

## Ofsted Inspection April / May 2012

### Action Plan – Key Ofsted Recommendations

#### Safeguarding Services

No	Area for Improvement	Action Required	Ofsted Time scale	Local Time scale	Lead Officer	Sub delegate officers	Progress / Comments	Test	Evid. On File	Date Comp.
1	<p>All partner agencies should ensure operational staff understand and work to the agreed threshold for access to Social Care services</p> <p style="color: green;">It was agreed that this item should be signed off as completed by CMT as the Threshold document has been rewritten &amp; the work carried out to embed this; however this now needs revision in light of the new Working Together Framework. Whilst the framework document will be amended our Thresholds will remain the same</p>	<p>Meet with each of the 14 head teachers from each secondary school and each of the primary heads within their clusters to discuss:</p> <p>threshold document; referral pathways; agency responsibilities</p>	immediately	<p>Dec 2012</p> <p>End Oct 2012</p>	Sue Reynolds	Julie Daniels Martin Murphy Susan Fisher	<p style="color: red;">Threshold document rewritten &amp; meetings taken place</p>	<p>Letter to each head confirming appointment</p> <p>Confirmation in SCMT minute when each meeting has taken place</p> <p>Feedback sheets from Meetings required.</p>	Yes –	Signed of at CMT 4/04/13
		<p>Arrange School workshop day using case studies across the thresholds inviting partners</p>		Sept 2012	Sue Reynolds	Julie Daniels Martin Murphy Susan Fisher	Workshops have taken place in Sept 2012 & May 2013	Confirmation in SCMT when workshop has taken place		Signed of at CMT 4/04/13
		<p>Develop TOR for EIS/A&amp;A stakeholder group and re-launch</p>		End Sept 2012	Julie Daniels	Martin Murphy Kirsty Walton Rebecca Sutton	TOR To be presented at a Meeting 12 October	<p>Confirmation in SCMT minute when group re-convened</p> <p>Minutes of 12 October Meeting required</p>		Signed of at CMT 4/04/13
		<p>Threshold document, referral pathways, agency responsibilities to be discussed at "Safeguarding in schools" sub group</p>		Oct 2012	Julie Daniels	Linda Heitzman	J Daniels attended January 2013 BSCB Schools Subgroup.	Minute of BSCB Executive		Signed of at CMT 4/04/13

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		Re-distribution of threshold document via BSCB with a covering letter offering opportunities to meet with managers to discuss document and spend time on A&A		February 2013	Saul Ainsworth	Julie Daniels	Distribution completed	Copy of letter accompanying threshold document		Signed of at CMT 4/04/13
2	Ensure carers know how to make representations regarding the accuracy of CPC /core group minutes	Include details of how to request amendments on the covering letter which goes out with the minutes	immed	June 2012	Claire Paynter			Copy amended front sheet to conference reports	Yes	June 2012  Noted at CMT 31 Aug 2012
		Core Group Minutes to be amended or Standard letter to be devised to go out with core group minutes to address how amendments can be addressed		End October 2012	Melanie Tunney	Claire Paynter	Document distributed	Copy of draft letter received from Claire – to be slightly updated	Yes	Dec 2012  Signed of at CMT 4/04/13
3	Ensure there are appropriate arrangements for elected members to offer regular challenge & support to officers in their safeguarding work	Action Plan to be agreed by Cabinet	3 months – mid Sept 2012	11/07/12	Mark Carriline			Relevant Minute of Cabinet	Yes	11 July 2012  Noted at CMT 31 Aug 2012
		Report and Action Plan considered by Overview and Scrutiny Committee		28/08/12				Relevant Minute of Meeting	Yes	25/09/12  Noted at CMT 22/11/12
		Overview and		Confirmed 6			Safeguarding is to	Relevant Minutes of	Yes	Email

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		Scrutiny Committee receive regular progress updates on action plan and Safeguarding performance more generally - at least twice a year		monthly from 28/08/12 -  Will next be considered on 13 Feb 2013			be considered at next Scrutiny meeting on 23/03/13 & Gill Rigg will attend. Further report to Scrutiny May 2013	Meetings, copies of reports		dated 02/10/12  Noted at CMT 22/11/12
		Safeguarding Performance to be included in all Star Chamber presentations		Meetings to be scheduled throughout year commencing 09/08/12 then quarterly	Peter Lowe		Completed	Copy of presentation	Yes	12/10/12  Noted at CMT 22/11/12
		Leader and Chief Executive meet with DCS, Lead Member and Chair of Safeguarding Board to consider and agree any response to Safeguarding Board Annual report and Business Plan		Dec 2012			Meeting arranged for 05/12/12	Note of agreed action from meeting	Yes	Email from MC 17/12/12  Signed at CMT 4/04/13
4	Include the audit of supervision records & annual staff appraisals in a formal social care audit framework and consider extending the range of staff who carry out case file audits to include frontline practitioners and senior officers.  Cross reference with action 4 of the	Development of QA&PM Framework	3 months - mid Sept 2012	July 2012 Amended to end Sept 2012	Saul Ainsworth	Liz Shingler Claire Paynter	New framework to be launched SCPG Meeting End Sept & themed audits identified.	Audit framework revised and approved at SCMT	Copy of new framework	Oct 2012  Noted at CMT 22/11/12
		Refine Supervision Document, inclusive of evidence of reflective practise. Develop standards for supervision and recording.		End Oct 2012	Gareth Millar	Nicola Higham	Draft at CMT on 31/1/13 to discuss this & appraisal document.	Copy of new audit template		Noted at CMT 04/04/13

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	Fostering Action Plan	Agree supervision standards & disseminate guidance									
	It was agreed that this item should be signed off as completed by CMT as further revisions will now be required in light of the new Working Together Framework.	Refine Supervision audit tool;		July 2012	Claire Paynter		Supervision template updated	Copy of new audit template	Yes	19/07/12  Noted at CMT 31 Aug 2012	
		Complete audit of Supervision		Dec 2012	Melanie Tunney	Julie Daniels	Audit competed and reported back to SCPG 23/11/12	Feedback to SCPG – see 23/11/12 minutes	Yes	23/11/12	
		2 <sup>nd</sup> audit of supervision		March 2013	Saul Ainsworth	Nicola Higham / Gareth Miller	Further audit	Agreed sign off at CMT as this will now be reported at SCPG			Noted at CMT 04/04/13
		Develop new appraisal template for Social Care Staff to incorporate the Professional Capabilities Framework.  The new template should improve both the format and the quality of appraisals		Draft template in place October 2012; Framework agreed and in use Jan 2013	Ruth Wheatley	Clive Sudborough  Mel Tunney  05/11 Liz Shingler will now lead on this	New appraisal document being trialed	Copy of new template  Gareth Millar / SA to supply current draft template			Noted at CMT 04/04/13
		Launch new appraisal template		Nov 2012  Delayed until end Feb 2013  Actual date to be agreed at CMT on 31/01/13	Ruth Wheatley	Clive Sudborough	Pilot ongoing	Minute of SLG			Noted at CMT 04/04/13

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		Develop appraisal audit tool		Feb 2013	Ruth Wheatley	Clive Sudborough		Minute of SLG		Noted at CMT 04/04 /13
		Audit appraisals		June 2013	Ruth Wheatley	Clive Sudborough		Report to SLG with copy to SCPG		Noted at CMT 04/04 /13
5	Ensure social work reports for CPCs are prepared in advance so that the content can be shared with families prior to conference  It was agreed that this action can be signed off as the process has been amended so that this can be implemented, along with processes to ensure the implementation and follow up	Joint email from service managers to all social work staff to advise of the reasons this must take place and of the plan for monitoring.	3 months – Mid Sept 2012	July 2012	Melanie Tunney	Julie Daniels Claire Paynter	Staff advised	Copy of email	Email from M Tunney 13 Aug 12	13 Aug 2012  Noted at CMT 31 Aug 2012
		IRO to advise SM on each case when this practice is not adhered to		Ongoing	Claire Paynter	IROs	Improvements noted	Minute of SCPG demonstrating improvement  Copy of QA monitoring July	Some improvement in Q1 per 05/09/12 CPP report  Report received providing 7 months stats April - Oct	May 2012  Noted at CMT 04/04 /13
		TMs to discuss with social workers during supervision		December 2012	Mel Tunney Julie Daniels	TMs	Procedure in place for All Team Managers to ensure that the monthly list is reviewed and trends with staff are addressed	Minute of SCPG demonstrating improvement  Jan 2013 – SA to email TMs to remind them		

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		IROs to collate data on a monthly basis and report to SCPG		Dec 2012	Lisa Bell	IROs	Collated on monthly basis – see above	Minute of SCPG demonstrating improvement	Copy of QA monitoring – latest July 2012	September 2012 Noted at CMT 22/11/12
		IROs to raise in conference		Ongoing	Lisa Bell	IROs	IROs continue to monitor and highlight where this hasn't occurred monthly.	Minutes of SCPG demonstrating improvement	Email sent to MM 31/12/13	
6	Ensure that the minutes of strategy meetings are distributed promptly	Meeting between BSU and ATMs to discuss agreed procedure for minuting and distributing all strategy meetings  Same meeting to consider monitoring process	3 months – Mid Sept 2012	ongoing	Julie Daniels	Gary Horton Martin Murphy	Spreadsheet provided to JD will be monitored and reviewed on a monthly basis	Minute of report on monitoring mechanism to SCPG		Noted at CMT 22/11/12
7	Ensure that the minutes CPCs are distributed promptly	Weekly monitoring of CPCs		In place	Claire Paynter	BSU	05/11 – backlog is complete – if staff are in there is sufficient staff to manage – however sickness at Safeguarding Unit GH does have additional funds at this time. work force.  Jan 13 – Claire confirmed that this was currently being maintained – sickness had	Monthly monitoring sheets will evidence date of distribution of CPCs	July Report shows reduction to 15	Noted at CMT 31 Aug 2012  Sept 2012: all minutes circulated within 14 days

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							not affected this as there are currently falling numbers on a CP Plan			
		Distribution of CPC word documents given delays caused by Liquid logic		From 19/06/12	Claire Paynter	BSU	See above: all minutes distributed within 2 weeks.  Dec 2012 – 100% circulation, however this needs to be maintained		See above	
		Plan to address backlog of CPCs		In progress	Claire Paynter	BSU	This has been reduced		Yes	Email from GH to confirm backlog now clear 28/08/12  Noted at CMT 22/11/12
		Achieve CPC distribution within 1 month		Sept 2012	Claire Paynter	BSU	this repeats above & was reported as achieved in Sept, however this has been impacted by staff sickness:  01/09/12 – 100% 08/09/12 – 100% 15/09/12 – 100% 22/09/12 – 100% 25/09/12 – 73.6%	See above for contingency plans to show that we can continue to achieve this		Achieved September 2012.  Noted at CMT 04/04/13

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							05/10/12 – 100% 12/10/12 – 53% 19/10/12 – 79% 26/10/12 – 66% 02/11/12 – 66% 14/12/12 78.08% 18/12/12 – 100% 19/02/13 – 100%  There was a dip due to staff sickness – it was agreed to continue monthly monitoring via SCPG			
8	NHS Bury & the Council should ensure that safeguarding referrals regarding unborn babies are dealt with in a timely way that does not impede unborn baby planning or delay the discharge of mothers  Part of this action will require further input from Health & be carried forward to our Multi Agency Plan for the future	A task and finish group to be convened including representatives from Children’s Social Care, NHS Bury, Pennine Acute Hospital Foundation (CSB), Royal Bolton Hospital Trust.	3 months – mid Sept 2012	July 2012	Karen Whitehead	Julie Daniels Mel Tunney Maxine Lomax	1/06/12 Invites to participate sent to CSB HV’s, CSB safeguarding team, RBH, PAHT, KW, CP	Copy of email and letter	Yes	30.08 .12  Noted at CMT 31 Aug 2012
		To develop a pathway and to disseminate to key agencies to provide a clear understanding regarding referral points and thresholds for referral at 15 weeks		End Sept 2012	Karen Whitehead	Julie Daniels Mel Tunney Maxine Lomax	16 – 18 weeks is the viable timescale, not 15 weeks. – agreement across the GM LSCB’s that this is the standard  Referral within 4 weeks of 1 <sup>st</sup> scan.	Copy of email & letter	Email from ML 24/08/12	24 Aug 2012  Noted at CMT 22/11 /12
		Email to all social workers and TMs to advise that referrals re unborn babies can be made by partners at 16 – 18 weeks’		Oct 2012	Julie Daniels	TMs	Email from KW to ES, MT & CP asking that the pathway is shared with staff		Email from J Daniels confirming this has been	Dec 2012  Noted at CMT



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		gestation							done	04/04/13
		Letter to partners advising of change in procedure to be disseminated via SL		Oct 2012	Karen Whitehead			Copy of letter	Minutes of safeguarding working group dated 10/09/12	26/09/12 Noted at CMT 22/11/12
		Key personnel in health to raise with SM if referrals not accepted at fifteen weeks gestation		Oct 2012	Julie Daniels			Issue to be raised in SCPG and minuted	Email from J Daniels	10/10/12 Noted at CMT 22/11/12
		Support schools to improve quality and consistency of Sex and Relationship Education through training and Learning Collaborative.		End Oct 2012	Karen Whitehead	Kate Allam	03/10/12 – Email received detailing training from April		Yes	03/10/12 Noted at CMT 22/11/12
		Ensure Sexual Health sessions are targeted to those at greatest risk		End Oct 2012	Karen Whitehead	Kate Allam	Further meeting arranged for 04/02/13			
		Continue programme of multi agency training for professionals		End Oct 2012	Karen Whitehead	Kate Allam	Monies from Teenage pregnancy grant used for training. Now 3 times per year rather than 8 times a year  Supply of contraception products in libraries etc.  Work carried out regarding post discharge contraception for	Training Dates 03/10/12 – Email received detailing training from April	Yes          Email from M Lomax	Yes          Noted

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							teenage parents		31/08/12	at CMT 22/11/12
		Work with Public Health and Commissioners to ensure wide and easy access to contraception		End Oct 2012	Karen Whitehead	Kate Allam	14/12/12 Public Health & CCGs will ensure that easy access to contraception is monitored in provider contracts.			
		KA and Public Health to provide a position statement and Action Plan to reduce repeat termination rate.		End December 2012	Karen Whitehead	Kate Allam	Health & Well being board to commission piece of Work.  Email from M Carriline provides initial overview & details the planned stakeholder meeting  Jan 13 – Draft will go to the Health & Wellbeing Board on 30/01/13	Karen to supply update		
9	NHS Bury and Pennine Acute Hospitals NHS Trust should improve the rates of safeguarding training so that a minimum of 80% of all staff groups are in date and have received the correct level of training necessary for their post  This issue will continue to be	A training plan is in place following the Oldham Ofsted inspection, It is proposed to adopt the same plan which is trust wide.	3 months – mid Sept	Mid Sept 2012	Karen Whitehead Maxine Lomax		1/06/2012 Mid may figures for PAHT as follows: L2 - 76.5% of eligible workforce L3 - 68.5%  Written to head of OD for NHS GM (Jacqui Wood)	Pennine Acute & NHS Bury Training Plan  Copy of letter	Minutes of Safeguarding Working Group 10/09/12 detailing robust training packages	Noted at CMT 22/11/12
		The monthly figures on number of staff trained to level 2 and level 3 on the Bury site as a percentage		Mid Sept 2012			7/06/2012 discussion with B Jackson OD. Agreed that staff will complete by	Copy of letter Monthly updates	July Figures  December figures	

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	monitored & carried forward as a partner agency objective	of the total to be trained to be presented monthly to the Designated Nurse for Safeguarding, NHS Bury.					mid July, piece for Comms written and sent. OD will co-ordinate training  Jan 13 – there is external scrutiny on this and the expectation is that the targets will be met			
		The target of 80% NHS Bury staff to complete level 1 e-learning for basic awareness in child protection (via the NHS module) by 31/07/12.		Mid Sept 2012				The figures will be reported to CCG Board and submitted to the Local Authority  As at 10/09/12 50% of staff have completed Level 1 Training	Yes	Email dated 30 Aug 2012  Noted at CMT 22/11/12
10	NHS Bury and Pennine Acute Hospitals NHS Trust should ensure compliance with Safer Recruitment and the NHS Employment Check Standards, especially in relation to CRB checks on current staff who change post within the Trust  This issue will continue to be monitored & carried forward as a partner agency objective	NHS Bury will write to the Executive Lead for Safeguarding at PAHT for evidence that the required standards are being met.	3 months – mid Sept 2012	30 Sept 2012	Karen Whitehead	Maxine Lomax	Letter sent to Exec lead at PAHT on the 1/06/2012 7/06/2012 letter acknowledged-outcome awaited	Policy Sample audit of 20 Internal Appointments	Yes	Aug 2012  Noted at CMT 31 Aug 2012
		The evidence will be scrutinised by NHS Bury HR Manager and assurance provided to the Local Authority and the CCG Board.		31 Aug 2012	Karen Whitehead	Maxine Lomax	Assurance provided to LA that NHS Bury follow a safer recruitment process in relation to CRB's.	Minute of SCMT	Email from Maxine Lomax 28.08.12  See also email dated 30/08/12 on No 9	Aug 2012  Noted at CMT 31 Aug 2012
		Follow up with NHS Bury to ensure that the Safer recruitment process is still being		March 2013	Karen Whitehead	Maxine Lomax	KW to meet with ML in March to check that this is	Karen to progress this in March		

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		adhered to in relation to CRBs					still on track			
11	The Council & partners should ensure that the EI Strategy becomes embedded across the partnership	To be included in meetings with head teachers (see 1 above)	6 months – Dec 2012	Oct 2012	Sue Reynolds	Julie Daniels	See also point 1	Letter to each head confirming appointment		Noted at CMT 04/04 /13
	Meetings and workshops have taken pace to embed this item, however in light of the new Working Together Framework, the Threshold Document is being re-written & therefore work on this will need updating further	refresh EIS Strategy	Dec 2012				JG will take this to the Safeguarding Board 13/03/13			
		EIS Partnership Group					There has been good representation from agencies.		Minutes 05/09/13 & Butterstyle Ofsted inspection report	
		Clear info. pack on intranet (links all thresholds, includes flowcharts, CAF)		End Oct 2012	Sue Reynolds	Andrea Whyne	Documentation being produced and now on website	Confirmation in SCMT minute when each meeting has taken place		Noted at CMT 04/04 /13
		21/09/12 Network Day		21/09/12	Lindsay Dennis	Lindsay Dennis	Further event in November 2012	Copy of programme of event	Yes	18/10 /12
								Copy of Attendance List	Yes	15/10 /12
										Noted at CMT 22/11 /12
			Follow up Network event		09.01.13	Lindsay Dennis	Lindsay Dennis	Event taking place 09/01/13 – will then use feedback from attendees to decide on further follow up	SR /L Dennis to supply feedback from evaluation forms	Network event stand list ,attendance list and workshop details
		Organise 'road shows' to further promote work		November 2012	Sue Reynolds	Julie Daniels	Further Network event in May	Copy of programme of event		

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		following Network Day					2013			
		Promote relationships with Childrens centres and health		30 March 2013	Sue Reynolds	Karen Whitehead	<p>Early intelligence with what health identify &amp; share with Children's Services.</p> <p>Immunisation records and development checks which have been missed are sent to public health who will share with children's services</p> <p>Further work has been done regarding information sharing with Health Visitors – Call to Action</p> <p>Integration of posts</p>	<p>Minute of progress (SCMT)</p> <p>Copy of the paper in support of the post from B Thomas &amp; the rationale behind this</p>	<p>Minute of progress (SCMT)</p> <p>Data pack including health data-evidence s improve ment</p>	
		Complete survey / email within agencies to check on their knowledge of access to A & A / EIS (quarterly) & obtain		Dec 2012	Sue Reynolds	Julie Daniels		Report Cards : Number of CAFs including bench mark to Stat Neighbours	Report cards – will be further evidence as an	Dec 2012 Noted at CMT

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		feedback.						Referral rates to A&A & Repeat referrals to A & A	ongoing item at SCPG	04/04 /13

## Services for Looked After Children

No	Area for Improvement	Action Required	Ofsted Time scale	Local Time scale	Lead Officer	Sub delegate officer	Progress / Comments	Test	Evid. On File	Date Comp.
12	Ensure statutory visit records make clear that children & young people have been seen (and seen alone where appropriate) and that their needs, views and wishes are reported on each visit  This item will continue to be monitored under the new Framework for the future	Remind Team Managers by email of expectations in ensuring stat visit responsibilities are completed and reviewed in all supervision sessions	Immed	June 2012	Liz Shingler	Melanie Tunney Claire Paynter Julie Daniels	New system alerts TMs when stat visits are overdue  Template now developed to ensure questions are asked.	Copy of email  Copy of template & email to staff	Yes  Yes	19/07/12  17/10/12  Noted at CMT 22/11/12
		Report Card to be developed regarding statutory visit compliance		Sept 2012	Mel Tunney	Sue Harris / David Thompson	Report card to be produced in Sept .	Minute of SCPG  Report of Stat visits as at 13/12/12 provided by Claire Paynter	See Q & A framework & SCPG mins	Yes  Noted at CMT 22/11/12
		Themed audit on quality of statutory visits		Nov 2012	Claire Paynter	Lisa Bell	Audit completed in Oct 2012 – mixed, – needs to be revisited in May 2013  It was felt that visits were taking place but there were recording issues	Themed Audit report  See also minutes of SCPG 02/11/12		Noted at CMT 04/04/13

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							All staff have been advised on how Stat visits should be recorded.			
		Further themed audit on quality of statutory visits		May 2013	Saul Ainsworth	Nicola Higham / Gareth Millar	This will address timeliness and quality. It was agreed to sign this off as there is a template on ICS to ensure that this is done and this will be reported on at SCPG			Noted at CMT 04/04/13
		Random telephone calls to foster carers re statutory visit compliance		Jan 2013	Saul Ainsworth	SL (SG)/SMs	Question to be included in foster carer annual review  A further suggestion is for Foster Carers to have a card which is signed on all visits - this needs to be further considered.	Minute of SCPG		
		Explore potential for revision to IT system to ensure that system alerts in place to TMs when stat visits due.		Sept 2012	Liz Shingler	Mike Hather	liquid logic have included this in the upgrade on 12/09/12	Email report from Mike Hather	Email 23/08/12	Noted at CMT 04/04/13
		Existing template is to be used as guidance by the SWs.		End Sept 2012	Sue Harris			Email confirming all staff informed	Yes	17/10/12  Noted at CMT 22/11/12
13	Ensure that case management decisions are recorded on the	Remind Team Managers of expectations	Immed	June 2012	Melanie Tunney	Julie Daniels	This was also discussed at the Business meeting and	Minute of Team Manager meeting;	Yes 22/08/12	22/08/12  Noted

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	electronic case file and that the reasons for decisions are included						staff were in agreement as to where decisions would be recorded.			at CMT 04/04/13
		Check protocol addresses this and revise as required.		June 2012	Melanie Tunney	Julie Daniels	Drop down decision now on Protocol – Nicola & Gareth to audit this process –needs rescheduling for Feb/March	Minute of SCMT Saul has arranged for this to be incorporated into SCPG Agenda		Noted at CMT 04/04/13
		Themed audit within QA&PM Framework		Scheduled for DEC 2012	Melanie Tunney	Nicola Higham Gareth Millar	Themed audit is planned and will be picked up via SCPG	Minute of SCPG		Noted at CMT 04/04/13
14	Ensure that all assessments take full account of the family history in assessing risk  This will continue to be monitored by the QA process	Themed team meeting to remind staff of the need to consider full family history and impact of family members outside of the home and ensuring that chronologies of a child's experience and genograms are used productively within the assessment process	3 months – Sept 2012	October 2012	Melanie Tunney	Nicola Higham Gareth Millar	Discussed during Safeguarding Team Day 17 <sup>th</sup> October & included within new care planning procedures  Some staff have undertaken Risky Business training  Training dates & attendees of Bruce Thornton Training Received – also summary from 24/01/13  Genograms to be looked at – use Health visitors All complex assessments to	Minutes of team meetings		Liz to supply agenda  Noted at CMT 04/04/13
									Receive	



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							include multi agency genogram – each agency should produce their own which is crucial for S47 and conference – resistance from police & Health. Police do always have a chronology of involvement but not always received from Health.	Julie Daniels to email staff regarding the use of Health Visitor Genograms	d	
		Themed audit within QA&PM		December 2012	Melanie Tunney	Nicola Higham Gareth Millar		Minute of SCPG		Noted at CMT 04/04/13
15	Ensure that all electronic care plans are up to date and reflect the current plan for each child and young person in the care of Bury  It was agreed to sign off this action as the systems are now in place, however further monitoring will be done by the QA process	Ensure new process for review of Care Plans is understood and is working;	3 months – mid Sept 2012	July 2012	Claire Paynter	Liz Shingler	New process for LAC reviews has been developed (Revised Care Plan and progress update for Review has been combined into one document)  Still inconsistency in care plans – needs oversight on transfer of cases.  Good evidence that details of reviews were on system.	Minute of SCMT  Practice packs of Good examples of documents being produced by Nicola /Gareth which will be circulated once back at Higher Lane – Copy required for evidence	Copy of Care Plan Pointers	Noted at CMT 04/04/13

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		IROs to ensure that all Care Plans that have not been revised are followed up and completed; flagged to senior managers when not.		August 2012	Lisa Bell	IROs	Quality assurance and feed back to be supplied from IROs  13/12 report provided to give update – evidences improvement but still some outstanding.  Care plans need to be authorised by TMs on protocol	QA monitoring: latest July 2012: of 117 reviews, 107 had up to date Care Plan (91%). Distributed to Senior Managers	Email dated 16/08/12 & CPP Report 05/09/12	Aug 2012  Noted at CMT 04/04/13
		TMs to be advised if not completed		ongoing	Lisa Bell	IROs	Proactive mechanism in place for continuous improvement which shows management oversight	Minute of SCPG		Noted at CMT 04/04/13
		Themed audit within QA&PM		Feb 2013	Melanie Tunney  Liz Shingler	Nicola Higham Gareth Millar	One audit tool is in use, there will be an action plan required – ie continuous scrutiny and improvement.	Minute of SCPG		
16	Ensure that social work reports for statutory reviews clearly set out progress made against the care plan to inform the review process	Revise format of report to review	3 months – Mid Sept 2012	Mid Oct	Claire Paynter		Within new format there is no report; rather an care plan which is to be updated  Need to devise process where we audit individual SW case file to	Weekly audit from Claire – see below		June 2012  Noted at CMT 04/04/13

No	Area for Improvement	Action Required	Ofsted Time scale	Local Time scale	Lead Officer	Sub delegate officer	Progress / Comments	Test	Evid. On File	Date Comp .
							identify strengths, weaknesses etc & also monitor TM oversight & identify support required.			
17	Ensure that all statutory reviews are chaired with sufficient rigour by the IROs and that challenge is fully documented in the review record	Guidance issued to IROs	3 months – Mid Sept 2012	June 2012	Claire Paynter		All review write ups are now overseen by C Paynter or Lisa Bell.  Monthly report from Nicola & Gareth at QA  Dip Sample evidence supplied from 12/11/12	Reduction in number of review records returned to IROs for amendment.	Yes  Email from CP 14/12/12	July 2012  Noted at CMT 04/04/13
		Quality Assure each review write up by Team manager/ Service manager before sending out for 3 month timescale and take immediate action		June – August	Claire Paynter		Themes identified & action taken to address these – 19/07/12 email	Record of follow-up reported upon monthly and included in Quarterly report.		Noted at CMT 04/04/13
		Monthly sample audit thereafter		Oct 2012	Claire Paynter		05/11 – now dip sampling – see report at CMT  2 Individual case files are per month are being audited & issues are report back at SCPG			Noted at CMT 04/04/13
18	Improve the timeliness of adoption of those	This will largely be encompassed by improvement to the	3 months – mid Sept	September 2012	Liz Shingler	Jean Mackenzie	Issue with Judges delaying procedures – SA	New Care Planning System in operation resulting in	Care Plannin g	Oct 2012

No	Area for Improvement	Action Required	Ofsted Time scale	Local Time scale	Lead Officer	Sub delegate officer	Progress / Comments	Test	Evid. On File	Date Comp .
	children for whom it has been decided adoption is in their best interest	Care Planning system which will shorten the length of time children are in care proceedings.	2012				to supply minutes which address this	substantial lessening of the time between a child being made subject of an ICO and being placed for adoption or in other permanent placement evidenced via Report Card on timeliness of adoption in context of national report cards	Procedures  Q1 – 83% of children placed for adoption within 12 months  Adoption Scorecard	Noted at CMT 04/04/13
		Meeting required to review how the Care Planning Procedures have been embedded			Billy Adams			Billy to provide feedback		Noted at CMT 04/04/13
		Initial initiate to explore the option of concurrent placements with Oldham & Rochdale Adoption Services		March 2013	Liz Shingler	Jean MacKenzie	Current consultation on new regulations to both fostering and adoption  The Diagnostic should also aid this process			
		Diagnostic to be undertaken by DFE in Feb 2013		Feb 2013			Improvement plan from Diagnostic			Noted at CMT 04/04/13
		Invest to save Bid.					Staff appointed		Invest to save bid	Noted at CMT 04/04/13