

Action / Process					Improvement Targets and Outcomes		Progress at 28 September 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2015
1.3	Recruitment process through to delivery to meet the needs of the service in line with the improvement plan	HR	01/05/2015	01/03/2016	Transition Plan agreed by the Leader	Improve the ratio of permanent to agency social workers within the Service. Target is 85% to permanent within the Service	<ul style="list-style-type: none"> - The Council is in a better place from which to recruit with clear direction, managed caseloads, competitive remuneration and a commitment to continued professional development all supporting the Council's offer to social workers. Plan to use Sanctuary, who specialise in social work recruitment in the UK, and HCL who have a dedicated overseas recruitment network - Permanent recruitment campaign underway w/b 28th Sept for all perm social work posts. Interview schedules blocked out in October - 12 Team Managers and 1 Service Manager recruited to the new structure 	In progress	Key Target has changed from 'Full complement of Social Workers in post by July 2015'
1.4	Induction process for every new worker to be embedded as standard practice, and to achieve 100% compliance with current staff receiving a refresher induction to update their knowledge	L&D	01/01/2015	On-going	100% of new workers attended induction programme	All staff inducted	<ul style="list-style-type: none"> - A 4 day induction programme was launched in January 2015. The programme runs every month and invites / expects delegates to attend through the New Starters Form process or from Managers booking existing staff onto the programme - The number of delegates has increased over the last 3 months. To date, all delegates that have attended have been either agency staff or student social workers 	Completed	
1.5	AYSE support to be embedded, with clear standards and requirements set out to encourage these newly qualified workers to remain in Hillingdon long-term	L&D	15/03/2015	On-going	100% of NQSW's remain in social work posts, 2 years after qualifying	High standard ASYE programme resulting in NQSWs taking up permanent social worker posts in Hillingdon, and creating opportunity to grow future managers and create a stable workforce	The induction programme includes a modified and enhanced offer of support to AYSE	Completed	
1.6	Social Work Pathway to be embedded to ensure career structure is supporting individual needs	L&D	TBC by L&D	TBC by L&D	All professional social work posts have a career pathway established	Renewed job profile and job description for NQSW, SW and AP	The new career pathway for targeted posts have been developed and implemented as part of the recruitment programme	Completed	
1.7	Supervision structures to be embedded to ensure 100% compliance and delivery, including recording and performance management processes to be clear and robust in dealing with competency issues	AD Children's Safeguarding and AD CiC, Permanency & Children's resources	01/04/2015	Sept 2015	100% Compliance in the delivery of supervision	All staff receiving timely, good quality supervision in line with the Hillingdon Supervision Policy	<ul style="list-style-type: none"> - A comprehensive supervision monitoring and audit tool has been developed and implemented across CYPS. It is supplemented by regular practice audits - All managers to provide supervision to staff in line with Hillingdon's Supervision Policy - All Senior Managers to ensure that supervising managers have received supervision induction and training within the first two weeks of employment (agency or permanent) 	In progress	
1.8	PADA reaches 100% completion on time and is robust in identifying current practices of the worker, identifying learning needs and having a SMART development plan to meet these needs	AD Children's Safeguarding and AD CiC, Permanency & Children's resources	01/04/2015	01/04/2016	By May 2015 all staff in the Children & Young People's team have a PADA in place, which will have expected priorities by role in line with this action plan.	PADA targets to be rolled out to all staff. Checks are undertaken to ensure that PADA's have been signed off. PADA reaches 100% completion	<ul style="list-style-type: none"> - Plans are in place to complete the 6 month PADA review by the end of October 2015 - All Senior Managers to ensure that supervising managers have received PADA induction and training within the first two weeks of employment (agency or permanent) 	In progress	
1.9	Management development plan to be completed for all managers to support their practice with clear measures of performance incorporated in their development plan / PADA	AD Children's Safeguarding and AD CiC, Permanency & Children's resources	01/04/2015	01/04/2016	100% of managers to have a management development plan	All managers have a clear plan of support and career progression	<ul style="list-style-type: none"> - Management development training has been commissioned for all managers and will commence in Quarter 4, following successful recruitment of the permanent cohort of Team Managers - All Senior Managers to complete management development plans with their managers 	In progress	

Retired Actions

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Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2015
1.1	Update website to enable prospective applicants to have a good understanding of what Hillingdon can offer and expectations of the role of a Social Worker	HR	01/04/2015	01/03/2016	New website functional	By Sept 2015 website updated and online.	Meetings held with Penna who specialise in recruitment marketing. Focussing on developing the Council's 'employment brand'. Initially we will develop with Penna a strong proposition clearly articulating the Council's successes, direction, delivery model and competitive remuneration. This will be communicated on a new recruitment portal or 'micro-site' which will later be used for other recruitment across the Council.	Completed	These actions have retired as they were completed within the agreed timescale
1.2	Applicant packs to contain all relevant information and guidance when applicants considering Hillingdon as their chosen workplace. Explanation contained in the pack of supervision, POD work, support etc.	HR	01/04/2015	01/07/2015	TBC by HR	On hold until Transition plan agreed by the Leader	A new Social Worker Job Profile has been developed clearly defining career progression and professional development within the Council. This will be a key message in the recruitment campaign and we will invite social workers to 'grow your professional career at Hillingdon'.	Completed	These actions have retired as they were completed within the agreed timescale

STATUS OF ACTIONS for 2015/16

	Completed	In progress	Static	Total
Number	5	4	0	9
Percentage	56%	44%	0%	

Action / Process					Improvement Targets and Outcomes		Progress at 28 September 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
2.1	Improved and consistent decision-making by the Triage and MASH teams	Service Manager Triage/ MASH	01/04/2015	01/04/2016	<ul style="list-style-type: none"> - Data around following Key Indicators as recommended by The London Chief Exec. Self-Improvement Board line is collated - MASH clearly identifies statutory social work service Step across to early help services Contacts assisted through advice and information - Re-referral rates - Effectiveness of initial RAG rating by MASH is above 90% 	<ul style="list-style-type: none"> - Data around Key Indicators as recommended by The London Chief Exec. Self-Improvement Board is in line with statistical neighbours - Audits and data indicating consistent decision-making from Triage and MASH. Audit of decision-making planned, 95% target - On-going partner discussion regarding thresholds and delivery of training to partners to explore social care decision making and the MASH concept - The MASH Manager remains the final decision maker on all cases progressing for assessment. - Threshold training given to all MASH and Triage staff 	<ul style="list-style-type: none"> - Regular MASH operation meetings and strategic partnership meetings which are well attended and in which our key partners attend are in place and are chaired by the Assistant Director - Audit of decision-making is now part of the monthly electronic audit tool, the results of which will be reported in our monthly audit trend document going forward. 100% target for compliance achieved - There is a CSE officer who started in Sept and a Detective Sergeant will be working in MASH full time - their jobs will be to focus on CSE and FGM operations - Thresholds agreed and training delivered, which has been evidenced in supervision meetings - MASH protocols have been completed and are in place - UK Border Agency and British Airways staff (incl pilots) have received safeguarding training - Fortnightly meetings with Skylakes to discuss actions, has resulted in referrals decreasing - Review of decision making demonstrates high levels of consistency and threshold management - The available outcome information shows 276 contacts stepped up to Children's Social Care; 114 contacts stepped across to early help services and 220 contacts assisted through advice and information - Of those contacts rated RED 100% maintained their rating throughout the process an indication all had been correctly weighted. - Of those contacts rated AMBER 430 out of 444 remained AMBER, 96.8% maintaining their weighting. Eight contacts were stepped up to RED and 6 stepped down to GREEN - Of those contacts rated GREEN 79 out of 95 remained GREEN, 83.2% maintaining their weighting. 16 contacts were stepped up to AMBER 	Completed	<ol style="list-style-type: none"> 1. Perf Measure & Milestones '10,0010,000' of the CYP population', '110,000 of the CYP population' and 'Section 47 enquiries per 10k of the CYP population' have been removed because there is no national comparator. 2. The 5th Key Target now includes Triage staff 3. % of referrals leading to the provision of a social care service (as defined by the child becoming a child in need) - in the Perf Measure has been removed
2.2	To establish an effective Referral and Assessment Service	Service Manager Triage/ MASH	01/08/2015	01/03/2016	The recruitment will drive the establishment and implementation of 4 Duty Teams in line with the new service model.	All staff in post by March 2016	<ul style="list-style-type: none"> - Recruitment for the Team Manager role has started. 2 Team Managers were not successful in appointing, however further recruitment is underway. In the meantime we continue using Skylakes - There are plans to build two Social Work Teams by Sept/Oct 2015, who will be taking over from Skylakes during the transition 	In progress	Previous ref was 2.6. The order has been changed so that the actions flow better in the Plan
2.3	There will be an increase in families stepping down at key points in social care (at contacts, post assessment and during CP / CIN work) - seen via demand and capacity data set	Service Manager Triage/ MASH	01/04/2015	On-going	% families no longer receive a statutory service and not re-referred to statutory social work for 6 months.	<ul style="list-style-type: none"> - Functioning RAS (Skylakes) - Re-referral rate and children subject to a Plan a second time, 15-20% target 	<ul style="list-style-type: none"> - Assessments are carried out within timescale and % of step-downs: Sept 2014 - assessments carried out within timescales was 64% Sept 2015 - assessments carried out within timescales is 97% Sept 2015 - step downs is at 81% - At the end of Quarter 1 the re-referral rate is at 18% - 13% of children on a CP Plan second or subsequent time - Maintain Skylakes project until Feb 2016. Recruitment is underway to move the provision inhouse and plan a smooth transition by Feb 2016 	Completed	<ol style="list-style-type: none"> 1. Previous ref was 2.2 2. Key Targets are new (there were no targets in the previous Plan)
2.4	Best Value is obtained from Skylakes team in that they deliver to contract showing consistent good performance and to an acceptable practice standard	AD Children's Social Care	01/11/2014	01/04/2016	<ul style="list-style-type: none"> Key Indicators and delivery model is agreed and delivered: - Implementing a 5 week duty service that will undertake duty tasks and assessments of all children in need. - Delivering 100% of assessments within 45 days max with an average of 30 days per assessment. - Delivering 100% of ICPC within 15 days. - % families no longer receive a statutory service and not re-referred to statutory social work for 6 months. 	<ul style="list-style-type: none"> - Assessment Service is established and resourced. - Regular risks and issues meetings are held. - Performance data is collated and shows achievement of indicators. - The added capacity provided by Skylakes will alleviate pressures in the social work teams. Results will be seen in the reduction of 'backlog' cases and new work being completed more frequently within timescales. - Improved throughput of work from referral to social care planning to permanency, with a clear focus on legal planning and pre-proceedings work (Early Intervention, CIN, CP, LAC or Children's Pathway). 	<ul style="list-style-type: none"> - Contract oversight: Performance Indicators are set and regular meetings are held on risks and issues. Partnership framework is established - Skylakes embedded. Full review of project by Director of Children's Services (DCS). Run down of contract expected by February 2016 - There is a tapered transition into LBH RAS - There are weekly practice meetings. Fortnightly risk and issues meeting where the Assistant Director, Service Manager and Skylakes Manager test the quality of practice. Further, there are quarterly performance monitoring meetings with the DCS - 97% of assessments within 45 days max with an average of 30 days per assessment - 87% of ICPC within 15 days 	In progress	Previous ref was 2.3

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2.6	Improve service offer for DV	Service Manager Triage/ MASH	01/04/2015	01/09/2015	<ul style="list-style-type: none"> - Improved signposting for DV families from CSC. - An increase in orders against perpetrators or legal remedies. - Social Workers and audits indicate an improvement in assessment quality re. DV families. - Full time IDVA appointed within MASH. 	<ul style="list-style-type: none"> - Training to be rolled out by QA service on DV tools March onwards. - New activities to be linked with DV strategy and plan. 	<ul style="list-style-type: none"> - MASH partnership to deliver DV specialist role to MASH to identify and enhance service offered to families identified with DV risk - Implemented risk assessment tool which includes the principles of the CAADA-DASH Risk Identification tool to the Assessment and SW teams and of Barnados DV identification matrix - There is now a dedicated DV worker in MASH - DV training for all staff has been planned through LSCB. First session on DV and impact on children took place on 18/09/2015 and the next is due to take place on 15/01/2016 - Full time IDVA appointed within MASH 	Completed	Previous ref was 2.5
2.7	Establish effective working relationship with the Asylum Intake Team (AIT)	Service Manager Triage/ MASH	01/03/2015	On-going	<ul style="list-style-type: none"> - Delivering 100% of assessments within 45 days max with an average of 30 days per assessment - Performance Indicator meetings held weekly to ensure ongoing case management 	<ul style="list-style-type: none"> - UKBA and AIT to work in partnership with operations to safeguard children/YP vulnerable to FGM/ CSE/ trafficking/ Terrorism - 100% LAC asylum allocated 	<ul style="list-style-type: none"> - LAC asylum, assessments delivered within 45 days max with an average of 30 days per assessment: June 15 - 100%, average working days per assessment 29.25 July 15 - 90%, average working days per assessment 36.9 Aug 15 - 100%, average working days per assessment 44 Sept 15 figures are still being compiled - Fully permanent workforce with manageable caseloads - Staff development / training on age assessments and human rights assessments - Permanent Team Manager in post - Service Manager recruited to cover the Asylum and Young Peoples Service. New asylum team structure to be in place from the 1st Oct 2015 	Completed	<ul style="list-style-type: none"> 1. 'PID' meetings referred to in the Performance Measures column has been replaced with 'Performance Indicator'. 2. New Key Target in place (LAC asylum).

Retired Actions

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2.5	Improve EDT staff recording practice following snapshot review.	Service Manager Triage/ MASH	01/04/2015	On-going	<ul style="list-style-type: none"> - TRIAGE team are reported any issues weekly of incorrect recording and timeliness of reporting. 	<ul style="list-style-type: none"> - EDT to work in line with the social work teams and remain consistent in their approach to recording. - Snapshot Review to be discussed at SMM for further improvement consideration - Full EDT review completed in April 2015 and sent to senior management. Monthly meetings take place between senior manager and Finance for budget monitoring purposes 	<ul style="list-style-type: none"> - There are no more issues from Triage - 1-2-1 training with Triage in place - Monthly meetings help identify issues and are dealt with immediately - ICS contains advice on performing referrals - 100% permanent staff employed in EDT - In Oct 2016 an audit will be carried out in this area 	Completed	<ul style="list-style-type: none"> 1. Previous ref was 2.4 2. This action is now completed (previously reported as 'in progress')

STATUS OF ACTIONS for 2015/16				
	Completed	In progress	Static	Total
Number	5	2	0	7
Percentage	71%	29%	0%	

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Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
3.1	Successful permanent recruitment to all social work and team manager posts Recruit family support workers, one to each social work team	AD Children's Social Care	01/07/2015 Dec 2015	01/12/2015	- Permanent recruitment - Recruit support staff to assist with intensive social work intervention	- Stable workforce to achieve good outcomes for families. - Families receive a targeted service and increase in direct work when children are subject to CP/CIN plans.	- Penna are providing assistance in the permanent recruitment campaign for managers and social workers in the social work teams - 2 permanent Team Managers (TM) have been appointed. The Early Help Service restructure will provide an enhanced family support provision to the Service. Interview slots for remaining TM posts have been booked	In progress	
3.2	Average caseloads - 18 cases per qualified social worker	Service Manager CSWT	01/01/2015	On-going	Weekly data set indicate that all Social Workers have an average caseload of 18 children.	- To ensure Social Workers are supported with manageable caseload and the work undertaken on the cases is undertaken in a timely manner with good outcomes for families. - There is flexible use of agency staff across the service which is aligned with demand.	- Benchmark for caseloads agreed in line with London Standards document: 16 for CP/CIN (CSWT) service remains on track. Overall, there is a reduction in caseloads and extra resource in May and June helped to reduce these numbers (where the average caseload was 15 cases during that period). Caseloads are reviewed on a regular basis. As of Sept 2015 the average caseload is 16. There is regular monitoring of throughput of work. High demand at front door particularly in CP cases which has been historically high which adversely affects caseloads. - 100% allocation of all statutory cases.	Completed	
3.3	Improving the level of professional supervision and development of staff	Service Manager CSWT	01/04/2015	On-going	- 100% compliance and delivery of supervisions - 100% POD supervision	Monthly report on supervision indicates that staff are receiving 1-1 supervision in line with the Hillingdon supervision policy and that where this doesn't occur, clear explanations are given.	- Implement 1-2-1 supervision tracker, 76% 1-2-1 supervisions completed in July 2015. This is being monitored and scrutinised on a monthly basis at the Service Managers meeting. August figures are due to be presented at the next meeting on 24/09/2015, where an improvement is expected. - First report on professional supervision went to SMM in July 2015, where they identified variable performance issues which were dealt with by the Service Manager. It was agreed that POD supervision should be conducted fortnightly as this adds more value to the process - From August 2015 Practice Mentors will audit performance and POD supervision and prepare an action plan where managers can address any issues. Audits have been completed and are discussed at the Service Managers meeting fortnightly	In progress	1. 90% staff to have 1-2-1 supervisions from Perf Measure has been replaced with 100%
3.4	Improve the quality of social work assessments in the CSWT	Service Manager CSWT	01/04/2015	01/04/2016	- 100% compliance in team managers undertaking audits. - Case audits show improvement in grading: • 35% good by March 2015 • 50% good by Sept 2015 • 80% good by March 2016 - 100% supervision is delivered and recorded to staff - Supervision Audit and Staff surveys indicate high quality supervision is being delivered and staff report its benefit. - New management structure implemented by June 2015 - An assessment training programme to be commissioned from the QA service and rolled out to all social work practitioners.	- Social work assessments contain clear analysis and informed judgements on intervention models to be used with families - Assessments reflect the child's voice and social work engagement with the family and partner agencies - Improved throughput of work from referral to social care planning to permanency, with a clear focus on legal planning and pre-proceedings work (Early Intervention, CIN, CP, LAC or Children's Pathway). - All Case records to contain up to date chronologies. - New management structure was implemented on 1st June 2015. - Programme start date to be confirmed. - Social workers to receive training on 'what good looks like' in assessments. - Assessments to reflect meaningful engagement with children and their families with required outcomes clearly identified.	- 100% compliance in TM's undertaking audits - ongoing - Case audits showing improvement in grading: • 35% good by March 2015 - achieved • 50% good by Sept 2015 - this is ongoing as the Sept round of audits are still underway at the time of this report - New practice management structure was implemented on 1st June 2015 - The Service team are developing an action plan with Practice Mentors on improving work on practice activity - Update Learning & Development key messages to staff - Practice training on assessment skills will be delivered in the Autumn	In progress	1. 'Good' added to milestones under 'Performance Measures' column.
3.5	All social work interventions are provided in a clearly defined and timely manner	Service Manager CSWT	01/04/2015	On-going	- % families no longer receive a statutory service and not re-referred to statutory social work for 6 months. - Step-up and Step-down data indicates: • CIN cases average 6 month • CP cases average 9 -12 months in length • Pre-proceedings work is 12-14 weeks average • An increase in Step down post assessment and intervention. • % families no longer receive a statutory service and not re-referred to statutory social work for 6 months. • There is a reduction in complaints. • Review all practice standards and guidance • Practice mentors to support staff in delivering timely interventions	- Protocol outlining interface between Early Intervention Service and Children's Social Care is rolled out and targets agreed. - Referrals received into children's services are appropriate for statutory intervention. - Re-referral rates are reduced and in line with statistical neighbours. - Staff, families and partners in feedback and surveys are clear about our involvement and there is an agreed plan which is outcome focussed and time-bound. - Training on pre-proceedings work to be rolled out by Court Trackers and others in first quarter of 2015. - Practice guidance has been updated and rolled out to all managers and staff including 'Working Together 2013' - Social workers are familiar with Tri-x (the electronic policies and procedures web portal)	- Re-referral rates have remained within target parameters at 18%. All statutory cases allocated and have appropriate plans - Step-up and Step-down data results: • CIN and CP average case time is improving 6 month • Pre-proceedings work is 12-14 weeks average • There is a reduction in complaints - Achieved. Improved performance in responding to complaints. All Quarter 1 complaints were dealt with within the 10 working days timeframe. Quarter 2 data was still being processed at the time of this review. • Review all practice standards and guidance - Part of the Tri-x update which is due in Oct 2015 • Practice mentors to support staff in delivering timely interventions - Achieved - Training on pre-proceedings and PLO process have been reviewed and implemented - PLO workshops take place every fortnight and there has been a marked improvement in the outcomes of PLO work as a result	In progress	1. Key Targets 6 and 7 contain further detail.

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3.6	Defined response for all cases where Domestic Violence is the presenting risk factor	Service Manager CSWT	01/12/2015	On-going	Assessments reflect that the impact of DV on children is identified and responded to with clear safety plans and signposting to programmes for children experiencing DV IDVA worker to be appointed to MASH	Permanent IDVA within MASH	- Permanent IDVA worker appointed to MASH to provide support and guidance to CYPS - DV training to be rolled out in the Autumn 2015	Completed	1. End date has been added (no end date in previous Plan). 2. Perf Measure updated, 2nd measure added 3. Key Target has been added
3.7	Provide effective parenting assessment service	Service Manager CSWT	01/04/2015	01/04/2016	- Service to refresh protocol and offer. - An increase in parenting assessments being completed in -house for all pre-proceedings families unless a clinical/medical assessment is required. - An increase in parenting assessments being completed within new timescale. - An ongoing case consultation and training in assessments and pre-proceedings to be offered to Social Care staff.	- Once service is fully staffed targets for assessments to be rebased. (See separate detailed briefing on the proposal for this service) - Parenting assessments to be completed within 6 weeks unless agreed with legal and SW teams.	- Initial review undertaken that allows Service to work more effectively - Further reviews of Parenting Workers Contract with a clear link to throughput and quality of work - Service review is near completion. Reviews have been completed and new contracts are being issued	In progress	

STATUS OF ACTIONS for 2015/16				
	Completed	In progress	Static	Total
Number	2	5	0	7
Percentage	29%	71%	0%	

Action / Process					Improvement Targets and Outcomes		Progress at 28 September 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
4.1	All LAC cases will be allocated to ensure that all statutory LAC requirements are met.	Service Manager LAC & YP's Team	01/04/2015	On-going	<ul style="list-style-type: none"> - All statutory posts are filled and caseloads are within the service average (14 for CIC teams) by Sept 2015. - Weekly data set - 100% allocation LAC Balanced caseloads - 100% of LAC visited within statutory timescales. - Low numbers of children missing from care <5 - Weekly management oversight of all LAC missing - 80% permanent staff to agency ratio 	<ul style="list-style-type: none"> - Permanent recruitment successful with all Team Managers appointed. - Permanent recruitment with all social workers. - Agency workers to fill vacancies - Regular Permanence management meetings implemented to track KPIs 	<ul style="list-style-type: none"> - Significant recruitment underway in July and Sept 2015. All Team Manager (TM) posts filled and all statutory Social Worker recruitment is underway - Caseloads are within the service average which is 14 for CIC teams - 100% allocation LAC Balanced Caseloads has been achieved - LAC visited within statutory timescale - 83% (YTD) and 75% (June 2015). New management arrangements now imbedded and actions in place to improve performance - All children missing from care are being reviewed and risk assessed on a weekly basis by the Service Manager 	In progress	Lead updated' to include YP's Team.
4.2	Average caseloads remain within 14 - 16 cases per qualified social worker (AYSE 12)	Service Manager LAC	01/04/2015	On-going	<ul style="list-style-type: none"> - Weekly data set: Average caseload for Children in Care Teams = 14 	<ul style="list-style-type: none"> - Average caseload maintained between 14 to 16 children per worker 	<ul style="list-style-type: none"> - Average caseload of 14 children at Sept 2015 	Completed	Through QA audit added to Targets 2 and 3.
4.3	Improving the level of professional supervision and development of staff		01/04/2015	On-going	<ul style="list-style-type: none"> - 100% compliance and delivery of supervisions - 100% POD supervision for all teams - Implement supervision tracker across all teams - July 2015 	<ul style="list-style-type: none"> - Clear robust decision making on all case files through QA audits. - Reflective practice and encourage learning good practice and development between Social Workers through QA audits. Build skill base within the team. 	<ul style="list-style-type: none"> - Implemented supervision tracker which demonstrates variation and clear focus for new TM's - Supervision tracker in place for all staff - 100% POD supervision for reflective case discussion - Representative from the Quality Assurance team has met with all managers to ensure consistency across POD supervision meetings - report completed 	In progress	This is a new action
4.4	Evidence of child or young person participation in their care planning for LAC and care leavers	Service Manager LAC	01/04/2015	On-going	<ul style="list-style-type: none"> - Feedback forms and information leaflets to young people about service - Number of LAC who require an advocate and receive an advocate should be 100% - Corporate manager data: - Milestones for audited cases: <ul style="list-style-type: none"> • March 15 - 35% good • Sept 15 - 50% good • March 16 - 80% good - Thematic audit demonstrates 80% of cases where the child's voice is reflected in practice 	<ul style="list-style-type: none"> - 60% return rate for feedback forms - Evidence of improved LAC and Leaving Care YP engagement. - Staff attend training delivered to ensure good outcomes for children. - 90% attend PLO/CSE Training 	<ul style="list-style-type: none"> - Care leavers conference took place in June 2015 - 100% LAC who required an advocate received an advocate - Milestones for audited cases: <ul style="list-style-type: none"> • March 15 - 46% good - achieved • Sept 15 - this is still being compiled at the time of this report - All Social workers to ensure that the child's voice is reflected in the Care/Pathway plan by detailed recordings. Thematic audit and found 80% of cases where the child's voice was reflected in practice - Return rate for feedback forms is currently at 84% - 100% attend PLO and CSE training. Training is ongoing for the foreseeable future (and takes place monthly) so that new starters receive training as soon as they join the organisation and any former staff are being trained as part of the L&D requirements 	In progress	Good' added to the milestones under the Performance Measures column.
4.5	Effective management oversight is in place leading to better and more timely decision-making	Service Manager LAC	01/04/2015	31/03/2016	<ul style="list-style-type: none"> - 1-2-1 supervision tracker - Implement fortnightly performance management clinics - Court outcomes and LAC reviews: - The average of PLO cases to be concluded = 26 weeks - 100% of LAC reviews completed within timescale - Milestones for audited cases: <ul style="list-style-type: none"> • March 15 - 35% good or better • Sept 15 - 50% good or better • March 16 - 80% good or better 	<ul style="list-style-type: none"> - To ensure all care plans are robust to demonstrate good outcomes for LAC children - Recruitment of permanent team managers - Average PLO cases is 26 weeks - 100% LAC reviews within timescales - 100% audit of cases 	<ul style="list-style-type: none"> - New Practice Manager structure implemented in Sept 2015 - Full compliance with the case auditing framework - The Public Law Outline (PLO) has been successfully implemented resulting in a reduction from application to final order - Permanency Tracking meeting - Regular PLO meetings. Average PLO cases is just above 26 weeks as of Sept 2015 - Supervision tracked and underway - Full review of the Section 20 voluntary cohort underway - 100% audit of cases: <ul style="list-style-type: none"> • March 15 - 46% achieved good or better • Sept 15 - this is still ongoing at the time of this report 	In progress	1. End Date changed from 01/07/2015 to 31/03/2016 for consistency with the milestones for audited cases. 2. 'Good or better' added to the milestones under the Performance Measures column.
4.6	Health placement outputs demonstrate good outcomes for LAC	Service Manager LAC	01/01/2015	01/12/2015	<ul style="list-style-type: none"> - Updates from Data and weekly Performance meetings. 	<ul style="list-style-type: none"> - 90% completion of LAC health assessments within timescale, escalate to SM's and respond within 24 hours. - Workshops for mental and VH teams 	<ul style="list-style-type: none"> - Regular 6 weekly monitoring meetings in place to work with designated Health professionals to track and monitor health assessments, attendance is mandatory - Due to some slippage, this has gone to Service Managers Meeting (SMM) for escalation and a representative from Health has provided a report in which management actions have been raised to increase the profile of achieving this target. At July 2015 the number of initial health assessments was 35% and at August 2015 the number was 65%. The progress made here is promising and is being closely monitored during SMM - Workshops are in the process of being organised by the Virtual Head and are due to be delivered in Quarter 3 	In progress	

Action / Process					Improvement Targets and Outcomes		Progress at 28 September 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
4.7	Education placement outputs demonstrate good outcomes for LAC	Head of Virtual School	01/01/2015	01/12/2015	- Updates from Data and weekly Performance meetings. - Ensure all children who are LAC and not meeting their milestones have an effective plan in place through the PEP, to ensure progression. - Milestones for the completion of a Personal Education Plan (PEP): • March 15 - 50% completed • Sept 15 - 75% completed • Dec 15 - 100% completed	100% PEPs in place for all LAC between the ages of 3 years old, up to 18 years of age.	- Residual actions from Ofsted Improvement Plan: Decision made to develop tracking and monitoring system within ePEP so that all attainment and progress data is contained within one system accessible to SWs, DTs, VSCs and FCs. Date for completion set for April 2015. - Residual actions from Ofsted Improvement Plan: Amendments to be made to ePEP so that Action Plans agreed can be SMART by 13th April 2015. - Residual actions from Ofsted Improvement Plan: Model of operation to target PPP resources not implemented. 2014-2015 PPP being devolved to school in March 2015, some have been used on commissioning 1:1 tuition, Book Trust to increase literacy and incentives to encourage LAC. ===== - Regular meetings with the Children In Need team and Virtual School - Weekly performance data used to monitor the completion of PEPs which are at: • March 2015 - 51% PEPs completed • Sept 2015 - 80% PEPs completed	Completed	1. Milestones have been added to the Performance Measures column to ensure more effective monitoring of PEPs.
4.8	Improve monitoring and timeliness of permanent placement provision for LAC	Service Manager LAC	01/04/2015	31/03/2016	- The average of PLO cases to be concluded = 26 weeks. - Percentage of children waiting for family finding 9 months of entry into care = <30% - Percentage of children waiting for family finding 12 months of entry into care = <10% - All Section 20 by March 2016, 100% over a year has a Permanency Plan	- 26 weeks achieved in court-monthly meetings - To provide timely permanent outcomes for all long term LAC - Review undertaken of all long term cases to promote permanent outcomes. All children with an adoption plan have been matched or placed with prospective adopters	- IRO Service has agreed to escalate cases without a Permanency Plan - All long term voluntary (Section 20) care cases reviewed and appropriate long term plans now in place - All Placement Order cases reviewed and being returned to Court where appropriate	Completed	1. End Date changed from 01/07/2015 to 31/03/2016 for consistency with Permanency Plans. 2. 'Permanency Plan' added to target 4 in the Performance Measures column. 3. 2nd 'Key Target' added.
4.9	Improving outcomes for Leave in Care	Service Manager LAC	01/07/2015	31/03/2016	Monitoring NEET, accommodation and Pathways Plans for Leave in Care	Key targets are being agreed at the Care Leavers sub-group of the Corporate Parenting Board	- Accommodation policy for Hillingdon has been updated and presented to Corp Parenting Board - Monitoring of NEET performance and practice undertaken by regular reviews by the Leave in Care sub-group of the Corp Parenting Board - There is regular feedback from the Service Manager to Corp Parenting Board to check the sustainability of accommodation - We are in the process of developing further SMART targets for all care leavers	In progress	This is a new action
4.10	All LAC children over the age of 16 years old will have a Personal Advisor allocated	Service Manager LAC & Manager Children & Young People Service	01/04/2015	01/12/2015	Weekly Data Monitoring: - 100% allocation = all 16 plus open cases - 100% pathway plans = All eligible care leavers	To improve the outcomes for young people leaving care.	- Personal Advisor will be allocated to all LAC YP over the age of 16 years old. All eligible care leavers will have an effective Pathway Plan - March 2015 = 85% care leavers have a Pathway Plan - Sept 2015 = this data is still being compiled and will be reported to POC at the next update meeting	In progress	Old ref number was 4.3

STATUS OF ACTIONS for 2015/16				
	Completed	In progress	Static	Total
Number	3	7	0	10
Percentage	30%	70%	0%	

Action / Process					Improvement Targets and Outcomes		Progress at 28 September 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
5.2	Implement new service structure to deliver and maintain the improvements expected from the initial project, to plan for demand at key points within the Fostering and Adoption service and implement a 'best value' placement service for the LAC model	Service Manager Children's Resources	15/02/2015	01/03/2016	<ul style="list-style-type: none"> - Sufficiency Strategy signed off at Corporate Parenting Board and implemented by July 2015 - Service pathway and staffing structure communicated to key stakeholders and staff - Recruitment of permanent staff underway by Oct 2015 - Quality Assurance framework provides evidence of good quality social work practice on all assessments 	<ul style="list-style-type: none"> - Business case completed and presented to SMT and Leader - Recruitment of team managers - three successful appointments - Agency staff used to cover vacant post - Link in with plan for social work recruitment across Children's Services - Fortnightly Permanency Monitoring Meeting embedded in practice and provides robust challenge and oversight of permanency outcomes 	<ul style="list-style-type: none"> - Recruitment of permanent staff on track to be completed by Oct 2015. Recruitment started in July 2015, 3 TM's appointed and in post, fourth TM to be recruited to. Recruitment to permanent TM post underway. We have started recruitment to a substantive Senior Manager post. Vacancies are either covered or being recruited to. There are no substantive casework backlogs in the Service - The Sufficiency Strategy has been shared with the Service, has been approved and is now live. The Sufficiency Strategy was signed off by Senior Management Team and the Corp Parenting Board in July 2015. The Strategy will go live on Horizon and follow up actions will be monitored via this Action Plan - All placements outside of LBH are reviewed by the Access to Resources Panel and meet the child's specific needs - The service pathway was presented at Assistant Managers Meeting in July 2015. It will be shared with Team Managers within the Service and will be discussed at regular staff briefings. Once the pathway has been finalised we will brief the Foster Carer Association, the West London Alliance and the Independent Fostering Agency (in Sept 2015) 	In progress	<ol style="list-style-type: none"> 1. Perf Measure 'ICS/Performance Intelligence Team monthly data for approval of carers in line with statutory requirements' has been removed because it is covered in 5.3 2. Two Perf measures repeated in 5.6 and have been removed
5.3	Improve performance management by implementing strong management oversight and evidence of improved permanency outcomes for LAC in Hillingdon	Service Manager Children's Resources	15/02/2015	16/03/2016	<ul style="list-style-type: none"> - Dataset agreed by June 2015 (refer to action 5.5) - Scrutiny of monthly data by Performance subgroup by July 2015 	<ul style="list-style-type: none"> - Data set agreed - ICS adoption module implemented - Monthly performance data meetings embedded in practice - Reduction in average days from the child being LAC to long term permanency decision being made 	<ul style="list-style-type: none"> - Data set has been agreed to provide regular management info against adoption scorecard - ICS/Performance Intelligence Team continue to meet monthly to discuss data provided to track timescales for approval of carers - Continued scrutiny of monthly data by the Performance subgroup on a monthly basis. Implementation of monthly permanency tracker meeting to provide improved performance management and oversight of permanent placements - Key Performance Indicators are tracked by Performance sub-group on a weekly basis 	Completed	Repeated in 5.3, 5.5 and 5.6 so Perf Measures have been revised and refined
5.4	Improve the management and coordination of the Adoption & Fostering Panel	Service Manager Children's Resources & Panel Advisor	15/03/2015	Dec15	<ul style="list-style-type: none"> - Quality Assurance in place for all cases and paperwork presented to Adoption and Fostering Panel - Feedback forms completed by Adoption and Fostering Panel after each panel - Implement timely decisions from the Panel 	<ul style="list-style-type: none"> - Panel training successfully delivered - Panel process and functioning coordinated and streamlined - Electronic system implemented to circulate paperwork and improve communication with panel members - Panel minutes are completed and signed by ADM within 2 weeks of panel - Tracking of panel cases to inform panel quarterly reports developed - Successful Improvements in partnership working with panel members and the service - Panel requirements and expectations delivered to team meetings - Children's Service training programme developed - QA feedback sheet for SW reports prior to going to panel implemented - ADM decision making process streamlined timely 	<ul style="list-style-type: none"> - Panel requirements and expectations delivered at the following meetings: FOSTERING & ADOPTION PANEL TRAINING 09/03/2015 - Data protection, Chromebook ICT 16/03/2015 - New legislation on long term fostering 20/10/2015 - Fostering and Adoption NMS and Regulation FOSTERING TEAM MEETING - 14/04/2015 (another date to be arranged) ADOPTION TEAM MEETING - 24/06/2015 (another date to be arranged) CIC MANAGERS TEAM MEETING - 16/04/2015 (another date to be arranged) IRO - Meeting was scheduled in June 2015 but did not take place. Meeting to be rearranged for Aug 2015 - Panel Advisor appointed and in post. The process for performing QA checks on paperwork presented to the Fostering and Adoption Panel are in place - Admin support in place - ADM decision making is fixed in their diary - Children's Service training programme is in progress and will be delivered in Spring 2016 - Successful Improvement in partnership working with panel members will be delivered via training and feedback - Feedback received from the Panel become embedded in the cycle of learning and escalation. Minutes and decisions are agreed, tracked and evidence is collected - Business Support requirements are being reviewed to obtain dedicated admin support 	In progress	

Action / Process					Improvement Targets and Outcomes		Progress at 28 September 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
5.5	Improve the function and process of family finding within the service	Service Manager Children's Resources	15/03/2015	15/12/2015	- Prototype service completed and evaluated by July 2015, see Coram and HCL Service Plan - Team fully recruited by October 2015 - Regular performance review of key service indicators: <ul style="list-style-type: none"> • % of children who cease to be LAC after who were adopted • Average between child entering care and moving in with its adoptive family • % of children who wait less than 18 months between entering into care and moving in with adoptive family • % of children who ceased to be LAC because Special Guardianship • Average time between receiving a court to place and deciding on a match to an adoptive family • Average time between receiving a court to place and deciding on a match to an long term fostering placement - Scrutiny of monthly data by Performance subgroup	- Improved permanent placement outcomes for LAC in Hillingdon - Improvement in the performance as measured by the national adoption scorecard - LAC are placed with long term foster placement within 1 year of the placement order being made	- All backlog cases have now been dealt with and children have now been either placed or selected for matches with adoptive families. There is currently no children with placement orders waiting for an adoptive family. The family finding team are working proactively at selecting potential adoptive families for children prior to the final hearing therefore greatly reducing the drift. - Increase in the number of children being placed with an adoptive family within one year of the placement order being granted. 2014/15 15 children placed - 4 placed within one year of PO - Increase in the number of children being placed in a long term fostering placement within one year of the care order being granted. 2014/15 8 children placed - 1 within one year of CO - 61% of children referred to Family Finding were referred within timescale.	In progress	1. 'Coram and HCL Service Plan' added to the first Performance Measure. 2. Key Target now says 'Scorecard' instead of 'Score'
5.6	Development of LBH foster carers to meet the diverse needs and challenges of LAC	Service Manager Children's Resources	01/09/2015	31/03/2016	- Recruitment and retention of foster carers for older LAC and those with complex needs - 110 in-house foster placements - Reduce ratio of IFA's (45%) to in-house (55%) - Improve placement stability for children placed in long term fostering placements in line with the new structure - Reduce the number of placement breakdowns for children placed in long term fostering placements: <ul style="list-style-type: none"> • Reduction in the number of children placed in residential placements • Reduction in the number of children and young people placed outside of 20 miles of LBH - Increase number of good quality LB Hillingdon foster placements available	- Sufficiency Strategy presented to Corporate Parenting Board - Permanency Monitoring Meeting embedded in practice - Re-tiering exercise for WLA completed - Business case for new structure completed and presented to SMT and Leader - Recruitment of team managers - three successful appointments - Agency staff used to cover vacant posts	- In month 4 there was a increase of 16 in house placements made and in month 5 a increase of 13 in house placements made. This demonstrates the new management oversight. There is currently a recruitment campaign under way called the fantastic thirty. There is 29 households booked in for the information evening for September. There is currently 5 IV's underway - 4 stage 1 assessments going into stage 2. There is 1 mainstream carer booked for November panel - 1 short breaks carer booked in for September panel - 1 short breaks carer booked in for November panel - All legacy cases are completed, we are now focusing on baby cases - All placements outside of 20 miles have been reviewed to verify that placements meet the child's needs - Permanent monitoring meetings are fully embedded into practice and resulted in all children with a placement order where the Care Plan is still in adoption matched or plans to be matched	In progress	1. Start date, was 'Start of new team structure' and End date was '6 months from start' have both been revised. 2. 4th Performance Measures now includes 'in line with the new structure'.

Retired Actions

Action / Process					Improvement Targets and Outcomes		Progress at 28 September 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
5.1	Pilot new service model to ensure allocation and completion of all outstanding and new assessments coming into the service	Service Manager Children's Resources	15/01/2015	15/07/2015	- 100% of outstanding assessments presented to Adoption and Fostering Panel for approval within 6 months Coram project - New assessments are presented to Adoption and Fostering Panel in line with statutory guidelines - ICS/Performance Intelligence Team monthly data for approval of carers in line with statutory requirements - Scrutiny of monthly data by Perf subgroup	- Coram managed service successfully implemented 100% of cases allocated - HCL prototype implemented and service model being incorporated into the Children's Pathway - Monthly data performance meetings are embedded in manager's role - Adoption ICS module is live and will be able to provide data and analysis of service provision	- Implement a managed service with Coram and HCL - Allocate 29 outstanding assessments - Implement HCL staffing cohort to prototype service model - Implement regular performance management systems for adoption and fostering	Completed	This target has now been completed and is considered to be a retired action.

STATUS OF ACTIONS for 2015/16		Completed	In progress	Static	Total
Number		2	4	0	6
Percentage		33%	67%	0%	

Action / Process				Improvement Targets and Outcomes			Progress at 28 September 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
6.1	Support better outcomes by aligning the staffing model with expected demand	AD Children's Social Care	01/04/2015	01/09/2015	- Implement Children's Pathway model - Monitor effectiveness of the 'managed service' model	- Complete a demand exercise within LBH - Benchmark LBH demand rates with national rates - 100% allocation of all statutory cases	- Implemented the Children's Social Care Pathway in June 2015 - Work completed on the expected demand across the children's pathway - Extra demand is being met by the implementation of a 'managed service' for the provision of assessment teams - Regular weekly management monitoring arrangements are in place and are resulting in service improvements - All statutory cases are allocated across the Service within agreed caseload limits	Completed	1. Rates were used as a benchmark for this exercise and were not permanent. Key targets have been added
6.2	Support best practice by ensuring caseloads are stable and balanced	AD Children's Social Care	01/04/2015	On-going	- Average caseload for qualified social workers = 18 - Newly qualified social workers = 12	- Case Loads for qualified social workers are monitored weekly at Performance Board - The average caseload across children's services has remained stable at 16/17 and is within target set - Caseloads in Referral & Assessment, Children in Care, Young People's Service and Adoption & Fostering are stable and within target set. Caseloads with Children in Need/Child Protection teams higher than target and actions in place to reduce within target range	- Caseloads are currently within the target average range (16) and monitored as part of weekly performance management of the Service. The average caseload newly qualified social workers has remained at 10 for the same period - Increased capacity added through 'managed service' models and sustained interim staffing - Practice improvements have led to closure of all backlog work and cases open without a plan for more than 6 weeks	Completed	Key targets have been added
6.4	Invest in expert advanced practitioner roles in line with the Munro principle to build practice capability at the point of delivery	AD Children's Social Care	01/05/2015	01/03/2016	- Improved social work practice.	- Percentage of work judged good or better: • 35% by the end of March 2015 • 50% by the end of September 2015 • 80% by the end of March 2016	- The new Advanced Practitioner (AP) role has been added to the structure, there will be one AP per social work team - All AP posts have been recruited to as part of the main recruitment activity in Autumn 2015 - Work judged good or better: • 35% by the end of March 2015 - achieved • 50% by the end of September 2015 - ongoing at the time of this report	In progress	Key targets have been added
6.5	Invest in staff professional development and clearer alignment with service requirements	AD Children's Safeguarding	01/04/2015	01/04/2016	- 100% compliance and delivery of supervisions - 100% POD supervision	- 100% of qualified social workers to receive supervisions on a monthly basis - 100% qualified social workers have IDPs appropriate to the requirements of their job. - 100% of qualified social workers have completed their PADA	- Implement Service Training and Development Plan. Actions underway to ensure all staff have individual training plans (IDP) appropriate for the requirements of their roles and responsibilities within the Service - 6 month PADA reviews to be completed by end of Oct 2015	In progress	Key targets have been added
6.6	All changes to be made with transparency, consultation and care through regular communication with staff and managers	AD Children's Social Care & AD Children's Safeguarding	01/04/2015	On-going	- Quarterly whole service events held - Regular attendance of staff at Service Management meetings	- 50% response rate to all staff survey from Children's Services	- There are regular whole service communication events held to outline key changes and planning within the service. - All Service Managers hold regular meetings with all staff in their service to explain in detail changes and improvement action. - Following participation from all staff, CYPS staff outturns demonstrated a positive change in staff morale.	Completed	The following Performance measures have been removed as they were no longer informative: 1. Case Loads for qualified social workers are monitored weekly at Performance Board 2. The average caseload across children's services has remained stable at 16/17 and is within target set 3. Caseloads in Referral & Assessment, Children in Care, Young People's Service and Adoption & Fostering are stable and within target set. Caseloads with Children in Need/Child Protection teams higher than target and actions in place to reduce to within target range.

Action / Process					Improvement Targets and Outcomes		Progress at 28 S2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
6.3	Ensure good management oversight and support of practice by implementing a flatter team management structure	AD Children's Social Care	01/05/2015	01/06/2015	- Measurement of management oversight through supervision and audit activity.	- 100% of qualified social workers to receive supervisions on a monthly basis. - Percentage of work judged good or better: • 35% by the end of March 2015 • 50% by the end of September 2015	- To deliver clearer accountability by expanding the number of team managers with small (maximum 6) teams of social workers. - Business case completed and submitted to the Leader end March 2015.	Completed	1. This target has now been completed and is considered to be a retired action. 2. Key targets have been added

STATUS OF ACTIONS for 2015/16

	Completed	In progress	Static	Total
Number	4	2	0	6
Percentage	67%	33%	0%	

Action / Process					Improvement Targets and Outcomes		Progress at 28 September 2015		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post July 2016
7.1	Implementation of new Quality Assurance Framework and Audit Programme to embed 'good' standards of practice	AD Children's Safeguarding	01/04/2015	31/03/2016	- Percentage of work judged good or better: <ul style="list-style-type: none"> • 35% by the end of March 2015 • 50% by the end of September 2015 • 80% March 2016 - Monthly Quality Assurance findings will drive improvement across the service developing clear action plans.	Good' standard of practice evidenced and sustained across the service.	- Quality Assurance Framework signed off and launched 1 April 2015 and Audit Programme for 2015/2016 launched on 1 April 2015 - Percentage of work judged good or better: <ul style="list-style-type: none"> • 46% at end of March 2015 - milestone achieved • Sept 2015 is still ongoing - We recently completed an audit of POD supervision and an action plan has been developed and distributed to senior managers for implementation	Completed	1. End date has changed from 01/09/2015 to end of March 2016 so that it is consistent with our milestones.
7.2	Launch new Practice Standards	AD Children's Safeguarding	01/04/2015	31/03/2016	Percentage of work judged good or better <ul style="list-style-type: none"> • 35% by the end of March 2015 • 50% by the end of September 2015 • 80% March 2016 	Good' standard of practice evidenced and sustained across the service.	- New Practice Standards for: <ul style="list-style-type: none"> • Referral and Assessment • Child Protection Plans • Visits to Children • Care Planning signed off and launched on 15 April 2015 - Ongoing programme of Bite size training and workshops on new Practice Standards commenced in mid April 2015 and being delivered by Practice Mentor. Further, this is part of the induction process for new starters - Percentage of work judged good or better: <ul style="list-style-type: none"> • 35% at end of March 2015 - milestone achieved • Sept 2015 is still ongoing - Monthly audit programme underway	Completed	1. Ongoing has been removed from Start Date column. 2. End date has changed from 01/06/2015 to end of March 2016 so that it is consistent with our milestones.
7.3	Launch new Audit Programme	AD Children's Safeguarding	01/04/2015	31/03/2016	- From April 2015 100% compliance for completion of case file audits - From May 2015 100% case file audits completed using electronic audit tool - By April 2016 100% of themed audits are completed as programmed - Monitored at monthly Quality Assurance meetings	An approach that will support practice managers to embed scrutiny and practice learning from audit into daily supervision and management in a rigorous way.	- All managers to complete single agency audits using the electronic case file audit tool. Electronic audit tool provides data on specific areas on a monthly basis to track performance including assessments, chronologies, management oversight/decision making, supervision and the voice of the child. Bi-monthly thematic audits completed using bespoke audit methodology and electronic audit tool - Monthly supervision tracker used as an audit tool to monitor and check implementation of supervision meetings - From April 2015, 100% compliance for completion of case file audits completed - From May 2015, 100% case file audits completed using elec audit tool completed - Audit trend report is distributed to the Chief Executive and Cllr Simmonds for monitoring and scrutiny purposes. Practice Managers and SMM's agree and implement actions via the action plan	Completed	1. End date has changed from 01/10/2015 to end of March 2016 so that it is consistent with our performance measures.
7.4	Ensure a robust Reviewing Service that quality assures consistently promoting good practice and challenging practice areas that require improvements	AD Children's Safeguarding	01/04/2015	01/09/2015	- Dispute Resolution Tracker reviews at monthly quality assurance meetings - 100% Looked After Children will have a mid-point review by Sep 2015.	Improved outcomes for Looked After Children.	- Reviewed by IRO's during monthly team meetings - Ongoing review that 100% LAC have had mid-point reviews	In progress	
7.5	Launch CSE strategy and Missing Person and Runaway Protocol	AD Children's Safeguarding	01/01/2015	01/09/2015	- Development of CSE data in order to measure the level of concerns in line with national and local trends - 100% of CSE cases tracked and all have effective risk assessment and plans recorded by Sep 2015.	A CSE strategy that will enable all professionals to develop confidence and practice when identifying and responding to CSE concerns.	- CSE strategy and Missing Person and Runaway Protocol launched in April 2015 - Monthly MASE and MAP meetings are used to track CSE cases - 100% cases tracked and risk assessments and plans in place - CSE Strategy Implementation Update report is going to POC in October 2015	Completed	Retired
7.6	Collation and analysis of Quality Assurance systems across the service, incorporating improvements achieved through good practice and learning to inform future planning and promote improvement	AD Children's Safeguarding	01/09/2015	01/10/2015	All teams with the support of the Quality Assurance Team will run a structured review of quality assurance feedback and data every six months.	A robust process in place for turning strategic quality assurance activity into reflection, planned action, better practice and improved outcomes for children.	Ongoing and on track to be completed by October 2015	In progress	
7.7	Through child's journey it is evident that their views are considered in all aspects of decision making	AD Children's Safeguarding	01/01/2015	01/03/2016	- MyReview will see increased response to completing and evidencing child's views - Audit of care plans and Child Protection Plans evidence the child's voice in decision making (Sep 2015). Milestones: 100% by March 2016	To ensure all plans and social work interventions consider the child's voice and include their views in decision making.	- Consultation for CP and LAC are taking place, MyReview is the new model (replacing ViewPoint) which will be introduced for LAC by Aug 2015 and for CP by early 2016 - Track children and young people's participation in LAC Reviews and Child Protection Conferences. - Sept 2015 audits are still being undertaken and will be reported at the next POC update	In progress	

STATUS OF ACTIONS for 2015/16				
	Completed	In progress	Static	Total
Number	4	3	0	7
Percentage	57%	43%	0%	