QA						
<b>5</b>	<b>Ensure that the number of children at risk of CSE is known and actions plans are in place</b>						
<b>5.1</b>	Consolidate strategic response to the risk of CSE	Head Early Help	<ul style="list-style-type: none"> <li>Missing, Exploited and Trafficked Sub-Group to be reviewed – Observation by SLT</li> </ul>	Aug 2017 Sept 17	Clear arrangements to identify and monitor Children at risk of CSE	REVIEW	<b>ToR to be attached</b>
		TSCB	<ul style="list-style-type: none"> <li>Ensure that MACSE and Missing Monday Meetings facilitate mapping of</li> </ul>	Aug 2017	Clear arrangements to identify and monitor Children at risk of CSE	REVIEW	<b>Data being collected, collated and reported to MET subgroup -</b>

# Torbay Children's Services: Improvement Action Tracker

			risk activity and this is reported to the MET subgroup REVIEW	Sept 17			
5.2	Monitor and analyse information from CSE risk assessments	Head of Early Help	<ul style="list-style-type: none"> <li>Ensure all cases identified as being at risk of CSE are known</li> </ul>	Sept 2017	Provide data from PARIS to CSE business support		<b>Request has been made to PARIS for indicator box</b>
			<ul style="list-style-type: none"> <li>Ensure all cases with CSE have an assessment in the form of the CSE toolkit and this is reviewed</li> </ul>	Sept 2017	Compliance with assessments and reviews		<b>This is being monitored through CSE spreadsheet. Ongoing work to streamline with Early Help tracking</b>
		Lead Auditor	<ul style="list-style-type: none"> <li>Monitor quality of assessment and plans in relation to CSE through CSE Audit</li> </ul>	Oct 2017	Audits show improvement in quality of assessment and planning		
		Lead Auditor	<ul style="list-style-type: none"> <li>Monitor equality of service- for example, boys at risk of CSE through CSE Audit</li> </ul>	Oct 17	Audit identifies that vulnerable groups are being identified.		
5.3	Ensure that the interventions in relation to CSE are effective	Head of Early Help	<ul style="list-style-type: none"> <li>Audit CSE toolkit outcomes and disseminate effective practice</li> </ul>	Oct 2017	Supervisions and case audits will identify if CSE audit toolkit is being used.		
			<ul style="list-style-type: none"> <li>Review CSE Champions support best practice interventions</li> </ul>	Oct 2017	Notes from CSE Champions Meetings		
5.4	Ensure CSE/Missing whole co-ordinated system response	AD TSCB Partners	<ul style="list-style-type: none"> <li>TSCB: data available across the system to develop</li> <li>To develop a strategic action plan including partner agencies responsibilities to CSE.</li> </ul>	Oct 17	Reduction of risk re. missing/CSE		
<b>2</b>	<b>PARTNERSHIP WORKING</b>						
<b>7</b>	<b>Work effectively with partnerships to ensure that children receive timely and effective early help and assessments and plans are in place for each child</b>						

# Torbay Children's Services: Improvement Action Tracker

<b>7.2</b>	Early Help Assessments are comprehensive and reflect the right threshold of need	Head of Early Help TSCB	<ul style="list-style-type: none"> <li>Develop and implement EH practice standards, as part of work in 7.1</li> </ul>	July 2017	Improved, consistent thresholds and coherent pathways to intervention, as evidenced in case file audits.	ONGOING	<p>Partners are confident in multi-agency TAF working within the community.</p> <p>Partners are confident in completing EH assessments and TAF plans. More detailed data/audit activity needed.</p>
			<ul style="list-style-type: none"> <li>Develop and implement EH audit tool as part of work in 7.1</li> </ul>	Sept 2017	The audit tool is being effectively used.	COMPLETED	<p>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)</p>
<b>7.3</b>	Children receive a timely response for EH and targeted intervention	HOS Early Help FIT Team Improvement partner	<ul style="list-style-type: none"> <li>Review role of Targeted panel and processes, as part of the Early Help Strategy refresh in consultation with the Improvement Partner.</li> </ul>	Sept 27 – 29 Sept/Oct 17	Children receive an appropriate and timely response, based on robust assessment – case file auditing/direct observation MASH/Targetted Panel/FIT Partners demonstrate an understanding of the new process and are using the targeted panel appropriately.		<p>Data needs to show improvement in Targetted Panel referrals</p>

# Torbay Children's Services: Improvement Action Tracker

					The TSCB Early Help Board have a strong understanding of need and are appropriately responded with a partnership offer.		
<b>8</b>	<b>Ensure that the threshold for a referral to the Designated Officer is well understood across the partnership</b>						
<b>8.1</b>	Ensure that the threshold for a referral to the designated officer is well understood across the partnership	HOS for Safeguarding and QA  CS Performance Lead  Improvement Partner	<ul style="list-style-type: none"> <li>Undertake a thematic audit on LADO</li> <li>Review role of LADO within IRO Service</li> </ul>	Sept 2017  Oct 17	LADO referrals are appropriate and partners demonstrate confidence in both using the LADO process and the subsequent outcomes.	ONGOING	
<b>9</b>	<b>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</b>						
<b>9.1</b>	Ensure that domestic abuse work has a clear strategy and action plan	Children's Commissioner / TSCB Domestic Abuse work	<ul style="list-style-type: none"> <li>Convene multi agency workshop to review current arrangements and begin to shape future provision</li> </ul>	Oct 17	Strategy and action plan are in place.		
<b>9.2</b>	EDS provides a timely and effective service to children out of hours	Children's Commissioner / TSCB' HoS Targeted Intervention	<ul style="list-style-type: none"> <li>Work with Improvement Partner to review Out of Hours arrangements within the context of the new Delivery Model..</li> </ul>	April 2018	Children are kept safe.		
<b>3</b>	<b>SAFEGUARDING AND QUALITY ASSURANCE</b>						

# Torbay Children's Services: Improvement Action Tracker

10 Strengthen the quality assurance role in Independent Reviewing Officer and Child Protection and Chairs and ensure that reviews and conferences result in effective information							
10.2	Implement Signs of Safety Approach	HOS Safeguarding and QA / Senior IRO	<ul style="list-style-type: none"> <li>Exercise to understand the way professionals apply the scale of risk factors within child protection conferences. <b>(OFSTED DEC 2016)</b></li> </ul>	Sept 2017	Confusion is minimised and there is one clear consistent message to parents/children and young people and professionals.	ONGOING	<b>Desk top review of scoring underway to establish trends is ongoing.</b>
10.3	Monitor and analyse service specific performance information	HOS Safeguarding and QA CS Performance Lead  HOS Safeguarding and QA	<ul style="list-style-type: none"> <li>Develop a LOGI PARIS report that captures agreed data set and monitors compliance with practice standards for CP Chairs and IROs</li> </ul>	To be completed by end of 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)	<b>Performance data delivery date required</b>
10.4	Ensure IROs and CP Chairs provide effective scrutiny and <b>challenge (Ofsted Dec 2016)</b>	AD/HoS for this service  Improvement partner	<ul style="list-style-type: none"> <li>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</li> <li>Observations of ICPC + Reviews</li> </ul>	Sept  Oct	Learning from audits is embedded into the service. Audits over time demonstrate improved practice and better consistency.		
10.5	CLA, CPPs, pathway plans should be SMART and well <b>established (Ofsted Dec 2016)</b>	AD/HoS/IROs/Lead Auditor	<ul style="list-style-type: none"> <li>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.</li> </ul>	From Jan 2017 and on-going	Increased percentage of work across the system where the practice standards are fully met.	ONGOING	<b>There has been a steady increase throughout January 2017 (9.2.2017)</b>  <b>Recent data</b>

# Torbay Children's Services: Improvement Action Tracker

		Lead auditor/IROs/AD/HoS  Improvement partner	<ul style="list-style-type: none"> <li>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.</li> <li>CiN Audit</li> <li>CLA/CDS – deep dive re. quality</li> </ul>	From Jan 2017 and ongoing  Sept 17  Sept 17	Increased percentage of work across the system where the practice standards are fully met.		Now being picked up in auditing activity (9.2.2017)
<b>4</b>	<b>CHILDREN LOOKED AFTER AND PERMANENCE PLANNING</b>						
<b>11</b>	<b>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</b>						
<b>11.1</b>			<ul style="list-style-type: none"> <li>CLA at key stage 4 are supported to do as well as they possibly can</li> </ul>	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

## Torbay Children's Services: Improvement Action Tracker

11.2	Attention to attainment	Virtual Head	<ul style="list-style-type: none"> <li>Deliver next tranche of attachment training.</li> </ul>		Take up of training Including the take up of education and social care professionals.	Review for 17/18	The 3 <sup>rd</sup> tranche training starting in September 17 will include Social Care.
		HoS Fostering	<ul style="list-style-type: none"> <li>To train foster carers on expectations of how to support learning</li> </ul>				
11.4	Corporate Parenting strategy needs to be developed	Virtual Head	<ul style="list-style-type: none"> <li>Embed joint accountability with VSGB re-attainment plus contributing factors identified in Rees Report.</li> </ul>	Dec 2016 and termly	Improvement in the factors identified by Rees Report Positive indicators that lead to improved outcomes are enhanced. For example placement stability.	ONGOING	<p><b>Monthly Corporate Parenting Boards have now been re-established and are taking place. (31 March 2017).</b></p> <p><b>Agenda Item requested for July 17 Board to nominate a Corporate Parenting Member to sit on the VSGB.</b></p> <p><b>Full Council Meeting to be provided with the Annual Report of the VS in September 17.</b></p>
11.5	Development of wider participation strategy including the role of Children and young people and Care leavers in the Corporate Parenting Group	AD Education and AD Safeguarding HOS Specialist Services  Virtual Head	<ul style="list-style-type: none"> <li>Development of Participation strategy</li> <li>Proposal developed to ensure joint responsibility VH and HOS for CPG delivery and the Children in Care Council and Care leavers Council</li> </ul>	Sept/Oct 17	The views of young people impact upon service design and provision.		
12	<b>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.</b>						

# Torbay Children's Services: Improvement Action Tracker

12.2	Permanence Plans improve outcomes for children and young people	AD/HoS/Reviewing Service	<ul style="list-style-type: none"> <li>All CLA to be on a plan for permanence by the time of the second review</li> <li>Review permanency plans</li> </ul>	From Jan 2017 onwards Sept/Oct 17	Full compliance – data and auditing		<p><b>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)</b></p> <p><b>Update required</b></p>
		Improvement Partner	<ul style="list-style-type: none"> <li>Care plans must be robust and include a plan for permanence</li> </ul>	From Jan 2017 onwards	70% target of plans to be at least RI or better		
		Performance Lead	<ul style="list-style-type: none"> <li>Permanence planning case note to be developed in PARIS or Word so IROs can note when child is in their permanent placement</li> </ul>	Oct 2017	Target – 75% of CLA who have been in care for 12 months or more who are in their permanent placement		
12.3	Actively consider Foster to Adopt arrangements in Permanence care planning	Head of Service Specialist Services	<ul style="list-style-type: none"> <li>Provide training on Foster to Adopt process and practice standard for all new starters</li> </ul>	Feb 2017	Reduction of placement moves for Children moving to adoption.	Oct 17	
<b>5</b>	<b>CARE LEAVERS</b>						
<b>14</b>	<b>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</b>						
14.3	Young people's forum to review pathway plans on a yearly basis.	Care Leavers Forum	<ul style="list-style-type: none"> <li>Establish Care Leavers' forum as key mechanism to obtain views on effective practice</li> </ul>		Effective and regular forum and evidence of doing something with this information to impact service delivery and development.	COMPLETED	<b>Feedback collated December 2016 and ongoing</b>
14.4	Personal Advisor and Assistant Manager capacity required to	DCS / AD HOS Care Leavers	<ul style="list-style-type: none"> <li>Business case to increase the PA and ATM to meet the capacity issues (OFSTED July 2017)</li> </ul>	Sept 17	To improve outcomes for Care leavers identified through		

## Torbay Children's Services: Improvement Action Tracker

	enable appropriate delivery of the Care leavers service				EET opportunities and appropriate accommodation.		
14.5	Visiting and Contact arrangements need to be in line with Regulation and discussed with young person and specified in the Pathway plan	HOS Care Leavers PM Care leavers	Clear policy and performance reporting to be based on statutory requirements.  Revise Practice Standards for Care leavers services in line with Children Act	Sept 17	Practice Standards compliant with Children Act legislation.  Performance monitoring against practice standard.		
14.6	Access to public housing for care leavers is limited by a corporate failure to ensure that there is enough housing provision for young people. As a result, many care leavers live in privately-rented accommodation that lacks the security that social housing affords.	HOS Care leavers  Housing  Commissioning lead	Co-working with housing and commissioning- particularly in relation to homelessness reduction act.		Sufficiency Strategy to include Care Leavers Housing Offer.		
14.7	The local authority ring fences some apprenticeship						

## Torbay Children's Services: Improvement Action Tracker

	opportunities for care leavers. However, the number available does not demonstrate sufficient corporate commitment to prioritising employment opportunities for Care Leavers in the authority. care leavers						
14.8	Mental Health provision needs to be available to support to care leavers.	Commissioning lead  Camhs	Re-commissioning of CAMHS service to include offer to Care Leavers in relation to emotional and mental health.		Clear pathway to meeting mental health needs for Care Leavers.		
<b>6</b>	<b>LEADERSHIP AND GOVERNANCE</b>						
15	<b>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</b>						
15.2	Corporate Parenting Board	Lead Member AD / Head of Specialist Services	<ul style="list-style-type: none"> <li>Ensure that CPB meets regularly</li> </ul>	Dec 2016	CPB meeting regularly as expected.	COMPLETED (FEB 2017)	<b>CPB now meeting monthly (31 March 2017)</b> CPB dashboard CPB action plan
			<ul style="list-style-type: none"> <li>Develop CP strategy, Plan, refresh Pledge</li> </ul>	July 2017	Clear strategy in place	COMPLETED	

## Torbay Children's Services: Improvement Action Tracker

			<ul style="list-style-type: none"> <li>Launch Pledge</li> </ul>	Sept 2017	Pledge launched and circulated	ONGOING	
15.3	Corporate Parenting Group	Lead Member AD/Head of Specialist Services	<ul style="list-style-type: none"> <li>Attendance of Care leavers</li> </ul>	Dec 17	Corporate direction for Care leavers		
15.4	Achievements of Children in Care and Care Leavers are celebrated.	Lead Member DCS AD Head of Specialist Services / Virtual Head	<ul style="list-style-type: none"> <li>Proposal developed for Children in care and Care leavers awards event</li> </ul>	Sept 17	Celebration of Children in care and Care leavers event		
16	<b>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</b>						
16.1	Deliver Management reporting tool platform	Principal Performance Manager	<ul style="list-style-type: none"> <li>Deliver new online reporting tool for all managers and populate with live performance data (first phase)</li> <li>Identify gaps in delivery and plan whole system delivery</li> </ul>	Dec 17  Sept 17	Team managers and Services Managers critique performance and address areas for development in a timely way.  SLT approve timetable for delivery	Ongoing	<p><b>Online Tool live and available to Service Managers. Introductory sessions with all managers have been completed. 9.12.16</b></p> <p><b>Team Managers, HOS and Performance Manager 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)</b></p>

## Torbay Children's Services: Improvement Action Tracker

			<ul style="list-style-type: none"> <li>Establish drill down function on key performance data to see practitioner and team performance</li> <li>Deliver to all TM/PM across the system</li> </ul>	Dec 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.		<p><b>Second phase of performance management involving service and team managers is being launch 13.12.16</b></p> <p><b>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)</b></p>
			<ul style="list-style-type: none"> <li>Build further PM and service views</li> </ul>	Dec 2017	More robust and clear management information.	ONGOING	<p><b>Second phase of performance management involving service and team managers is being launched 13/12/16 8.12.16</b></p>
16.2	Develop and implement data addressing areas for drift and delay	Principal Performance Manager	<ul style="list-style-type: none"> <li>Develop data on timeliness of decision making, visiting and assessment timeliness. (Data Gaps noted by Ofsted are addressed.)- first phase</li> <li>Review of reporting following Ofsted Monitoring visit July 17</li> </ul>	Oct 17	70% target of practice standards where there is evidence of sustained improvement in performance	REVIEW	<p><b>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 1<sup>st</sup> visits are being challenged. 9.12.16</b></p>
			<ul style="list-style-type: none"> <li>Refine views of key practice compliance measures (2<sup>nd</sup> phase)</li> <li>Review following requirements in light of Ofsted July 17 visit</li> </ul>	Oct 2017	Full suite of KPI's	REVIEW	<p><b>A more comprehensive set of KPIs that build on existing practice standards will be launched with TMs on 13.12.16</b></p>

## Torbay Children's Services: Improvement Action Tracker

							Now launched and scrutinised at monthly performance meetings (31 March 2017)
<b>16.3</b>	Re-establish performance management routine and embed performance within the culture	Assistant Director, Principal Performance Manager, Principal Business Support Manager and HoS	<ul style="list-style-type: none"> <li>TMS and HOS to meet on a monthly basis with AD to review progress and agree actions – regular performance meeting</li> </ul>	Jan 2017	Performance culture embedded at Team Manager level, so progress can be tracked and action taken accordingly.	COMPLETED AND ONGOING	<b>This work has started and a day with Team Managers will be held on 13 December to re-launch the performance framework. 8.12.2016</b>
			<ul style="list-style-type: none"> <li>DCS and AD to meet with HOS and Performance Manager on a monthly basis to review progress and agree actions.</li> </ul>	July 2016 and ongoing	Senior Managers own the data and take action accordingly	COMPLETED AND ONGOING	<b>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)</b>
			<ul style="list-style-type: none"> <li>TSCB performance reporting (CS element)</li> </ul>		TSCB own the data and understand trends and issues needing action in key areas.	REVIEW	
			<ul style="list-style-type: none"> <li>Develop routine reports on the quality outcomes of case audits KPIs via LOGI</li> </ul>		Overview of practice quality readily available to DCS,AD, team and service managers every month	Ongoing	Overview of case audits begins to be reported in monthly meetings

## Torbay Children's Services: Improvement Action Tracker

		Lead Auditor	<ul style="list-style-type: none"> <li>Develop routine reports on what children are saying</li> <li>Review use of MOMO</li> <li>Consider participation strategy</li> </ul>	May 2017 Oct 17	% of CLA who have participated		CLA overview of feedback begins to be reported in monthly meetings
16.4	Refine and update PARIS forms to reflect practice and additional information needs	Principal Performance Manager	<ul style="list-style-type: none"> <li>Develop, refine PARIS forms as specified by Ofsted recommendations and remove and reduce unused and forms and fields from PARIS.</li> </ul> <p><b>Phase 2</b> Legal tracker Fostering service electronic recording CLA review forms Refine Early recording Case supervision form Professional supervision form Refine Missing and CSE capture</p> <ul style="list-style-type: none"> <li>Chronology of wks required</li> </ul>	Sept 2017  Sept 17	Number of forms revised (and simplified) since April 2016		<p>Q1 Introduce event based case notes – setting up event based notes , referral return letter</p> <p>Q2 – Address LADO, IRO and Single Assessment, Sos Plan, Audit tool,</p> <p><b>Q3 – Address recording of non CIN, additional case notes for PLO and Case supervision 9.12.16</b></p> <p><b>Q4 legal tracker Start working on Fostering and finalise Adoption, Perm planning and personal supervision 9.12.16</b></p>
			<ul style="list-style-type: none"> <li>Upgrade Paris to keep in line with latest releases</li> </ul>	Mar 2017	CS staff benefit from removal of known system errors	COMPLETED AND ONGOING	<p><b>Q4 latest version due to be rolled out in February – testing of new version already underway 9.12.16</b></p>
			<ul style="list-style-type: none"> <li>Chronology of work</li> </ul>	Sept 17			

# Torbay Children's Services: Improvement Action Tracker

16.5		Principal Commissioner – Special Projects  Lead Auditor	<ul style="list-style-type: none"> <li>Report on YP Engagement with CS</li> </ul>	Oct 17	% YP who have engaged in service development		
16.6	Performance information and data to identify strengths and weaknesses and track outcomes for care leavers is not complete and of the quality required for the delivery of the service	Performance lead  HOS Care leavers	<ul style="list-style-type: none"> <li>OFSTED 2017 Important omissions in the collection of performance information in relation to care leavers remain. Senior leaders do not have access to data regarding the frequency of visits to care leavers keeping in touch with care leavers and the number of care leavers placed out of area, the stability of their accommodation or the number who contribute to their pathway plan.</li> </ul>	Sept 17	To ensure the data is correct and in line with Statutory Guidance  To ensure management oversight is in place within the Care leaver's service to ensure improved outcomes for Young people.		
17	<b>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</b>						
17.1	Implement a new audit tool	Lead Auditor	<ul style="list-style-type: none"> <li>Develop and implement new case audit tool</li> <li>Review/update Audit tool following Ofsted Monitoring visit</li> </ul>	Sept 17	New audit tool on PARIS	COMPLETED	Quarterly audit report demonstrates compliance with new audit arrangements
			<ul style="list-style-type: none"> <li>Update training and guidance to auditors via HoS</li> </ul>		Audits completed each month.	Sept 17	
17.2	Improve Audit Activity	AD/HoS/Lead Auditor	<ul style="list-style-type: none"> <li>All requested audits to be completed without exceptions OVERSIGHT OF Audit activity to be implemented.</li> <li>Review following Ofsted July 17</li> </ul>	From Jan 2017 and on-going	90% compliance minimum	COMPLETED  REVIEW	<b>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)</b>

## Torbay Children's Services: Improvement Action Tracker

17.3			<ul style="list-style-type: none"> <li>• Actions following Audit activity to be dealt with immediately + learning shared with service areas within the month</li> </ul>	Sept 17	Actions for audits completed within timescale		
17.4	Lack of observations of practice by SLT/HoS	DCS/AD/HoS/Lead Auditor	<ul style="list-style-type: none"> <li>• Programme of observations to be developed</li> <li>• Process to be developed and agreed</li> </ul>	3 <sup>rd</sup> week Sept	Senior leadership will have understanding of practice across the services.		
<b>18</b>	<b>Ensure that Leadership and Management of HoS and TMs is robust</b>						
			<ul style="list-style-type: none"> <li>• Progress to be reported on by lead auditor</li> </ul>	Oct 2017	Evidence of improvement	ONGOING	
18.2	Supervision needs to take place and better evidenced (Ofsted DEC 2016)	AD/HoS/Lead auditor	<ul style="list-style-type: none"> <li>• One consistent template and practice guidance to be issued to staff</li> </ul>	Feb 2017	Consistent practice across the board		
			<ul style="list-style-type: none"> <li>• Quarterly supervision audits to take place</li> </ul>	From Sept 2017	Consistent practice across the board, evidenced through case auditing.		
18.3	Practice decisions and governance structure needs to be in place	AD	<ul style="list-style-type: none"> <li>• Fortnightly HoS meeting with AD to be set up, so that decisions are taken and discussed by the leadership group</li> </ul>	Dec 2016	Shared ownership and structure for decision making		
18.5	Development of HOS in relation to management and leadership of their service within a whole system response	AD/HoS Improvement partner	<ul style="list-style-type: none"> <li>• Away session (1 day) for HOS on roles and expectations and agreed work plan going forward.</li> <li>• Link HoS with matched partner from Hampshire</li> </ul>	Day one – 16th August  27 – 29 Sept	HOS management group to develop ownership and responsibility for delivery both at a strategic and operational level of their services and impact and influence across the Children's and wider systems.		

## Torbay Children's Services: Improvement Action Tracker

<b>18.6</b>	Team managers understanding the vision and focus for improvement	AD/HoS	<ul style="list-style-type: none"> <li>AD to attend all managers' meetings in Sept/Oct</li> <li>HofS to have a standing item in management meetings re Ofsted improvement</li> </ul>	Oct 2017	Leadership and management is displayed in the authority.		
<b>18.7</b>	Managers and staff to understand the vision and improvement journey	SLT	<ul style="list-style-type: none"> <li>All staff away day</li> </ul>	Sept 2017	To ensure all staff have a clear understanding of the vision for Torbay Children services and the improvement journey to enable this to be achieved.		
<b>18.8</b>	To ensure the quality of team managers in relation to safeguarding and decision making.	HoS  Improvement partner	<ul style="list-style-type: none"> <li>Appraisals to be completed to ensure roles and expectations are clear and to inform professional development plans for all team managers.</li> <li>Remote dip sampling of cases</li> </ul>	Oct 2017  Sept – Dec 17	To encourage retention and development of team management level. To deliver robust outcomes for children young people and families		
<b>18.9</b>	Concerns in relation to the timeliness and quality of recordings of visits and the rational for decision making for children and families.	HoS Business Support  Improvement partner	<ul style="list-style-type: none"> <li>To review all open cases to ensure that all have children and young people have updated: Chronology, assessment, plan visit recordings and supervision. That management decisions have a clearly articulated rationale recorded.</li> <li>Spreadsheet completed for all areas</li> </ul>	By Sept and ongoing monthly to be reviewed at HOS meeting.	To ensure that children & young people are safe and there is no drift and delay and all information on the system is up to date		
<b>18.10</b>	The quality of management oversight does not provide enough	AD HOS	<ul style="list-style-type: none"> <li>OFSTED 2017 identified concerns in relation to Management oversight as it does not always sufficiently recognise or challenge poor practice. The quality and</li> </ul>	Sept 17	Management oversight is seen in all audits and supervision records.		

## Torbay Children's Services: Improvement Action Tracker

	scrutiny of the quality of work.	Lead auditor  Improvement partner	timeliness of case recording are of concern and delays experienced by young people are not routinely identified by managers, and subsequent management plans, when in place, lack timescales  Mentoring and support to HOS and TM	27-29 <sup>th</sup> Sept			
<b>18.11</b>	Information would indicate that visits are not on the system or of the quality required in line with practice standards.	HoS	<ul style="list-style-type: none"> <li>To review all open cases and confirm or take action to ensure that visits including failed visits to children/young people are recorded and of the quality required /evidenced on the child's record</li> </ul>	Over view provided by Sept All missing visits to be on the system by Oct 17	To ensure that the Child/young person's record is up to date to ensure safeguarding actions are appropriate in any crisis. To provide a lifelong accurate record for a young person.		
<b>18.12</b>	Practice standards in relation to recording are not being met	HOS to develop a plan to update with staff	<ul style="list-style-type: none"> <li>To reiterate practice standards relating to recording expectations</li> </ul>	Sept 2017	To ensure that the Child/young person's record is up to date to ensure safeguarding actions are appropriate in any crisis. To provide a lifelong accurate record for a young person.		

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
<b>1</b>	<b>CHILDREN IN NEED OF HELP OF PROTECTION</b>						
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	<ul style="list-style-type: none"> <li>Assessment Timeliness practice standards to be revised</li> </ul>	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
			<ul style="list-style-type: none"> <li>Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams.</li> </ul>	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.
			<ul style="list-style-type: none"> <li>Performance reporting to specify the distribution of working days from the</li> </ul>	Phase 1 completed	Increase in percentage of assessments		An action plan is in place including Business Support intervention, introducing a

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			referral outcome to assessment authorisation.	Phase 2 Mar 2017 (LOGI) version	completed within 20 days. Target – 59.1%		<b>shorter assessment (from a good authority) for specific cases only and enhanced Team Management scrutiny. (31 March 2017)</b>
			<ul style="list-style-type: none"> <li>Short Assessment Tool to be introduced</li> </ul>	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	<ul style="list-style-type: none"> <li>CP Enquiry ( S47) practice standards to be revised.</li> </ul>	Dec 2016	Staff understand and implement	COMPLETED	<b>Performance on this measure shows sustained improvement at/to the planned levels 8.12.16</b>
			<ul style="list-style-type: none"> <li>Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams.</li> </ul>	Dec 2016	Staff understand and implement	COMPLETED	<b>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</b>
			<ul style="list-style-type: none"> <li>Heads of Service to comply with management oversight appendix within Scheme of Delegation in relation to S47 authorisation.</li> </ul>	Dec 2016	All HoS understand and comply	COMPLETED	<b>Scheme of Delegation launched with staff 13/12/16</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> <li>Performance reporting to specify working days from strategy meeting outcome to conclusion of S47.</li> </ul>	Phase 1 completed	Target – 95% all CP investigations completed within timescales.  70% of all ICPCs to be held within 15 working days of the initial strategy meeting/discussion.	COMPLETED	<b>Phase 2 of performance monitoring launching 13/12/16. 9.12.16</b>  <b>This is a measure where we are consistency above 90% - this continues to be monitored at monthly performance meetings. (31 March 2017)</b>
1.3	Child's record identifies risk, needs and protective factors	Head of Service MASH/ SA  Head of Service SASF	<ul style="list-style-type: none"> <li>Assessment Quality practice standards to be revised.</li> </ul>	Feb 2017	To be issued, understood by staff and implemented and evidenced in case file auditing.	COMPLETED	
			<ul style="list-style-type: none"> <li>Practice standards to reflect consistent use of Signs of Safety risk assessment and danger statements.</li> </ul>	Dec 2016	All staff understand and comply, as evidenced in case file audits	COMPLETED	<b>Audit Moderation meeting with HoS completed November 16. 9.12.16</b>
			<ul style="list-style-type: none"> <li>Practice standards to be implemented for Single Assessment and Safeguarding and Supporting Families teams.</li> </ul>	Jan 2017		COMPLETED	<b>Practitioner requested changes to assessment and Section 47 investigations made live on system W/E 4/11/16 9.12.16</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> <li>5 day Signs of Safety training commissioned for social work staff during November 2016.</li> </ul>	Jan 2017	Training delivered and staff using it in their daily work.	COMPLETED	<b>60 Staff Sws, TMs, IROs and HoS completed 5 day training. 9.12.16</b>
			<ul style="list-style-type: none"> <li>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.</li> </ul>		<p>This should be evidenced as part of case auditing processes.</p> <p>70% target of case audits which rated the quality of assessments as RI, good or outstanding</p>	COMPLETED	<p><b>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.</b></p> <p><b>SoS Handbook issued to all SW's May 17.</b></p>
1.4	Ensure that every assessment contains robust analysis (Ofsted December 2016)	AD/Heads of Service and Lead Auditor	<ul style="list-style-type: none"> <li>Section on assessment for the person completing the assessment to provide their analysis and rationale for plan/intervention</li> </ul>	Jan 2017	Evidence of practitioner analysis from audit activity	COMPLETED	<b>This is now in place and well received by practitioners. (9.2.2017)</b>
			<ul style="list-style-type: none"> <li>3 workshops with HoS, TMs, ATMs, IROs to be set up to provide clarity on what constitutes good assessment/analysis</li> </ul>	22/23 February; 1/2/7/9 March	Auditors know what good looks like	COMPLETED	<b>Sessions have been booked and all auditors have to sign attendance. (9.2.2017).</b>
			<ul style="list-style-type: none"> <li>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</li> </ul>	Monthly audits from Jan 2017	Audit activity seeing consistent application	COMPLETED	<b>All workshops have now been held and there is a final wash up session scheduled for April 2017.</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> <li>Progress to be reported in next audit report (and on-going)</li> </ul>	Feb 2017	Evidence of progress	COMPLETED	<b>Team Managers are now routinely signing off assessments. (31 March 2017)</b>
1.5	Ensure that staff understand the process for strategy meetings/S47 enquiries and that decisions are recorded ( <b>Ofsted December 2016</b> )	AD/HoS	<ul style="list-style-type: none"> <li>Written guidance to immediately be issued to staff.</li> </ul>	Dec 2017	All front line staff have received this and are following it.	COMPLETED	<b>All staff aware and have been reinforced in HoS meeting with Managers and Practitioners</b>
			<ul style="list-style-type: none"> <li>Working Together to be issued to all front line staff on a recorded basis</li> </ul>	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	<b>All front line staff have received this and understand it and sign to say they have received it and followed up in supervisions.</b>
			<ul style="list-style-type: none"> <li>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.</li> </ul>	Feb 2017	All staff following these expectations	COMPLETED	<b>A new proforma and practice guidance (covering these issues) has been issued to staff and is now being routinely used. 31 March 2017</b>
			<ul style="list-style-type: none"> <li>Audit proforma to include specific section on strategy meetings</li> </ul>	Feb 2017	Audit evidences good minutes and tracking from strategy meetings.	COMPLETED	<b>The section on strategy meetings has now been added to the audit form and practice guidance. (31 March 2017)</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
1.6	Consistent application of CP thresholds and CP process	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> <li>Heads of Service to comply with management oversight appendix to Scheme of Delegation in relation to S47 authorisation.</li> </ul>	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 to a change in practice guidance.
			<ul style="list-style-type: none"> <li>Further child Protection training to be facilitated for all Team Managers and Chairs / IROs.</li> </ul>	Mar2017	All staff are clear about thresholds.	ONGOING	Further CP Training to be facilitated with Improvement Partner.
			<ul style="list-style-type: none"> <li>One consistent pro-forma is needed for Core Groups and Minutes should be available at all times. <b>(OFSTED DEC 2016).</b></li> </ul>	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)
1.7	Reduce number of single assessments that result in no further intervention	Head of Service MASH/ SA Head of Service SASF	<ul style="list-style-type: none"> <li>MASH Operational practice standards to be revised and implemented.</li> </ul>	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.

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> <li>Additional descriptors to be written into single assessment to identify interventions completed</li> </ul>	Dec 2016	Picked up in case file audits	COMPLETED	<b>Additional descriptors of assessment outcomes are still to go live on PARIS. 9.12.16</b>
			<ul style="list-style-type: none"> <li>Assessment Quality practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams.</li> </ul>	Feb 2017	Issued to staff, understood and implemented.	COMPLETED	
<b>2</b>	<b>Ensure that timely decisions are made on contacts and referrals and that initial visits to children are prompt</b>						
<b>2.1</b>	All contacts/referrals to be screened within 24 hours.	Head of Service MASH/ SA	<ul style="list-style-type: none"> <li>MASH operational procedures to be written and implemented within the MASH.</li> <li>Performance reporting to specify distribution of working days from contact to referral outcome.</li> </ul>	Oct 15  Phase 1	<p>Circulated to staff, understood and implemented.</p> <p>Able to target where intervention is needed.</p> <p>Target – 85% of contacts where a decision was made within 24 hours</p>	COMPLETED  COMPLETED	<p><b>Data is routinely and regularly scrutinised. 85 % of all contacts to CS now 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.</b></p> <p><b>The next phase of performance data showing</b></p>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
							<p>service and team manager's views will be launched on 13/12/12. 9.12.16</p> <p>In February 2017, over 80% of contacts had a decision within 24 hours. (31 March 2017)</p>
2.2	Children in need to be seen within 5 working days of referral outcome.	Head of Service MASH/ SA	<ul style="list-style-type: none"> <li>Child Seen practice standards to be revised</li> </ul>	Jan 2017	To be issued, understood and implemented.	COMPLETED	<p>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 in service plans, performance reporting and performance meetings/scrutiny. 8.12.16</p>
			<ul style="list-style-type: none"> <li>Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams.</li> </ul>	Jan 2017	To be issued, understood and implemented – case file audits.	COMPLETED	

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> <li>Performance data to specify out of time assessments scheduled in that reporting month and the distribution of working days until child seen.</li> </ul>	Phase 1 completed	90% target - referrals where the child was seen within 5 working days (SA)		<b>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).</b>
<b>2.3</b>	Children in need of protection to be seen within 1 working day of S47 starting.	Head of Service MASH/ SA	<ul style="list-style-type: none"> <li>Child Seen practice standards to be revised</li> </ul>	Dec 2016	Issued, understood and implemented – case file audits.	COMPLETED	<b>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</b>
		Head of Service SASF	<ul style="list-style-type: none"> <li>Practice standards to be implemented across Single Assessment and Safeguarding and Supporting Families teams.</li> </ul>	Dec 2016	Issued, understood and implemented – case file audits	COMPLETED	<b>The next phase of performance data showing service and team manager's views will be launched on 13/12/12. 9.12.16</b>
<b>3</b>	<b>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</b>						
<b>3.1</b>	Referrals are made for all young people who present as homeless	YOT Manager	<ul style="list-style-type: none"> <li>Develop practice standards for Youth Homelessness Prevention Service to ensure that all homelessness is recorded for 16-18 year olds.</li> </ul>		Practice standards issued, understood and implemented.	COMPLETED	<b>9.12.16</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> <li>Develop and implement process for referral for 16/17 year olds with Youth Homelessness Prevention service.</li> </ul>		Staff clear as evidenced in case file audits.	COMPLETED	
			<ul style="list-style-type: none"> <li>Agree Screening process with MASH and implement.</li> </ul>		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	<b>More young people are now being subject to social work assessments and several have entered care as a result.</b>
			<ul style="list-style-type: none"> <li>Coordinate weekly tracking meeting for Social Workers completing assessments and Youth Homelessness Prevention workers.</li> </ul>			COMPLETED	
			<ul style="list-style-type: none"> <li>Single Team created to align Housing and Social Care activity for vulnerable people.</li> </ul>	March 2017		COMPLETED	
3.2	All young people receive the opportunity for an assessment in line with the Southwark Judgement	YOT Manager	<ul style="list-style-type: none"> <li>Develop practice standards and implement in IYSS to inform process for youth homelessness assessments.</li> </ul>		To be issued, understood and implemented.	COMPLETED	
			<ul style="list-style-type: none"> <li>Produce guidance on when an assessment is necessary and implement</li> </ul>		To be issued, understood and implemented.	COMPLETED	<b>More young people are now being subject to social work assessments and</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			between Youth Homelessness and IYSS Management Team.				several have entered care as a result. 9.12.16
			<ul style="list-style-type: none"> <li>Train YOT Social Workers in Signs of safety.</li> </ul>			COMPLETED	
			<ul style="list-style-type: none"> <li>Train YOT Social Workers in Single Assessments.</li> </ul>			COMPLETED	
			<ul style="list-style-type: none"> <li>Develop youth homelessness tracking report.</li> </ul>		Evidence that 100% of young people who meet the criteria for assessment are given the opportunity to have an assessment	COMPLETED	<b>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.</b>
3.3	Assessments lead to an offer of help and support where needed	YOT Manager	<ul style="list-style-type: none"> <li>Develop and implement new practice standards for assessment and management oversight in IYSS. For process of assessment and management oversight.</li> </ul>	Nov 16	Issued, understood and implemented.	COMPLETED	<b>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</b>
3.4			<ul style="list-style-type: none"> <li>Ensure that SW in IYSS complete single assessments.</li> </ul>	Nov 16	Assessments lead to an offer of suitable help and evidenced through case file audits.	COMPLETED	

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
<b>4</b>	<b>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</b>						
<b>4.2</b>	Monitor and analyse information from return home interviews in order to improve future practice	ATMIFSS CS Performance Lead HOS for Safeguarding and QA	<ul style="list-style-type: none"> <li>all young people who go missing to be discussed at the weekly multi-agency Missing Monday Meeting</li> </ul>	Sept 2016 and ongoing		COMPLETED	<p>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)</p> <p>ATM IFSS will attend all Missing Monday meetings and MACSE to provide management input at multi-agency meetings.</p>
			<ul style="list-style-type: none"> <li>Complete TSCB MACA audit to look at the quality and impact of return home interviews and disseminate learning.</li> </ul>	Mar 2017		COMPLETED	<p>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)</p> <p>New practice standards have been issued to staff in April 2017. (11/04/17)</p>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
<b>2</b>	<b>PARTNERSHIP WORKING</b>						
<b>6</b>	<b>With partners, ensure that multi-agency thresholds are understood and consistently applied across the partnership</b>						
<b>6.1</b>	Develop an early help strategy and pathway for Torbay	AD/HoS/TSCB	<ul style="list-style-type: none"> <li>• Multi-agency workshops between Dec 2016 and April 2017 to agree:-               <ul style="list-style-type: none"> <li>○ Shared vision and language for Early Help in Torbay</li> <li>○ Fit for purpose threshold document agreed</li> <li>○ Pathways, processes and paperwork agreed</li> <li>○ Interventions</li> </ul> </li> </ul>	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	<b>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.</b>
<b>7</b>	<b>Work effectively with partnerships to ensure that children receive timely and effective early help and assessments and plans are in place for each child</b>						
<b>7.1</b>	Single Point of Access	AD/HoS	<ul style="list-style-type: none"> <li>• 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</li> </ul>	End Feb 2017	Improved and consistent thresholds	COMPLETED	<b>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)</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
<b>8</b>	<b>Ensure that the threshold for a referral to the Designated Officer is well understood across the partnership</b>						
<b>8.1</b>	Ensure that the threshold for a referral to the designated officer is well understood across the partnership	HOS for Safeguarding and QA	<ul style="list-style-type: none"> <li>Develop and implement a set of LADO practice standards</li> </ul>	Nov 16	Issued, understood and implemented across the multi-agency group.	COMPLETED	<b>Review quarterly monitoring data to evidence this position</b>
		CS Performance Lead	<ul style="list-style-type: none"> <li>Deliver awareness raising sessions on LADO role across partnership</li> </ul>	Mar 2017	Develop improved understanding of the role	COMPLETED	<b>20 workshops and presentations have been delivered to various partner agencies and groups of staff throughout 2016/17. (11/04/17)</b>
		HOS for Safeguarding and QA	<ul style="list-style-type: none"> <li>Develop PARIS templates to ensure that all LADO activity is recorded on PARIS and can be reported on</li> </ul>	Mar 2017	Accurate recording and tracking	COMPLETED	<b>New forms built in PARIS and went live W/E 21/10/16. 9.12.16</b>
			<ul style="list-style-type: none"> <li>Complete and sign off annual report for 2015/16</li> </ul>	Nov 2016	Highlight activity for 15/16	COMPLETED	<b>Annual Report signed off.</b>
<b>9</b>	<b>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</b>						
<b>9.1</b>	Ensure that domestic abuse work has a clear strategy and action plan	Children's Commissioner / TSCB	<ul style="list-style-type: none"> <li>Convene multi agency workshop to review current arrangements and begin to shape future provision</li> </ul>				
<b>9.2</b>	EDS provides a timely and effective	Children's Commissioner /	<ul style="list-style-type: none"> <li>Work with Improvement Partner to review Out of Hours arrangements</li> </ul>	April 2018			

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	service to children out of hours	TSCB' HoS Targeted Intervention	within the context of the new Delivery Model..				
<b>3</b>	<b>SAFEGUARDING AND QUALITY ASSURANCE</b>						
<b>10</b>	<b>Strengthen the quality assurance role in Independent Reviewing Officer and Child Protection and Chairs and ensure that reviews and conferences result in effective information</b>						
<b>10.1</b>	Recruit and retain IRO and QA roles	HoS Safeguarding and QA	<ul style="list-style-type: none"> <li>Recruit to vacant roles</li> </ul>		100% IRO workforce	COMPLETED	<b>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)</b>
<b>10.2</b>	Implement Signs of Safety Approach	HOS Safeguarding and QA / Senior IRO	<ul style="list-style-type: none"> <li>Ensure CP Chairs trained in SOS Approach</li> </ul>	Nov 2016	100% IRO compliance with training	COMPLETED	<b>All Chairs have attended the 2 day Advanced and the 5 day Practice Lead course which took place in November 2016 (11/04/17)</b>
			<ul style="list-style-type: none"> <li>Introduce Signs of Safety as a method to conduct CPCs</li> </ul>	Nov 2016	100% compliance – IRO effectiveness audits	COMPLETED	<b>All CPCs are now conducted using the Signs of Safety Framework.</b>
			<ul style="list-style-type: none"> <li>Develop and implement a set of practice standards for CP Chairs and IROs</li> </ul>	Dec 2016	Circulated, understood and implemented, so that IROs are very clear about their core tasks, roles and responsibilities.	COMPLETED	

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
10.3	Monitor and analyse service specific performance information	HOS Safeguarding and QA CS Performance Lead	<ul style="list-style-type: none"> <li>Develop SARS practice standards</li> </ul>	Jan 2017	Rolled out, understood and implemented so there is improved and consistent practice.	COMPLETED	<b>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</b>
			<ul style="list-style-type: none"> <li>Data to include a regular measure on the timeliness of ICPCs. <b>(OFSTED DEC 2016)</b></li> </ul>	Phase 1 completed Phase 2 Mar 2017 (LOGI) version	Target percentage of 95%ICPCs being help within timescales should be the target	COMPLETED	<b>Data set now included this data and it is analysed on a monthly basis. (9.2.2017)</b>
			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	<b>This audit has now been completed and the report will be available at the next Team Managers Performance Meeting</b>
10.4	Ensure IROs and CP Chairs provide effective scrutiny and <b>challenge (Ofsted Dec 2016)</b>	AD/HoS for this service	<ul style="list-style-type: none"> <li>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</li> </ul>	Jan – April 2017	IROs providing robust and appropriate scrutiny and challenge and knowing what good looks like  IROs clear about their core business	COMPLETED	

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
			<ul style="list-style-type: none"> <li>Letter to IROs from AD to clarify expectations</li> </ul>	Jan 2017		COMPLETED	
			<ul style="list-style-type: none"> <li>Number of DRPs (in relation to assessment and planning to increase and Lead IRO/HOS to sign off DRPs before they go out.</li> </ul>	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	<b>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)</b>
			<ul style="list-style-type: none"> <li>Introduce monthly team performance meetings</li> </ul>	Feb 2017 and ongoing		COMPLETED	
			<ul style="list-style-type: none"> <li>Establish routine of practice observations of CP Chairs and IROs annually</li> </ul>		Reassurance that IROs are acting as per the IRO handbook.	COMPLETED	<b>Hampshire colleagues observed practice in February 2017 – CP and CLA (11/04/17)</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
10.5	CLA, CPPs, pathway plans should be SMART and well established (Ofsted Dec 2016)	AD/HoS/IROs/Lead Auditor	<ul style="list-style-type: none"> <li>3 workshops with HoS, TMs, ATMs, Pas and IROs to provide clarity on what constitutes a good plan</li> </ul>	22/23 Feb and 1/2/7/9	Auditors clear on what good looks like	COMPLETED	<b>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)</b>
			<ul style="list-style-type: none"> <li>One consistent pro-forma per category of plan should be issued to staff and decisions about whether PARIS or Word</li> </ul>	March 2017	All staff using consistent proforma	COMPLETED	
			<ul style="list-style-type: none"> <li>IROs to raise DRPs when plans are not SMART and robust.</li> </ul>	From Jan 2017 and ongoing	Poor plans are appropriately challenged.	COMPLETED	<b>There is evidence that plans are now being challenged by the IROs, after an analysis of recent DRPs (31 March 2017)</b>
			<ul style="list-style-type: none"> <li>Case file audit tool to be amended so there is a clearer expectation on what constitutes a good plan.</li> </ul>	Jan 2017	Issued and expectations clarified. Inadequate audits to be re-audited within 2 months. Case file auditing and moderation	COMPLETED	<b>Completed and issued (9.2.2017)</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
<b>4</b>	<b>CHILDREN LOOKED AFTER AND PERMANENCE PLANNING</b>						
<b>11</b>	<b>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</b>						
<b>11.1</b>	Monitoring progress at key stage 4	Virtual Head	<ul style="list-style-type: none"> <li>To use the current tracking system to implement Progress, Review, Intervention and Monitoring (PRIM) meetings on half term basis.</li> </ul>	Half Termly	Meeting or exceeding expected progress	COMPLETED	<p>These arrangements have enabled the better identification of those CLA that are on the cusp of underperformance and intervene accordingly</p> <p>PRIM Meetings have taken place for all pupils.</p>
			<ul style="list-style-type: none"> <li>Refocus Virtual School Governing Board scrutiny on improving outcomes for CYP</li> </ul>	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.
			<ul style="list-style-type: none"> <li>Develop monitoring system based on learning from Rees Report</li> </ul>	Dec 2016		COMPLETED	Rees Report criteria being used for the reporting to the VSGB and Corporate Parenting report given in the same format.
<b>11.2</b>	Attention to attainment	Virtual Head	<ul style="list-style-type: none"> <li>Deliver next tranche of attachment training.</li> </ul>		Take up of training	COMPLETED	Around 20 practitioners have completed attachment training with a further 4-

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
							scheduled within the current programme.  2 <sup>nd</sup> tranche of training will be completed at the end of June 17 with some delegates receiving Masters Points.
			<ul style="list-style-type: none"> <li>Develop the Designated Teacher Handbook.</li> </ul>			COMPLETED	
			<ul style="list-style-type: none"> <li>Purchase and use GCSE pod.</li> </ul>		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.
11.3	LAC should not be routinely taken out of school to meet with social workers (DEC 2016)	HOS	<ul style="list-style-type: none"> <li>Clear message to be given to all staff</li> <li>IROs need to ensure this is not happening.</li> </ul>	January 2017	Staff are clear regarding expectations and are only visiting children in school by exception.	COMPLETED	<b>All staff very clear about expectations and any exceptions to be agreed by HOS, but only in exceptional circumstances. (9.2.2017)</b>
12	<b>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.</b>						
12.1	Permanence planning is considered at the earliest stage and	AD/Head of Service Specialist Services	<ul style="list-style-type: none"> <li>Revise permanency policy and practice guidance.</li> </ul>	Issued by end of February 2017	One consistent approach to achieving permanency that is clear to staff – both documents to be	COMPLETED	<b>Policy and practice guidance has now been issued to staff and HOS. Workshops undertaken in April and May 2017</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
	revisited throughout the child's journey				rolled out, understood and implemented – IRO scrutiny and audit processes.		
			<ul style="list-style-type: none"> <li>Revise permanence Panel Terms of Reference and put into practice guidance.</li> </ul>	Jan 2017		COMPLETED	<p><b>This meeting is now working more effectively and tracking actions, in order to evidence completion. (9.2.2017)</b></p> <p>Staff workshops set up for April 2017 (31 March 2017).</p> <p>Strategically linked to Permanence Tracker Meeting.</p>
			<ul style="list-style-type: none"> <li>Provide training on permanence Planning policy and practice standards</li> </ul>	Apr 2017		COMPLETED	<p><b>Staff Workshops undertaken in April and May 2017.</b></p>
12.3	Actively consider Foster to Adopt arrangements in Permanence care planning	Head of Service Specialist Services	<ul style="list-style-type: none"> <li>Foster to Adopt Policy to be reviewed in line with Adopt South West</li> </ul>	Jan 2017	COMPLETED 2% increase in number of children with a plan for foster to adopt from 2016 baseline.	COMPLETED	<p><b>First foster to Adopt placement is now underway 9.12.16.</b></p>
			<ul style="list-style-type: none"> <li>Develop and implement Foster to Adopt Practice Standard</li> </ul>	Jan 2017		COMPLETED	

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
<b>5</b>	<b>CARE LEAVERS</b>						
<b>13</b>	<b>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</b>						
<b>13.1</b>	Improve the delivery and access to information for care leavers	YOT Manager	<ul style="list-style-type: none"> <li>Review and improve communication of care leaver entitlements , IAG and next steps via social media</li> </ul>	Dec 2016	Care leavers know their entitlement in the various communication forms.	COMPLETED	<b>Hard copies and electronic copies available not to all Care Leaver's on their entitlements. (31 March 2017)</b>
			<ul style="list-style-type: none"> <li>Deliver revised care leaver booklet</li> </ul>	Dec 2016	70 % of Eligible and relevant and former relevant that said they had accessed the website	COMPLETED	<b>No mechanism for asking young people if they've seen the website currently running via PARIS.</b>
			<ul style="list-style-type: none"> <li>Re-fresh care leaver website</li> </ul>	Dec 2016	Number of website visit by monitoring usage	COMPLETED	<b>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%.</b>
			<ul style="list-style-type: none"> <li>Expand and increase social media presence of care leaver service</li> </ul>	Dec 2016	Number of former relevant and relevant CYP in contact need target	COMPLETED	<b>89% in touch</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

NOS	What?	Who?	How?	When?	Success measures	Current Status	Outcome – (report for Q1, Q2, Q3, Q4)
<b>14</b>	<b>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</b>						
<b>14.1</b>	Pathway plans to be re-designed in consultation with young people	Care Leavers Practice Manager	<ul style="list-style-type: none"> <li>Review pathway plan that reflects national best practice and young people's views</li> </ul>	Dec 2016	New designed and implemented pathway plan	COMPLETED	<b>New Pathway Plan implemented Jul 2016</b>
		Social Work Student	<ul style="list-style-type: none"> <li>Deliver and implement improved pathway plan that clearly reflect the views of young people</li> </ul>	Dec 2016	Target 90% of pathway plans were the young person's contribution was evident	COMPLETED	<b>Where appropriate, Skype is being used and young people are responding particularly positively to this. (31 March 2017)</b>
<b>14.2</b>	Quality assurance processes in the care leavers team to ensure good quality pathway plans	YOT Manager	<ul style="list-style-type: none"> <li>Establish and implement QA framework for pathway plans</li> </ul>	Dec 2016	70% target of pathway plans judged to be at least RI or better	COMPLETED	<b>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</b>
<b>14.4</b>	Pathway plans to be improved in response to feedback from MOMO app.	Care Leavers Practice Manager YOT Manager	<ul style="list-style-type: none"> <li>Ensure usage of MOMO app across the service, through provision of appropriate technology and training for staff.</li> </ul>	Apr2017	% of CLA 15 + who have used MOMO – target?	In process	<b>This will be reported in April 2017. 8.12.16</b>
			<ul style="list-style-type: none"> <li>Data from MOMO app to be used to review quality of Pathway Plans. Pathway plans. Case file auditing</li> </ul>	Apr 2017	70% target of pathway plans judged	ONGOING	<b>This will be reported in April 2017 – we need to</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

			process to be used to understand the quality of pathway plans.		to be at least RI or better.		give new auditing process time to bed in. 8.12.16
<b>6</b>	<b>LEADERSHIP AND GOVERNANCE</b>						
<b>15</b>	<b>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</b>						
<b>15.1</b>	Increase corporate oversight and understanding of CS performance, resource and outcomes	DCS / CX and AD corporate Services	<ul style="list-style-type: none"> <li>Introduce regular keep in touch meeting/teleconference between DCS &amp; CX</li> </ul>	Summer 2016	Latest Ofsted monitoring letters confirm positive progress.  Regular meetings taking place	COMPLETED	Well informed on CS performance, budget and outcome
			<ul style="list-style-type: none"> <li>Implement monthly reporting from DCS to CX on CS performance using appropriate comparator data</li> </ul>	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
			<ul style="list-style-type: none"> <li>Children Services key decisions and plans incorporated within annual cycle of council decision making arrangements.</li> </ul>	Summer 2016	Key decisions and plans subject to member oversight	COMPLETED	Key decisions and plans subject to review and revision by Elected Members
			<ul style="list-style-type: none"> <li>Overview &amp; Scrutiny Working Party for Children's Services established.</li> </ul>	Summer 2016		COMPLETED	
<b>16</b>	<b>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</b>						
<b>16.1</b>	Deliver Management reporting tool platform	Principal Performance Manager	<ul style="list-style-type: none"> <li>Develop a suite of Performance Indicators to span the Child's Journey</li> </ul>	December 2016	Suite of indicators distributed and understood.	COMPLETED	

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

			<ul style="list-style-type: none"> <li>Introduce benchmark information across performance data</li> </ul>	Feb 2017	70% target of practice standards where there is evidence of sustained improvement in performance	COMPLETED	<b>Benchmarks have been used in manager's monthly performance meetings. 9.12.16</b>
16.3	Re-establish performance management routine and embed performance within the culture	Assistant Director, Principal Performance Manager, Principal Business Support Manager and HoS	<ul style="list-style-type: none"> <li>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</li> </ul>	Jan2017	All services are clear about their service standards	COMPLETED	<b>By January 2017, each service will have an updated set of practice standards and service plans, which highlight key priority areas. 8.12.16</b>
			<ul style="list-style-type: none"> <li>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.</li> </ul>	Feb 2017 Oct 2016	Services have a system to track management information for their service.	COMPLETED	<b>A visiting tracker has already been implemented. The full tracker will be available to use from 13 December 2016. 8.12.16</b>
			<ul style="list-style-type: none"> <li>Develop performance reports for key governance and decision making forums – corporate reporting, Children's Improvement Board, Lead member / CX , Corporate Parenting Board (first draft)</li> </ul>	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

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

16.4	Refine and update PARIS forms to reflect practice and additional information needs	Principal Performance Manager	<ul style="list-style-type: none"> <li>Develop, refine PARIS forms as specified by Ofsted recommendations and remove and reduce unused and forms and fields from PARIS.</li> </ul> <p><b>Phase 1 -</b>            Revised SA and Sec 47            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</p>		Number of forms revised (and simplified) since April 2016	COMPLETED	<p>Q1 Introduce event based case notes – setting up event based notes , referral return letter</p> <p>Q2 – Address LADO, IRO and Single Assessment, Sos Plan, Audit tool,</p> <p><b>Q3 – Address recording of non CIN, additional case notes for PLO and Case supervision 9.12.16</b></p> <p><b>Q4 legal tracker Start working on Fostering and finalise Adoption, Perm planning and personal supervision 9.12.16</b></p>
17	<b>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</b>						
17.2	Improve Audit Activity	AD/HoS/Lead Auditor	<ul style="list-style-type: none"> <li>Audit tool to be updated to include strategy meetings and expectations about plans and assessments only 1 risk limiting judgement</li> </ul>	22/23 Feb and 1/2/7/9 March 2017	Evidence through audit activity of auditors having a better understanding of 'good'	COMPLETED AND ISSUED	
			<ul style="list-style-type: none"> <li>Lead auditor to provide 1:1 audit support for new auditors and those targeted as needing support</li> </ul>	Jan 2017	All auditors are confident in auditing activity	COMPLETED	<b>Happening where needed (31 March 2017)</b>

# Torbay Children's Services: Improvement Action Tracker

## Actions Completed As At 1<sup>st</sup> September 2017

			<ul style="list-style-type: none"> <li>Updated audit form and guidance to be issued at seminars and sent out afterwards</li> </ul>	Sept 2016 and ongoing	HoS can take actions earlier	COMPLETED	
			<ul style="list-style-type: none"> <li>HoS for QA to complete a monthly report on audit activity and this should be a standing item on the HoS meeting agenda</li> </ul>	Jan and Feb 2017	All auditors and staff clear on expectations	COMPLETED	<b>February report presented to monthly performance meeting (31 March 2017)</b>
			<ul style="list-style-type: none"> <li>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.</li> </ul>	Feb 2017 and ongoing	Staff actively learning from audit activity	COMPLETED	<b>Lead auditor has completed a report for between Dec-March 2017 (31 March 2017)</b>
<b>18</b>	<b>Ensure that Leadership and Management of HoS and TMs is robust</b>						
<b>18.1</b>	Management decisions must be recorded and provide a clear rationale for decisions (Ofsted Dec 2016)	AD/HoS/Lead Auditor TMs/HOS	<ul style="list-style-type: none"> <li>Team Managers to be briefed on expectations by HoS</li> </ul>	Jan 2017	Team Managers clear on expectations	COMPLETED	<b>Better evidenced now through case file auditing (31 March 2017)</b>
<b>18.3</b>	Practice decisions and governance structure needs to be in place	AD	<ul style="list-style-type: none"> <li>Fortnightly HoS meeting with AD to be set up, so that decisions are taken and discussed by the leadership group</li> </ul>	Dec 2016	Shared ownership and structure for decision making		
<b>18.4</b>	Learning from serious case reviews needs to be better utilised ( <b>OFSTED DEC 2016</b> )	AD/HOS/WDO	<ul style="list-style-type: none"> <li>Head of Safeguarding and QS to provide regular updates from learning from SCR's and IMR's.</li> </ul>	March 2017	Staff understand the lessons and use to inform practice, evidenced through case auditing.		<b>Information from SCRs now inputted into staff learning space intranet page. (31 March 2017)</b>