UNANNOUNCED INSPECTION – ACTION PLAN

Inspection outcome	Action	Lead/timescales	Management ownership	deliverables	Progress

1. Priority action: recruitment and retention in R&A to address high caseloads	• Recruitment strategy
	  - financial incentive secondments
	  - targeted adverts in com care.
	• Service restructure
	  - change of duty system
	  - amended transfer protocol
	• Capacity analysis system to be established
		CSMT – 30th Sept 2009.
		
		CSMT – 30th Sept 2009
		
		CSMT – 30th Sept 2009
			Organisation	**Full establishment of experienced and supported workers**	3 agreed secondments
					1 leaver returning

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 core group.
	  - 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.
		30th September 2009 for interim changes.
		
		30th November 2009 for complete changes.
			Organisation	**Fully revised suite of documents that are ICS compliant and effective in supporting robust risk management of cases.**	LC as lead identified

APPENDIX 2

Inspection outcome	Action	Lead/timescales	Management ownership	deliverables	Progress
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.**	Currently covered by KF PN taking lead on practice Training objectives agreed with reconstruct
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 – 30th November 2009 MMM- 30th Sept 2009.	Team managers	**Actions and interventions are clearly recorded at end of assessment process**	PN and GM are developing practitioner skills through team meetings.
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	MMM – 30th Sept 2009. PSCB task and finish group Sept – 30th Nov 2009.	Team managers Organisation	**Chronologies become an integral component of assessment and analysis of risk.**	LC will lead. Draft chronology guidance being consulted on.

Inspection outcome	Action	Lead/timescales	Management ownership	deliverables	Progress
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 – 30th November 2009. Practice surgeries ongoing MMM- 30th 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 3 days identified for Oct 09
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 1st September 2009	Organisation	**Fully operational QA programme embedded in service delivery**	Consultant identified by BSL
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	MR management and information service 30th December 2009	Organisation DMT	**ICS compliant electronic records system that supports good performance management.**	Working group to be established.

Debbie Brayshaw, Head of Service - August 2009

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