Appendix 3: Announced inspection Action Plan (incorporating issues raised in the detailed CQC report) - February / March 13

Theme	No.	Issue raised in the report	Report Ref.	Action	Timescale	Respon-sibility	Progress (RAG)
A - Quality Of Assessment And Planning	**A1**	Ensure that all assessments clearly identify risk and protective factors …..	Para 17, 27, 44, 119	Assessments to not be signed off by Team Managers unless risk and protective factors have been clearly identified and assessments show that children have been seen alone and theirs and their families' views have been clearly recorded. Include the heading IDENTIFICATION OF RISKS & PROTECTIVE FACTORS in the Parenting Assessment / Risk Assessment format Direct discussions to take place between Team Managers and Senior Managers to ensure this is in place immediately. Team Managers to remind staff of the requirement and are to discuss the above with their teams in team meetings by the end of April. Case file audit tool to be modified to measure compliance. Themed audit to take place within 6 months to monitor practice.	**Immediate**	Denise Moore	Direct discussions have taken place (March 2012) - Senior managers met with Team Managers and instructed them to tell their teams GREEN GREEN – see above Case file audit tool modified. Online audit tool is currently being piloted in IRT – using the grade descriptors used by Ofsted. Plan is to roll out to other service areas early in the new year. The on-line tool will facilitate the production of regular monitoring reports. These monitoring reports will provide the service with quantitative data around the quality of casefiles, against which a baseline and targets can be set and improvement demonstrated over time. Any areas for improvement to individual practice will be raised with the individual case worker through staff supervision, and future practice monitored to ensure the necessary improvements are made. Information collated from the online audits awaited. Small themed case file audit on assessments undertaken in IRT during August 2012. Joint case file audit with health on 26 October to include (i) overall quality; (ii) risk and protective factors; (iii) other agencies involvement; and (iv) the views of children and families.

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				Risk assessment model, to be embedded in NQSW induction programme, induction and reinforced with existing staff. Analysis workshops to take place to improve analytical skills of relevant staff. A rolling programme to be established.			Multi agency audit of parenting / risk assessment undertaken on 26th October - outcome was positive. Risk assessment model embedded into induction process for all new staff. Reinforced with existing staff through direct discussions – see above. Risk assessment model in use across the service – audit to check that it is happening in August 2012. Risk assessment / parenting model embedded in CP teams, good feedback from Courts / professionals and multi agency audit group. Analysis workshops have taken place. Additional mop-up workshops to be scheduled. A next round of workshops to be scheduled as part of a rolling programme. A one day workshop was held on 20 September with Legal Services to improve assessment skills. An additional workshop with Legal Services is being planned for January 2013, theme is to continue to drive up quality and timeliness of permanency planning
	A2	…..Ensure contributions from partner agencies who are involved with the family are included	Para 27, 44	All assessments need to have multi agency contributions and are not to be signed off by managers unless the partner agency contributions are evident. Within the assessment schedule include the name and date information / contributions from partner agencies was received. Case file audit tool to be modified to ensure compliance. Joint audit with health to ensure that multi-agency information is shared for the purposes of assessment	**Immediate**	Denise Moore	GREEN – see above With immediate effect Contributions from partners now incorporated into assessment template. Case file audit tools are being modified on an audit by audit basis. Initial Assessment and CIN Plan audits modified to date. A joint case file audit with Health took place on 26 October to inform planning for new

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							assessments. This included consideration of (i) overall quality; (ii) risk and protective factors; (iii) other agencies involvement; and (iv) the views of children and families. Joint audit with Health completed on 26th October - outcome was positive
				All CIN / CP / LAC plans, assessments and other relevant documentation to be signed by partners at core groups / Care Team Meetings / CIN planning meetings and scanned into ESCR.			Minute takers for ICPCs are now using laptops so that Outline CP plans can be printed and signed
				Team Managers will not sign off the above documentation until all signatures from family and professionals are evident on the documents.			Implemented with immediate effect. This is fully implemented
	A3	Improve the quality of assessments and recording, ensuring sufficient analysis to inform planning for children and families	Para 17	Develop CSWS standards in all aspects of assessment, planning, monitoring and review which are clear, shared with staff, implemented to a minimum standard and overseen by managers.	June 2012	Denise Moore	Development Days held in July 2012 to discuss quality, including the development of practice standards. This will dovetail with the IRO standards that are to be developed. Every other team meeting will include a development session. A report describing the approach to improving quality was reported to CSLT on 26 September 2012 and was well received in relation to the progress made. SW standards draft document was completed and shared with CSLT, managers and staff for consultation purposes. Final document completed and currently working with Corporate Comms re formal presentation of the document and subsequent launch.
				Case file audit tool to be amended to ensure compliance.	June 2012		Case file audit tool amended
				Each team to develop good practice file for reference.	June 2012		Good practice files are being developed within teams.
				Themed audit to take place within 6 months to evaluate effectiveness.	December 2012		This themed audit took place in August 2012.
				Team work shops to take place re quality of assessments and plans, and build on and further develop Analysis workshops.	June 2012		Workshops have taken place in teams, which have been taken

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							forward via Team Managers and then Legal Services.
				Parenting / Risk Assessment plans will clarify multi agency roles and responsibilities within the assessments and timescales. All assessment plans to be signed off by Team Managers.	June 2012		GREEN. Compliance to be checked via audit process.
				Participation of child / young person needs to be clearly planned and documented	June 2012		GREEN. Compliance to be checked via audit process.
	A4	Ensure that all child protection plans are specific and measurable including clear timescales for action ……	Para 18, 27, 49, 116, 119	New format for Child Protection plans will ensure that they are specific and measurable and show timescales for completion of work. These will be implemented within three months. All plans to be reviewed at Core Group / Care Planning & CIN planning meetings and updates / monitoring & Review to be evidenced. All CP / LAC / CIN plans are to be signed by Team Managers. CP plans in existence for longer than 12 months to be monitored by multi agency CP panel, chaired by Service Manager.	**Within 3 months**	Denise Moore	Multi-agency OBA event held 01.05.12 to reinforce outcome focussed planning for children. An Outline CP Plan containing outcomes has been developed. Outcome focused CP Plan format now in operation and positive feedback has been received from social workers, partners and families. GREEN. Compliance to be checked via audit process. Audit of Child Protection Plans to be built into case file audit process. A formal schedule of meetings has been established. Multi-agency review of panels held on 28 September. Processes reviewed and revised, which have now been implemented. Admin support to CP review panel has been reviewed, improved and now implemented. Processes and protocols shared with teams. Panel process now much improved and includes feedback to IRO service.
	A5	……Ensure that all core group discussions are effectively minuted so that progress can be monitored more effectively	Para 18, 27, 52	**[See Quality Of Assessment And Planning action A4 above]** Develop a template for the recording of Core Group / Looked After Planning / Care Team meetings to ensure minimum standards are consistently achieved (to allow progress and outcomes to be monitored and saved into ESCR)	**Within 3 months**	Denise Moore	Template in place and being used. Team Managers to use the template to check the progress of Child Protection Plans via supervision to avoid drift and delay. Team Managers to undertake a check to ensure compliance in using this format only.

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				Each team to develop good practice file for reference. Develop a standardised process for ensuring the recording and sharing of the minutes / actions Core Group minutes to be sampled during supervision and through audit work and outcome of this to be fed back to individuals in supervision.			Update from Team Managers is that the template is embedded and compliance evident. See above. Template in place and being used. Monitored through supervision audit process.
	A6	Improve quality of CP conference minutes	Para 49	Work with the Independent Reviewing Manager to improve the quality of the Child Protection minutes by redesigning the structure and content. This would also encompass the concerns raised around the contradictory summary of risk and protective factors.	July 2012	Fiona Brown / Simon Allan	GREEN - Complete. All requested changes have been made and the new template is now embedded with all professionals (see below) New formats for detailed minutes in place. Completed workshop on June 20th development day. New guidance prepared to improve the quality of chairperson summary/risk analysis. Jean Hughes and Simon Allan met to discuss quality – clear processes have been established and shared with IROs to ensure minute takers have consistency which should help to ensure quality improves. CP minutes have been redesigned with a matrix to outline the CP plan, clear guidance to Chairpersons in dictating strengths, risks to outline plan within the meeting. Quality of minutes reported to be improving, November 2012.
	A7	Recording needs to be up to date, consistently purposeful with detail and clarity	Para 51, 119, 170	Service standards in relation to recording to be re-launched by Team Managers with their teams. Embed updated Service Standards in relation to recording core practice through induction and professional development of staff. Team Managers through QA processes (e.g. sampling, themed audit and supervision) to ensure compliance in this area.	May 2012 Ongoing Ongoing	Denise Moore	SW standards draft document was completed and shared with CSLT, managers and staff for consultation purposes. Final document completed and currently working with Corporate Comms re formal presentation of the document and

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							subsequent launch.
				Performance management information to be scrutinised by Service Managers weekly in relation to case recording.	Ongoing		GREEN – scrutinised via weekly performance reports.
				Regular peer audits to examine quality, standards and timeliness of recording.	June 2012		The peer audit process is being developed and will be implemented in April 2013.
	A8	Improve the quality and consistency of assessment and planning for Looked after Children	Para 163	Ensure compliance with care planning regulations and meet service standards.	May 2012	Denise Moore	
				Revisit Permanence Planning training for staff	June 2012		Training delivered to all staff (targeted at all NQSW's). IRO's to participate in future training.
				Drive up the quality and consistency of assessments to ensure no drift and / or delay in achieving the child's permanence plan.	June 2012		Development Day held July 2012
				Ensure that plans are signed off by team managers and are relevant to the needs of the child.	June 2012		GREEN
				Ensure that plans take into account the timetable for the child.	June 2012		GREEN
				Service managers to establish regular meetings to monitor the progress of Care Proceedings with Legal Services	April 2012		GREEN - Meetings taking place
				[See also Quality Of Assessment And Planning action A3 above]			
	A9	Ensure recommendations from statutory reviews are specific and measurable	Para 167	Undertake review of detail of LAC chairperson report recommendations so that they are outcome focussed (Development Day)	June 2012	Meg Boustead / Ken Hall	New outcome focussed chairperson report completed during Development day. To be implemented immediately. IRO Manager to review quality of Chairpersons report through one to ones. New LAC Review report formats will be introduced February 2013
	A10	Improve the quality of case recording for looked after children	Para 170	**[See also Quality Of Assessment And Planning action A7 above]**		Denise Moore	
				Direct work with children and life story work to be scanned into ESCR and placed on child's precious file.	May 2012		GREEN. Backlog of life story work has been cleared.
				Key worker must be responsible for recording statutory visits and seeking the child's views.	April 2012		Reinforced with all staff straight after inspection.
				Statutory visits need to be compliant with the regulations and the Service Standards and recorded on CCM.	April 2012		Reinforced with all staff straight after inspection. Statutory visits for looked after children now built into weekly QA reports to enable compliance to be monitored.
	A11	Ensure consistency in the quality of pathway plans	Para 157	Develop and implement a word template for CCM Pathway Plans which is more able to meet the needs of staff and young people.	July 2012	Catherine Joyce	GREEN – Completed. Template developed, now in use

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							and staff training has been undertaken.
				All Pathway Plans to be quality assured and signed by line manager (template adapted to include this). Supervision document to be amended to include this.	May 2012		Supervision documents amended to include the signing of Pathway Plans. Line managers briefed on process.
				Development session to be undertaken with staff in relation to completing the plan	July 2012		Development sessions undertaken
	A12	Develop a seamless transition between the personal education and the pathway planning process	Para 157	Implement a LAC Transition Strategic Group with regular meetings between Sunderland Virtual School (SVS) and Leaving Care and Connexions to:	April 2012	Catherine Joyce / Dawn Shearsmith	GREEN: Janet Murray, Catherine Joyce and Andrew Carton have set up half-term strategy meetings. Half termly meetings continuing and a planned meeting to streamline services more closely is planned for 12th June 2013.
				• Develop a Post-16 PEP to reflect the Post-16 Pathway Plan	July 2012		GREEN: The post-16 PEP was presented to MALAP by Catherine Joyce on 17.07.12. This was introduced across all post-16 providers from September 2012, including the Disability team.
				• Amend current Key Stage 3-4 PEPs to - include Connexions PA - reflect post-16 learning intentions and plan - career aspirations and careers information, advice and guidance	April 2012		GREEN: This is operational and has been well received by DTs and social workers.
				• Set up a shared monitoring of Year 11 Destinations	May 2012		GREEN: Info shared in Feb 2013 via the Strategy meetings with Connexions and Leaving Care.
				• Set up a shared monitoring of Year 12 and 13 Learning Pathway	May 2012		GREEN: incorporated into the new post-16 PEP
				• Implement a Key Stage 4-Post-16 Learning Transition Support Plan for each young person	September 2012		AMBER: Joint training has been arranged for June 2013 to ensure the Virtual School, LCS and Connexions are working closely together given the changes in structure.
	A13	Ensure the electronic system fully supports staff	Para 170	Implement CCM development plan *[Service Plan]*	July 2012	Hilary Bagley	Electronic Social Care Records (ESCR) are now fully operational and work is progressing on producing

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							reports / outputs from CCM in a new Word format. These are then saved in ESCR. Initial assessments are already in this format with a further 6 additional reports – strategy discussion, S47, ICPC, CP review, CP plan, CIN plan - launched on 10 July. Feedback from partners and staff re: the assessment forms is positive. Priority is now to put LAC documentation into a new format - timescales for this were agreed at CCM in September 2012. A further Social Worker was identified to commence work in January 2013 on the rest of the LAC documentation. The Placement Information Record form for LAC documentation has been completed and rolled out to staff. The Care Plan is out for consultation and will be rolled out by June 2013. A project group has been identified to roll out the other LAC documentation. New "cloud" technology is being installed across the council, and is currently being implemented in parts of the Safeguarding Service (as an early adopter). This will facilitate agile working including home working. Cloud technology continues to be rolled out, although it had been temporarily put on hold as ESCR could not be used with cloud technology. This issue has now been resolved.
	A14	Ensure that all assessments take into full account the views of children and families ….	Para 17, 27, 29, 44, 157, 164	Enable better recording of individual children's views, to develop a "drop down" heading entitled "child's view/families view" on CCM *[Peer Challenge Action Plan]* Assessments must consider specific needs of the child including cultural; religious; educational; language; disability etc.	**Immediate**	Denise Moore	The views of children and families have been added as a drop down flag on CCM. Managers have spoken to all staff to remind them of their

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				Team Managers through QA processes (e.g. sampling, themed audit and supervision) to ensure compliance and that minimum standards are met. **[See also above]**			responsibility to: - seek the views of the child and family and that this is evidenced on documentation - see the child alone and that this is recorded Compliance to be assessed through joint case file audit with Health on 26 October which will include consideration of (i) overall quality; (ii) risk and protective factors; (iii) other agencies involvement; and (iv) the views of children and families. Joint audit with Health completed on 26th October - outcome was positive.
	A15	…..Children must be seen alone, when appropriate and recorded as such	Para 17, 27, 29, 44, 113	**[See also Quality Of Assessment And Planning action A14 above]** Relevant staff to be reminded of their responsibility to complete this. New documentation to make the evidencing of this work clearer. Drop down menu heading in CCM recording entitled "Child seen alone". Managers need to ensure that children are seen alone and that this is evident in the record. Managers to discuss in supervision/team meetings with staff to re- enforce staff awareness Team Managers through QA processes (e.g. sampling, themed audit and supervision) to ensure compliance.	**Immediate**	Denise Moore	
	A16	Ensure that all looked after children, according to their age and understanding, are seen alone when visited by their social worker and recorded as such	Para 17, 121, 138	**[See also Quality Of Assessment And Planning action A15 above]**	**Immediate**	Denise Moore	
B - Service User Engagement/ Views	**B1**	Ensure that learning from complaints is identified more clearly and used to improve practice across safeguarding and looked after children.	Para 27, 31,	Implement process to ensure issues riding from complaints are used to inform themed audits Complaints Manager to present trends and themes report to SMT on a quarterly basis for discussion and further dissemination to relevant team managers and staff Outcomes and implications of individual Stage 2 investigations in form of IO report and adjudication letter to be shared with staff involved in case to enable staff to reflect on their involvement	**Within 6 months**	Meg Boustead / Bev Boal	GREEN - Process now in place and information relating to identified trends and themes presented at quarterly SMT Performance meetings. Decision then taken on whether themed audit is appropriate. First Trends and themes report presented to SMT May 2012 which highlighted complaints regarding breaches of confidentiality. Resulted in Data Protection Officer being invited to future meeting to discuss concerns and implement action plan GREEN - Information already included on SMT Performance reports but will be presented differently. GREEN - Action implemented. Stage 2 reports and Adjudication letters now shared

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				Implementation and feedback process re recommendations action plans to be reviewed and strengthened			with Managers and staff involved. GREEN - Agreed that in addition to issuing action plans following St2 & St3 complaints, Complaints Manager will also attend quarterly Safeguarding Managers Meeting and bi-monthly Children's Social Work Team Manager meetings to ensure learning outcomes embedded with staff. Complaints Manager attended CSWS Team Meeting in October. Dates for future attendance to share themes, trends and outcomes are in place. A framework in place to demonstrate how complaints improve future practice.
	B2	Include children and young people more proactively as representatives on the scrutiny committee	Para 86	Under the City Council's new scrutiny arrangements to be introduced from the 2012/13 Municipal Year, ensure the voice of young people are heard and engagement with the Change Council and other groups are considered where appropriate.	April 2013	Charlotte Burnham / Meg Boustead	With the revised scrutiny arrangements still embedding within the governance framework of the Council this is an issue that the Scrutiny Committee will need to consider with an option of the Lead Scrutiny Member and Children's Services Panel being commissioned to explore the potential and options of how to engage and hear the views of children and young people in the work of the Scrutiny Committee.
	B3	Actively engage the Change Council in the work of the scrutiny committee	Para 151, 174			Charlotte Burnham / Meg Boustead	There is the opportunity to involve young people in a piece of work being conducted by the Children's Services Scrutiny Panel around engaging with young people in service design and delivery. This will help to build relations and actively seek the involvement of young people in this piece of work. 2 young people from Change Council were involved in the review of Sunderland Corporate

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							Parenting Board, which links the work of the Corporate Parenting Board into the Council's Scrutiny arrangements.
	B4	Address the concerns of Foster Carers around the future of the assessment and consultation service	Para 127,	Foster carers to be re-assured that the CAMHS Service will still be accessible after reorganisation of referral process	April 2012	Steve Towers	GREEN Reassurance has been sought from NTW that there will be no change in relation to consultation. Fostering officers and the Carers Consultative group (which met in April) have since been informed of this. The service will continue to monitor the situation.
	B5	Use learning from feedback to shape services	Para 91	Develop a framework to facilitate the systematic collation and analysis of feedback / consultation / etc and enable consideration of the implications for service improvement at the SSIB, SMT and other appropriate forums	July 2012	Meg Boustead / SMT	Meg Boustead has met with Jane Wheeler; agreed that Safeguarding framework will be incorporated into the overall directorate framework.
	B6	Ensure looked after young people are aware of the Change Council	Para 115, 151	The Change Council to develop an information leaflet to provide to looked after children so that they are aware of the Change Council and have the relevant information to contact them should they choose to do so All key workers of looked after children to ensure young people are aware of the Change Council and have the relevant information to contact them should they choose to do so	June 2012 June 2012	Catherine Joyce Denise Moore	The Change Council have identified that they do not feel a leaflet is current for young people and won't have the desired impact. They would prefer to use social media and this is being explored with the Change Council Consultation Group. A further consultation event has occurred in March 2013 and the web based communication is ongoing. All key workers of looked after children have ensured children and young people are aware of the change council and advocacy services.
C - Health Services	**C1**	NTW NHS Foundation Trust to ensure that revised pathways of care are effectively implemented for children and families who need specialist services from CAMHS.	Para 27	Pathways of care for children and families needing specialist CAMHS services are effectively implemented	**Within 3 months**	Service Manager CAMHS Commissioner / Contract Manager	GREEN Clear Pathways established – Project Group to review and monitor. KPIs developed and monitored Review meeting arranged August 2012 to ensure pathways are working and to ensure staff awareness.
	C2	STNHSFT to review the terms of reference for its internal	Para 56	Review and strengthen governance arrangements for providing assurance to the STNHSFT on safeguarding practice within	July 2012	Strategic Safeguarding	GREEN Governance arrangements have

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		safeguarding Committee to ensure that it is able to effectively co-ordinate and report on safeguarding activity across the whole organisation		Community Health Services		Lead	been reviewed and the organisation has a clear safeguarding accountability structure Information on Safeguarding practice is reported to Board within STNHSFT regularly and consistently
	C3	STNHSFT to review the management arrangements for safeguarding practitioners	CQC	The Strategic Safeguarding Lead should manage the Community Safeguarding Team	June 2012	Strategic Safeguarding Lead	GREEN This responsibility has now transferred to the Strategic Safeguarding Lead
	C4	STPCT and STNHSFT to work with partners to identify how appropriate information sharing on incidents of domestic violence in families where children are present can be facilitated	Para 79	The sharing of information between Police / Children's Services and Health to be reviewed in cases of domestic abuse Meeting to be arranged to review feasibility of sharing domestic violence notifications and protocol to be developed if feasible	September 2012	Strategic Safeguarding Lead (STNHSFT) Named Nurse (STNHSFT) DCI Head of Safeguarding Designated Nurse	GREEN Health meeting held 13/4/2012. Designated Nurse advised Head of Safeguarding that Health are not routinely included in Initial Assessments where this information should be shared. Health Professionals to support LA in audit of assessments – September 2012 **NoT looking at this issue as it was a direct recommendation to their Police (N. Tyneside) – perhaps this needs to be a regional initiative?**
	C5	Performance indicators to be developed within CHSNHSFT to provide Board assurance on safeguarding practice across the organisation	Para 56	Develop PIs covering supervision, training, referrals, staffing, attendance at meetings – to be incorporated into dashboard reports and reports to board	September 2012	Director of Nursing/SSCB rep for CHSNHSFT Designated Nurse Named Professionals	GREEN Reports to Board Designated Nurse has developed dashboard Dashboard used for the first time end of June (Q1) received 13/7/2012
	C6	CHSNHSFT to review the establishment, capacity, resourcing and line management arrangements for all its named professionals	Para 57	Review current arrangements for the Named Nurse, Named Doctor and Named Midwife and align them to the Statutory Guidance WT 2010 & Intercollegiate Guidance 2010	October 2012 January 2012	Director of Nursing / SSCB rep for CHSNHSFT	GREEN Completed Director of Nursing has reviewed the job description of the Named Nurse and her line management arrangements A senior midwife has been identified to support the Named Midwife in her role since October 2012. Formal arrangements are in place to

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					January 2013		link the Named Midwife to the Director of Nursing Director of Nursing met with Clinical Director and Designated Doctor regarding the PAs available to the Named Doctor and issues around workload January 2013l
	C7	CHSNHSFT to ensure that staff within the trust attend mandatory safeguarding training at a level appropriate to their role	Para 58	Mandate from Director of Nursing re attendance at training Training data to be recorded on quarterly dashboard reports	September 2012	Director of Nursing / SSCB rep for CHSNHSFT Named Nurse & Named Doctor	GREEN Director of Nursing has initiated reporting mechanism following Exec Committee and managers responsibilities. Specific review of level three training (delivery and uptake) and ongoing monitoring of all safeguarding training rates by CNSNHSFT safeguarding group Monitored via dashboard
	C8	CHSNHSFT to ensure that midwives access one to one supervision in safeguarding children practice	Para 59	Individual, face-to-face supervision to be provided for midwives holding child protection and child in need cases Review of Safeguarding Supervision Policy Safeguarding supervision to be provided in the antenatal and post natal period by the Named Midwife/delegated deputy	December 2012	Director of Nursing / SSCB rep for CHSNHSFT Named Midwife	GREEN Supervision model reviewed. 1:1 supervision introduced for midwives holding Child Protection Cases. Supervision policy amended Reporting on face to face supervision delivered Midwives with CP cases have been allocated dates for 1.1 supervision.
	C9	CHSNHSFT to monitor uptake of safeguarding supervision across the organisation	Para 59	To be included in the safeguarding dashboard reports	December 2012	Named Nurse Named Midwife	GREEN Included in first dashboard reporting - July 2012. Arrangements to be reviewed at Forum once new supervision policy is in place
	C10	CHSNHSFT to ensure a record of safeguarding supervision is documented in the patient's notes	Para 59	Safeguarding supervision policy to be amended	December 2012	Named Nurse Named Midwife	GREEN Policy amended and new process for documentation in patient's record and supervisee's file agreed and implemented
	C11	CHSNHSFT to review the provision of teenage antenatal clinic across the City	Para 67	The pilot within Washington to be continued and evaluated with best practice shared across the city	September 2012	Director of Nursing / SSCB rep for CHSNHSFT	GREEN Review has been undertaken; no changes to be made to the current antenatal clinic provision

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						Named Midwife	
	C12	CHSNHSFT to review its formal commitment to the local MARAC process to ensure that where possible, all victims of domestic abuse are identified and supported	Para 80, 110	CHSNHSFT to attend MARAC meetings and present their own information after formal "sign up"	July 2012	Director of Nursing / SSCB rep for CHSNHSFT	GREEN Confirmed with MARAC Chair that CHS are not expected to attend MARAC meetings unless specifically requested
	C13	CHSNHSFT to review the documentation used with under 18s who are admitted to adult A&E	CQC	Consideration to be given to using the paperwork used in Paediatric A&E to ensure that the approach taken to a young person's care is child focused	October 2012	Named Professionals	GREEN Safeguarding issues are to be identified in the history and assessments undertaken. Record system currently being reviewed and to be replaced by V6 Meditech which includes specific safeguarding questions
	C14	All GP Practices to hold regular, multi-disciplinary meetings with other health professionals to discuss and share information about vulnerable families	Para 61	GPs arrange multi-agency meetings with other health professionals to share information about vulnerable families	September 2012	Named GP Strategic Safeguarding Lead STNHSFT	GREEN An audit was conducted in March 2012. Of the 58% of practices that replied, 81% were having regular meetings where safeguarding was discussed. Issues arising from this are currently being addressed. This has been shared with the Strategic Lead for STNHSFT
	C15	GPs to have greater clarity on information sharing for MARAC	Para 61	All MARAC documentation clearly outlines the legislative framework permitting disclosure of information	July 2012	Named Nurse STNHSFT Named GP Designated Nurse	GREEN Amended Paperwork Included in GP safeguarding newsletter Included in level 3 training. MARAC training included in TITO September 2012
	C16	STPCT to monitor the waiting times for accessing tier 2 CAMHS	Para 71	Waiting times for tier 2 CAMHS should be closely observed	September 2012	Contract Manager	GREEN QPI/KPIs Working Group established to review targets and waiting lists Review meetings in place
	C17	STPCT to develop "dashboard" reports to ensure providers produce quarterly reports on their safeguarding activity	CQC	Dashboard report to be developed and to be used on a quarterly basis by Named Professionals in NTW, CHS and STNHSFT	June 2012	Designated Nurse	GREEN Dashboard developed and circulated to Named Professionals to provide update on Q1 activity. First report received July 2012.
	C18	NTW to ensure pathways of care between early intervention mental health	Para 72	Pathways of care should be reviewed and practitioners be reminded of the agreed pathways	November 2012	CAMHS Service Manager	GREEN Completed

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		services and CAMHS are clear in view of recent re-structuring					Clear pathways of care developed. Briefing to SSCB December 2012 and MALAP 2013 Staff knowledge monitored by audit – Independent audit being undertaken by Action for Children Weekly meeting established between leads in Community CAMHS & NTW to ensure Children/YP are accessing the most appropriate service
	C19	CDOP should continue the review of it's structure; the approach to rapid response when a child dies, and how family support is delivered	Para 81	Sub-regional agreement on whether to continue with the steering group. Work to progress on rapid response and family support	September 2012	CDOP Chair	GREEN Reviewed Terms of Reference - completed. No change to function of steering group at present. New Terms of Reference in place, to be reviewed in April 2013. NHS SoTW Rapid Response Protocol Developed NHS SoTW protocol agreed on family support following unexpected deaths
	C20	Sunderland Teaching Primary Care Trust (STPCT) to identify a designated doctor for children and young people to ensure that a health practitioner is in a position to have a strategic influence and overview on the health of looked after children	Para 113, 121, 122	LAC Service Specification to be agreed and a Designated Doctor to be appointed in line with the agreed job description Review role of Designated Nurse during review of service specification to ensure statutory responsibilities are met	**Within 3 months** **December 2012**	Associate Director of Quality & Patient Safety Medical Director Lead Commissioner	GREEN Service Specification agreed – needs sharing with all Designated LAC professionals. Dr Sam Barwick appointed as LAC Designated Doctor Designated Nurse role outlined in Service Specification which accords with Statutory Guidance. NB Mini Kaizan event was to be held in November re: the role and competencies. This needs to be rescheduled. Statutory duties are currently being undertaken by LAC Nurse Manager and Designated Nurse Safeguarding.
	C21	Northumberland, Tyne and	Para 113,	Staff are clear as to how to obtain CAMHS for looked after children	**Within 3**	Service	GREEN

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		Wear NHS Foundation Trust to monitor the effectiveness of the new pathways of care for looked after children and young people who need services from CAMHS	121, 127		**months**	Manager	Pathways developed & monitored. LAC team understand how to get support for Children and young people Working Group on Care Pathways has been developed – led by Project Manager Review meeting August 2012
	C22	STPCT to develop Quality Assurance processes to ensure that health assessments and plans are routinely of good quality and to inform ongoing service development and improvement	Para 124	A programme of audit is agreed to assess quality of health assessments and plans which will identify any areas for development and/or improvement	October 2012	Designated Dr / Designated Nurse - LAC	GREEN Designated Doctor for LAC has developed a framework for QA of health assessments and audits commenced. Progress to be outlined in the LAC annual report
	C23	Review the choice of venues offered to LAC for their health reviews	Para 125	Children, young people and the families/carers have a wider range of venues to access health reviews	October 2012	Designated Dr / Designated Nurse - LAC	GREEN Review undertaken. No further venues available and children/young people stating they are happy with the current choice.
	C24	Review how health promotion and advice is delivered to LAC	Para 125	Review current model of provision and amend model in light of national best practice	October 2012	Designated Dr / Designated Nurse - LAC	GREEN Provision of health promotion advice has been reviewed by Designated Doctor and other health staff. Children and young people receive a wide range of information from a number of sources – no changes to be made
	C25	A multi-agency sexual health protocol and care pathway to be developed	Para 129	Development and ratification of a multi agency protocol and awareness raising with practitioners	October 2012 April 2013	Designated Dr / Designated Nurse – LAC SSCB – Legal and Procedures	GREEN Development of a multi-agency procedure is underway. Information has been placed on the Your Health website. AMBER Needs to be ratified by MALAP & awareness raising sessions to be held.
	C26	The local substance misuse screening tool should be routinely used in the annual health reviews	Para 131	All staff to be confident and competent in using the substance misuse screening tool	October 2012	Designated Dr / Designated Nurse - LAC	GREEN All children/young people are asked about their substance misuse at all health assessments and those identified are further assessed using an agreed tool

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	C27	Review how health practitioners can be involved in health reviews and pathway planning	Para 132	Review how all health practitioners, (e.g. Health Visitors, School Nurses and GPs) can support health reviews and pathway planning	October 2012	Designated Dr / Designated Nurse - LAC	AMBER New LAC service specification outlines roles of other health practitioners e.g. GPs, Health Visitors and School Nurses. Meeting to be arranged between STFT Business Manager and Designated Dr/Nurse – LAC.
	C28	NHS SoTW and STNHSFT to work with the Leaving Care Team to ensure that young people leaving care are provided with a comprehensive summary of their health care	Para 132	Review the arrangements for providing a complete health summary to young people when they leave care Ensure young people who are leaving care have access to a complete health summary	October 2012 February 2013	Designated Dr / Designated Nurse - LAC	GREEN Arrangements have been reviewed and a new template developed AMBER This will be used when the Designated Nurse returns to work in Feb 2013
	C29	NTWNHSFT and the LAC Team should ensure that Foster Carers are supported in their roles to optimise placement stability	CQC	The new CAMHS arrangements should be monitored to ensure Foster Carers continue to receive the support they require	October 2012	Service Manager Designated LAC Professionals	GREEN Consultation clinics which can be accessed by Foster Carers have been established – twice a month. Uptake has been good. Training is provided to Foster Carers by a Clinical Child Psychologist from NTW and information on clinics and training is to be included in the foster carers newsletter
	C30	Ensure the placement pack includes consent forms for health assessments	Para 123	Develop new documentation with ICT	July 2012	Sheila Lough	GREEN; Achieved (see below New documentation developed. Medical consent information included on the Placement Information Record as part of the work around new word templates.
D - Quality Assurance/ Performance Management	**D1**	Strengthen the audit process by ensuring a sharper focus on quality and organisational learning, to drive improvement	Para 17, 21, 102,	Review and improve the quality of the case file audit process *[Service Plan]*	July 2012	Meg Boustead / SMT	Case file audit tool modified. Online audit tool is currently being piloted in IRT – using the grade descriptors used by Ofsted. Plan is to roll out to other service areas early in the new year. The on-line tool will facilitate the production of regular monitoring reports. These monitoring reports will provide the service with quantitative data around the quality of casefiles, against which a baseline and targets can be set and improvement

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							demonstrated over time. Any areas for improvement to individual practice will be raised with the individual case worker through staff supervision, and future practice monitored to ensure the necessary improvements are made. Information collated from the online audits awaited. Progress on this work was provided within the Quality Report which was reported to CSLT on 26 September.
	D2	Review the chairing of conferences to ensure that they are chaired by professionals who have the requisite experience and expertise to undertake this role	Para 27, 103	SSCB ownership re: chairing of CP conferences to be considered by Munro Task and Finish Group *[Peer Challenge Action Plan]* Establish a SWITCH project to undertake a scoping exercise around the potential for partner agencies to chair CP conferences	**Within 3 months**	Meg Boustead / Ken Hall	SWITCH project established Scoping Report completed and presented to BPG. SSCB has agreed not to proceed with pilot. The SSCB partner agencies decided not to pursue the use of partner agency chairpersons.
	D3	The local authority designated officer's (LADO) annual report should include more detailed analysis of activity to ensure senior managers and partner agencies have a good understanding of the effectiveness of the service	Para 27, 32,	Independent Reviewing Manager to work with the LADO on the production of a detailed outcome based report	**Within 6 months**	Meg Boustead / Ken Hall	The report was presented to CSLT in July 2012 and annually thereafter. The report was presented to the SSCB's Business Planning Group on 5 September and the Board on 24 October 2012.
	D4	Reporting of private fostering arrangements should be more robust to ensure that senior managers are able to assure themselves that requirements are met	Para 27, 35	Annual Private fostering report to include relevant data and shared with SMT, CSLT and SSCB.	**Within 6 months**	Denise Moore	Annual return submitted 31 May. Annual Report prepared and presented to SMT in November 2012, and quarterly thereafter. Report to then be presented to SSCB in February 2013. Private fostering data to be included in weekly performance monitoring reports. This has been requested but due to update to systems has been delayed. Monthly private fostering performance information is provided separately and shared with relevant managers.
	D5	Review capacity of LADO to ensure investigations are carried out in a timely	Para 32, 167	Review the LADO's capacity Set up a system to demonstrate/measure the timeliness of	July 2012 July 2012	Meg Boustead / Ken Hall	GREEN. System in place to measure

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		manner/deal with the increase in referrals		investigations to report to SMT and SSCB			timeliness of response.
	D6	Improve front line management oversight in case records and timely recording of supervision sessions	Para 100, 186	Develop Senior practitioner role to assist front line managers with Quality assurance and performance management. Supervision sessions and decisions made to be recorded on CCM at the time that Supervision is occurring.	March 2013 June 2012	SMT	Service reviewed which includes development of this role. Proposals for taking this forward will be developed in October 2012. Draft job profiles have been developed and shared with staff. Both Head Of Service / Assistant Head of Service have met with Principal Social Workers (PSWs) to discuss development of the role. Specific recruitment targeting PSW has taken place. This will provide at least 1 PSW for each team. Achieved
	D7	Ensure supervisions allow for challenge, reflective practice and learning and ensure that this is evident	Para 92, 116, 186	Service Managers to monitor compliance of supervision through audit. Team Managers to arrange monthly group supervision sessions to reflect on practice, learning and development. This is to be recorded and added to the team file. Documentation to be developed to capture the discussion and outcome of reflective practice sessions. Supervision Agenda to be modified to include the heading Reflection and to identify the cases where this occurred.	September 2012 September 2012 September 2012 September 2012	Meg Boustead / Denise Moore	Annual supervision audits completed in June. Following this the audit tool was reviewed and revised to ensure it focuses on the quality of supervision and there is a clearer process in place. Relaunch supervision audit in November 2012 Revised supervision audit process agreed at SMT on 20 September 2012. Partial audit undertaken. Full audit required to ensure compliance.
	D8	Develop the role of IRO's in the audit process/wider performance management	Para 102, 185	IRO's to be included in monthly case file audits	June 2012	Meg Boustead / Ken Hall	IROs carried out first monthly audits with July unborn baby audits
	D9	Ensure that robust and transparent reporting arrangements about the outcomes of Regulation 33 visits are in place	Para 113, 121, 175	Quality Assurance Officer to complete report to go to SMT in May 2012, and annually thereafter, to incorporate into Corporate Parenting Board report	**Within 3 months**	Meg Boustead / Ken Hall	Interim report went to Corporate Parenting Board in July 2012. Reg 33 Officer attended MALAP on 17 July to agree report format. Reg 33 report presented to Corporate Parenting Board and

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							MALAP in October 2012. It will be presented at 6 monthly intervals henceforth.
	D10	Improve quality assurance	Para 116	Review QPR process *[Peer Challenge Action Plan]* QA framework to be completed during Development Day	February 2012 June 2012	Meg Boustead / Ken Hall	QPR documentation completed. Multi-agency task and finish group to be established to review reporting and outcome process (timescale for completion August 2012). New compliance monitoring process introduced in November 2012. Item 12 QA Framework completed. Document completed August 2012 and submitted to CSLT September 2012 as part of Improving Quality Report.
	D11	Increase the capacity of the IROs	Para 167	Secure additional resources into the IRO Team	May 2012	Meg Boustead / Ken Hall	GREEN. Extra capacity in place. Capacity review undertaken in October 2012. One additional post to be created to meet capacity.
	D12	Continue to improve participation and effective involvement of senior officers and cabinet members in the corporate parenting board	Para 173	Carry out Review of Corporate Parenting Board to enhance member and officer participation	December 2012	Meg Boustead	The Cabinet Policy Lead for Children and Families is leading on the review of the Corporate Parenting Board. An initial scoping meeting was held in July 2012 and the Terms of Reference were agreed by the Board in October 2012. The findings and recommendations of the review were reported to the Corporate Parenting Board in February 2013.

E - Early Intervention/ Partnership Working	**E1**	Improve the appropriate use of CAF as a tool to coordinate preventative services/early intervention provision	Para19, 48	Use the findings of the internal and external reviews of CAF to inform future developments, including the following outstanding actions from the peer challenge action plan:
				
				• Review the governance arrangements for CAF
				• Review information on website in terms of completeness, relevance / up to date and ease of access
				• Review CAF data in terms of availability and also specific areas (e.g. partner involvement as Lead Professional)
				  ○ Review CAF data with SPPM
				  ○ Standard report in place for each locality and citywide
				  ○ Review key areas for report
					September 2012
					
					April 2012
					July 2012
					
					Ongoing
						Sandra Mitchell / Alan Scott	Internal and external reviews of CAF have been undertaken as a result of the Peer Challenge findings. The review process has included a review of best practice in other authorities (including visits to Hertfordshire and Durham). The council is now awaiting the final report from the external review, the findings of which will inform future developments.

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				• Take the findings of the external review and the governance review to SSCB and the Children's Trust Identify and deliver upon actions to address the recommendations arising from the Scrutiny Committee Policy Review of Early Intervention and Locality Services i.e. (a) That the CAF assessment form is reviewed with particular consideration given to a shorter streamlined form which is less onerous to complete; (b) That the option of a dedicated single point of contact for any CAF assessor to contact for support and advice around thresholds prior to completing a full CAF assessment is explored; (c) That the CAF assessment process and threshold are considered for a comprehensive re-launch within Sunderland, following any CAF form redesign, and this is communicated to all stakeholders; (d) That an effective communication strategy is put in place to ensure that future changes to the early intervention offer, CAF assessment process or CAF thresholds can be effectively communicated to all stakeholders including elected Members; (e) That further comprehensive training is made available to key stakeholders to provide a clear understanding of the differentials in thresholds between early intervention support and safeguarding; (f) That the initial CAF assessor is routinely invited to attend the relevant CAF panel meeting in relation to their initial assessment; (g) That locality based teams look to increase their engagement with local partners through the development of more integrated working practices and approaches that promote locality services and the early intervention core offer with local partners and the community; (h) That the development of a specific data set of outcome measures for locality based working and early intervention be undertaken by the Directorate with a particular focus on measuring outcomes; (i) That the Children, Young People and Learning Scrutiny Committee write to the DfE requesting that they look to undertake research into the CAF process across the country; (j) That the actions arising from the recent independent reviews and Ofsted inspections relating to this agenda are combined into a single Action Plan which is monitored by the Children, Young People and Learning Scrutiny Committee.	September 2012 September 2012		In addition to the reviews of CAF, the SSCB has reviewed and implemented new thresholds for social care and CAF intervention and support. The CAF process and its purpose, has also been relaunched via the new locality arrangements which are now in place. AMBER – CAF action plan is in place which addresses all the issues. We are on course for actions to be addressed by September Actions are in place - Performance information is now available. Report to SSCB in September - New CAF form in draft. Consultation closing and launch after October half term - Relaunch was completed as part of threshold relaunch - Communication strategy developed - CAF assessor invited to TAF not to panel - Work ongoing to integrate in to community  CAF Action plan.doc (44 KB) The findings of the external review and the governance review have been reported to SSCB and the Children's Trust. Agreed by SSCB. New integrated form (for safeguarding and CAF) agreed by SSCB and launched in

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							January 2013.
	E2	Improve the understanding of thresholds for assessment	Para 25, 44	Implement new SSCB threshold document *[Service Plan]*	February 2012	SSCB	Thresholds across CP, CIN and CAF reviewed December 2011 and January 2012. Threshold guidance updated.
				Review Thresholds across CP, CIN, CAF *[Peer Challenge Action Plan]*	February 2012		Consultation with frontline staff held February 2012.
				CAF to be included in SSCB procedures *[Peer Challenge Action Plan]* Consultation with frontline staff *[Peer Challenge Action Plan]*	March 2012	Alan Scott	Jointly owned thresholds document agreed February 2012 and launched March 2012. As part of the implementation of the Family Focus programme and the development of the Multi Agency Safeguarding Hub and the single point of access through the CSN, thresholds for CAF will be reviewed CAF review undertaken and decision made to defer review of CAF procedures until December 2012. They will now be reviewed as part of the implementation of the Family Focus programme, the development of the Multi Agency Safeguarding Hub and the single point of access through the CSN.
				Develop Step Up / Step Down Protocol *[Peer Challenge Action Plan]*	June 2012	Alan Scott	Escalation and de-escalation protocol to be developed as part of CAF action plan by December 2012, therefore SSCB has issued a challenge regarding this delay as CAF procedures will not be available until June 2013. SSCB awaiting response to written challenge.
				Develop new Early Intervention Strategy *[Peer Challenge Action Plan]*	February 2012	Jane Hibberd	A draft Early Intervention Strategy was produced in February 2012. It has since been agreed that the Strategy will be subsumed into the Strengthening Families Strategy which is currently under development. A draft Strengthening Families Strategy was considered by the

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							Strengthening Families Board on 1st October 2012 for initial consideration. One of the emerging objectives of the strategy is *'Intervening early and as soon as possible to improve outcomes and prevent problems from developing or getting worse.'* The strategy will take a whole family approach to early intervention and prevention.
	E3	Ensure that the work of the LADO is understood and that under reporting is addressed	Para 32	LADO to develop rolling programme of awareness raising for schools with a focus on the schools identified as under reporting	June 2012	Meg Boustead / Ken Hall / Pam Gartland	Meeting to plan achieved May 1st 2012. Development plan in place.
F - Education	**F1**	Ensure that education files include realistic plans and aspirations and that vulnerabilities are recognised and addressed appropriately	Para 53	Provide Designated Teachers with a list of file contents for organising pupils' information Provide individual training programme for Designated Teachers with a focus on quality assurance and the completion of PEPs SVS to offer an auditing service for LAC files to schools Amend PEPs to reflect aspiration and careers, information, advice and guidance information and plans Implement an Induction Training Meeting for Designated Teachers new to post or for DTs in schools where there has been a gap in LAC attending the school **[See also Education action F2 below]**	July 2012 July 2012 April 2013 April 2012 July 2012	Dawn Shearsmith	GREEN - Checklist is included in audits conducted by PG's team GREEN – SVS staff support newly appointed DTs by attending first PEP meeting to model process. GREEN - Audit service included in Safeguarding audits GREEN – being used by all schools now GREEN - Done on individual basis according to identified needs
	F2	Improve the consistency in the quality of PEPs to ensure they have clear goals and describe expected outcomes	Para 148	Develop a PEP Guidance resource for Designated Teachers Implement an Induction Training Meeting for Designated Teachers new to post or for DTs in schools where there has been a gap in LAC attending the school Ensure that weaknesses or vulnerabilities are reflected in goals and specific, measurable, achievable, realistic targets. SVS staff to monitor PEPs and to meet with DTs where quality of information does not correspond to the PEP Guidance resource	April 2012 July 2012 July 2012 September 2012	Dawn Shearsmith	GREEN – shared with schools and with new DTs GREEN- Done on individual basis according to identified needs GREEN – PEPS monitored on receipt and randomly by Virtual Headteacher
	F3	Continue to work towards	Para 114,	Use progression data to target and provide intervention strategies for	Oct 2012	Dawn	GREEN – 1:1 tuition targeted at

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		improving the number of children who take GCSE's and who achieve good GCSE grades in Maths and English	147	Key Stage 4 pupils who are underachieving		Shearsmith	borderliners in KS2 and 4 from Jan 2013
				To extend the promotion campaign to schools and carers regarding one-to-one tuition and revision support for Year 11 pupils	Jan 2013		GREEN – Schools have been offered support for borderline pupils according to Dec data
				Prioritise English and Maths and other core subjects in one-to-one tuition and extend tuition programmes	April 2012		GREEN – Jan 2013, staff had CPD to improve quality of teaching and ideas for dealing with challenging pupils.
				Implement presentations to foster carers via the Fostering Service Carers' Training Programme on how to get most out of a Personal Education Plan, qualifications and progression to post-16 learning pathways	July 2012		GREEN – training offered on a termly basis over 2012-13
	F4	Continue to reduce the number of fixed term exclusions (FTEs)	Para 146	Set up an Inclusion Strategic Group to include Head of SEN, Headteachers, Headteachers of AEN, Senior Manager of Children's Homes, Deputy Director of Children's Services and Headteacher of SVS to: - devise and implement a new Inclusion Forum to share practice and dialogue among schools, children's home staff and other practitioners - promote alternatives to FTE with a focus on short FTEs	April 2012	Dawn Shearsmith	A number of groups are in place which provide the appropriate forum to hold these discussions, and so following a review it was agreed that the development of an Inclusion Strategic Group was no longer necessary. Complementary to these existing groups, a Virtual School Inclusion Officer is currently in the process of arranging a meeting between Children's Home managers and Head Teachers for the special schools and PRUs to share understanding.
				Where a pupil receives a FTE, implement a trigger system whereby a school is contacted to discuss	April 2012		GREEN – SVS staff respond immediately to all notifications of exclusion. 1 perm exclusion this academic year (Bradford school)
				SVS to prioritise attendance at re-integration meetings	September 2012		GREEN - Always attend reintegration meetings and negotiate way forward where possible.
				Set up termly meetings with Intelligence and Performance Team to ensure accuracy in recording and statistics	July 2012		GREEN – email responses /phone calls to obtain data
				Review Inclusion Framework to implement Rapid Response for attendance and behaviour issues	April 2012		GREEN – one SVS staff member is responsible for this every day from 8.30 – Database shows responses
				Contact schools and ensure that excluded pupils have access to school work during FTE	April 2012		
				Promote Behaviour for Learning Support programme as part of the Inclusion Framework for pupils at risk of exclusion	April 2012		GREEN – Pitstop and Goal referrals supported /organised

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				Monitor pupils who are at risk of exclusion using the RAG Rating and information provided on PEP Prioritise pupils who are at risk of FTEs for targeted intervention and support	April 2012 April 2012		by SVS GREEN – weekly alerts shared with staff and maintained on database. GREEN – only 1 permanent exclusions since Sept 2012
G - Workforce	**G1**	Ensure, as far as is practically possible, that the ethnicity of all staff is known so that the local authority can evaluate accurately whether the workforce reflects the diversity of the local population	Para 27, 88	Write to all employees to ask them to consider the information we hold and update. This will include their ethnicity	**Within 3 months**	Sue Stanhope	An HR&OD Equalities Working Group has been set up, with a remit to consider equality issues and in particular the employee related implications of the new Public Sector Equality Duty (PSED). One of the action points on the Equality Action Plan is to: *"improve our understanding of the Council's workforce by undertaking a staff information collection exercise to obtain equality information relating to all of the protected characteristics."* An on-line questionnaire was issued to all council employees in October 2012 to gather this information. The updated information for council employees, including Safeguarding, will be uploaded onto the Council's SAP HCM system in order to ensure that the most up to date employee equality information is recorded, by the end of April 2013. (ICT work is required for a SAP development). The race/ethnicity findings for Safeguarding were reported to the Head of Service in January 2013. The response rate for Safeguarding was 32% and so consideration is currently being given to how

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							staff who did not complete the questionnaire are encouraged to supply this information. Aggregated findings from the all staff questionnaire will be communicated to employees across the council in April 2013, and staff will be encouraged to report any change to their equality information, in order to keep information up to date. Any new starters information will also be recorded on SAP. The updated information will be reported in the Council's next diversity report, which is published annually on the Council's website.  1301 Ofsted Action Plan Monitoring, Prog
	G2	Ensure all staff files comply with the Safer Recruitment standards	Para 33	Process and documentation within Shared Service Centre to be reviewed and internal systems put into place to ensure all relevant information is in place Ensure during all recruitment (both internal and external) that the service adheres to the policies, procedures and processes required by safer recruitment standards	April 2012 Ongoing	Christine Walshaw / Tracy Potts SMT	The process & documentation has been reviewed & an internal system put in place to ensure all relevant information is in place The Shared Service Centre (SCC) has completed its part of the work as requested however there is still outstanding information to be placed on file. This was chased on a number of occasions but earlier this year was passed back to Safeguarding SMT to sort internally. A list of the outstanding information in relation to the personal files has been re-sent to the service. The SCC has yet to receive this outstanding information from individuals/managers.
	G3	Ensure children can develop sustained relationships with social workers by continuing to address the historical reliance on agency and	Para 169	Continue to implement and monitor the effectiveness of the Recruitment and Retention Strategy Develop and implement a new Munro compliant service delivery model for children's safeguarding *[Service Plan]*	Ongoing March 2013	Meg Boustead	Recruitment, Retention and Workforce Development group meets regularly to oversee this work

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		temporary staff.					
	G4	Continue to develop the skills of foster carers and residential staff	Para 183	Continue to develop the skills of foster carers through the existing foster carer training programme and foster carer personal development plans. Continue to use foster carer reviews and supervision to monitor opportunities for career progression. Continue to develop the skills of residential staff through the existing training programme and individual residential home training plans. Continue to use staff supervision and appraisal to monitor this.	Ongoing Ongoing Ongoing Ongoing	Steve Towers Sharon Willis	All foster carers have Personal Development Plans and continue to attend training. Increasing levels of training are being made available to increase foster carer skills, and thereby reduce the need for external placements. A number of foster care reviews have recently been cancelled due to staffing issues. A plan has been developed to ensure foster care reviews happen on time.
H - Offending	**H1**	Continue to work on reducing the number of looked after children cautioned or convicted	Para 152	Implement the LAC Offending Action Plan. Develop the arrest diversion Pathfinder.	Ongoing Ongoing	Louise Hill	A workshop was held in August with a range of staff to update and renew the CLA Offending Plan. Staff engaged enthusiastically in this process and a further workshop is scheduled for November. An updated CLA Offending Action Plan has been developed. CLA Offending Group Action Plan12-14.doc The arrest diversion pathfinder continues to be developed with the Operational and Strategic Steering Groups continuing to meet. Regular updates regarding the pathfinder are provided to the YOS Board. A small pot of additional monies has been secured to help support data collection and performance management's scoping exercise is also being undertaken to identify the level and numbers of young people with Speech, Language and Communication needs (SLCN). This will in turn inform how to better screen young people within police custody.

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				Develop the Families Team to prevent children from entering the criminal justice system.	Ongoing		The YOS has also submitted a recent bid for additional funding to employ further health and educational psychology support to the project. The outcome of this bid is awaited. Of the 172 young people seen and recorded between 01/08/12 and 07/12/12, 25 were LAC at the time and 4 were previously LAC. The families programme is up and running. Regular updates are provided to the JCG, Troubled families steering group and the YOS Board. Ten families are now being worked with in FIP Plus referrals are coming from a variety of agencies including IOM, Northumbria Probation Service, Social Care and the Alcohol Liaison Team. Interventions include 1-1 parenting, the Phoenix project for the parents and their young people, CAMHS and 1-1/small group work to reduce/prevent the young people's offending. A delegation from the Treasury, the Policy Office in Whitehall and the National Troubled Families Team visited YOS on 4.10.12 and commended the work that was being done with the City's most challenging families. The FIP Plus mid-term evaluation will be completed and presented to the JCG on 19.11.12. This will clearly evidence the distance travelled since the project began in April 2012 and provide a road map for its future development. A copy will be sent to the National Troubled Families Team who asked to be kept in the loop at their recent visit. Recruitment is

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							underway for Lifeline and FIP's joint delivery of the 13-week 'Strengthening Families Strengthening Communities' parenting programme, which is scheduled to commence on January 15th 2013. A meeting has been held with IOM to establish how IOM and FIP can work together under the Troubled Families umbrella to ensure that the most complex and challenging families in IOM continue to be identified and supported by FIP and FIP Plus.