

OFSTED INSPECTION

Safeguarding and Looked After Children

Thurrock

27th July 2012

Action Plan to Implement Recommendations

(version control v1.4, 19.10.12)

	Recommendation	Action	Timescale	Lead Person	Progress
1.	Ensure that agreement to commence a CAF is reached between the Initial Response Team and referring agencies where a multi-agency response is needed but concerns do not meet the threshold for social care intervention	IRT to record all recommendations for CAF onto a data base which is shared with MAGs Service Managers for action by them	27.7.12	Service Manager FST	Completed
		SM FST to report monthly.	Report to SMT 27.10.12	Service Manager FST	Plan Established
		SM's MAGS to monitor action on all IRT recommendations for CAF and report monthly	Report to SMT 27.10.12	Service Manager MAGS	Plan Established
		SM QA to audit	Report to DMT & LSCB 27.2.13	Service Manager QA	
2.	NHS South Essex, the police, forensic services providers (G4S) and local authority should ensure that the SARC pathway is fully understood across all sexual health services and other points of referral	Communication plan issued	27.7.12	SCCN	Completed
		Random telephone survey of sexual health services and other points of referral to check understanding of SARC pathway, reported to LSCB	Report to SCCN & LSCB by 27.10.12	Service Manager QA	Report to LSCB ON 5.12.12 & SCCN on 3.12.12

3.	Ensure that all referring agencies are given a written response to explain the outcomes of a contact by the initial response team.	Audit of compliance (IRT, DCT and AT) with requirement to respond to referrers in writing to advise the outcome of contact by IRT/DCT/AT	By 14.9.12	Service Manager FST	Completed
		Report on audit to DMT and LSCB	By 27.10.12	Service Manager QA	On LSCB Agenda 05.12.12
4.	Ensure that all decisions and actions are recorded at the same time on each child's social care file	ICS to deliver further training to ensure that all staff are familiar with the available electronic solutions.	By 27.10.12	Service Manager Performance	Completed. Further training plan established
		Audit of compliance	By 27.1.13	Service Manager Performance	
		Report on audit to DMT and LSCB	By 27.3.13	Service Manager Performance	
5.	Ensure that case records contain an up to date chronology of significant events	Commission training to complement and/or extend the existing risk assessment programme (which includes chronologies)	By 14.9.12	Service Manager Workforce Development	Completed

5. Cont		All casework supervisors will explore in one to one the development needs of supervisees in relation to chronologies and put in place coaching/support	By 14.9.12	Head of Service CATO	Completed and subject to audit
		Good practice examples of chronologies will be made available to frontline social workers and manager to assist in practice development	By 14.9.12 (suggested date 09.10.12)	Service Manager, Workforce Development	Completed and subject to audit
		Audit of chronology quality undertaken and reported to DMT and LSCB	By 27.3.13	Service Manager QA	
6.	Ensure that a full analysis of risk and protective factors is clearly identified and recorded before an assessment is authorised by a social care manager	All staff complete Risk Assessment training	By 27.3.13	Service Manager Workforce Development	Completed
		All service/ team managers to explore in one to one with team/practice managers, the development needs of managers in relation to risk/protective factor analysis and authorisation and put in place coaching/support as needed	By 14.9.12	Head of CATO	Completed and subject to audit
		Audit of quality; risk/protective factors analysis undertaken and reported to DMT and LSCB	By 27.3.13	Service Manager QA	

7.	Improve the quality of care plans and ensure actions include specific, measurable, realistic and time bound targets	Review templates for plans and commission changes to ICS to support the development of SMART planning	By 30.9.12	Service Manager Performance	Completed and implemented
		Commission specific training for team managers, IROs and CP Co-ordinators on SMART planning	By 14.9.12	SM for Workforce Development	Completed
		Identify good practice examples and make them available for to frontline staff and managers to assist in practice development	By 14.9.12	Service Manager QA	Completed
		Audit of plan quality (Care, Pathway, Protection, CIN & CAF plans) undertaken and reported to DMT & LSCB	By 27.3.13	Service Manager QA	
8.	Increase the range of social and leisure activities for looked after children and care leavers to enable them to explore available options and create friendships and social networks to build resilience for the future	The current range of social and leisure activities for looked after children and care leavers to be reported to Corporate Parenting Committee	By 27.10.12	Service Manager, Through Care	On agenda for CP Committee 1.11.12

8. cont		Comparative data from similar authorities judged good/outstanding for LAC and/or outstanding on any of the LAC outcomes to be collected and reported to CPC	By 27.10.12	Service Manager, Through Care	On agenda for CP Committee 1.11.12
		CPC to consider how best the Thurrock offer can be increased and secure the resources to achieve the full offer required	By 1.1.13	Lead Member	
		IROs to consider in the next LAC review of each LAC whether the range of social and leisure activities for each LAC individually is sufficient to enable them to create friendships and social networks to build resilience for the future; if not to make appropriate recommendations. Quarterly report to CPC	First report by 31.12.12	Service Manager QA	
		After Care Team Manager to consider in next Pathway Plan review of each Care Leaver whether the range of social and leisure activities for each Care Leaver individually is sufficient to enable them to create friendships and social networks to build resilience for the future; if not, to amend the plan to ensure these needs can be met	First report by 31.12.12	Service Manager, Through Care	
		Quarterly report to CPC	By 01.11.12	Service Manager Through Care	On agenda for CP committee 1.11.12

9.	Improve the timeliness and quality of pathway plans to include small steps as milestones towards the young person achieving their goals, with specific, measurable, realistic and time bound targets, that are reviewed and amended to take account of changes as they occur	Training on pathway plan quality to be commissioned and delivered to all After Care Team staff	By 14.9.12	Service Manager, Through Care	Completed
		Identify good practice examples (internal and external) and make them available for frontline staff to assist in practice development	By 14.9.12 (suggested date Nov 12)	Service Manager, Through Care	Completed
		Audit of Pathway plans commissioned, undertaken and reported to CPC	By 31.12.12	Service Manager QA	
10.	Ensure review reports are distributed within set time-scales	Service Standard for report distribution set	By 27.7.12	Service Manager QA	Completed
		Any resource issues arising from service standard resolved	By 30.9.12	Head of CATO	Completed
		Audit of compliance with service standard undertaken and reported to CPC	By 27.10.12	Service Manager QA	On Agenda for CP Committee 1.11.12
11.	Improve the quality of child protection plans and child in need plans and ensure they include specified timescales for actions, robust monitoring arrangements and clear measures of success	Review templates for plans and commission changes to ICS to support the development of SMART planning	By 30.9.12	Service Manager Performance	Completed
		Commission specific training for team managers, IROs and CP Co-ordinators on SMART planning	By 14.9.12	Service Manager Workforce Development	Completed

11. cont		Identify good practice examples and make them available for to frontline staff and managers to assist in practice development	By 14.9.12	Service Manager QA	Completed
		Audit of plan quality (Care, Pathway, Protection, CIN & CAF plans) undertaken and reported to DMT & LSCB	By 27.3.13	Service Manager QA	
12.	Raise awareness of private fostering responsibilities among all professional and community agencies as well as the general public	General Public Communications Strategy to be reviewed and refreshed	By 14.9.12	Service Manager Placements	Completed
		Reports to be presented to September LSCB and CY Partnership Executive for onward cascade through organisations	By 27.10.12	Service Manager Placements	Completed
		Attendance at Private Fostering Awareness Training to be analysed to enable targeted proactive awareness raising for groups with low take up	By 14.9.12	Service Manager Placements	Completed
		Test levels of awareness by comparing Thurrock referral rates with LAs which are judged by Ofsted to have good private fostering arrangements, reporting to LSCB	By 27.3.13	Service Manager Placements	
13.	The local authority, NHS South Essex, North East London NHS Foundation Trust, Basildon & Thurrock University NHS Foundation Trust, South Essex Partnership University Foundation NHS Trust should ensure that health providers are fully engaged in the CAF and make appropriate referrals	NELFT, BTUH, and SEPT to develop, with the Stay Safe sub group of the CYPP, their action plans to ensure full CAF engagement	By 27.10.12	Designated Nurse	Completed and on LSCB agenda for 05.12.12
		Activity reports on training take up and CAF activity by NELFT BTUH and SEPT to be reported to LSCB	Initial report by 27.10.12, with follow up by 27.3.13	Service Manager MAGS	Completed and on LSCB agenda for 05.12.12

13. cont		CAF quality audit to be commissioned, undertaken and reported to CYPP Executive and LSCB	Report to LSCB by 27.3.13	Service Manager QA	
14.	NHS South Essex and Basildon & Thurrock University NHS Foundation Trust should ensure that clinical and non-clinical staff in paediatric services have access to regular, planned supervision and reflective practice opportunities as set out in "Working Together to Safeguard Children" 2010	BTUH to provide written confirmation of compliance to DCS and Independent Chair of LSCB	By 27.10.12	BTUH Chief Executive	Completed
		Independent audit of compliance undertaken and reported to LSCB	By 27.3.13	Designated Nurse	
15.	NHS South Essex and North East London NHS Foundation Trust should ensure that health plans for looked after children are set out clear overall health and well-being objectives, timescales and accountabilities for delivery	New service standards developed and ready to be commissioned	Immediate	Designated Doctor/Nurse for LAC	Completed
		SCCN to implement a QA system to test compliance and quality	By 27.10.12	Designated Doctor/Nurse for LAC	Partly completed as at 18.10.12
		SCCN to report to SCCN Governance Board and Corporate Parenting Committee	By 31.12.12	Designated Doctor/Nurse for LAC	SCCN on agenda for 03.12.12
16.	NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that looked after children's health records contain comprehensive social care, health and well-being information	New service standards developed and ready to be commissioned	Immediate	Designated Doctor/Nurse for LAC	Completed
		SCCN to implement a QA system to test compliance and quality	By 27.10.12	Designated Doctor/Nurse for LAC	Partly completed as at 18.10.12
		SCCN to report to SCCN Governance Board and Corporate Parenting Committee	By 31.12.12	Designated Doctor/Nurse for LAC	SCCN on agenda for 03.12.12

17.	NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that the health and well-being of all looked after children are subject to an effective quality assurance and performance management system resulting in improved universal health outcomes	New service standards developed and ready to be commissioned	Immediate	Designated Doctor/Nurse for LAC	Completed
		SCCN to implement a QA system to test compliance and quality	By 27.10.12	Designated Doctor/Nurse for LAC	Partly completed as at 18.10.12
		SCCN to report to SCCN Governance Board and Corporate Parenting Committee	By 31.12.12	Designated Doctor/Nurse for LAC	SCCN on agenda for 03.12.12
		IRO to report to CPC, comparing health arrangements for LAC in Thurrock with those of LAs who are judged by Ofsted as good or outstanding on health outcomes; making recommendations as necessary to strengthen performance in Thurrock	By 31.3.13	Service Manager QA	
18.	NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that there is effective communication and service cohesion between the looked after children health team and specialist child and adolescent mental health and substance misuse services facilitating the delivery of good outcomes for individual children	Terms of Reference, membership and work programme of the LAC Health Steering Group to be reviewed and refreshed	By 14.9.12	Service Manager, Placements	Completed
		IRO to report to CPC, comparing health arrangements for LAC in Thurrock with those of LAs who are judged by Ofsted as good or outstanding on health outcomes; making recommendations as necessary to strengthen performance in Thurrock	By 31.3.13	Service Manager QA	

19.	NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that the CiCC is fully engaged in developing effective health promotion and support to care leavers and is facilitated to hold health and social care to account for undertakings set out within the Pledge.	Terms of Reference, membership and work programme of the CiCC to be reviewed and refreshed	By 14.9.12	Open Door	Completed
		CiCC to report to CPC any difficulties in implementing the recommendation	By 27.10.12	Open Door	On Agenda 1.11.12 CP Committee
		CiCC to report to CPC on achievement of health and social care undertakings set out within the Pledge	By 31.3.13	Open Door	On Agenda 1.11.12 CP Committee