



CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY
COMMITTEE – 4 JUNE 2019

PROGRESS REPORT: OFSTED RECOMMENDATIONS AS PART OF
THE OFSTED CONTINUOUS IMPROVEMENT ACTION PLAN 2017 -
2020 - THE ROAD TO EXCELLENCE

REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY
SERVICES

Purpose of report

1. The purpose of this report is to inform the Committee of progress made against the Ofsted Continuous Improvement Action Plan (OCIAP) in responding to the Single Inspection of Children's Social Care in November 2016.

Policy Framework and Previous Decisions

2. The Children and Families Overview and Scrutiny Committee has previously received a copy of the Ofsted Continuous Improvement Action Plan, developed following the Ofsted inspection. A progress report was presented at its meeting on 5 November 2018
3. At that time, the Committee had requested that an update on the progress made against the remaining 'Amber' areas be presented in June 2019, and that the report should focus on the area of challenge identified to the Committee in November 2018 that impacts on progress of the OCIAP. The underpinning action plan has been used to summarise the evidence made against the Ofsted recommendations and is attached as Appendix A to the report.

Background

4. The report is based on work undertaken through "The Road to Excellence", which is Children's Social Care's (CSC) Continuous Improvement Action Plan for 2017 to 2020.
5. The OCIAP addresses the Ofsted findings by providing a strategic vision for improvement that is founded on four aims:
 - i. Being a Learning Organisation
 - ii. Embedding Excellent Practice
 - iii. Taking the Right Action at the Right Time
 - iv. Developing Policy and Performance

6. The action plan at Appendix A uses a RAG rating to indicate progress. Green is showing good progress and moving towards completion, amber is on track to deliver in a longer agreed timescale and red signifies areas requiring further focused work. The ratings provide a judgement of what evidence exists to demonstrate the departmental response to a recommendation. This evidence is largely taken from performance, business intelligence data and findings from quality assurance audits that are used together to monitor the progress of the OCIAP alongside staff input.
7. The recommendations vary in scale and scope and therefore some areas, especially those that started at a lower baseline, require longer timescales to produce demonstrable evidence of improvement. This was the reason for a four-year plan to drive improvement. Progress is monitored via a weekly senior managers meeting and a monthly meeting of senior and middle managers that is chaired by the Assistant Director (Children's Social Care).
8. The summary of ratings is:
 - 15 recommendations are rated Green
 - 2 recommendations are rated Amber. Work to progress these recommendations is detailed later in the report.
 - 0 recommendations are rated Red
9. Progress is being made against all recommendations. Most significant progress is against the 15 recommendations that are now green. In summary progress is showing that:
 - The department has had success over the last six months in the recruitment and retention of permanent members of staff
 - Performance data and reports continue to be actively used by managers across the service to drive service improvements.
 - First Response was subject to an Ofsted Focused Visit in October 2018. Ofsted reflected on the changes made within the service and identified good progress. Inspectors noted how a learning environment had been successfully introduced and the workforce had stabilised resulting in improved services for children and families.
10. Some examples to support this (as seen in the draft outturn 2018/19 results) are:
 - Repeat Child Protection Plans (CPP) for 2018/19 are 15.2% of plans (76 of 499), compared to 24% for 2017/18 (129 of 538). Leicestershire's rate is significantly better than statistical neighbours (21.8%) and the England average for 2018 (20.2%)

- In March 97.3% (251 of 258) of child protection cases were reviewed within timescales; this remains above the performance of statistical neighbours (89.1%).
- Children in care with three or more placement moves is 7.7% (45 of 585) at March 2019, and places Leicestershire in the top quartile for placement stability. This demonstrates that more children are living in stable placements.
- At the end of March 2019, Leicestershire was in touch with 96.1% (219 of 228) of its care leavers, compared to 93.4% (57 of 61) at the end of July 2018.
- The percentage of Care Leavers in Education, Employment or Training is 61% (139 of 228) in March 2019 compared with 55.7% reported in November 2018; this is an improving picture (the rate was 45% at beginning of Q2) and places Leicestershire into the second quartile in comparison with other local authorities. (The statistical neighbour percentage is 53.2%).

Amber Actions

11. Two of the actions remain an amber RAG rating.
 - a. Ensure that management oversight of practice fully complies with supervision policy requirements and supports effective case progression and case decision making.
 - b. Ensure consistency in social work assessment, so that they are sufficiently in depth, are informed by good-quality chronologies, reflect the needs and identities of individual children, are updated regularly to take account of children's needs and circumstances and lead to outcome focuses plans.
12. Due to the fact that the recommendations vary in scale and scope, some areas require longer timescales to produce demonstrable evidence of improvement.
13. Full detail of the work being undertaken on the amber areas is contained in Appendix A but is summarised as follows:
 - Full embedding of supervision policy (launched January 2019) and consistency in meeting standards for supervision requirements to assure that supervisions are reflective and of good quality.
 - Develop methodology to evaluate the impact of supervision policy, and specifically the extent to which supervision is reflective and of high quality.
 - The need to understand how to support managers to be more consistent in the quality of their oversight.

- Work to improve the consistency in quality of assessments and plans
- Focus on quality and performance through campaign work

Summary of work and progress towards actions

14. At the last update, it was reported that whilst progress on the action plan is good, recruitment and retention of social workers remained a key area of challenge. Staff turnover, delays in getting permanent staff into post and over reliance on agency staff was putting additional pressures on service areas. For this reason, the Recruitment and Retention strategy has been a key focus over the last six months.
15. Over this period, the department has had success in the recruitment and retention of permanent members of staff and as a result has seen stabilised and improved practice. As of March 2019, the vacancy rate is 4.6% (11.5 of 247) which is a significant reduction since December 2018, where it was 9%.
16. The recruitment and retention strategy for social workers is helping to develop a strong employment offer for social workers in Leicestershire. A refreshed version of the strategy with additional proposals to consolidate and amplify gains will be considered by DMT in Q1 2019/20
17. An apprenticeship scheme has been agreed with Warwick University and six members of staff are due to start 'grow your own' social worker courses from March 2019. There is now a well-established partnership with Frontline, with three participants in the scheme who will qualify in August 2019, and a second Frontline unit is due to commence in September 2019.
18. 27 ASYE (newly qualified social workers) will progress to Level 2 in September 2019. The department has supported many ASYE's over the past year which has meant that additional agency workers have had to be recruited to cover the ASYE reduced caseloads in teams.
19. There has been an improved response to advertisements for Team Manager and Senior Practitioner posts.
20. The department has been successful in reducing caseload pressures in some teams, however this remains an issue, particularly in the Locality teams where sickness & absence rates have had an impact. Agency staff are being used to support the work in these areas as well as work taking place to reduce the levels of sickness and absence.

Consultations

21. The Road to Excellence is a departmental continuous improvement plan so has naturally included a wide range of Children and Family Services staff in its

development. Engagement with partner agencies has primarily been through the Local Safeguarding Children Board where partners have fed in their views of the Plan.

Resource Implications

22. Resource implications of responding to the Ofsted inspection have already been agreed through the growth bid.

Timetable for decisions

23. Not applicable.

Conclusion

24. The progress made against the Ofsted Continuous Improvement Action Plan is presented to the Committee. The Department is confident that the remaining amber actions will be completed in the timescales set in the Road to Excellence.

Background Papers

The Ofsted report: Leicestershire Inspection of services for children in need of help and protection, children looked after and care leavers. November to December 2016
<http://ow.ly/16uB30gfp7d>

The Road to Excellence (Plan on a Page)
<http://politics.leics.gov.uk/documents/s131465/Ofsted%20funding%20Appx%20A%20-%20Plan%20on%20a%20Page%20CIP.pdf>

Circulation under the Local Issues Alert Procedure

None

Equality and Human Rights Implications

Responding to the findings of the Ofsted inspection will improve services for all groups of children and families.

List of Appendices

Appendix A – Progress against the Ofsted recommendations as part of the Ofsted Continuous Improvement Action Plan 2017-2020 – The Road to Excellence

Officer(s) to Contact

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Progress against Ofsted recommendations as part of the continuous improvement action plan 2017-2020- The Road to Excellence.
Overview and Scrutiny Committee November 2018

Ref.	Ofsted Recommendation	Progress RAG	Targets	Outturn Performance 2018/19 *not in position yet to update all	Performance Q4 18/19 or by month	Target March 19	Target March 2020	Evidence of Completion or Evidence of Progress by September 2018	Further Actions in progress	Lead Officer for further actions
1.	Ensure that performance management information is based on accurate data, so that all areas requiring improvement can be identified and progressed in a timely way.	G	<p>The service has a suite of performance reports that are accurate, up-to-date and enabling managers to evidence progress against key performance indicators. This will show good performance against statutory indicators enabling managers to see and immediately address any arising concerns.</p> <p>Measure</p> <p>All daily, weekly and monthly reports are in place by June 2017 for First Response, Child Protection and Children in Care.</p> <p>By December 2018, reports for Fostering & Adoption are developed in Tableau (currently manual).</p> <p>Annual returns for the Department of Education show LCC to be performing well against Statistical Neighbours and National Indicators.</p>	N/A	System generated	In place	In place	<p>Reports (daily, weekly and monthly) available for First Response, Disabled Children Team, Child Protection, Child Sexual Exploitation team and Children in Care.</p> <p>Group established, initially chaired by AD (CSC) and now by the Head of Children in Care is progressing system generated reporting for Fostering & Adoption. Although progress is being made not all reports are yet system generated.</p> <p>Evidence from BI that Children & Family Services is the top users of Tableau software. Tableau is well established and regularly used in PODs / team meetings.</p> <p>Service delivery plans – new format that uses performance management information, tableau supports this. All are driving improvement against the Continuous improvement plan (CIP)</p> <p>Data quality Meetings between Head of Service Children in Care, responsible data leads and Business Intelligence are continuing. Data quality is improving and evidenced in weekly data quality updates.</p> <p>Tableau reporting is enabling information on data quality to be used within teams to identify areas for improvement. Reports are now being used to improve individual and team's performance. Data KLoE meetings are being used to tailor these reports so teams increase usage and data quality improves</p> <p>Data strategy is well supported and key forums for resolutions established e.g. IMS user group, Mosaic Project Group, Data Quality Group, Data KLoE Meetings.</p>	<p>Work is in progress to develop Tableau reporting for Fostering and Adoption. Proposed date for development to be completed by September 2019</p> <p>2018/19 annual stat return currently being drafted.</p>	<p>Business Intelligence Performance Manager – Emma Jones & Nicci Collins Head of Service CIC</p>

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2.	Ensure that management oversight of practice fully complies with supervision policy requirements and supports effective case progression and decision-making.	A	<p>Case decision processes consistently demonstrates robust management oversight. Evidence of good clear plans for children.</p> <p>Measure</p> <p>Weekly and monthly performance reports show good performance in timeliness of supervisions.</p> <p>Outcome of case file audits are graded good or outstanding for management decision and oversight.</p>	2018 - 75% meeting standard (10 out of 12 SV in year)	88% monthly (Sept 18)	Dec18 83%	83%	<p>The frequency of supervision has been monitored monthly and during 2018 supervision compliance has been within acceptable tolerances with manager's chasing up individual outliers. SV compliance will be audited in 2019 starting April 2019.</p> <p>Refreshed Supervision policy has been launched January 2019.</p> <p>Learning programme for Senior Practitioners and Team Managers to develop supervisory skills and competence has been delivered by Research in Practice in December 2018.</p> <p>Fidelity to SoS have targeted workshops on key elements of SoS, the team provide case consultations and support the running of PODs, with a focus on First Response.</p> <p>Key Decision Discussions implemented and embedded across localities to improve management oversight of complex cases.</p> <p>Aspiring Managers Programme launched January 2019</p> <p>Management oversight remains a key part of all auditing activity</p> <p>Child Sexual Abuse in Family Environment and Moderation Learning audit findings there is strong management oversight of cases with timely decision making and oversight of key documents. However, the quality of supervision records has been inconsistent. Supervision records have not always been reflective and analytical or limited evidence of professional challenge where necessary. For the management oversight section 67% of cases were graded meets good or above.</p> <p>Leadership & Management questions in annual health check 2018 (PET Team)</p> <p>Ofsted focused visit feedback managers in FRCD 'know the service well and staff understand the journey and ambition for children'.</p>	<p>Reviewed and refreshed model for case auditing agreed and launched based on 'what good looks like', measuring against practice standards and aims to builds manager's confidence in identifying good practice. This will commence in May 2019.</p> <p>During 2019 we will develop a methodology for evaluating the impact of the supervision policy and the extent to which the quality of supervision is reflective.</p> <p>Need to understand how we can support managers to be more consistent in the quality of their oversight.</p>	<p>Head of Service Safeguarding and Performance – Kay Fletcher</p> <p>Head of Service Practice Excellence – Moira O'Hagan</p>

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3.	Ensure that when a child is allocated to a social worker this is reflected in the social worker's caseload and that caseload size and management capacity across the service facilitate good-quality social work.	G	<p>Social Work caseloads are within agreed numbers:</p> <ul style="list-style-type: none"> Assessed & Supported Year in Employment 12 – 15 Senior Practitioner 12 – 15 Social Worker (full time) 18 - 20 <p>So, ensuring capacity for social workers to complete well evidenced assessment and intervention in a timely way, showing that plans are progressed in a child's timeframe.</p> <p>Increase Social work and management capacity.</p> <p>Measure</p> <p>Monthly performance returns show that caseloads are within the numbers above.</p> <ul style="list-style-type: none"> Assessed & Supported Year in Employment 12 – 15 Senior Practitioner 12 – 15 Social Worker (full time) 18 - 20 					<p>Specific issues arise when agency staff leave creating significant capacity issues within teams and localities and at those times caseloads can rise significantly but this is kept under senior manager scrutiny and remedial action taken where necessary</p> <p>Child Protection and Strengthening Families include some teams / individuals experiencing caseloads in the 20's. This is being addressed by additional capacity and there are some variations in localities.</p> <p>Between November 2018 & March 2019, caseload averages for social workers have remained within the acceptable threshold of 20 cases and under. There is still progress to be made in reducing outliers within the child protection and first response teams and caseloads for ASYEs & Senior Practitioners.</p> <p>Success of recruitment and retention of permanent members of staff– less reliance on agency workers. Additional capacity is in place in FRCD, Child Protection, DCS, Fostering and IRO teams</p> <p>The newly enhanced ASYE programme is in place, 27 AYSEs will progress to level 2 by September 2019.</p> <p>Social Worker Career Progression Handbook agreed, and new panels being set up to address staff moving from Level 2 – Level 3.</p> <p>31.5 new social workers have been recruited and will be supported through induction and learning hub together with Practice Excellence Team.</p> <p>Monthly reporting to senior management team on caseloads will continue to ensure robust oversight and resolution (business as usual)</p>	<p>There are still a higher than anticipated number of agency staff – retention remains a key priority and a key challenge to the improvement challenge.</p> <p>To develop tableau to provide a more detailed overview of caseloads (e.g. incorporate Oracle data re: FTE and role to provide caseload averages on an individual, team and service level)</p>	Assistant Director Children's Social Care – Sharon Cooke & Business Intelligence Performance Manager – Emma Jones

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4.	Review processes operating in the First Response Service to ensure the accurate recording of contacts, referrals, assessments and their timeliness.	G	<p>First Response demonstrates consistently a timely and proportionate response to children in line with the LSCB threshold document and Working Together to Safeguarding Children 2018.</p> <p>Measure</p> <p>Weekly and monthly performance reports show progress in line with Statistical Neighbours and national average.</p> <p>Targets are:</p> <ul style="list-style-type: none"> Referrals – manager 24-hour decision – 100% Re-referral rate Assessments completed in 45 days 	n/a	Report Developed manager's decision on contacts was at 90.2% week 01/04/19	100%	100%	<p>All processes within First Response reviewed following inspection. Revised and refreshed operating model in place to ensure:</p> <ul style="list-style-type: none"> the accurate recording of contacts and referrals good quality assessments delivered in timely manner. <p>New Quality Assurance Framework for First Response and auditing of Contacts and Referrals in order to gauge decision making; latter in place since January 2018.</p> <p>Ofsted completed dip sampling during the Focus Visit in October 2018 which showed compliance with 24hour referral decision making</p> <p>The review of the 'Out of Hours' (OOH) component has been completed with the new functional model in place. The consistency of the OOH service is improving, and a dedicated team manager is in place working on shift with staff to oversee consistency and quality. The Out of Hours Handbook is currently in draft and being updated.</p> <p>Agreed prioritisation and grading framework with the police focusing on proportionate and appropriate responses to domestic abuse notifications and referrals. This new operating model is in place</p> <p>Impact Boards in teams with learning and quality messages in place since February 2018 and managers are positively encouraged to reflect on the impact of practice.</p> <p>Staff from Practice Excellence team have spent regular time (weekly since Dec18) in First Response supporting staff to embed SOS as an approach to analysing children's needs and building safety in the child's network.</p> <p>Multi-agency referral form (MARF) relaunched with guidance following feedback from Ofsted Focused visit. Re: consent. Service is anticipating better quality of referrals with consent given.</p> <p>There is an immediate screening action plan in place (from Apr19) to manage delays in progressing incoming contacts and referrals</p>	Action plan is in place resulting from Oct18 focused visit. New actions added to CIP from 2019 to help track progress / impact	Head of Service Field Social Work – Anita Gurry

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5.	Ensure that practitioners and managers understand and apply thresholds appropriately at every stage of the child's journey.	G	<p>All cases show the threshold in line with the LSCB threshold document has been consistently applied and children have received a timely and proportionate response in line with their assessed needs.</p> <p>Measure</p> <p>Performance shows a low number of:</p> <ul style="list-style-type: none"> • Re-referrals • Repeat CP plans • Permanence plan in place / CIC by the second review – 100% 	As above (Ref 4.)	As above (Ref 4.)	As above	As above	<p>The application of appropriate thresholds is generally monitored through repeated social care involvement and case file audits.</p> <p>Transition Oversight and Planning Meeting – Early Help to Social Care looking particularly at threshold issue and resolution of the right plan for the child – has supported securing consistently and thresholds which has resulted in a decrease of referrals to EH and an increase to Strengthening Families</p> <p>Case Decision Meeting for decisions around Public Law Outline, Care Proceedings and revised Permanence Panel all implemented January 2018</p> <p>Independent Review of First Response May 2018 showed that threshold decisions are appropriate</p> <p>The proportion of repeat child protection plans to date is 15.2% year to date.</p> <p>Use of Peer Supervision to enable discussion to take place on thresholds and resolution of cases between Early Help and Social Care</p> <p>During 2018 - 40 new permanence decisions made, with 70 resource decisions (packages of support such for emotional wellbeing) agreed.</p> <p>Implementation of Child's journey panels in January 2018</p> <p>Introduced new procedures and guidance for panels and achieving permanency</p> <p>Development of performance report in relation to permanence.</p> <p>Practice Summit completed with Managers promoting understanding of emotional permanence.</p> <p>Review of Threshold Document – September 2018 and partners through the LSCB are engaged (ongoing piece of work partners)</p>	<p>Continue work with partners to help them develop a more realistic understanding of thresholds and to continue to push for high quality referrals and earlier identification of risk.</p> <p>Agree Service Improvement actions arising from Agency Decision Maker's permanence report (April 2019)</p>	<p>Head of Service for Quality Assurance, Safeguarding and Improvement – Kay Fletcher</p> <p>Heads of Service – Chris Thomas, Anita Gurry and Nicci Collins</p>

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6.	Ensure consistency in social work assessments, so that they are sufficiently in depth, are informed by good-quality chronologies, reflect the needs and identities of individual children, are updated regularly to take account of children's changing needs and circumstances and lead to outcome-focused plans.	A	<p>Performance reports evidence consistent use of:</p> <ul style="list-style-type: none"> • chronologies, • assessment, • outcomes focused plans <p>Measure Quality audit demonstrates that all cases have an up-to-date chronology, assessment and outcome-focused plan.</p> <p>Chronology</p> <p>Good quality plans</p> <p>Single Assessment Framework are completed in a timely way and are of a good standard</p>	N/A	*	80%	100%	<p>EIP2 funding for SOS awarded to LCC in Sept 2017 and since that time real focus on role out and implementation of SOS.</p> <p>A recent audit in First Response demonstrated that progress is being made in the number of cases having assessments graded good overall.</p> <p>Chronologies and quality of plans are being audited currently as part of the themed audits running from May to June and all teams were given a deadline by which to complete chronologies. The impact of chronologies has been seen in relation to the uplift of care plans and subsequent decision making</p> <p>Following the independent review of First Response, workshops have taken place in relation to the need to complete quality assessments which inform SMART Planning – June 2018 and work will be continued by Practice Excellence Team</p> <p>New assessment and SMART Child's Plan format developed and launched</p> <p>Social Work Conference took place in June 2018 with a focus on improving practice; getting it right for children and a review of components of good practice</p> <p>Implementation of SOS forms in mosaic are progressing with aim to complete by September 2019.</p> <p>Learning sets in Manager's meetings will focus on SOS to support implementation of new forms between April – Sept 2019</p> <p>Campaign style approach to practice improvement launched with first theme around assessments (Mar19)</p>	<p>SOS in Mosaic has been purchased and forms will be implemented in a staggered approach starting from April 2019 aiming to complete September 2019</p> <p>Undertake quality assurance to ensure that the Practice standards are supporting improved quality of assessments across the service.</p> <p>Work to improve the depth of practice is ongoing and will be supported by Practice Excellence Team</p> <p>In the next 12 months the focus on practice will extend beyond the improvement plan – with the delivery of a 'campaign' approach to key areas of practice improvement: assessment, planning, management oversight and voice of child.</p> <p>Review and refresh social work learning offer to ensure new areas are incorporated e.g. motivational interviewing, understanding parents with personality disorder</p> <p>Work is ongoing through the Data KLoE meeting and team action plans (FRCD) to improve timeliness of assessments.</p>	<p>Head of Service Practice Excellence – Moira O'Hagan</p> <p>Head of Service Fieldwork – Anita Gurry</p> <p>Head of Service Practice Excellence – Moira O'Hagan</p>

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7.	Strengthen arrangements for permanence planning to enable all children looked after to be provided with a permanent home and family without undue delay, wherever this is possible.	G	<p>Permanence plan for children evidenced on all cases. The plan will have been agreed and children will be living in secure and stable placements where their long-term needs are met.</p> <p>Measure</p> <p>Permanence plan in place for Children in Care by second review.</p> <p>Up to date Pathway plan in place for all young people in Care or Care Leavers aged 15 plus.</p> <p>Number of Children in care with three or more placement moves reduces.</p> <p>The proportion of children in placements for 2 or more years or adopted increases.</p> <p>Published adoption scorecard measures on timeliness:</p> <ul style="list-style-type: none"> ○ Average days from entering care to adoption being less than the statistical neighbour ○ Average of days from court authority to place a child and the decision to match being less than the statistical neighbour <p><i>*Target for placement stability – 2+years was previously higher for March 2019 than March 2020 target (which is at stat neighbour level) this has likely been accidentally changed in previous report.</i></p>	Recent audits show compliance	Recent audits show compliance	100%	100%	<p>A revised Permanence Panel has improved rigor and oversight to permanency planning. All groups have been reviewing processes, guidance, communications to improve the quality and timeliness of permanency planning.</p> <p>Permanence Audit took place in November 2017 and showed improved practice permanency planning. Learning from the audit has been shared across the service.</p> <p>Good progress has been made in the following areas:</p> <ul style="list-style-type: none"> - Refreshed CiN guidance has been published. A process to alert of drift and delay on Child Protection cases has been established - Child's Journey Guidance and Panels implemented January 2018 to ensure earlier planning and permanence and the avoidance of drift <p>A rolling programme of case reviews is underway. Performance indicators for permanence show improved performance:</p> <p>Permanency is a part of the service training and support offer to all social workers.</p> <p>Permanence Planning Guidance updated January 2018</p> <p>Practice Summits held with a focus on child permanence reports as well as the implementation of a pilot permanence team to focus on adopters/carers which recruitment has started.</p> <p>The Permanence team pilot launched at the beginning of September18. As the pilot was successful, the Permanence Team's remit will be expanded to cover permanence reports for all children.</p> <p>Transfer of post 3yr adoption support to the Adoption Team (agreed by DMT)</p>		Nicci Collins Head of Service Children in Care, Fostering & Adoption & Virtual School

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8.	Ensure that children looked after are able to access timely and appropriate support to meet their therapeutic needs.	G	<p>That children, who are assessed as requiring additional support to address emotional wellbeing /mental health, have their needs identified and a plan put in place to meet their needs results in placement stability.</p> <p>Measure</p> <p>Average Strengths and Difficulties Questionnaire measure is in line with the national average – 16</p> <p>Completion rate of SDQ's</p> <p>Quality assurance audits evidence that a young person's emotional health and well-being is assessed and resources to address are in place.</p>	N/A	<p><u>March19</u></p> <p>67% children within 'normal range'</p> <p>15.6% average score</p>	16	16	<p>The Dedicated Placements Support Team (DPST) has been instrumental in ensuring that the therapeutic needs of children in care are met. This is evident in improved placement stability performance measure (top quartile). This has been alongside establishing CDM/Permanence Panel & Additional Resource Panel and Complex Care Panel with Health and Education services, where decisions are reached about placement requirements and the additional therapeutic services children need.</p> <p>A number of Children in Care not meeting threshold for CAMHS received counselling sessions. Introduced CAMHS consultation sessions for carers. Introduced information/training and support at foster carer support groups (hubs) - address emotional health. Reduced supervising social worker caseloads to improve accessibility and support.</p> <p>Revised CAMHS Offer to be in place by April 2018. This is completed</p> <p>Mistle project implemented as part of Care Placement Strategy to support most challenging young people in care to successfully experience family-based placements. Mistle is now working with children to prepare them for move on placements</p> <p>Permanence Passport introduced (sets out emotional wellbeing offer); continued high use of externally commissioned therapeutic support through PEP's and through Care Plans</p> <p>Social Work Co-ordinators responsible for sending out SDQ questionnaires. Different approaches taken to non-returns, therefore lower non-return rate. Head of service annual oversight of all SDQs over 17 to ensure appropriate action is taken.</p> <p>Progressing the incorporation of SOS into support plans, with support from PSW – PODs have now been held consistently across the service.</p> <p>In addition, an improved offer for post Adoption and SGO support has been implemented and the qualitative data on feedback from SGO and Adoptive carers is very positive</p> <p>Therapeutic Policy has been written and implemented which means more support for birth families – Agency Decision Maker sends out information when each decision is made.</p> <p>Improved offer for therapeutic support for families as well as care leavers to ensure needs are met and stability achieved</p> <p>Monthly Operational Group in place with Health and LLR; Business Support to ensure improved performance is paying dividends and making a difference</p>	Work is underway in relation to emotional well-being and joint working with health; young people to be included	Head of Service Children in Care – Nicci Collins

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9.	Ensure that all children looked after who go missing are offered a return home interview and that information gained from all such interviews is used to inform risk management and shared intelligence.	G	<p>Performance shows reducing number of young people who repeatedly go missing. High completion of return interviews and evidence of these informing plans leads to a reduction in missing episodes, so helping to keep young people safe.</p> <p>Measure</p> <p>The number of young people going missing reduces.</p> <p>Take up of young people undertaking a return home interview (all young people and Children in Care.</p>	TBC	23% reduction comparing Q3 with Q2	90%	95%	<p>Service Manager has been appointed to lead the response to CSE, CCE & Missing Children and First Response Screening. This gives the opportunity to identify emerging risk and signposting for early intervention.</p> <p>All children looked after who go missing are offered a return home interview. Current take up is 77% (Sept 18). The remaining percentage is made up of young people who refuse the interview and interviews with some children placed in LCC by other LA's. This latter area remains problematic. The following seeks to address this:</p> <ul style="list-style-type: none"> • Weekly data is sent to AD/HoS advising which children have been missing. Patterns/trends/hotspots/associations are made. Children refusing or not receiving a return home interview is scrutinised to understand the reason and impact of that. • a standard letter from the Director has been devised, sent by the AD to any LA not meeting notification and information sharing responsibilities. • Improved protocols for children that go missing +3 times in 90day period • Monitoring of children who go missing has been refreshed to better inform risk management and shared intelligence. • The Missing protocol and procedures have been updated on the LSCB website and promoted at several large events. • Monthly reports provided for Lead Member who provide challenge to work completed • Audit & dip sample schedule for Return Interviews. • LSCB multi agency audit – February 2019. • Q3 validation exercise in relation to data collection with Tableau. • Programme oversight by the CSE and Trafficking Operation Group • Monthly meetings between LSS & CSE TM to identify themes/trends. <p>Regional work has been completed agreeing child criminal exploitation standards & a pathway is being adopted</p> <p>Timely return home interviews and scrutiny of the data returned enables staff to understand the motivation and risks that missing episodes pose to individuals. Tracking/mapping of risk locations/associations is paramount to support risk management.</p> <p>Understanding this enables support plans and early interventions to assist young people and families during this time and reduce the likelihood of continued missing episodes. Where this is not effective appropriate triggers are in place to agree an alternative multi agency strategy.</p>	<p>Continue work to address completion of return interviews with children placed in LCC by another LA's (ongoing).</p> <p>There is more detailed analysis of trends and patterns for children missing under development to support intelligence around other forms of child exploitation e.g. gangs, county lines.</p> <p>Further work is needed around integration with community safety and introduction of monthly complex MARAC meetings (child criminal exploitation)</p>	<p>Head of Service Field Social Work – Anita Gurry</p> <p>Service Manager CCE & First Response – Donna Smalley</p>

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10.	Ensure that, when a child in need plan relating to a child who has disabilities is reviewed, it reflects an up-to-date assessment, informed by the voice of the child and undertaken by a qualified and registered social worker.	G	<p>Disabled children who require a child in need assessment to support their plan have these undertaken, updated and reviewed by a qualified social worker.</p> <p>Measure</p> <p>Audit of CIN cases in the Disabled Children's Service demonstrate that assessments and reviews are completed by a qualified social worker, there is a current good quality assessment and the assessment is informed by the voice of the child.</p> <p>Overall good or outstanding</p>	33% (Mar 17)	TBC (Audit Q4 18/19)	100%	100%	<p>*A review of the 200 cases that were within the CIN Review cohort was undertaken in October 2017.</p> <p>Cases that were assessed as needing social work support were allocated within the DCS by January 2018.</p> <p>The remaining cases (less than 100) met the threshold for early help support. The plan was for these to all be stepped down at the point of their next CIN review.</p> <p>The remaining cases still have open CIN Plans and are being managed by Child Care Workers with supervision by Senior Practitioners and Team Managers. They will be stepped down at their next review (unless at that time the assessed needs have changed). This has been delayed by recruitment of social work staff - this is now complete</p> <p>All Cases held within DCS are allocated to a SW and reviewed within agreed timescales</p> <p>All cases meeting the threshold for Early Help have been stepped down to Early Help. Learning from audits is implemented as well as learning from peer reviews.</p> <p>The remaining cases identified as meeting the threshold for Early Help have been stepped down to Early Help as of July 2018.</p> <p>When cases are allocated to a Social Worker the time-scales for work are reviewed in supervision with Team Managers.</p> <p>DCS work to the Practice Standards used across C&F and have had the opportunity to shadow colleagues in First Response. DCS SW work to the Practice Standards used within Children's Teams</p> <p>A new Service Manager has been appointed (April 2018) and in post to oversee the work of the children with disabilities service and ensure that learning from audit and peer review is implemented</p>	The DCS Service Manager is leading key work around auditing and learning from the reviews will be incorporated into the DCS service plan and implemented through the cycle of service and team meetings, individual supervision, CPD and other workshops.	Head of Service SEND and Children with Disabilities – Tom Common

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11.	Ensure that support plans for special guardians and adopters are informed by a clear assessment of children's and carers'/parents' long-term needs and that good-quality specialist post-order support is made available to those affected by adoption and special guardianship when, and for however long, it is needed.	G	<p>Evidence of a support plan on all cases that is informed by a clear assessment, outlining support to help the young person achieve good outcomes and minimising placement breakdown / disruption.</p> <p>Measure</p> <p>Quality of support plans for SGO and adoption orders have improved.</p> <p>Quality assurance by the Agency Decision Maker, evidences quality support plans to address long term needs so reducing the risk of placement breakdown.</p>	Regular auditing shows support plans in place and of good quality	Regular auditing shows support plans in place and of good quality	100%	100%	<p>A refreshed SGO process is now in place.</p> <p>Feedback has been sought from adopters and SGO carers in receipt of services from the Permanence Team to evaluate the impact of the first 6 months of implementation of the new offer. The carer voice has been overwhelmingly positive.</p> <p>Post-adoption and SGO support offer has been refreshed alongside a range of accessible resources developed for carers. Increased capacity has been put in place with the establishment of a permanent post.</p> <p>In addition, a pamphlet for independent advice to birth parents is now in place, a dedicated post-adoption support worker has been employed and our first adoption newsletter published 2017</p> <p>All SGO places have support plans in place, this has been evidenced through management oversight and manual audit completed by Team Manager which shows plans in place. Further audits required to ensure consistently good quality. Permanence Panel has provided oversight of SGO support plans where there have been complicating factors.</p> <p>A policy on post-adoption support is included as part of our local procedures and this will be used to develop further staff guidance.</p> <p>A micro-site to support SGO's has been commissioned from Family Action and has been implemented.</p> <p>Recruitment to Special Guardianship Order Social Worker and Support Worker has been successfully completed. Improved offer through SGO support worker has commenced and the SGO support worker seeks feedback from carers which is used to improve the offer</p> <p>ADM and HoS CiC meeting minimum of monthly to consider Permanence Improvement Activity, including quality of support plans. This has taken place and resulted in key priority actions which were completed during 2018. The ADM will provide a full report which will identify new priorities for 2019-20.</p> <p>Audit of the Connected Team (Kinship) was completed and presented to SMT in Nov 18 with actions to improve the service. A new audit is due by the end of May 19 to confirm impact of this activity.</p> <p>The Adoption website has been updated with information on the offer, and support information. The Virtual School have also launched a new website which includes information for previously LAC.</p>	Further work is required on the recruitment of foster carers.	Head of Service Children in Care – Nicci Collins

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12.	Improve the quality and management oversight of pathway planning and ensure consistency in the quality of advice and support provided by personal advisers to care leavers. This should include information about entitlements and provision of health histories.	G	<p>All young people in care 16 plus have a pathway plan in place that is based on assessment of need. Thus, ensuring a young person is supported in education, employment and training and in suitable accommodation.</p> <p>Measure</p> <p>Up-to-date pathway plan in place.</p> <p>Independent Reviewing Officers to quality assure plans.</p> <p>Care leavers in suitable accommodation.</p> <p>'In contact figure' (relevant and former relevant).</p>	TBC	Mar19 82.5%	95%	100%	<p>Care Leavers in Education, Employment and Training data shows 61% in March19 and those in Suitable Accommodation (89.5% Mar19) have sustained performance and are higher than statistical neighbours.</p> <p>More care leavers are supported and receive the financial support and opportunities to move into education, employment or training.</p> <p>16+ team now well established, + additional posts. Resulting in more focused, strategy work to improve outcomes for care leavers and meet new care leaver duties.</p> <p>Further improved performance in data (EET, in contact and suitable accommodation)</p> <p>Tableau reports on pathway plans available.</p> <p>Sampling of cases by SM evidencing improved consistency in quality of plan, young people involved in creating the plan, aspirational and improve outcomes for care leavers.</p> <p>Agreement from 5 member panel to put forward a member champion model for care leavers.</p> <p>New duties for the care leavers teams are well integrated into the team and care leavers are now exempt from Council Tax.</p>	further work required to ensure consistency in completion of pathway plans outside of CiC Service	Head of Service Children in Care – Nicci Collins

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13.	Ensure that practice for children who are subject to private fostering arrangements meets statutory requirements and that all staff and partners know how to recognise and notify a private fostering arrangement.	G	<p>Young people under 16 years who are living outside of immediate family, in the line with legislation, are identified and have appropriate plans in place.</p> <p>Measure</p> <p>Increased identification of Private Fostering arrangements</p> <p>Assessments completed in timescale.</p>	YTD 2019: 5 PF assess. underway /complete	N/A			<p>Activity to improve the awareness of private Fostering includes:</p> <ul style="list-style-type: none"> • Leaflet drop included schools and GP surgeries. • Private fostering focused on LCC website and dedicated section with information • Quarterly meetings take place with Strengthening Families, First Response and the Assessment Team to ensure regular and robust tracking is taking place. <p>Strengthening Families have identified a lead for Private Fostering</p> <p>Young people under 16 years who are living outside of immediate family, in the line with legislation, are identified and have appropriate plans in place.</p> <p>The service has sent leaflets to all schools and GP practices in the county and all private schools in the City. By Sept 18 despite the distribution of over 7000 leaflets and the use of professional networks the PF numbers remain low.</p> <p>Work completed to look to other authorities to see if there was anything else we could do but did not identify anything else we could do that other authorities had found successful.</p> <p>Next scheduled meeting re Private fostering is scheduled for May2019. Report will be brought to SMT following meeting – actions will be determined and signed off.</p> <p>Legal advice has been sought regarding children approaching 16yrs in PF arrangements (previously we would not assess). We will now assess all children ensuring a Private Fostering assessment is completed, even if shorter.</p> <p>Number of private fostering arrangements still low but an increase on previous year</p> <p>Current 5 2018 - 3 in total</p>	<p>It is noted that the low numbers of private fostering arrangements is a national issue.</p> <p>There is a Planned programme of awareness rising with Six monthly progress reports presented to SMT (business as usual)</p>	Head of Service Children in Care – Nicci Collins & Service Manager Michelle Williams

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14.	Improve assessment and care planning for children on the edge of care or returning home, or with complex needs requiring a period of intensive intervention (which may include Residential Care)so that it is clear how positive change is to be achieved and sustained.	G	<p>All children on edge of care have a clear plan of action for supporting them at home / in placement.</p> <p>Measure</p> <p>Placement stability rate (3+ placements in the last year)</p> <p>Long term stability - same placement >2 yrs.</p>	TBC	7.7% (Mar19)	7.5%	7%	<p>As part of our Permanency Campaign we have focussed on strengthening Edge of Care arrangements and helping returns to birth families. A new proposed model for Edge of care services is in place with 4 new strands for edge of care services.</p> <p>Permanence panel consistently considers birth family engagement and voice as well as ensure identity is appropriately covered in care planning</p> <p>Permanency audit in 2018 showing good progress</p> <p>Post Adoption/SGO support in place to reduce the number of family breakdowns leading to re-admission to care; to form part of the Care Placement Strategy</p> <p>Re-design complete. Strengthening Families and CP services have been re-designed and now form Children and family services rather than separate child protection and children need. This is to deliver a whole-service approach and to have a strong skill mix to ensure improved assessment and care planning for children. With dedicated staff to support children on the edge of care.</p> <p>Social workers showing greater insight into emotional needs, trigger points and support (practice summits) – CPR reports evidence this.</p> <p>Sept18 – Permanence team pilot launched (completion of CPRs) positive feedback and aim to roll out to all teams from June 2019.</p> <p>Mistle project implemented as part of Care Placement strategy to support most challenging young people in care to successfully experience family-based placements.</p> <p>Specialist foster carer provision successfully enabling children to return home through solo placements and intensive support.</p> <p>SDQ scores evidencing children in care better emotional wellbeing</p>		Head of Service Field Social Work – Anita Gurry
			<p><i>*Target for placement stability – 2+years was previously higher in March 2019 than March 2020 target (which is at stat neighbour level) this has likely been accidently changed in previous report.</i></p>							

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15.	Comprehensively review the current strategic plan for those young people not in education, employment or training (NEET), to ensure that a higher proportion of care leavers move to sustained education, employment or training.	G	<p>Care Leavers are supported in education, employment or Training.</p> <p>Measure</p> <p>Percentage of care leavers in education, employment and training increases</p>	59.3%	61% (Mar19)	52%	55%	<p>The review of the NEET Strategy has been completed and now includes a focus on care leavers. Underpinning actions like the restructuring of the Children in Care Service, access to Information, Advice and Guidance and collaborative work between the Virtual School (Fox Academy) and Leaving Care Team has progressed, and the latest Care Leavers in Education, Employment and Training data shows our figure of 61% to be higher than statistical neighbours on the back of 3 years of continuously improving rates.</p> <p>Apprenticeship Offer was submitted to the People's Strategy Board May 2018 and was agreed. There are now 6 Care Leavers who have successfully secured apprenticeships. (Increase of 4 since November 18)</p> <p>Information, Advice and Guidance Service will not be commissioned externally, but will be managed in-house, enabling greater flexibility of role, providing support for workers who have face to face contact with young people.</p> <p>Education Employment and Training (EET) panels to identify those most at risk of NEET are in place and will apportion appropriate support to improve engagement in EET. PAs are better informed and now have access to a wide range of resources, leading to them being better able to support client care leavers to be EET.</p> <p>EET Strategy has been launched and EET panels are calendared which is showing improved performance</p> <p>Action plan re: vulnerable learners launched.</p> <p>The Leaving Care Team with additional Personal Adviser support is embedded and demonstrates improved pathway planning with young people.</p> <p>Agreement from 5-member panel to put forward a member champion model for care leavers. Being presented to SGE in June19.</p>		Head of Service Children in Care – Nicci Collins

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16.	Ensure that when homeless young people aged 16 and 17 need to be accommodated under section 20 of the Children Act 1989 that this is effected without delay.	G	<p>Homeless young people have their needs assessed and if they require section 20 accommodation, plans and support are immediately in place.</p> <p>Measure</p> <p>Regular audits demonstrate compliance.</p> <ul style="list-style-type: none"> ○ Homeless young people 16-17 have appropriate assessments of need. ○ Young people deemed to be section 20 are provided with support in a timely manner. 	QA audit	QA audit	System generated reports show 100%	100%	<p>The protocol to accommodate young people aged 16 and 17 under section 20 is in place and is reviewed regularly.</p> <p>Homeless 16 and 17-year olds are recognised as children in need and plans are prepared to consider their accommodation and importantly their networks and needs regarding moving into semi independence and adulthood.</p> <p>Housing protocol has been reviewed and is in final draft and has been signed off with new duties.</p> <p>Reviewed and refreshed direction to staff with regards to the need for single assessments undertaken and where appropriate s20 accommodation offered to those meeting criteria.</p> <p>New yearly audit for 2019 has been completed</p> <p>(Apr 2019) LCC has gone out to tender to look at different commissioning options for housing services to ensure mixed needs lead accommodation and support is in place.</p>	Yearly audit to be undertaken to ensure good practice (Business as usual)	<p>Nicci Collins Head of Service Children in Care</p> <p>Anita Gurry Head of Fieldwork Service</p>

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17.	Ensure that appropriate developmental programmes are in place for experienced and qualified staff, particularly for senior practitioners and first-line managers, and that the assessed and supported year in employment (ASYE) programme is appropriately overseen.	G	<p>The development and embedding of an accredited programme to support social workers at all levels from ASYE through to Senior Practitioners and Team Managers in place. Evidence a strong, stable and well informed professional workforce.</p> <p>Measure</p> <p>Stability of workforce:</p> <ul style="list-style-type: none"> ○ Turnover rate of staff (FTE) ○ Number of qualified social workers ○ Vacancy rate ○ Number of agency staff (FTE) 	<p><u>2018 Stat return (data released Feb19)</u> 13.7%</p> <p>228.1</p> <p>14%</p> <p>48.3</p>	<p>Latest vacancy rate of 4.6% (Mar19) better performing than previous.</p> <p>248 Qualified Social workers</p> <p>Turnover: 13.3%</p>			<p>A refreshed ASYE programme is in place, with a handbook for workers and managers developed.</p> <p>Career progression pathway launched for social workers at Level 2.</p> <p>New programme for aspiring managers developed and will run from January 2019.</p> <p>Department continues to grow its good relationship with learning and development service ensuring robust programme of learning in place for all staff.</p> <p>Development of a robust professional gateway via a progression process and panel arrangement is in place (September 2018)</p> <p>Learning sessions take place monthly with managers across children's social care providing tools and resources for them to take back to their teams on specific subjects e.g. neglect county lines, planning etc.</p> <p>3 annual conferences per year now established aimed at developing services for children and young people across the department and celebrating and sharing good practice.</p> <p>Recruiting aspiring managers and new first-time managers for the aspire course starting in January 2019</p> <p>New routes into social work developed – 6 social work apprenticeships have been offered to non-SW staff</p> <p>4 Participants in the Front-Line scheme will qualify in August 2019</p>	<p>Develop a more robust approach to induction so that there is consistency of messages and key documents are readily available electronically.</p> <p>Second Frontline unit to commence in September 2019</p>	Head of Service Practice Excellence – Moira O'Hagan

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