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**OFSTED AND CARE QUALITY COMMISSION INSPECTION  
ACTION PLAN**

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**SUMMARY REPORT**

**Purpose of the Report**

1. In November 2011 a multi-agency inspection was undertaken by Ofsted and the Care Quality Commission. The purpose of the inspection was to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one Inspector from the Care Quality Commission.
2. The purpose of the report is to update on the multi-agency actions that were identified as areas for development by the inspectors.

**Summary**

3. Following the outcomes of the inspection:-

Safeguarding Services

Overall Effectiveness	<b>Adequate</b>
Capacity for Improvement	<b>Adequate</b>

Services for Looked After Children

Overall Effectiveness	<b>Adequate</b>
Capacity for Improvement	<b>Adequate</b>

4. Following the inspection it was agreed that the multi-agency partnership of the Local Safeguarding Children Board (LSCB) would monitor the actions identified for agencies, namely Darlington Borough Council, NHS County Durham and Darlington PCT and County Durham and Darlington Foundation Trust. It was agreed that one composite multi-agency action plan would be devised, with regular reporting to the LSCB Performance Management sub-group, which in turn would report to the Local Safeguarding Children Board on a six monthly basis.
5. The attached report contains the most recent Action Plan that was presented to the LSCB in July 2012. Further updates on the actions were expected to be reported to the Performance Management sub-group on 30 August 2012.

## Recommendation

6. It is recommended that Members read and acknowledge the Action Plan and raise any concerns they may have directly to the LSCB Business Manager, who will be able to liaise with the individual agency's lead officer:-

Darlington Borough Council, Jenni Cooke (Assistant Director)

NHS County Durham and Darlington PCT, Debbie Edwards (Nurse Advisor/Clinical Quality Lead)

County Durham and Darlington Foundation Trust, Maureen Grieveson (Associate Director Patient Experience and Safeguarding)

**Murray Rose**  
**Director of People**

## Background Papers

Multi-Agency Action Plan - Ofsted and CQC Inspection November 2011 (**Appendix 1**)

Odetta Sanderson LSCB Business Manager  
Ext 2888

S17 Crime and Disorder	This report has no implications for Crime and Disorder.
Health and Well Being	The Action Plan may have implications in addressing the Health and Wellbeing of residents (children and young people) in Darlington, through scrutinising the services provided by the NHS Trusts.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	
Efficiency	The Action Plan is integral to scrutinising and monitoring services efficiently (and effectively). However, this report does not identify specific efficiency savings.

**APPENDIX 1**

<b>Action Plan:</b> Announced Inspection of Safeguarding and Looked after Children Services 2011			<b>Date/Version:</b> LSCB Composite Plan July 2012		
<b>Details Theme/Timescale</b>	<b>Actions Required</b>	<b>Responsible officer(s)</b>	<b>Milestones</b>	<b>Completion date</b>	<b>Monitoring/ Status Notes</b>
<b>SAFEGUARDING</b>					
<b>IMMEDIATE DBC</b>	The council should ensure that core group meetings are held regularly according to need and within the minimum frequency in the policy. The council should ensure that minutes of meetings are sent to all core group members, whether or not they attended.	DBC – NF (Service Manager)	<b>Milestones</b> Core Group Guidance drafted  LSCB Policy and Procedures Group to agree  Dissemination of guidance	14 <sup>th</sup> June 2012	<b>Completed</b>  Future monitoring via internal performance clinic and LSCB reports. Training being rolled out and Carefirst proformas ready to be piloted across A&I (Social Care Teams).
<b>IMMEDIATE CDDFT</b> Ensure arrangements are in place to monitor and quality assure safeguarding children practice within CDDFT (County Durham and Darlington Foundation Trust)	Refinement, roll-out and monitoring of the performance indicators currently being developed by the Associate Director Patient .Experience and Safeguarding, in order to collect and provide evidence of effectiveness in key areas. Periodic management audits, by lead Safeguarding officers, based on the performance indicators, policies and procedures.	Maureen Grieveson	<b>Outcome measure</b> Monthly audits August and September, moved to quarterly Safeguarding policies and procedures followed. <b>Measure of success</b> Arrangements are in place to monitor and quality assures safeguarding children practice within CDDFT. <b>Evidence</b> Performance scorecard	August 2011 Monthly audits August and September, moved to quarterly.	<b>Completed</b> Performance indicators developed in line with policies and procedures and included in Audit tool. Safeguarding Children internal audits to be carried out to monitor performance metrics in line with policies and procedures. Audit tools developed and audit pilot carried out August and September 2011 move to quarterly audit January 2012. Performance scorecard developed, to monitor performance.

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<p><b>IMMEDIATE CDDFT</b> Ensure arrangements are in place to monitor and quality assure safeguarding children practice within CDDFT</p>	<p>Key Performance Indicators (KPI's) will be developed in Women and Children's services to monitor Safeguarding practice and performance in Health Visiting, School Nursing and Midwifery. These will include:</p> <ul style="list-style-type: none"> <li>• Conference Attendance</li> <li>• Sharing/timing of reports</li> <li>• % of staff requiring Child Protection Supervision v's % of staff receiving Child Protection Supervision</li> <li>• Training</li> <li>• Referrals</li> <li>• Number of CAF's completed</li> <li>• Number of Team Around Child</li> </ul>	<p>Kath Vasey</p>	<p><b>Outcome measure</b> Quarterly performance scorecard. <b>Measure of success</b> KPI's meet targets. Arrangements are in place to monitor and quality assures safeguarding children practice within CDDFT.</p>	<p>31st January 2012</p>	<p><b>Completed</b> July 2012 update: KPI's revised to prevent duplication with LSCB performance management data. Reporting and scorecard to commence Q1.</p>

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<p><b>IMMEDIATE CDDFT</b> Ensure arrangements are in place to monitor and quality assure safeguarding children practice within CDDFT</p>	<p>CDDFT Safeguarding Children Group membership should be extended to ensure representation from all areas which have a contribution to the safeguarding of children.</p>	<p>Maureen Grieveson/Kath Vasey</p>	<p><b>Outcome Measure</b> Minutes of Safeguarding Children Group meetings. Safeguarding Risk Register <b>Measure of Success</b> Representation of all services at Safeguarding Children's Group. Arrangements are in place to monitor and quality assures safeguarding children practice throughout CDDFT Evidence Risk Register Minutes</p>	<p>31st January 2012</p>	<p><b>Completed</b> Group membership extended.</p>
<p><b>IMMEDIATE CDDFT</b> DMH A&amp;E and Switch, the drug and alcohol team should improve liaison arrangements in order to increase the number of young people referred to Switch following emergency treatment for drug and alcohol misuse.</p>	<p>Matron at DMH A&amp;E to develop robust arrangements to strengthen liaison with SWITCH.</p>	<p>Barbara Potter</p>	<p><b>Outcome Measure</b> Monthly liaison meetings. <b>Measure of Success</b> Increased number of young people referred to SWITCH following emergency treatment for drug and alcohol abuse. <b>Evidence</b> Monthly monitoring of referrals to SWITCH from A&amp;E at DMH.</p>	<p>31<sup>st</sup> January 2012</p>	<p><b>Completed</b> Pathway developed to mirror Durham pathway. Patients to be referred even if admitted to Paediatrics. Switch to give frequent talks to staff in ED. Attendance and content sheet to be kept, so within 6 months all staff trained and aware of referral pathway. ED Matron to discuss collection of following information with performance team: No. of CYP attending ED due to alcohol and drug misuse. No. of CYP offered referral to SWITCH. No. of CYP referred to SWITCH. No. of CYP provided with brief intervention.</p>

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<b>Within 3 Months DBC</b>	The council should improve the range and quality of service evaluation to examine the effectiveness and impact on outcomes of all services for children and families	Jenni Cooke (Assistant Director)	Baseline of current evaluations 2/3/12  Agree with commissioners the future priorities	20th July 2012	<b>Ongoing</b> Update June 12 Baseline to be checked with the commissioners.  Future Priorities: Following gathering of baseline data by Commissioners a programme will be developed. New Monitoring data set established.
<b>Within 3 Months DBC</b>	The council should include the audit of supervision records in its file audit framework and consider extending the range of staff who carry out case file audits to include front line practitioners and senior officers	Lisa Summers (Head of Review and Development)	Report produced on findings Recommendations and actions	August 2012	<b>Ongoing</b> Update June 12 Ongoing as part of form redesigned. Audit Tool complete and management oversight- ensure rolled out and embedded with managers.
<b>Within 3 Months DBC</b>	The council should review business processes in the duty team in order to improve efficiency and ensure that all contacts received by the team result in a prompt and clear outcome	DBC – David Mason (Head of Children &YP and YOS)	Review Duty room /front of house processes. Produce report and recommendations  Action Plan	July 2012	<b>Ongoing</b> Update June 2012.  DM completed a review - recommendations to be followed through.

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<p><b>Within 3 Months CDDFT</b> Ensure that health visitors, school nurses and midwives receive one to one safeguarding supervision on a regular basis</p>	<p>Safeguarding supervision policy to be reviewed to include midwifery and frequency of one to one supervision to be determined.</p>	<p>Kath Vasey and Anne Holt</p>	<p><b>Outcome Measure</b> Supervision policy and quarterly performance scorecard. Appointment of Named Midwife. <b>Measure of Success</b> Health Visitors, School Nurses and Midwives will receive one to one safeguarding supervision on a regular basis. Named Midwife in post. <b>Evidence</b> Documentation and performance scorecard</p>	<p>31st March 2012</p>	<p><b>Ongoing</b> Business case and job description being developed for Named Midwife for Safeguarding.  July 2012 Update: Agreement obtained and recruitment process to commence.</p>
<p><b>Within 3 Months CDDFT</b> Ensure that health visitors, school nurses and midwives receive one to one safeguarding supervision on a regular basis</p>	<p>Business case to be developed to appoint Band 7 Named Midwife</p>	<p>Anne Holt</p>	<p><b>Outcome Measure</b> Appointment of Named Midwife <b>Measure of Success</b> Named Midwife in post. <b>Evidence</b> Documentation and performance scorecard</p>	<p>31st March 2012</p>	<p><b>Ongoing</b> Business case and job description being developed for Named Midwife for Safeguarding. July 2012 Update: Agreement obtained and recruitment process to commence.</p>

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<p><b>Within 3 Months CDDFT</b> Ensure that health visitors, school nurses and midwives receive one to one safeguarding supervision on a regular basis</p>	<p>TUPE transfer of Safeguarding Team from NHS County Durham to be agreed and finalised.</p>	<p>Maureen Grieveson/Kath Vasey/Diane Richardson</p>	<p><b>Outcome Measure</b> Transfer of Safeguarding Team <b>Measure of Success</b> Safeguarding team employed by CDDFT</p>	<p>31st March 2012</p>	<p><b>Ongoing</b> July 2012 update: Consultation to commence. Business Case to be developed and Service Level Agreement Agreed.</p>
<p><b>Within 3 months CDDFT</b> Ensure arrangements for the line management and resourcing of named professionals for safeguarding children comply with the Intercollegiate Guidance 'Safeguarding Children and Young People: roles and competencies for health care staff' (2010)</p>	<p>Named Doctor to be line managed by Executive Board Member</p> <p>Named nurse safeguarding line managed by Associate Director Nursing</p>	<p>Director of Nursing and Transformation</p> <p>Maureen Grieveson</p>	<p><b>Outcome Measure</b> Documentation of monthly one to one meetings <b>Measure of Success</b> Named professionals line management complies with Intercollegiate Document <b>Evidence</b> Documentation of monthly one to one meetings</p>	<p><b>31st March 2012</b></p>	<p><b>Completed</b></p>



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<p><b>Within 3 Months CDDFT</b>            Compile a recovery plan to ensure all staff employed by the trust access appropriate training as identified in the Intercollegiate Guidance</p>	<p>Develop a recovery plan to ensure that all staff employed by CDDFT are trained as identified in the Intercollegiate Guidance.</p>	<p>Maureen Grieveson and Anne Brock</p>	<p><b>Outcome Measure</b> Quarterly training report  <b>Measure of Success</b> All staff employed by CDDFT will be trained as identified in the Intercollegiate Guidance.  <b>Evidence</b>            Training Reports and appraisal documentation.            Training Strategy Action Plan.</p>		<p><b>Completed</b>            Training strategy reviewed in line with Intercollegiate document September 2010. Launch of new strategy November 2011. Action Plan developed to address training needs analysis. Training programme for 2012/13 developed in conjunction with training needs analysis. Extra Level 3 Roles and Responsibilities training to be delivered Jan-Mar 2012            Extra Level 2 training delivered Jan-Mar 2012            Access to Level 2 e-learning to be made available from January 2012            Level 1 training to be included in all essential training from 1st April 2012</p>

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<b>Within 3 Months CDDFT</b> Midwifery services should monitor compliance with the National Institute for Health and Clinical Excellence (NICE) guidance on providing midwifery care to vulnerable groups of women	Midwifery services to develop audit tool to monitor compliance with NICE guidance on providing care to vulnerable groups of women.	Anne Holt	<b>Outcome</b> Measure Audit tool to be developed and audit quarterly <b>Measure of Success</b> Enhanced care pathways in place and monitored to ensure vulnerable families' e.g. teenage pregnancies are receiving increased visiting/appointments. <b>Evidence</b> Quarterly audit results.		<b>Completed</b> Additional resource has been agreed with the Commissioners to increase compliance with NICE guidance. Enhanced care pathway to be agreed. System in place in line with policy to identify and follow up all missed clinical appointments by Darlington Community Midwifery Team.
<b>LOOKED AFTER CHILDREN SERVICES</b>					
<b>IMMEDIATE DBC</b>	The council should ensure statutory visits to looked after children and young people are clearly recorded in case records and are formally reported to reviews.	Nik Flavell (Service Manager)	Review CareFirst IT system to clarify capacity regarding recording of stat visits. Memo to all staff regarding importance of recording Managers/practise supervisors to monitor	25 <sup>th</sup> February 2012	<b>Completed</b> Carefirst now enabled to fully record and monitor statutory visits. Practice Supervisors/ Team Managers to monitor via supervision and ongoing monitoring where statutory visits not completed and remedial action taken by supervising managers. Evidencing attempts at visits also taking place.

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<b>Within 3 months DBC</b>	The Children's Trust should develop an overarching plan for looked after children which defines all the priorities and desired outcomes for this group to enable the corporate parenting panel, managers and staff to maintain a clear overview of progress	CT – Mel Brown/Jenni Cooke	Consultation with agencies regarding recommendation. Agreement on preferred actions	Sept 2012	<b>Ongoing</b> Update June 12: Deferred by Children's Trust to new Children and Young's Collective. Awaiting developments.
<b>Within 3 months DBC</b>	The council and its partners should work together to ensure that the initial health reviews for children and young people are carried out within statutory timescales when they enter care	DBC – Mary Sweeney	Identify system blockages and resolve with LAC Health co-ordinator	30th April 2012	<b>Completed</b> Update June 12: Ongoing Monitoring to ensure compliance is still required, delays regarding parental consent have been identified.

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<p><b>Within 3 months PCT</b> The council and its partners should work together to ensure that the initial health reviews for children and young people are carried out within statutory timescales when they enter care</p>	<p>Consent procedure to obtain parental consent for Initial health assessment reviewed. BAFF forms to be included in packs used by social workers to be taken out for completion when a child or young person is taken into care.</p> <p>Baseline audit to be undertaken covering the period July 2011-29th Feb 2012 to allow comparison follow introduction of new procedure</p> <p>Following receipt of request for initial assessment from social worker assessment to be carried out within timescale</p>	<p>Sandra Martin/ Designated Doctor for LAC</p> <p>Sandra Martin</p> <p>Sandra Martin</p>	<p><b>Outcome Measure</b> Audit of LAC health records 6 monthly. <b>Measure of Success</b> Initial health assessment carried out within 20 working days of coming into care <b>Evidence</b> 6 monthly audit report based on tool below to compare data prior to and post introduction of packs. <b>Outcome Measure</b> 6 monthly audit of LAC records. <b>Measure of Success</b> Initial health assessment carried out within 20 working days of receipt</p>	<p>1st March 2012</p> <p>March 2012 Letters requesting initial assessment. Copies of dated assessment reports and care plans. Ongoing audit programme.</p>	<p><b>Completed</b> Update July 12 Process changed template now on Darlington Local Authority recording system Carefirst. Social Workers to print with other information when removing a child into care and obtaining parents consent at the point of removal. LAC nurse collects signed consents 3/week however CDDFT work 55 day timescales to offer appointment.</p> <p>LAC Nurse also attending resource panel weekly to discuss new requests for placements.</p> <p>Audit complete full year baseline data from Feb 2011 end Feb 2012 for comparison against new process.</p> <p>Further audit to be completed 31st August 2012.</p>

					On average taking 22 days for initial health assessment to be completed following request being sent to CDDFT.
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<p><b>Within 3 months PCT</b> Should improve the quality of health review assessments and health plans to include details of discussion about sexual health, emotional health and well-being, and substance misuse.</p>	<p>BAFF form already in use which is a comprehensive document and has specific sections for sexual health, emotional well-being and substance misuse appropriate to the age of the child or young person.</p>	Sandra Martin	<p><b>Outcome Measure</b> BAFF forms <b>Measure of Success</b> Continued use of BAFF forms <b>Evidence</b> Age appropriate BAFF forms</p>	Complete	<b>Completed</b>
<p><b>Within 3 months PCT</b> Should improve the quality of health review assessments and health plans to include details of discussion about sexual health, emotional health and well-being, and substance misuse.</p>	<p>Toolkit currently in use is sent to frontline staff with each request for a review assessment to aid in completion</p>	Sandra Martin	<p><b>Outcome Measure</b> Toolkit sent with each request for assessment. <b>Measure of Success</b> All review health assessments have the above sections completed where appropriate. <b>Evidence</b> 6 monthly audit of completed health assessments</p> <p>Tracked Changes to revisions of toolkit archived log of dates.</p>	Complete	<b>Completed</b> There is a quality assurance mechanism in place at the point of completion by the LAC manager

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<p><b>Within 3 months PCT</b> Should improve the quality of health review assessments and health plans to include details of discussion about sexual health, emotional health and well-being, and substance misuse.</p>	<p>Toolkit to be reviewed to ensure guidance is included on completing these sections.</p>	Sandra Martin	<p><b>Outcome Measure</b> Tracked changes to revisions of toolkit archived log of dates of review <b>Measure of Success</b> All health assessments are of satisfactory quality and identify clearly any unmet health needs with appropriate actions to address <b>Evidence</b> Copy of revised toolkit</p>	Complete	<p><b>Completed</b> There is a quality assurance mechanism in place at the point of completion by the LAC manager</p>
<p><b>Within 3 months PCT</b> Should improve the quality of health review assessments and health plans to include details of discussion about sexual health, emotional health and well-being, and substance misuse</p>	<p>New process for the completion of the strengths and difficulties questionnaire used to assess emotional health and well-being to be introduced from 1st April.</p> <p>Health Visitors and School Nurses to give questionnaire to foster carers when undertaking review health assessments and request their return. Currently this is sent by the local authority</p>	Sandra Martin	<p><b>Outcome Measure</b> 6 monthly audit of LAC records. <b>Measure of Success</b> All looked after children and young people who are eligible have a completed questionnaire and any identified needs are met <b>Evidence</b> Completed questionnaires. LAC records audit</p>	1st April 2012	<p><b>Completed</b> Update July 12 New process commenced.</p> <p>To audit impact on return of questionnaire after 6 months.</p>

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<b>Within 3 months PCT</b> Should improve the quality of health review assessments and health plans to include details of discussion about sexual health, emotional health and well-being, and substance misuse.	Each completed strengths and difficulties questionnaire is discussed with CLASP by the LAC Health Co-ordinator If score 17 or above or a sudden marked increase then referred to either CAMHS or behavioural support if not already in receipt of services. Social worker informed of actions	Sandra Martin	<b>Outcome Measure</b> 6 monthly audit <b>Measure of Success</b> Completed SDQ with each assessment where appropriate. Care plans demonstrate unmet need and all actions taken to respond to identified needs. <b>Evidence</b> Copies of SDQ Care plans which reflect actions where scores on SDQ are higher than normal.	Complete	Completed



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<p><b>Within 3 months PCT</b> Should improve the quality of health review assessments and health plans to include details of discussion about sexual health, emotional health and well-being, and substance misuse.</p>	<p>Each completed review health assessment and care plan reviewed by Health Co-ordinator for LAC</p> <p>Audit tool to be reviewed to reflect questions re sexual health, and substance misuse and SDQ provided</p> <p>Incomplete/poor quality assessments and care plans returned to practitioner with guidance on which areas need improvement.</p> <p>Performance of staff in this respect discussed at supervision</p>	<p>Sandra Martin</p>	<p><b>Outcome Measure</b> Audit tool completed for each assessment <b>Measure of Success</b> All health assessments are of satisfactory quality and identify clearly any unmet health needs with appropriate actions to address <b>Evidence</b> Audit data 6 monthly Letters to staff requesting re-submission and areas for attention Supervision records</p>	<p>Completed</p>	<p><b>Completed</b> Revised Audit From</p>

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<b>Within 3 months PCT</b> Should nominate a designated doctor for looked after children and young people	Commissioners to review progress on commissioning designated Doctor for LAC If unable to nominate within current budgets/ service specifications to identify and commission	Carole Atherton/Lorrae Rose	<b>Outcome Measure</b> <b>Measure of Success</b> Designated Doctor for LAC nominated. <b>Evidence</b> Designated Doctor in post/undertaking duties	1st June 2012	<b>Ongoing</b> Update 30th April 2012 Initially paediatrician identified by CDDFT however position changed and not able to undertake role. Meeting arranged with CDDFT medical staff on 14th May 2012 to explore further options.  Job description drawn up and service specification to be agreed.
<b>Within 3 months PCT</b> Should nominate a designated doctor for looked after children and young people	Designated Doctor for LAC to develop audit programme to review quality of initial health assessments once in post.  Performance issues to be raised with individual medical staff	Designated Doctor for LAC/ designated Doctor for safeguarding until appointment made	<b>Outcome Measure</b> Audit tool to monitor quality <b>Measure of Success</b> Initial health assessments by all medical staff are of sufficient quality and depth supporting a clear care plan <b>Evidence</b> Audit data. 6 monthly reporting to commissioners  <b>Evidence</b> Supervision records	1st April 2012	<b>Ongoing (see above)</b> Designated Doctor LAC, the Lead Nurse and the Health Co-ordinator will work together to review all LAC audits across the nursing and medical teams in order to have a strategic overview of service performance.

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<b>Within 3 months DBC</b>	The council should improve access for foster carers to support, advice and assistance in the evenings and at weekends.	DBC – Mary Sweeney (Service manager)	Questionnaire to carers Analysis of results Report and recommendations	Sept 2012	<b>Ongoing</b> Report with recommendations produced. Implementation to be agreed.
<b>Within 3 months DBC</b>	The council should ensure that children and young people receive a copy of their care plan and that their parents receive a copy	DBC – Nik Flavell (Service Manager)	Q A process to be introduced and implemented by managers and supervisors. SW to facilitate with family	Sept 2012	<b>Ongoing</b> Update June 12: Child Friendly Care Plan in place- need to get manager, social workers to complete and send out to C&YP. Form re-design is taking longer than anticipated. LAC- new proformas designed and ready for consultation. Ongoing dialogue with Carefirst re: questions sets used to ensure less work time.  IRO Feedback following LAC reviews to alert managers if C&YP have not received a copy of their plan- this process is in place and being carried out.

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<b>Within 3 months DBC</b>	The council should review the current arrangements for looked after children's reviews to ensure that professionals can contribute in a way that best meets the needs of the children and young people involved	DBC- Lisa Summers(Head of safeguarding adult and children)	Review invite process (completed) Consult with partner agencies the current Review process and obtain views. Report and agree actions	30th April 2012	<b>Completed</b>  LSCB now receiving performance data with regards to LAC Reviews. New processes in operation  Review current procedures-meeting held with education and health, and discussed in MALAC. IRO's already changed way they do reviews and split a necessary.  Procedures still under review by process has already started.
<b>Within 3 months DBC</b>	The council should ensure there is sufficient capacity for independent reviewing officers (IROs) to meet all the requirements of the Care Planning, Placement and Care Review (England) Regulations 2010	DBC – Lisa Summers (Head of Safeguarding Children and adult)	Benchmark with other regional authorities.  Prioritise statutory work  Recommendations/actions as required	30th April 2012	<b>Completed</b>

<b>Action Plan:</b> Announced Inspection of Safeguarding and Looked after Children Services 2011			<b>Date/Version:</b> LSCB Composite Plan July 2012		
<b>Details Theme/Timescale</b>	<b>Actions Required</b>	<b>Responsible officer(s)</b>	<b>Milestones</b>	<b>Completion date</b>	<b>Monitoring/ Status Notes</b>
<b>Within 6 months DBC</b>	The council should improve the quality of care plans and social workers' reports for reviews.	DBC – Nik Flavell (Service Manager)	<p>Review current documentation and ensure 'fit for purpose' in light of Munro recommendations</p> <p>LAC documents to be consistently quality assured prior to the Review by the manager/supervisor</p> <p>Quality standards to be further developed. Briefing to staff</p> <p>LAC Review feedback sheets re quality of reports</p>	May 2012	<p><b>Ongoing</b> Update June 12:</p> <p>Action: DM to speak to NF</p> <p>Review current documentation</p> <p>Following agreement of care plan all Managers to adhere to process.</p>