UNANNOUNCED INSPECTION – ACTION PLAN

Inspection outcome	Action	Lead/timescales	Management ownership	Deliverables	Progress 26 th October 2009
1. Priority action: Recruitment and retention in R&A to address high caseloads	Recruitment strategy financial incentive secondments targeted adverts in com care.	CSMT – 30 th Sept 2009.	Organisation	Full establishment of permanent experienced team managers and workers	Two secondments in place. All other posts covered by agency staff [4]
	 Service restructure change of duty system amended transfer protocol Capacity analysis system to be established 	CSMT – 30 th Sept 2009		A RAISE focussed system of referral management.	New processes have been implemented from 5 th October
		MMM– 30 th Sept 2009		Management knowledge of capacity at all times.	Establishment monitoring system established
2. Priority action: Child protection paperwork and systems must fully support effective risk management including stand alone plans and historical context.	Review paperwork and procedures for CP inquiry/ICPC/CP plan and coregroup. Introduce an interim stand—alone CP plan proforma. To include a model of risk assessment to be used across agencies. Ensure new proformas are ICS compliant.	PSCB Policy, Procedures and Practice task and finish group. 30 th September 2009 for interim changes. 30 th November 2009 for complete changes.	Organisation	Fully revised suite of documents that are ICS compliant and effective in supporting robust risk management of cases.	Revised documentation complete. DCS and Chair of PSCB approved on 5/11/09 for implementation. Research and information engaged in this action.

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1. Areas for development: The quality of assessments is variable.	 Establish practice supervisor post within R&A Establish practice standards for assessments. Establish "good" practice exemplar file Deliver targeted training to workforce. assessment training to be commissioned 	CSMT30th Sept 2009 MMM - November 2009. Practice surgeries ongoing WDT Dec 09	Organisation Team managers Practitioners	Consistent completion of assessments to a minimum standard.	Improved mentor role for senior pracs agreed. Practice standards to be completed. PN taking lead on practice exemplars to be identified. Training objectives agreed with reconstruct to be delivered
2. Areas for development: Planning and interventions at the end of assessment documents are not often completed.	 Introduce stand alone intervention and planning documents [CIN/CP] Introduce management checklist for sign off of assessments. Revise documentation to include follow on actions 	MMM – 30 th November 2009 MMM- 30 th Sept 2009.	Team managers	Actions and interventions are clearly recorded at end of assessment process	QA will monitor this deliverable process. Managers alert to this in supervision
3. Areas for development: Chronologies are not being completed and particularly not for CP conferences.	 Guidance on chronologies to be developed Inclusion of chronology in revised ICPC documentation [see priority action] Ensure new proformas are ICS compliant 	Task group lead by LC PSCB task and finish group Sept – 30 th Nov 2009.	Team managers Organisation	Chronologies become an integral component of assessment and analysis of risk.	Chronology guidance agreed and signed off input on RAISE deadline 2/11 given

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4. Areas for development: Management direction is not consistent.	 Establish practice standards for assessments.[see quality of Assessments] Establish "good" practice exemplar file [see quality of assessments] Introduce management checklist for sign off of assessments.[see end of assessment interventions] Undertake training on directing on assessment and case management. 	MMM – 30 th November 2009. Practice surgeries ongoing MMM- 30 th Sept 2009. Before March 2010	Team managers Organisation	Management direction is instructive, evidence based and evident on file recording.	Managers undertaking to give case direction at point of allocation Practice standards still to be completed. 28/29 th October external training provided.
5. Areas for development: File audit process was good but requires a systematic approach	 Completion of a strategy for delivery and embedding the QA process. identify regularity identify frequency establish peer review 	BSL 1 st September 2009	Organisation	Fully operational QA programme embedded in service delivery	Draft strategy complete. System currently being tested at all staff levels.
Additional Action To interrogate the support of RAISE to the social care processes and ICS compliance.	 Check Raise capability to distinguish contact and referrals. Check RAISE capability to produce continuous chronology Check RAISE capability in other LA Bury/Reading Check ICS compliance of system 	Jon Lewis and MR management and information service 30 th December 2009	Organisation DMT	ICS compliant electronic records system that supports good performance management.	Working group has been established.

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