

Appendix B

Document CIW Improvement Conference Action Plan
Date 27/07/2018
Owner Director of Social Services / Children's Social Care

Involvements: Director of Social Services
 CSC Head of Department
 CSC Heads of Service
 CSC Team Managers
 CSC Performance
 CSC Practice Development
 CSC Finance
 CSC Business Support
 Human Resources
 Workforce Development
 Bruce Thornton - Consultant

Revision History

Date	Summary of Changes
27/07/2018	V1 Draft following Improvement Group meeting
23/08/2018	V2 Finalised following DMT sign off

RAG Status Key:

On Track
Slightly Off Track
Significantly Off Track
N/A

Theme	Action ID No	Improvement Action	Responsibility	Target Completion Date	Any cost or resource implications?	Current Status (RAG) 29/10/2018	Completed (Signed Off)	Actual Completion Date	Comments
Staffing	1.0	Implement the identified actions within the departments <i>Recruitment & Retention Improvement Action Plan</i> (2018)	DMT HR	Ongoing	*See action plan for potential implications				See Recruitment & Retention Improvement Action Plan*
Quality Assurance	2.0	To review the 3 cases highlighted by CIW and to provide a response regarding the concerns as appropriate	Susan Evans	03/08/2018		N/A	Completed	31/07/2018	These cases were reviewed and responses made sent to CIW immediately after their visit on 4/7/2018. An update to this response was provided for Charlotte Walton on 31/7/2018 for her feedback discussion with Christine Jones
Quality Assurance	2.1	Performance and Practice Development to present Re-referral / re-registration analysis (figures and audit) at next Safeguarding People Team meeting for discussion as per CIW recommendation re: IRO observation around 'cases returning'	David Keen Pauline Best	22/08/2018		N/A	Completed	22/08/2018	
Quality Assurance	2.2	To identify any open cases with the same themes as the current Child Practice Review case (email to TMs and request to education for those not attending or home school)	Susan Evans	17/08/2018		N/A	Completed	22/08/2018	ASE and CL have screened every case open to the Disability Team as a means of identifying cases with similar characteristics as CH, the subject of a Child Practice Review. No cases were identified but CL is aware of the circumstances of the child becoming accommodated for future referrals.
Quality Assurance	2.3	To develop a specific case file audit tool to review any cases identified in 2.2 above	Francine Salem	30/08/2018		N/A	Completed	22/08/2018	No cases identified
Quality Assurance	2.4	Communication Strategy to be developed and implemented re: CIW Report	Pauline Best	30/08/2018		N/A	Completed	24/08/2018	
Quality Assurance	2.5	Communication lead to be identified	Susan Evans	06/08/2018		N/A	Completed	06/08/2018	ASE and PB have compiled a Communication Strategy
Quality Assurance	2.6	Creation of a departmental shared folder for CIW inspections / feedback etc	David Keen	30/08/2018		N/A	Completed	31/07/2018	
Quality Assurance	2.7	Review of CP Conferences since 1st June 2018 to examine any themes or emerging patterns	Francine Salem	30/09/2018		N/A	Completed	19/10/2018	
Dept Processes	3.0	An immediate review of unallocated cases in AIT to consider prioritising, closing, assessment of risk and consider if any remedial action is required. Identification of any themes that may inform strategic planning of resources/process	Susan Evans Francine Salem Angela Povey	10/08/2018		N/A	Completed	17/08/2018	Unallocated cases in AIT and FST have now been reviewed and appropriate action taken. Review of cases is ongoing and the Transfer Meeting has been re-established to ensure robust information sharing as cases progress through the Department

Dept Processes	3.1	An immediate review of unallocated cases in FST to consider prioritising, closing, assessment of risk and consider if any remedial action is required. Identification of any themes that may inform strategic planning of resources/process	Susan Evans Francine Salem Angela Povey	10/08/2018		N/A	Completed	17/08/2018	Unallocated cases in AIT and FST have now been reviewed and appropriate action taken. Review of cases is ongoing and the Transfer Meeting has been re-established to ensure robust information sharing as cases progress through the Department
Dept Processes	3.2	Look at a revised closure process to avoid duplication and potential drift	DMT	06/09/2018		N/A	Completed	06/09/2018	
Dept Processes	3.3	Awaiting Allocation reports for AIT and FST to be reviewed daily by Head of Department (new cases awaiting allocation)	Susan Evans	Start 03/08/2018		N/A	Completed	16/08/2018	Ongoing as agreed with FS on 16/8/2018
Dept Processes	3.4	Commission supervision training for staff to ensure rationale for decision making is recorded effectively	Susan Evans Louise Davies	30/09/2018	Cost of commissioning	N/A	Completed	23/10/2018	I have attached some information on training attendances since 1st April '18 (we could look at the year before 17/18 also) and dates planned. The 3 day supervision (Tony Morrison model) ran in May/June with 11 attendances again in Oct/Jan with 7 attendances. Full capacity is 20. We have another course planned for 7th, 8th and 9th Feb 2019 – one person is booked on this – we will cancel this course and plan some training for TM and ATM's with Bruce Thornton focussed on reflection and linking to risk work. Plan dates for early November 2018. Awaiting Nov dates from BT Dates confirmed as 6th and 7th November 2018
Dept Processes	3.5	Supervision template to be reviewed and embedded in practice	DMT	31/10/2018		N/A	Completed	17/09/2018	
Dept Processes	3.6	Email to staff confirming current Supervision recording requirements	Susan Evans	30/09/2018		N/A	Completed	26/09/2018	
Dept Processes	3.7	Legal Planning Framework and Case Monitoring processes to be reviewed	Angela Povey Glenda Jones	30/09/2018		N/A	Completed	14/09/2018	Meeting held with principle solicitor and court liason officer. Processes have been reviewed and draft policy written. To be presented to DMT for sign off
Dept Processes	3.8	Any recommendations from the Legal Planning Framework and Case Monitoring review (3.7) to be implemented	Angela Povey Glenda Jones	30/11/2018					To be implemented once signed off by DMT
Dept Processes	3.9	Review of the Multi-Agency CP Plan document/practice to draw on the work currently being undertaken by Gwynedd	Francine Salem Bruce Thornton	30/09/2018	Cost of commissioning				Awaiting further feedback from Gwynedd. Dates of visit TBC
Dept Processes	3.10	Bruce Thornton to mentor Team Managers in relation to Risk Management in practice	Bruce Thornton	01/03/2019	Cost of commissioning				
Dept Processes	3.11	Commission Bruce Thornton to review the Strategy process to ensure it is widened to include the referring agency and appropriate decision making is evident	DMT Bruce Thornton	30/09/2018	Cost of commissioning	N/A	Completed	17/09/2018	
Dept Processes	3.12	Commission Bruce Thornton to review S47 process and documentation to examine the possibility of incorporating the 'Significant Harm Supplement'	DMT Bruce Thornton	30/09/2018	Cost of commissioning	N/A	Completed	17/09/2018	
Dept Processes	3.13	Arrange nominations for the 'Joint Investigation Training' via team Managers to ensure sufficient skill mix for the department	Louise Davies Team Managers	30/09/2018		N/A	Completed	19/10/2018	Regional dates have been agreed in October / November – Angela Jones will work with TM to allocate places. A list of staff who have attended section 47 training in the last 12 months is attached for information. The safeguarding group is meeting next week 26th Sept to agree dates. AJ will then progress allocating places.
Dept Processes	3.14	Review of documentation in line with WCCIS to look at reduced duplication alongside Team Managers	Pauline Best	04/02/2019					Project continues to progress in line with the project plan
Dept Processes	3.15	Resource further Conference and Core Group Training	Louise Davies	31/12/2018					We are planning to commission Talking Life to deliver this training and potential to jointly resource with Flintshire
Dept Processes	3.16	Review and implement pre accomodation panel arrangements (edge of care)	DMT	30/10/2018		N/A	Complete	25/10/2018	A new policy to be devised following discussion at DMT
Dept Processes	3.17	Address and monitor the waiting lists for TAC to ensure capacity for de-escalation from statutory services as appropriate – TAC Officer to be identified as a link into frontline social work teams	Helen Edwards Angela Povey Katrina Birch	30/09/2018		N/A	Completed	24/09/2018	Waiting list has been addressed and cases reviewed. TAC officers have been identified as link officers for relevent front line teams

Dept Processes	3.18	TAC referrals to be quality assured within One week of receipt of referral	Helen Edwards	Start 01/10/2018	N/A	Completed	01/10/2018	Process in place
Dept Processes	3.19	Review of TAC closure process to ensure Cases are closed when identified in supervision to Prevent delay. Enabling referrals to be allocated In a timely manner.	Helen Edwards Angela Povey	30/09/2018	N/A	Completed	21/09/2018	
Dept Processes	3.20	Cases to be identified at earliest opportunity to prevent escalation to CSC. TAC officer to be based in SPoA.	Helen Edwards Angela Povey	Start 01/11/2018	Slightly Off Track			Post advertised on Matrix -appointment process ongoing
Dept Processes	3.21	Review and update the transfer process/policy between teams	DMT	30/09/2018	N/A	Completed	17/09/2018	

