

Safeguarding (SCS & MAP) Action Plan 2010 (V14 13/07/10)

A) Main Targets for further improving the quality, performance and recording of safeguarding and referral/assessment services

B) Actions and Initiatives planned to help us work towards our objectives

A) Main Targets (A summary of the high level objectives and targets to be achieved by the action plan)

Objective	Target	Target Date for completion	Progress Including any barriers & resultant new approaches
1) To improve the timeliness and accuracy of recording (<i>Data Quality Review</i>)	Variation of reported figures accuracy of +/- 6% per quarter.	March 2011	
2) To ensure consistently high quality assessments and child protection plans (<i>practice standards</i>)	CPP 2+ years target of 8% (2010/11) CPP 2 nd or subsequent time target of 10 – 15%	March 2011	
3) To maximise the use of management practices to support quality assurance, staff performance and welfare (<i>management</i>)	All staff have regular supervision meetings with their line managers that cover core work areas (including those marked *) at appropriate, agreed frequencies	September 2010	
4) To ensure consistently applied and appropriate decision making around referrals, integrated service requests and assessments. (<i>Helpdesk</i>)	Measures to be agreed following finalisation of JAT business process and data set	September 2011	
5) To recruit and retain the expertise required to deliver a good service. (<i>staffing</i>)	To maintain a vacancy rate of not more than X%, a turnover level of not more than X% per year, and average absence level of X days per year in Stay Safe and LAC services (Targets to be finalised as part of Workforce Redesign Project)	October 2011	

B) Actions and Initiatives (A section for the actions associated with each of the main targets/objectives of A)

1) Objective: To improve the timeliness and accuracy of recording (link to Data Quality Review report on receipt) Target: Variation of quarterly reported figures +/- 6% per quarter.					
Proposed Action	Milestone Tasks	Responsible Person	Target Date	Success Indicator	Progress
1a) All CYP have their ethnic origin recorded	1) Establish scale of gaps for open cases from 1st Apr 2010. 2) 2010/11 gaps are filled 3) Recording for new contacts is routinely undertaken as part of the Helpdesk business process	TS - RC	1) July 2010 2) May 2010	Casefile audits and routine reports and statutory returns have no gaps in the recording of ethnicity	1) Complete 2) Gap in collecting ethnicity on the initial contact form identified and new form introduced to capture this information 3) the form and checks are in place
1b) Recording becomes electronic to increase time efficiency, avoid duplication and increase accuracy and timeliness. (1b=Item 11 of Audit Action plan)	An overarching strategy relating to full move to electronic systems (including the below) is agreed 1) Mobile technology, including laptops and docking stations is available to all appropriate staff 2) Training is provided to ensure IT literacy in	TS TS - RC 2) TS - RC	Aug 2010 1) Sept 2010 2) July 2010	Strategy agreed by DMT 1) Full implementation of CareMobile module 2) Training Needs Analysis to be	Strategy being progressed by TS 1) CareMobile module purchased and project initiation in February 2010. Nearly complete. 2) Needs analysis being reviewed monthly. Training

	<p>required software.</p> <p>3) Expectation of recording within 5 days of an event is communicated and reinforced</p> <p>4) A review of open Stay Safe cases is required to bring manual client files and CareFirst up to date. 1b4 = Item 14 of Audit Action Plan</p> <p>5) Core Assessment recording uses an amended Carefirst format. 1b5.=item 9 of the audit action plan</p>	<p>3) KE</p> <p>4) KE</p> <p>5) TS – RC RD for implemen'n</p>	<p>3) Nov 2010</p> <p>4) Oct 2010</p> <p>5) Sept 2010</p>	<p>undertaken in SCS & Safeguards and MAP</p> <p>3) Communication to staff regarding expectations</p> <p>5) All Core Assessments use new format</p>	<p>delivery resource to be examined.</p> <p>4) Randomly sampled files are to be audited by the Head of Stay Safe</p> <p>July Practice Group to finalise, Training for use from October onwards (no Word version to be available from the end of Sept 2010)</p>
<p>1c) Ensure that roles, responsibilities and management of MISCs, Admin Pods, Social Workers, Data Quality Team and PMU are clear, efficient and effective</p> <p>(1c=Item 1 of Audit Action plan)</p>	<p>1) A whole system approach that identifies and confirms responsibilities regarding data recording, extraction, analysis and communication is scoped, developed and agreed.</p> <p>2) A formal management review of the role of the MISC should be undertaken in respect of</p>	<p>1) TS, KE, and JG,</p> <p>2) TS - NF</p>	<p>1) scoped by July 2010</p> <p>develop by Aug 2010</p> <p>Agree by Sept 2010</p>	<p>1) Protocol agreed by TS, KE and JG – outlining outcomes sought, tasks required, responsibilities and communication expectations. To be reviewed after 3 months</p>	

	<p>general input onto CareFirst. 1c2= Item 3 of audit action plan</p> <p>3) Role of SWs in relation to keeping electronic records up to date is reaffirmed (1c3 = Item 4 of audit action plan (linked to 1b4))</p>	3) KE / JG	August 2010		
<p>*1d) Recording events around the child model to be developed to support worker and management overview of case status and recording needs. (1d = Item 5 of audit action plan) NB (* = link to supervision template)</p>	<p>1) Consistent and comprehensive model confirmed with SWs and Managers</p> <p>2) Actively used in supervision and case management</p> <p>3) File notes are routinely audited in supervision sessions</p> <p>4) A copy of Supervision notes are put on the child's file</p>	<p>1) TS / KE – KM / RD</p> <p>2) KE & JG - RD / HG</p> <p>3) KE & JG – RD / HG</p> <p>4) KE & JG – RD / HG</p>	<p>1) July 2010</p> <p>2) Aug 2010</p>	<p>1) Supervision template agreed with all relevant parties</p> <p>2) Quarterly random file audit confirms consistent use</p>	1) Supervision template being aligned to Improvement Plan
<p>*1e) Staff have good access to accurate information, weekly updates and monthly reporting summaries developed, agreed appropriately and used to enhance quality and performance management through supervision NB (* = link to supervision</p>	<p>1) Timely backward and forward looking monthly / weekly reports developed with input by relevant staff including SWs and managers – existing reports to be checked against requirements.</p> <p>2) Reports distributed and shared with teams / staff/</p>	<p>1) TS / KE – RC & KM</p> <p>2) TS – RC</p>	<p>1) July 2010</p> <p>2) July 2010</p>	<p>Format agreed by all relevant officers</p> <p>2) reports consistently</p>	

template)	<p>and are displayed – existing reports to be checked against requirements</p> <p>3) Supervision / 1:1 attendance is monitored and communicated to Team managers / Heads of Service each month 3=Linked to item 6 of audit action plan</p>	3) KE & JG – HG / RD	3) July 2010	<p>provided by the end of each Monday relating to the previous week and on the 6th working day of each month, relating to the previous month</p> <p>3) MISCs provide information on supervisions having taken place. Reports received by Team Managers / Heads of Service by 6th working day of each month, relating to the previous month/s</p>	
1f) All actions detailed within the action plan from the data handling risk assessment should be implemented as soon as possible to mitigate the risk of mishandling of personal information. (1f=item 10 of Audit Action plan)	<p>1) Secure, organised and appropriately controlled and recorded storage and tracking of Stay Safe files should be ensured. (1f1=item 16 of Audit Action Plan)</p> <p>2) bring together action plan and 3) implement</p> <p>4) revisit case transfer protocol in the light of transformation agenda</p>	<p>1) & 3) KE re implementation</p> <p>2) TS - DMT re agreed action plan</p>	<p>1) Aug 2010 re manual files</p> <p>2) Sept 2010</p> <p>3) Action plan implementation Sept onwards</p>	<p>1) tight systems in place during and after move to Mt McKinley</p> <p>2) action plan agreed to timescale</p> <p>Monitoring confirms compliance</p>	

2) Objective: To ensure consistently high quality and timely assessments and child protection plans (practice standards) Targets: Initial / Core Assessments in timescale target 95% / 80%, CPP 2+ years target of 8%, CPP 2nd or subsequent time target of 10-15%%					
Proposed Action	Milestone Tasks	Responsible Person	Target Date	Success Indicator	Progress
2a) To support Core Assessment and Initial Assessment timeliness – Performance management tool utilisation and consideration as part of supervision. NB (= link to supervision template)	1) Format that meets shared requirements to be agreed by RD / HG with input from PMU and ICS (NB link to action 1e1.) 2) Assessments are targeted and timetabled in SW diaries – feasibility of Lotus Notes utilisation to be ascertained	KE & JG – RD / HG 2) KE & JG – RD / HG	July 2010	Consistent improvement in NI059 and NI060	
2b) Quality of assessments is consistently high and enables effective plans that address children’s needs: Training session/s and exemplars of good practice regarding Initial Assessments and CAs	1. Refresher training provided to 80% staff around high quality assessments, utilising examples of good practice 2. Hand book for staff updated 3. Staff away day	KE & JG – RD / HG 2) KE & JG – RD / HG 3)RD	October 2010 May 2010	Attendance by 80% Social Workers Improvement in NI059 and NI060 Case file audits confirm high quality assessments	
2c) Outcome focused Child protection plans that	1. Refresher training provided to 80% staff	KE – AS	October 2010	1) Case file audits confirm high quality	Task & Finish Group established to review all ICS

demonstrate risk reduction: training session/s and exemplars of good practice	(including other agencies) around high quality CPPs, utilising examples of good practice inc. risk assessment and risk analysis) 2. New CP Plan ICS template is made available and staff are trained about expectations and use of the template 3) (*) CP Plans are considered in supervision			assessments 2)CPP template is consistently and effectively utilised	exemplars
2d) Child Protection plan reviews actively monitor progress towards closure within reasonable timescales and escalate awareness of predicted barriers or delays	1. From July 2010, CPP exceeding timely closure are reviewed and feedback provided quarterly to SCSMT around reason. Summary findings provided to SCSMT and support provided to appropriate staff	KE – AS	Oct 2010	Quarterly reports from chairs from mid Oct 2010	
2e) Practice Standards	1) 95% Initial Assessments are completed within 10 days (2e1=Item 13 of audit action plan) 2) 80% Core assessments are completed within 35			Monthly Performance indicators reports and regular file audits confirm progress	

	<p>days (2e2=Item 17 of audit action plan)</p> <p>3) Completion dates of assessments are consistently applied in accord with the Working Together statutory guidance</p> <p>4) Operational procedures are reviewed and updated as appropriate (e.g. evidence of child being seen)</p>	<p>KE & TS</p> <p>KE & JG – RD / HG</p>			<p>AS undertaking random sample audit.</p>
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3) Objective: To maximise the use of management practices to support staff performance and welfare (management)

Target: All staff have regular supervision meetings with their line managers that cover core work areas (including those marked *) at appropriate, agreed frequencies.

Proposed Action	Milestone Tasks	Responsible Person	Target Date	Success Indicator	Progress
*3a) Management oversight and decision making from Supervision sessions is transferred as appropriate to case files within 2 days. (link to action 1d4)	1) Ensure supervision template format is updated to assist performance & implementation of improvement action plan 2) ensure copies of supervision notes are included on children's files	1) TS – KM	July 2010	Quarterly random file audit confirms supervision notes are included on children's files	
3b) Caseload Management	1. Increased caseloads are reduced and prevented by timely de-registrations, closing those awaiting closure and reviewing those open only for monitoring and review. 2. Time lost to travel is minimised through local working 3. Critical Case Reviews ensure CPP cases become LAC with appropriate timing	1)SCSMT 2) KE & JG – RD / HG 3) Heads of Service	1) Oct 2010 2) Aug 2010 3) Oct 2010	1) Reduction in overall caseloads by 20% 2i) Staff are allocated cases within a set area and 2ii) The North and South Case Management Teams are fully operational.	

3c) Chronologies are completed consistently for all CYP	<ol style="list-style-type: none"> 1. Ensure all cases from 01/04/10 onwards have a chronology; report identifies number to be addressed 2. Recording for new contacts is undertaken to a consistently high quality using ICS. 3. Training for NQSWs and all staff 	TS - RC	October 2010	Improved chronologies noted in file audits.	Task & Finish Group established to review and assist in development of all ICS forms.
3d) Clinical supervision supports the achievement of high quality assessments and practices	<ol style="list-style-type: none"> 1) An evidence based approach with good recording demonstrates safeguarding of CYP. 2) The quality assurance system used as part of LAC reviews is expanded to cover tracking the progress of work to support Child Protection Plan implementation 	<p>KE & JG – RD & HG</p> <p>IRU</p>	Sept 2010	<p>Clear notes on SW records show an emphasis on evidence based practice</p> <p>Quarterly report on overall quality and progress of work to support LAC and Child protection plans</p>	

4) Objective: To ensure consistently applied and appropriate decision making. (Helpdesk) Targets: To be confirmed following finalisation of business process and JAT dataset					
Proposed Action	Milestone Tasks	Responsible Person	Target Date	Success Indicator	Progress
4a) Implementation of Helpdesk business process	1) Finalise new recording forms 2) Operational procedures agreed (incl flowchart 3 on de-registrations) 3) Systems set up completed 4) Recording and reporting procedure 5) Training for relevant staff	TS - RC re developm't KE & JG - RD/HG/AS re. delivery	1) Jun 10 2) Jul 10 3)&4) Aug 10 5) Sep 10	90% relevant staff-Training certificate achievement	
b) Outline assessment arrangements Protocol	1) finalise and implement 2) Report to Safeguarding Children Board 3) Report to Children's Trust Board 4) Go live	Review group KE & JG KE & JG – RD / HG	1) 1 st Oct Sept 2010 (for 3) 1 st Oct 10	Launch of Protocol and improved timeliness of Initial Assessment (NI059)	
c) Allocate staff to Helpdesk	For each post, the following	KE & JG –		Average time taken	

<p>Team to ensure timely and accurate decisions about contacts and improve the quality of data held about those contacts. Posts are:-</p> <p>Team Manager Helpdesk Co-ordinator 2 x Social Workers</p>	<p>steps will need to be taken:-</p> <ol style="list-style-type: none"> 1) Define role and responsibilities 2) Develop Job Description and Person Spec. 3) Allocate resources 4) Interviews/ selection 5) Start date 	<p>RD / HG</p> <p>KE & JG – RD / HG</p>	<p>1) to 3) May 10</p> <p>4) Jul 10</p> <p>5) Sep 10</p>	<p>to record details of contact on Carefirst reduced, (establish baseline)</p> <p>Number of contacts where caller has been provided with details of outcome increased. (establish baseline)</p> <p>100% posts filled (No staff vacancies in the JAT)</p>	
<p>d) Thresholds between Universal, Preventative and Stay Safe services are clear, communicated, consistently applied and appropriately resourced. 4d=action 15 of audit action plan</p>	<ol style="list-style-type: none"> 1) Agree scope, remit and reporting lines for group. 2) Agree threshold reports to be received by group 3) DMT/Member approval 4)Go live 5)report numbers 6) Interface systems between MAT and SCS 	<p>KE & JG – RD / HG / JJJ / CB</p>	<p>August 2010 (to coincide with move to Mt McKinley Building)</p>	<p>Agreed dataset for monitoring JAT's effectiveness</p>	<p>Regular reporting of JAT dataset and analysis to DMT</p>
<p>e) Launch of the Assessment Service .</p>	<ol style="list-style-type: none"> 1) Agree contact strategy (how will customers contact us, What published phone no's, addresses, e-mail) 2) Agree promotional campaign 3) Coordinate Training 4) Commence promotion 5) Go live with new JAT 	<p>JG & KE</p> <p>2) Nic Middleton</p>	<p>1st Oct 2010 launch of the JAT</p>	<p>% of contacts received via the JAT/Help Desk increased. (establish baseline)</p>	

<p>f) Explore role of Customer Service Centre so that more contacts can be resolved at first point of contact. (consider alongside review of EDT)</p>	<p>1) Explore future role for CSC 2) Develop proposal for role 3) Decision on CSC role</p>	<p>Jeanette Hill, Sophie Woodger, Pauline Best, MAT manager</p>	<p>i)&ii) Aug 10 iii) Sep 10</p>	<p>Volume of contacts resolved at First Point of Contact increased.</p>	
<p>g) Explore new telephony solutions for Helpdesk to help the management and monitoring of contacts. Options to be considered to include:-</p> <ul style="list-style-type: none"> - Call recording - Hold messages - Co-ordinator performance monitoring <p>N.B. to be considered after move to Mt McKinley building due to equipment and value for money</p>	<p>1) Explore solution currently used by CSC 2) Consider options and agree preferred telephony solution. 3) Build business case based on cost of selected solution. 4) Purchase and install new equipment. 5) Test/Train. 6) Go live.</p>	<p>TS – RC (inc Alison Brock) (Telecoms) KE & JG – RD & HG</p>	<p>Aug 10</p>	<p>Average call time reduced. Average No. of contacts handled by co-ordinators per day increased.</p>	
<p>h) As soon as a referral is confirmed as an open case, a social worker should be allocated to that client. The allocated social worker will continue to be recorded.</p>	<p>1). Case allocation direct from the JAT (Stay Safe and MAT) 2) cases recorded on Care first</p>	<p>JAT Coordinator, Stay Safe and MAT managers</p>	<p>August 2010</p>	<p>Monitor numbers and timeliness through the JAT dataset (e.g. Timeliness of allocation, recording, & IAs)</p>	

5) Objective: To recruit and retain the expertise required to deliver a good service. (staffing) Targets: To maintain a vacancy rate of not more than X%, a turnover level of not more than X% per year, and average absence level of X days per year in Stay Safe and LAC services Targets to be finalised as part of Workforce Redesign Project)					
Proposed Action	Milestone Tasks	Responsible Person	Target Date	Success Indicator	Progress
5a) Attract the best staff for Shropshire	1) Utilise links with universities and colleges to develop presence in recruitment market 2) Develop microsite to maintain attraction campaign	In Touch Project	July 2011	Level of applications for social care vacancies	
5b Recruit strong	1) Finalise workforce design 2) Attend regional career events during 2010 / 2011	CYPS lead KE / ML In Touch HR lead	1) July 2010 2) March 2011	1) Posts filled at appropriate levels 2) Attraction of qualified, competent staff	
5c) Reward staff well	1) Finalise progression scheme to senior social work level commencing with Adoption Service	KE & ML	Aug 2011	Retention of experienced staff	
5d) Support work	1) Prioritise social care managers up take of corporate management training programme	KE & ML	March 2011	Improvement in key performance indicators	
5e) Development of skills	1) Consolidate newly qualified social work programme	KE & ML	March 2011	Staff retention and turnover rate indicators achieved	
5f) Shaping the future workforce	1) Agree plans for training of unqualified staff, i.e. grow your own scheme	CYPSD lead	2011-2014	Adequate supply of social work staff in the medium term	