

Action / Process					Improvement Targets and Outcomes		Progress at 4th April 2016			
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 2016	
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 - Retired		
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 - Retired		
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"> <li>- The current % of perm staff has risen to 76% (excluding Skylakes)</li> <li>- Transition Plan agreed by the Leader</li> <li>- Phase 1 of the recruitment campaign concluded in October; recruitment to Management vacancies is nearing completion</li> <li>- Phase 2 advertisements have recently closed and 29 applications are currently being reviewed</li> </ul>	In progress	% of perm staff updated	
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"> <li>- A 4 day induction programme was launched in Jan 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</li> <li>- Since Jan 2015 100% new workers have been invited. However priority work commitments have impacted on attendance but the number of delegates continues to increase steadily since it was introduced</li> </ul>	Completed - Ongoing		
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	<ul style="list-style-type: none"> <li>- The induction programme includes a modified and enhanced offer of support to AYSE</li> <li>- All Newly Qualified Social Workers enrol onto the ASYE programme, the Learning and Development Officer for Social Care is also the ASYE coordinator and she inducts them and their assessor/line manager to the programme and support them through the programme</li> </ul>	Completed - Ongoing		
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	<ul style="list-style-type: none"> <li>- The new career pathway for targeted posts have been developed and implemented as part of the recruitment programme</li> <li>- New career pathway used to facilitate the recruitment process</li> </ul>	Completed - Retired		
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"> <li>- A comprehensive supervision monitoring and audit tool has been developed and implemented across CYPS. It is supplemented by regular practice audits</li> <li>- All managers to provide supervision to staff in line with Hillingdon's Supervision Policy</li> <li>- All Service Managers have ensured that supervising managers have received supervision induction and training within the first two weeks of employment (agency or permanent)</li> <li>- Implemented supervision tracker which demonstrates variation and clear focus for new Team Managers and supervision tracker in place for all staff and monitored on a monthly basis. At Feb 2016 the Service was 74% compliant with the delivery of supervisions. This continues to be monitored on a monthly basis and any slippage is discussed between Service Managers and the Assistant Director</li> <li>- Fortnightly POD supervisions taking place supported by the Practice Improvement Practitioners (PIP)</li> </ul>	Completed - Ongoing		
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 social work staff in Children Social Care 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"> <li>- 6 month PADA reviews took place over Quarter 3 and annual reviews are due to start in April 2016</li> <li>- All Service Managers to ensure that supervising managers have received PADA induction and training within the first two weeks of employment (agency or permanent)</li> </ul>	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"> <li>- Management development training has been commissioned (from Penna) for all managers and will commence in Quarter 4, following successful recruitment of the permanent cohort of Team Managers</li> <li>- All Service Managers to complete management development plans with their managers</li> </ul>	In progress		

STATUS OF ACTIONS for 2015/16

	Completed	In progress	Static	Total
Number	6	3	0	9
Percentage	67%	33%	0%	

Action / Process				Improvement Targets and Outcomes			Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 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"> <li>- Data around following Key Indicators as recommended by The London Chief Exec. Self-Improvement Board line is collated</li> <li>- MASH clearly identifies statutory social work service Step across to early help services</li> <li>- Contacts assisted through advice and information</li> <li>- Re-referral rates</li> <li>- Effectiveness of initial RAG rating by MASH is above 90%</li> </ul>	<ul style="list-style-type: none"> <li>- Data around Key Indicators as recommended by The London Chief Exec. Self-Improvement Board is in line with statistical neighbours</li> <li>- Audits and data indicating consistent decision-making from Triage and MASH. Audit of decision-making planned, 95% target</li> <li>- On-going partner discussion regarding thresholds and delivery of training to partners to explore social care decision making and the MASH concept</li> <li>- The MASH Manager remains the final decision maker on all cases progressing for assessment.</li> <li>- Threshold training given to all MASH and Triage staff</li> </ul>	<ul style="list-style-type: none"> <li>- 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</li> <li>- 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</li> <li>- There is a CSE Police 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</li> <li>- Thresholds agreed and training delivered, which has been evidenced in supervision meetings</li> <li>- MASH protocols have been completed and are in place</li> <li>- 97% of assessments completed within timescale</li> <li>- UK Border Agency and British Airways staff (incl pilots) have received safeguarding training</li> <li>- Fortnightly meetings with Skylakes to discuss actions, has resulted in referrals decreasing</li> <li>- Review of decision making demonstrates high levels of consistency and threshold management</li> <li>- The Met Police have acknowledged Hillingdon MASH as the most efficient in London. Norway and UK government advisers have also visited the MASH to review best practice. There has also been half a dozen requests by other local authorities to observe our MASH process</li> <li>- The available outcome information shows 273 contacts stepped up to Children's Social Care; 317 contacts stepped across to early help services and 468 contacts assisted through advice and information</li> </ul>	Completed - Ongoing	Contacts data has been updated
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"> <li>- Plans are underway to recruit 4 social work teams who will be taking over from Skylakes. The first 2 teams started in Feb 2016. Ongoing recruitment to take place for the final 2 teams over the next few months</li> <li>- Recruitment for the Team Manager role and Social worker posts are underway. 1 permanent Team Manager (TM) has been appointed to the RAS team and further recruitment is underway to appoint another TM to bring the 2 RAS teams together</li> <li>- Transfer plan in place to move away from Skylakes in the next few months. By which time we plan to bring all 4 teams in-house and end our contract with Skylakes</li> </ul>	In progress	Plans to end Skylakes contract by end of March 2016 has been extended
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"> <li>- Functioning RAS (Skylakes)</li> <li>- Re-referral rate and children subject to a Plan a second time, 15-20% target</li> </ul>	<ul style="list-style-type: none"> <li>- Transfer plan in place to move away from Skylakes in the next few months. By which time we plan to bring all 4 teams in-house and end our contract with Skylakes</li> <li>- 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 timescale was 97% Dec 2015 - assessments carried out within timescale was 98% Mar 2016 - assessments carried out within timescale was 97%</li> <li>- At the end of Q3 the re-referral rate is at 18%</li> <li>- At end of Feb 2016 the re-referral rate is at 19%</li> <li>- 10% of children on a CP Plan second or subsequent time</li> </ul>	Completed - Ongoing	
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"> <li>Key Indicators and delivery model is agreed and delivered:</li> <li>- Implementing a 5 week duty service that will undertake duty tasks and assessments of all children in need.</li> <li>- Delivering 100% of assessments within 45 days max with an average of 30 days per assessment.</li> <li>- Delivering 100% of ICPC within 15 days.</li> <li>- % families no longer receive a statutory service and not re-referred to statutory social work for 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>- Assessment Service is established and resourced.</li> <li>- Regular risks and issues meetings are held.</li> <li>- Performance data is collated and shows achievement of indicators.</li> <li>- 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.</li> <li>- 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).</li> </ul>	<ul style="list-style-type: none"> <li>- Contract oversight: Performance Indicators are set and regular meetings are held on risks and issues. Partnership framework is established</li> <li>- Skylakes embedded. Full review of project by Director of Children's Services (DCS). Run down of contract expected over the next few months</li> <li>- There is a tapered transition into LBH RAS (refer to 2.2)</li> <li>- The Skylakes model is fully embedded with transition underway. 97% of assessments completed to timescale. 100% work allocated for CP and LAC</li> </ul>	Completed - Ongoing	

Action / Process					Improvement Targets and Outcomes		Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 2016
2.5	Improve EDT staff recording practice following snapshot review.	Service Manager Triage/ MASH	01/04/2015	On-going	TRIAGE team report low number of issues weekly of incorrect recording and timeliness of reporting.	<ul style="list-style-type: none"> <li>- EDT to work in line with the social work teams and remain consistent in their approach to recording.</li> <li>- Snapshot Review to be discussed at SMM for further improvement consideration</li> <li>- 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</li> </ul>	<ul style="list-style-type: none"> <li>- There are no more issues from Triage</li> <li>- 1-2-1 training with Triage in place</li> <li>- Monthly meetings help identify issues and are dealt with immediately</li> <li>- ICS contains advice on performing referrals</li> <li>- 100% permanent staff employed in EDT</li> </ul>	Completed - Retired	
2.6	Improve service offer for DV	Service Manager Triage/ MASH	01/04/2015	01/09/2015	<ul style="list-style-type: none"> <li>- Improved signposting for DV families from CSC.</li> <li>- An increase in orders against perpetrators or legal remedies.</li> <li>- Social Workers and audits indicate an improvement in assessment quality re. DV families.</li> <li>- Full time IDVA appointed within MASH.</li> </ul>	<ul style="list-style-type: none"> <li>- Training to be rolled out by QA service on DV tools March onwards.</li> <li>- New activities to be linked with DV strategy and plan.</li> </ul>	<ul style="list-style-type: none"> <li>- MASH partnership to deliver DV specialist role to MASH to identify and enhance service offered to families identified with DV risk</li> <li>- 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</li> <li>- There is now a dedicated DV worker in MASH</li> <li>- 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. Triage staff have completed their training up to level 3</li> <li>- Full time and 0.5 FTE IDVA's are now appointed within MASH</li> </ul>	Completed - Ongoing	1.5 IDVA appointed within MASH

STATUS OF ACTIONS for 2015/16				
	Completed	In progress	Static	Total
Number	5	1	0	6
Percentage	83%	17%	0%	

Action / Process					Improvement Targets and Outcomes			Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 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.	- The main advertising campaign has been working successful and positive outcomes are being reported. The recruitment campaign is ongoing and interviews are still underway.  - 5/6 permanent Team Managers (TM) have been appointed, with 1 remaining TM posts being recruited to and interviews are underway  - 100% statutory work allocated  - Average caseload per social worker is currently at 19 (target 18) and is tracked weekly  - The Early Intervention and Prevention structure has been agreed and implemented. Family Support provision will be provided through this service	Completed - Ongoing		
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: 18 average across the service. Caseloads are reviewed on a regular basis. Current average caseload is 19 (target 18). There is regular monitoring of throughput of work and caseload fluctuations are common.  - 100% allocation of all statutory cases.	Completed - Ongoing		
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.	- Supervision tracker has been implemented across all teams. There are monthly reports to the Assistant Director  Supervision performance for CSWT: Q1 - 76% Q2 - 80% Q3 - 74% Feb 16 - 78% (March results being collated at the time of this report)  - Supervisions are being monitored and scrutinised on a monthly basis at the Service Managers meeting (SMM)  - From August 2015 Practice Improvement Practitioners have audited performance and POD supervision and prepared an action plan where managers have addressed issues. Audits have been completed and are discussed at Service Managers meetings  - Any inadequate audits are cascaded to TM's and action plans developed to address practice issues	Completed - Ongoing		
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: • March 2015 - 46% judged good or better • Sept 2015 - 48% judged good or better • March 2016 - figures being collated at the time of this report  - PIP's are supporting practice improvement in assessments through direct work with TM's and social workers linked to audit outcomes  - Update Learning & Development key messages to staff  - Practice training on assessment skills will continue to be delivered through the West London Alliance training programme  - 97% throughput of assessments  - New TM training programme start date to be confirmed and will focus on practice issues, leadership and quality (Penna)	In progress		

Action / Process					Improvement Targets and Outcomes			Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 2016	
3.5	All social work interventions are provided in a clearly defined and timely manner	Service Manager CSWT	01/04/2015	On-going	<ul style="list-style-type: none"> <li>- % families no longer receive a statutory service and not re-referred to statutory social work for 6 months.</li> <li>- Step-up and Step-down data indicates:                             <ul style="list-style-type: none"> <li>• CIN cases average 6 month</li> <li>• CP cases average 9 -12 months in length</li> <li>• Pre-proceedings work is 12-14 weeks average</li> <li>• An increase in Step down post assessment and intervention.</li> </ul> </li> <li>• % families no longer receive a statutory service and not re-referred to statutory social work for 6 months.</li> <li>• There is a reduction in complaints.</li> <li>• Review all practice standards and guidance</li> <li>• Practice mentors to support staff in delivering timely interventions</li> </ul>	<ul style="list-style-type: none"> <li>- Protocol outlining interface between Early Intervention Service and Children's Social Care is rolled out and targets agreed.</li> <li>- Referrals received into children's services are appropriate for statutory intervention.</li> <li>- Re-referral rates are reduced and in line with statistical neighbours.</li> <li>- 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.</li> <li>- Training on pre-proceedings work to be rolled out by Court Trackers and others in first quarter of 2015.</li> <li>- Practice guidance has been updated and rolled out to all managers and staff including 'Working Together 2013'</li> <li>- Social workers are familiar with Tri-x (the electronic policies and procedures web portal)</li> </ul>	<ul style="list-style-type: none"> <li>- Re-referral rates have remained within target parameters at 18%. All statutory cases allocated and have appropriate plans</li> <li>- Step-up and Step-down data results:                             <ul style="list-style-type: none"> <li>• CIN and CP average case time is improving to average of 6 months</li> <li>• Pre-proceedings work is 12-14 weeks average</li> <li>• There is a reduction in complaints - Achieved. Improved performance in responding to complaints. All Quarter 1, 2 and 3 complaints were dealt with within the 10 working days timeframe</li> <li>• All practice standards and guidance reviewed - Part of the Tri-x update which took place in Oct 2015</li> <li>• PIPs to support staff in delivering timely interventions - Achieved</li> </ul> </li> <li>- Training on pre-proceedings and PLO process have been reviewed and implemented</li> <li>- PLO workshops take place every fortnight and there has been a marked improvement in the outcomes of PLO work as a result</li> <li>- Better interface with Early Intervention Service is now being implemented</li> <li>- Practice Standards to be rolled out in April 2016 to all social workers</li> </ul>	Completed - Ongoing		
3.6	Defined response for all cases where Domestic Violence is the presenting risk factor	Service Manager CSWT	01/12/2015	On-going	<ul style="list-style-type: none"> <li>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</li> <li>IDVA worker to be appointed to MASH</li> </ul>	Permanent IDVA within MASH	<ul style="list-style-type: none"> <li>- Permanent IDVA worker appointed to MASH to provide support and guidance to CYPS</li> <li>- DV training to be provided by Learning &amp; Development and LSCB</li> </ul>	Completed - Ongoing		
3.7	Provide effective parenting assessment service	Service Manager CSWT	01/04/2015	01/04/2016	<ul style="list-style-type: none"> <li>- Service to refresh protocol and offer.</li> <li>- An increase in parenting assessments being completed in -house for all pre-proceedings families unless a clinical/medical assessment is required.</li> <li>- An increase in parenting assessments being completed within new timescale.</li> <li>- An ongoing case consultation and training in assessments and pre-proceedings to be offered to Social Care staff.</li> </ul>	<ul style="list-style-type: none"> <li>- Once service is fully staffed targets for assessments to be rebased. (See separate detailed briefing on the proposal for this service)</li> <li>- Parenting assessments to be completed within 6 weeks unless agreed with legal and SW teams.</li> </ul>	<ul style="list-style-type: none"> <li>- Initial review undertaken that allows Service to work more effectively</li> <li>- Further reviews of Parenting Workers Contract with a clear link to throughput and quality of work</li> <li>- Service review is near completion. Reviews have been completed and new contracts are being issued</li> <li>- Review underway of the Service with a view to bring practice in-house to CSWT and link it with Team Managers. Plan to implement this by end of April 2016</li> </ul>	In progress		

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

Action / Process					Improvement Targets and Outcomes			Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 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"> <li>- All statutory posts are filled and caseloads are within the service average (14 for CIC teams) by Sept 2015.</li> <li>- Weekly data set - 100% allocation LAC Balanced caseloads</li> <li>- 100% of LAC visited within statutory timescales.</li> <li>- Low numbers of children missing from care &lt;5</li> <li>- Weekly management oversight of all LAC missing</li> <li>- 80% permanent staff to agency ratio</li> </ul>	<ul style="list-style-type: none"> <li>- Permanent recruitment successful with all Team Managers appointed.</li> <li>- Permanent recruitment with all social workers.</li> <li>- Agency workers to fill vacancies.</li> <li>- Regular Permanence management meetings implemented to track KPIs</li> </ul>	<ul style="list-style-type: none"> <li>- CIC and YPS teams have the majority of their managers on permanent contracts. 7/8 managers appointed across both services</li> <li>- 95% permanent staff in post in YPS</li> <li>- 70% permanent staff in post in LAC</li> <li>- 100% allocation of statutory LAC cases</li> <li>- Caseloads are within the service average which is 14 for CIC teams and 18 for YPS</li> <li>- 100% allocation LAC Balanced Caseloads has been achieved and maintained</li> <li>- 90% LAC visited within statutory timescale</li> <li>- All children missing from care are being reviewed and risk assessed on a weekly basis by the Service Manager</li> <li>- All AIT missing children have been approved through the legal planning process</li> <li>- Task and Finish Group for all missing children across LAC/CP/CIN is being lead by Safeguarding and Quality team</li> </ul>	Completed - Ongoing		
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"> <li>- Weekly data set: Average caseload for Children in Care Teams = 14</li> </ul>	<ul style="list-style-type: none"> <li>- Average caseload maintained between 14 to 16 children per worker</li> </ul>	<ul style="list-style-type: none"> <li>- Average caseload remains steady, at 14 in Children in Care and 17 for Leave in Care in March 2016</li> </ul>	Completed - Ongoing		
4.3	Improving the level of professional supervision and development of staff	Service Manager Young People	01/04/2015	On-going	<ul style="list-style-type: none"> <li>- 100% compliance and delivery of supervisions</li> <li>- 100% POD supervision for all teams</li> <li>- Implement supervision tracker across all teams - July 2015</li> </ul>	<ul style="list-style-type: none"> <li>- 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.</li> </ul>	<ul style="list-style-type: none"> <li>- Implemented and maintained supervision tracker which demonstrates variation and clear focus for new TMs</li> <li>- Supervision tracker in place for all staff. Supervision performance YP team:                             <ul style="list-style-type: none"> <li>Q1 - 46%</li> <li>Q2 - 57%</li> <li>Q3 - 82%</li> <li>Feb 16 - 44% (March results being collated at the time of this report)</li> </ul> </li> <li>- 100% POD supervision for reflective case discussion which is in the process of being tracked fortnightly. POD supervisions to address the progressions of KPI, the effectiveness of pathway plans including the YP's contribution</li> </ul>	Completed - Ongoing		
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"> <li>- Feedback forms and information leaflets to young people about service</li> <li>- Number of LAC who require an advocate and receive an advocate should be 100%</li> <li>- Corporate manager data:                             <ul style="list-style-type: none"> <li>- Milestones for audited cases:                                     <ul style="list-style-type: none"> <li>• March 15 - 35% good</li> <li>• Sept 15 - 50% good</li> <li>• March 16 - 80% good</li> </ul> </li> </ul> </li> <li>- Thematic audit demonstrates 80% of cases where the child's voice is reflected in practice</li> </ul>	<ul style="list-style-type: none"> <li>- 60% return rate for feedback forms</li> <li>- Evidence of improved LAC and Leaving Care YP engagement.</li> <li>- Staff attend training delivered to ensure good outcomes for children.</li> <li>- 90% attend PLO/CSE Training</li> </ul>	<ul style="list-style-type: none"> <li>- Planning underway for Care Leavers Conference to take place in June 2016 in consultation with young people</li> <li>- 100% LAC who required an advocate currently receive an advocate via NYAS</li> <li>- Milestones for audited cases:                             <ul style="list-style-type: none"> <li>• March 2015 - 46% judged good or better</li> <li>• Sept 2015 - 48% judged good or better</li> <li>• March 2016 - figures being collated at the time of this report</li> </ul> </li> <li>- All Social workers to ensure that the child's voice is reflected in the Care/Pathway plan by detailed recordings. Thematic audit found 80% of cases where the child's voice was reflected in practice</li> <li>- 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&amp;D requirements</li> <li>- Sample of good pathway plans to be reviewed by management for the learning to be disseminated throughout the service. YPS Away day to take place in 2016/17 with some YP's input to improve pathway plans</li> <li>- Pathways plans data is cleansed and completion of pathway plans are in progress</li> </ul>	Completed - Ongoing		

Action / Process					Improvement Targets and Outcomes		Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 2016
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"> <li>- 1-2-1 supervision tracker</li> <li>- Implement fortnightly performance management clinics</li> <li>- Court outcomes and LAC reviews:</li> <li>- The average of PLO cases to be concluded = 26 weeks</li> <li>- 100% of LAC reviews completed within timescale</li> <li>- Milestones for audited cases:                             <ul style="list-style-type: none"> <li>• March 15 - 35% good or better</li> <li>• Sept 15 - 50% good or better</li> <li>• March 16 - 80% good or better</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- To ensure all care plans are robust to demonstrate good outcomes for LAC children</li> <li>- Recruitment of permanent team managers</li> <li>- Average PLO cases is 26 weeks</li> <li>- 100% LAC reviews within timescales</li> <li>- 100% audit of cases</li> </ul>	<ul style="list-style-type: none"> <li>- New Practice Manager structure implemented in Sept 2015</li> <li>- Full compliance with the case auditing framework</li> <li>- The Public Law Outline (PLO) has been successfully implemented resulting in a reduction from application to final order</li> <li>- Monthly Permanency Tracking meeting implemented</li> <li>- Regular PLO meetings. Average PLO cases is just above 25 weeks (current cases) as of end of Feb 2016</li> <li>- Supervision tracked and underway (refer to 4.3)</li> <li>- Full review of the Section 20 voluntary cohort underway, ensuring each s20 case has current consent from parents</li> <li>- 100% audit of cases:                             <ul style="list-style-type: none"> <li>• March 2015 - 46% judged good or better</li> <li>• Sept 2015 - 48% judged good or better</li> <li>• March 2016 - figures being collated at the time of this report</li> </ul> </li> </ul>	Completed - Ongoing	
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"> <li>- Updates from Data and weekly Performance meetings.</li> <li>- 6-weekly performance meetings with Health partners</li> </ul>	<ul style="list-style-type: none"> <li>- 90% completion of LAC health assessments within timescale, escalate to SM's and respond within 24 hours.</li> <li>- Workshops for mental and VH teams</li> </ul>	<ul style="list-style-type: none"> <li>- On average 90% LAC health assessments were completed within timescale. The team are working closely with Health to develop measurements around notifications of review</li> <li>- Regular 6 weekly monitoring meetings in place to work with designated Health professionals to track and monitor health assessments, attendance is mandatory</li> </ul>	Completed - Ongoing	
4.7	Education placement outputs demonstrate good outcomes for LAC	Head of Virtual School	01/01/2015	01/12/2015	<ul style="list-style-type: none"> <li>- Updates from Data and weekly Performance meetings</li> <li>- Ensure all children who are LAC and not meeting their milestones have an effective plan in place through the PEP, to ensure progression.</li> <li>- Milestones for the completion of a Personal Education Plan (PEP):                             <ul style="list-style-type: none"> <li>• March 15 - 50% completed</li> <li>• Sept 15 - 75% completed</li> <li>• Dec 15 - 100% completed</li> </ul> </li> </ul>	100% PEPs in place for all LAC between the ages of 3 years old, up to 18 years of age.	<ul style="list-style-type: none"> <li>- 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.</li> <li>- Residual actions from Ofsted Improvement Plan: Amendments to be made to ePEP so that Action Plans agreed can be SMART by 13th April 2015.</li> <li>- 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.</li> <li>=====</li> <li>- Regular meetings with the Children In Need team and Virtual School</li> <li>- Weekly performance data used to monitor the completion of PEPs which are at:                             <ul style="list-style-type: none"> <li>• March 2015 - 51% PEPs completed</li> <li>• Sept 2015 - 80% PEPs completed</li> <li>• Dec 2015 - 100% PEPs completed</li> </ul> </li> </ul>	Completed - Retired	Status has changed from 'Completed - Ongoing' to 'Retired'
4.8	Improve monitoring and timeliness of permanent placement provision for LAC	Service Manager LAC	01/04/2015	31/03/2016	<ul style="list-style-type: none"> <li>- The average of PLO cases to be concluded = 26 weeks.</li> <li>- Percentage of children waiting for family finding 9 months of entry into care = &lt;30%</li> <li>- Percentage of children waiting for family finding 12 months of entry into care = &lt;10%</li> <li>- All Section 20 by March 2016, 100% over a year has a Permanency Plan</li> </ul>	<ul style="list-style-type: none"> <li>- 26 weeks achieved in court-monthly meetings</li> <li>- To provide timely permanent outcomes for all long term LAC</li> <li>- 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</li> </ul>	<ul style="list-style-type: none"> <li>- All long term voluntary (Section 20) care cases reviewed and appropriate long term plans now in place. All s20 cases (under the age of 16) have been subject to LPMs and reviewed with clear actions. SM regularly reviews cases. This exercise has increased the number of care proceedings under new management.</li> <li>- All Placement Order cases (where adoption was not achieved within 12 months) is reviewed and being returned to Court where appropriate in view of discharging placement applications. All cases have been reviewed at LPM. 12 cases have been returned to court for placement orders to be revoked, 8 cases have been concluded, 2 cases currently in proceedings, 2 cases still to be issued, 2 cases where the location of placement orders is being confirmed. No other placement order cases in LBH to be recinded.</li> </ul>	In progress	Status has changed from 'Complete' to 'In progress'

Action / Process					Improvement Targets and Outcomes		Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 2016
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 - 80% pathway plans in place	- All care leavers have an allocated Personal Advisor. Current data indicates that 58% of care leavers have a Pathway Plan - Review of shared accommodations bi-monthly by TM/Service Manager. Further report completed and presented to Corp Parenting Board in Jan 2016. Corp Parenting Board approved recommendations which will inform actions for next years Service Plan. - Monitoring of NEET performance and practice undertaken by regular reviews by the Leaving Care Working group of the Corp Parenting Board - There is regular feedback from the Service Manager to Corp Parenting Board to check the sustainability of accommodation - Weekly meetings taking place between performance team and YPS. Work is underway to improve the quality of data regarding pathway plans for care leavers. Business Performance team to provide the data by end of March 2016 - YPS Away Day booked in April 2016. "Stepping out" young people's group booked to undertake pathway plan training and to provide a questions and answer session to improve practice. - NEET remains on the Care Leavers Working group agenda. Champion within the YPS to work with Corporate Parenting Manager/ "stepping out" on the NEET issues. YPS are working with Corp Parenting Manager around apprenticeships and work experiences, which is being supported by the Participation working group.	In progress	
4.10	All LAC children over the age of 16 years old to have an allocated worker. Over 18 care leavers will have a Personal Advisor allocated	Service Manager LAC & Manager Children & Young People Service	01/04/2015	30/04/2016	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 have been allocated to all LAC YP over the age of 16 years old. All eligible care leavers have an effective Pathway Plan - There is 100% allocation on all 16 plus open cases - 58% care leavers have a Pathway Plan The data for pathways plans is in the process of being cleansed due to data collection difficulties on Protocol. The Service Manager has had meetings with the Business Performance team to find solutions going forward. The matter will be resolved by end of April 2016	In progress	- End date has changed to end of April 2016 - Status has changed from 'Completed' to 'In progress'
4.11	Establish effective working relationship with the Asylum Intake Team (AIT)	Service Manager Young People	01/03/2015	On-going	- 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	- UKBF and AIT to work in partnership with operations to safeguard children/YP vulnerable to FGM/ CSE/ trafficking/ Terrorism - 100% LAC asylum allocated - Develop a clear process for allocation	- The implementation of the YPS is now complete. The AIT is fully embedded in the YPS - AIT asylum children have 100% allocation - LAC asylum, assessments delivered within 45 days max with an average of 30 days per assessment: • Sept 15 - 95% completed within timescale • Jan 16 - 97% completed within timescale • Feb 16 - 96% completed within timescale - Fully permanent workforce with manageable caseloads. 2 Advanced Practitioner in post interviews took place and two were appoint-able. - Staff development / training on age assessments and human rights assessments to take place in April 2016 - Permanent Team Manager in post from Sept 2015 - Permanent YPS Service Manager appointed from Oct 2015	Completed - Ongoing	

STATUS OF ACTIONS for 2015/16				
	Completed	In progress	Static	Total
Number	8	3	0	11
Percentage	73%	27%	0%	



Action / Process					Improvement Targets and Outcomes		Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 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	<ul style="list-style-type: none"> <li>- 100% of outstanding assessments presented to Adoption and Fostering Panel for approval within 6 months Coram project</li> <li>- New assessments are presented to Adoption and Fostering Panel in line with statutory guidelines</li> <li>- ICS/Performance Intelligence Team monthly data for approval of carers in line with statutory requirements</li> <li>- Scrutiny of monthly data by Perf subgroup</li> </ul>	<ul style="list-style-type: none"> <li>- Coram managed service successfully implemented 100% of cases allocated</li> <li>- HCL prototype implemented and service model being incorporated into the Children's Pathway</li> <li>- Monthly data performance meetings are embedded in manager's role</li> <li>- Adoption ICS module is live and will be able to provide data and analysis of service provision</li> </ul>	<ul style="list-style-type: none"> <li>- Implement a managed service with Coram and HCL</li> <li>- All 29 outstanding assessments allocated and completed by Oct 2015</li> <li>- Implement HCL staffing cohort to prototype service model</li> <li>- Implement regular performance management systems for adoption and fostering</li> </ul>	Completed - Retired	
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"> <li>- Service pathway and staffing structure communicated to key stakeholders and staff</li> <li>- Sufficiency Strategy signed off at Corporate Parenting Board and implemented by July 2015</li> <li>- Recruitment of permanent staff underway by Oct 2015</li> <li>- Quality Assurance framework provides evidence of good quality social work practice on all assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Business case completed and presented to SMT and Leader</li> <li>- Recruitment of team managers - three successful appointments</li> <li>- Agency staff used to cover vacant post</li> <li>- Link in with plan for social work recruitment across Children's Services</li> <li>- Fortnightly Permanency Monitoring Meeting embedded in practice and provides robust challenge and oversight of permanency outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- Full service structure implemented by February 2016. 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). Every team to be covered by a Team Manager</li> <li>- Recruiting permanent Social Workers throughout November 2015. Staff in post by January 2016</li> <li>- Permanent Service Manager appointed and in post from Jan 2016</li> <li>- Vacancies are either covered or being recruited to. There are no substantive casework backlogs in the Service</li> <li>- 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</li> <li>- All placements outside of LBH are reviewed by the Access to Resources Panel and meet the child's specific needs</li> <li>- A review of all placement orders over 20 miles is being undertaken and regular reviews are taking place</li> </ul>	Completed - Retired	
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"> <li>- Dataset agreed by June 2015 (refer to action 5.5)</li> <li>- Scrutiny of monthly data by Performance subgroup by July 2015</li> </ul>	<ul style="list-style-type: none"> <li>- Data set agreed</li> <li>- ICS adoption module implemented</li> <li>- Monthly performance data meetings embedded in practice</li> <li>- Reduction in average days from the child being LAC to long term permanency decision being made</li> </ul>	<ul style="list-style-type: none"> <li>- Data set has been agreed to provide regular management info against adoption scorecard</li> <li>- ICS/Performance Intelligence Team continue to meet monthly to discuss data provided to track timescales for approval of carers</li> <li>- Continued scrutiny of data by the Performance subgroup on a weekly basis. Implementation of weekly permanency tracker meeting to provide improved performance management and oversight of permanent placements</li> <li>- Key Performance Indicators are tracked by Performance sub-group on a weekly basis</li> </ul>	Completed - Retired	
5.4	Improve the management and coordination of the Fostering & Adoption Panel	Service Manager Children's Resources & Panel Advisor	15/03/2015	Dec15	<ul style="list-style-type: none"> <li>- Quality Assurance in place for all cases and paperwork presented to Adoption and Fostering Panel</li> <li>- Feedback forms completed by Adoption and Fostering Panel after each panel</li> <li>- Implement timely decisions from the Panel</li> </ul>	<ul style="list-style-type: none"> <li>- Panel training successfully delivered</li> <li>- Panel process and functioning coordinated and streamlined</li> <li>- Electronic system implemented to circulate paperwork and improve communication with panel members</li> <li>- Panel minutes are completed and signed by ADM within 2 weeks of panel</li> <li>- Tracking of panel cases to inform panel quarterly reports developed</li> <li>- Successful Improvements in partnership working with panel members and the service</li> <li>- Panel requirements and expectations delivered to team meetings</li> <li>- Children's Service training programme developed</li> <li>- QA feedback sheet for SW reports prior to going to panel implemented</li> <li>- ADM decision making process streamlined timely</li> </ul>	<ul style="list-style-type: none"> <li>- Training sessions delivered to panel members in 2015 as follows: FOSTERING &amp; 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</li> <li>- Bi-annual panel business meetings to be held with the service and/or panel members</li> <li>- Panel Advisor post covered by an experienced interim. Process for QA checks now in place</li> <li>- Dedicated panel coordination role in place</li> <li>- ADM function is being discharged effectively</li> <li>- Feedback is routinely collated at each panel and reviewed at business meetings. Bi-annual review of svc user feedback</li> </ul>	Completed - Ongoing	

Action / Process					Improvement Targets and Outcomes		Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 2016
5.5	Improve the function and process of family finding within the service	Service Manager Children's Resources	15/03/2015	31/03/2016	<ul style="list-style-type: none"> <li>- Prototype service completed and evaluated by July 2015, see Coram and HCL Service Plan</li> <li>- Team fully recruited by October 2015</li> <li>- Regular performance review of key service indicators:                             <ul style="list-style-type: none"> <li>● % of children who cease to be LAC after who were adopted</li> <li>● Average between child entering care and moving in with its adoptive family</li> <li>● % of children who wait less than 18 months between entering into care and moving in with adoptive family</li> <li>● % of children who ceased to be LAC because Special Guardianship</li> <li>● Average time between receiving a court to place and deciding on a match to an adoptive family</li> <li>● Average time between receiving a court to place and deciding on a match to a long term fostering placement</li> </ul> </li> <li>- Scrutiny of monthly data by Performance subgroup</li> </ul>	<ul style="list-style-type: none"> <li>- Improved permanent placement outcomes for LAC in Hillingdon</li> <li>- Improvement in the performance as measured by the national adoption scorecard</li> <li>- LAC are placed with long term foster placement within 1 year of the care order being made</li> </ul>	<ul style="list-style-type: none"> <li>- All backlog cases have now been dealt with and children have now been either placed or selected for matches with adoptive families.</li> <li>- All children subject to Placement Orders prior to Jan 2015 have been either matched or selected for adoptive placements.</li> <li>- The family finding team are working proactively at selecting potential adoptive families for children prior to the final hearing therefore greatly reducing the drift. There are 8 children who we are adoption family finding for.</li> <li>- 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 - 5 placed within one year of placement order</li> <li>- The permanency meeting is now focusing on improving the time in which children are placed in long term fostering placements within 12 months of the care order being made. Historic cases have all been considered by Hillingdon Access to Resources Panel (HARP) and have a clear plan of achieving permanency and cases from June 2015 are continuing to be monitored to ensure they are matched within the 12 month deadline.</li> <li>- There are no children with an adoptive plan awaiting a placement.</li> </ul>	Completed - Ongoing	Permanency Monitoring Meeting replaced by HARP
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	<ul style="list-style-type: none"> <li>- Recruitment and retention of foster carers for older LAC and those with complex needs</li> <li>- 110 in-house foster placements</li> <li>- Reduce ratio of IFA's (45%) to in-house (55%)</li> <li>- Improve placement stability for children placed in long term fostering placements in line with the new structure</li> <li>- Reduce the number of placement breakdowns for children placed in long term fostering placements:                             <ul style="list-style-type: none"> <li>● Reduction in the number of children placed in residential placements</li> <li>● Reduction in the number of children and young people placed outside of 20 miles of LBH</li> </ul> </li> <li>- Increase number of good quality LB Hillingdon foster placements available</li> </ul>	<ul style="list-style-type: none"> <li>- Sufficiency Strategy presented to Corporate Parenting Board</li> <li>- Permanency Monitoring Meeting embedded in practice</li> <li>- Re-tiering exercise for WLA completed</li> <li>- Business case for new structure completed and presented to SMT and Leader</li> <li>- Recruitment of team managers - 4 successful appointments</li> <li>- Agency staff used to cover vacant posts</li> <li>- Recruitment of 30 foster carers during 2016/17. Stage 1 to be completed end of March 2016, Stage 2 end of Sept 2016</li> </ul>	<ul style="list-style-type: none"> <li>- The "Fantastic 30" is drawing to a close and will be replaced by an ongoing recruitment strategy for LBH. The target is to approve 25 new households in 2016/17</li> <li>- Further information evening takes place monthly</li> <li>- All placements outside of 20 miles are routinely reviewed</li> </ul>	Completed - Ongoing	

STATUS OF ACTIONS for 2015/16				
	Completed	In progress	Static	Total
Number	6	0	0	6
Percentage	100%	0%	0%	

Action / Process					Improvement Targets and Outcomes		Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 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 management monitoring arrangements are in place and are resulting in service improvements - No unallocated work - HARP unique panel to manage compliance, demand and financial commitments and scrutinise plans for children	Completed - Ongoing	
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 averaging at 19 (target 18). All caseloads are monitored during supervision and SMM's with input from the Business Performance team. - HARP is monitoring all long-running cases to improve throughput and productivity whilst keeping children safe	Completed - Ongoing	
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 7) teams of social workers. - Business case completed and submitted to the Leader end of March 2015. Fully implemented in June 2015	Completed - Retired	
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	- All AP posts have been recruited to as part of the main recruitment activity in Autumn 2015. The role of the AP is being embedded in service areas and the impact on practice improvement is in progress. - Work judged good or better: • March 2015 - 46% • Sept 2015 - 43% • March 2016 - figures being collated at the time of this report	In progress	
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	- Supervision performance: Q1 - 100% Q2 - 80% Q3 - 100% Feb 16 - 74% (March results being collated at the time of this report) - 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 - End of year PADA reviews to be completed in April 2016	In progress	Status has changed from 'Completed - Ongoing' to 'In progress'
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 - We have introduced HARP, where all staff have been consulted in defining the terms of reference. Also LBH have consulted on national guidance involving s20 cases, showing wider engagement and national influence.	Completed - Ongoing	

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 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 2016
7.1	Implementation of new Quality Assurance Framework and Audit Programme to embed 'good' standards of practice	QA Service Manager	01/04/2015	31/03/2016	- Percentage of work judged good or better: <ul style="list-style-type: none"> <li>• 35% by the end of March 2015</li> <li>• 50% by the end of September 2015</li> <li>• 80% March 2016</li> </ul> - 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 - 100% audit compliance since Jan 2015 - Percentage of work judged good or better: <ul style="list-style-type: none"> <li>• March 2015 - 46%</li> <li>• Sept 2015 - 48%</li> <li>• March 2016 - figures being collated at the time of this report</li> </ul> - There has been an appropriate reduction in CP figures that now shows the predicted demand and capacity going forward are in line with our statistical neighbours. This was confirmed through audit of appropriateness of the decision-making - CP audits completed in Dec 2015: <ul style="list-style-type: none"> <li>• Children taken off plans</li> <li>• Children who have been on plans for over 18 months</li> <li>• Children subject to CP and LAC</li> <li>• Voice of the child</li> </ul>	Completed - Ongoing	
7.2	Launch new Practice Standards	QA Service Manager	01/04/2015	31/03/2016	- Percentage of work judged good or better <ul style="list-style-type: none"> <li>• 35% by the end of March 2015</li> <li>• 50% by the end of September 2015</li> <li>• 80% March 2016</li> </ul>	'Good' standard of practice evidenced and sustained across the service.	- New Practice Standards for: <ul style="list-style-type: none"> <li>• Referral and Assessment</li> <li>• Child Protection Plans</li> <li>• Visits to Children</li> <li>• Care Planning</li> </ul> signed off and launched on 15 April 2015 and are now available to all social workers via Tri-X - Ongoing programme of Bite size training and workshops on new Practice Standards commenced in mid April 2015 and being delivered by the Practice Improvement Practitioner. Further, this is part of the induction process for new starters - Percentage of work judged good or better: <ul style="list-style-type: none"> <li>• March 2015 - 46% judged good or better</li> <li>• Sept 2015 - 48% judged good or better</li> <li>• March 2016 - figures being collated at the time of this report</li> </ul> - Monthly audit programme underway. 100% compliance with monthly audits since Jan 2015	Completed - Ongoing	
7.3	Launch new Audit Programme	QA Service Manager	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 - From May 2015, 100% case file audits completed using elec audit tool - 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 - Retired	This action has now retired
7.4	Ensure a robust Reviewing Service that quality assures consistently promoting good practice and challenging practice areas that require improvements	Safeguarding and Reviewing Service Manager	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 - At Sept 2015 we were reviewing the process for monitoring mid-point reviews. At Dec 2015 this process was 100% completed	Completed - Retired	
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 went to the Committee 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	QA Service Manager	01/09/2015	30/04/2016	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.	Service need and team structures have required frequent and ongoing input from QA Practitioners on a monthly basis through the Practice Improvement Practitioner. A full QA review will be completed by April 2016	Completed - Ongoing	

Action / Process			Improvement Targets and Outcomes				Progress at 4th April 2016		
Ref	Action	Lead	Start Date	End Date	Performance Measures and Milestones	Key Targets	Progress - Actions	Status	Changes post Feb 2016
7.7	Through child's journey it is evident that their views are considered in all aspects of decision making	Safeguarding and Reviewing Service Manager	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 was introduced for LAC in Aug 2015 and for CP in March 2016  - Track children and young people's participation in LAC Reviews and Child Protection Conferences has been completed  - A thematic audit on the voice of the child took place in Feb 2016. At the time of this update the audit report was being finalised	In progress	

STATUS OF ACTIONS for 2015/16				
	Completed	In progress	Static	Total
Number	6	1	0	7
Percentage	86%	14%	0%	