



Trust Improvement Plan

Summary

Plans for delivering additional improvements following a period of increased demand, to embed sustainable changes and improve outcomes for children, young people and their families.

Policy Owner: Chief Executive

Version: 0.17

Date: January 2021

Review Dates: February 2021 and March 2021 (using data from the month before)

Introduction

Slough Children’s Services Trust (SCST) is an independent, not-for-profit company that provides social care and support services to children, young people and families.

The SCST fundamental purpose is ‘Ensuring children in Slough are safe, secure and successful.’

The SCST aims to provide:

- the best possible service, ensuring that children and families are at the centre of everything we do
- the best possible outcomes for vulnerable children and families
- the best possible support to staff, enabling families to change and flourish
- Do the right thing for children, at the right time and to work to keep families together, where it’s safe to do'

The Improvement Plan

Following the Trust’s inspection in January 2019 where services were found to be Requires Improvement to be Good overall, the Trust developed an action plan in response to the findings of the inspection and its own self-evaluation.

In the six to eight months following the ILACS inspection, significant progress was made in addressing identified areas for improvement as well as sustaining progress seen by Ofsted. However, in the autumn and throughout significant parts of 2020, children’s social care experienced high and increased demand which caused pressure in the system and contributed to a stall and in some areas a decline in the Trust’s progress. This improvement plan is focused on the key actions to ensure social care practice is child focused and the basics are completed well and takes into consideration the outcomes from recent Ofsted focused visit in October 2020 with further areas for focus included.

Underpinning this improvement plan are a series of service level plans which outline the actions which services will take to further improve their own area and links to the Trust Business Plan. The Business plan sets out the key objectives and vision for the Trust in the coming year, aiming to provide stability, value for money and service delivery improvement to the children, families and the workforce of Slough Children’s Trust.

The improvement plan has been updated into new categories to focus areas of improvement and ensure actions deliver sustained outcomes. The 7 key themes are:

- Getting the basics right – the quality and timeliness of assessment planning for children in need of help and protection
- Voice of the child and their family
- Embedding Public Law Outline
- Supervision and Management Oversight of Childrens Journeys
- Implementation of Contextual Safeguarding
- Stability of the Workforce
- Quality Assurance

Trust Service Plans and Owners

- | | |
|--|------------------------------|
| • Referral and Assessment | Fanny Jacob |
| • Youth Offending Team | Jennifer Cail |
| • Safeguarding and Family Support | Michelle Henry/ Garry Jeffry |
| • Children with Disabilities | Reshma Bessesar |
| • Children Looked After and Support Services | Reshma Bessesar |
| • Care Leavers | Reshma Bessesar |
| • Virtual School | Anne Bunce |
| • Independent Fostering Service | Saima Arif |
| • Adoption | Raheela Khan |
| • Safeguarding and Quality Assurance | Sandra Davis |
| • HR | Kate McCorriston |
| • Trust Business Plan | Matt Marsden |

Governance, Assurance and Measuring Impact

The improvement plan is overseen by the Transition Steering Group chaired by Trevor Doughty, DFE Commissioner. The plan will tracked and measured by a dashboard of key indicators to demonstrate progress in a visual way taken from the weekly Enhanced Caseload Report (ECR), the monthly Trust Performance Report (TPR) and information gathered from monthly moderated audit activity and audit activity on specific cohorts of children.

The improvement plan is incorporated into the performance management cycle of reporting through Performance and Accountability Meetings with Heads of Service to ensure ownership across the Trust.

Key individuals responsible for delivery of the Improvement Plan

- | | |
|---------------------------------------|--|
| • Interim Chief Executive (Trust) | Eleni Ioannides (and SBC DCS) |
| • Director of Operations (Trust) | Parmjit Chahal |
| • Assistant Director for QIPP (Trust) | Brent Lumley |
| • Director of Finance (Trust) | Matt Marsden |
| • Head of HR and OD (Trust) | Kate McCorriston |
| • Assistant Director (Interim) | Carol Douch (Frontline Practice and Improvement) |

Actions will be RAG rated for outcome and impact as follows.

	Outcome:	Impact:
RED	Tasks timescales have slipped and need attention.	Not on target and outside of tolerances with no improvement
YELLOW	Tasks timescales have slipped and need attention.	Not on target and outside of tolerance but improvement on previous return
AMBER	Tasks are on track, but may not yet be fully embedded as business as usual	Not on target but within tolerances
GREEN	Tasks are progressing as expected and are deemed to be on target	Impact of outcomes is meeting or exceeding targets
BLUE	Completed	Completed
GREY	Action is not scheduled to start in this period	Impact not yet expected to be realised or unable to report this time

Improvement Plan

Getting the basics right – the quality and timeliness of assessments, planning and interventions for children in need of help and protection						RAG Update																	
Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Jan 2021																
1	<p>Strengthen the quality and timeliness of assessments completed across the Trust so the quality are less variable and they are completed in a timely way.</p> <ul style="list-style-type: none"> Assessment Team Managers to deliver training based on good practice 	AD Frontline Practice and Improvement	March 2021	As measured by audits and dip samples, all assessments are based on a robust assessment of need and risk, include evidence of direct work with families, identify appropriate intervention which meet the needs of the family and all assessments to conclude with a written plan of support of the children	<ul style="list-style-type: none"> Audit schedule developed and going through governance. Dip sampling audit tool developed. Timeliness evidence being collated. Audit summary report prepared Progress reported in performance and accountability meetings. Children and Families Assessment Schedule evidenced for CLA and CL's <p>Weekly ECR/Compliance Report: Target 90%</p> <div data-bbox="1852 684 2724 1251"> <p style="text-align: center;">C&F Assessments Completed on Time</p> <table border="1"> <caption>C&F Assessments Completed on Time</caption> <thead> <tr> <th>Date</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>26-Oct-20</td> <td>96.80%</td> </tr> <tr> <td>02-Nov-20</td> <td>95.40%</td> </tr> <tr> <td>09-Nov-20</td> <td>96.10%</td> </tr> <tr> <td>16-Nov-20</td> <td>94.10%</td> </tr> <tr> <td>23-Nov-20</td> <td>92.40%</td> </tr> <tr> <td>30-Nov-20</td> <td>92.30%</td> </tr> <tr> <td>07-Dec-20</td> <td>93.00%</td> </tr> </tbody> </table> </div>	Date	Percentage	26-Oct-20	96.80%	02-Nov-20	95.40%	09-Nov-20	96.10%	16-Nov-20	94.10%	23-Nov-20	92.40%	30-Nov-20	92.30%	07-Dec-20	93.00%		
Date	Percentage																						
26-Oct-20	96.80%																						
02-Nov-20	95.40%																						
09-Nov-20	96.10%																						
16-Nov-20	94.10%																						
23-Nov-20	92.40%																						
30-Nov-20	92.30%																						
07-Dec-20	93.00%																						
2	<p>Urgently improve the quality and timeliness of CIN meetings and plans:</p> <p>(a) Complete Core Audit of children on CIN Plans to establish baseline</p> <p>(b) Appoint ATM to drive up quality and timeliness</p> <p>(c) Deliver bite size training on a Good CIN meeting</p> <p>(d) Develop one minute guide</p>	Head of Safeguarding and Support	27 November 2020	All plans are SMART, focused, responsive to the needs of children, are based on robust assessment of need and risk with and are clear how the plan is going to make a difference to the lived experience of the child	<p>(a) 10 CIN cases audited – 70% (7) were RI but with some good features and 30% (3) were inadequate.</p> <ul style="list-style-type: none"> Diagnostics completed from CIN audit report and areas of focus confirmed. Report completed with recommendations made to improve process and to be shared wider with staff groups. <p>(b) ATM appointed to model chairing of CIN meetings and drive up quality</p> <p>(c) Training schedule established</p> <ul style="list-style-type: none"> Actions and next steps identified from CIN case audits CIN project established to review all CIN over 9 months <p>(d) Guide being developed</p>																		

Getting the basics right – the quality and timeliness of assessments, planning and interventions for children in need of help and protection

RAG
Update

Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Jan 2021																								
3	<p>Review thresholds within Child Protection assessment and planning process.</p> <p>(a) Deep dive to be completed into</p> <ul style="list-style-type: none"> Threshold for S47 Large sibling groups Children off plans at 3 months Children on plans 9 months+ Children on dual plans <p>(b) Action Plan to be developed based on findings</p>	AD Frontline Practice and Improvement	18 December 2020	<p>Interventions with children are proportionate</p> <p>We will be more in-line with the stat neighbors and England average with regards to our CP cohort.</p>	<p>(a) CP Assessment Thresholds and Planning Process</p> <table border="1"> <thead> <tr> <th colspan="8">Number of children who are both CLA and CP</th> </tr> <tr> <th>CLA & CP</th> <th>27 Jul 20</th> <th>24 Aug 20</th> <th>28 Sep 20</th> <th>26 Oct 20</th> <th>23 Nov 20</th> <th>Dec 20</th> <th>Jan 21</th> </tr> </thead> <tbody> <tr> <td></td> <td>7</td> <td>6</td> <td>13</td> <td>6</td> <td>11</td> <td>TBC</td> <td>TBC</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Dip Sampling completed by AD for Quality, Improvement, Practice and Performance; of 66 s47 decisions which did not progress to ICPC to check for appropriate decision making. Of these: <ul style="list-style-type: none"> 97% of decisions (63) were appropriate, and 3% of decisions (3) should have progressed to an ICPC (have been escalated) All other areas reviewed in Managers Audit Day on 20 November 2020. <p>(b) Managers audit day reviewed all areas of focus – report and action plan to follow</p>	Number of children who are both CLA and CP								CLA & CP	27 Jul 20	24 Aug 20	28 Sep 20	26 Oct 20	23 Nov 20	Dec 20	Jan 21		7	6	13	6	11	TBC	TBC		
Number of children who are both CLA and CP																															
CLA & CP	27 Jul 20	24 Aug 20	28 Sep 20	26 Oct 20	23 Nov 20	Dec 20	Jan 21																								
	7	6	13	6	11	TBC	TBC																								
4	<p>Improve the timeliness and quality of a core groups</p> <p>(a) Bitesize session on core groups due at 12/11/20 Managers briefing session</p> <p>(b) SG Partnership to deliver training on Core Groups across partnership</p>	Head of QA Safeguarding	14 December 2020	Core Groups are well chaired, the plan is reviewed and minutes/ plan provided in advance of the meeting.	<p>(a) 7 managers (3 from Assessment, 1 from Safeguarding, 1 from CLA and 2 from CL) attended the core groups training session as part of the managers briefing</p> <p>(b) QA Service is working with the Safeguarding Partnership to provide a training video and information on core groups, as a direct result of 9 plus months of audit activity. Training video completed and scheduled to be delivered</p> <ul style="list-style-type: none"> Whole service day delayed due to Covid restrictions but planning for how to integrate staff sessions in monthly manager briefing cycle is underway 																										
5	<p>Frontline staff are supported to have a clearer understanding of the impact of neglect on children using the screening tool and effectively intervene to mitigate the risks/ impact on children:</p> <ul style="list-style-type: none"> Staff to complete neglect training 	AD Frontline Practice and Improvement	31 March 2021	<p>All frontline staff complete neglect training to increase their understanding of neglect and the correct neglect tool to use</p> <p>100% of children and young people have the neglect tool completed where this is identified as the primary need (measured through a report run off ICS)</p>	<ul style="list-style-type: none"> Neglect was the focus for Practice Learning Week w/c 16 November 2020. Daily emails were sent with useful information, tools and tips related to neglect as well as findings from a SPR in Slough related to neglect. 48% of open CP cases have neglect as the main reason (October ChAT) Continued focus on neglect 																										
6	Conduct a swift review, of processes to ensure effective stepping down from CP and CIN to Early Help, amending processes and pathways as necessary and ensuring they are embedded.	Head of Review and Assessment	17 December 2020	Reduction in the number of children stepped up from 381 to 300 over the year of the year which averages out to 25 children per month. Baseline 31 children stepped up in April 2020.	<table border="1"> <thead> <tr> <th colspan="6">Children stepped up from Early Help CSC</th> </tr> <tr> <th>Period</th> <th>Aug 20</th> <th>Sep 20</th> <th>Oct 20</th> <th>Nov 20</th> <th>Dec 20</th> </tr> </thead> <tbody> <tr> <td>For the month</td> <td>37</td> <td>21</td> <td>19</td> <td>27</td> <td>32</td> </tr> <tr> <td>YTD</td> <td>171</td> <td>192</td> <td>211</td> <td>238</td> <td>270</td> </tr> </tbody> </table> <p>Step-up and Step Down managers briefing session was scheduled for December 2020 however due to low attendance and IT set-up issues this session was cancelled and all areas of focus rescheduled for 11 February 2021.</p>	Children stepped up from Early Help CSC						Period	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	For the month	37	21	19	27	32	YTD	171	192	211	238	270		
Children stepped up from Early Help CSC																															
Period	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20																										
For the month	37	21	19	27	32																										
YTD	171	192	211	238	270																										

Getting the basics right – the quality and timeliness of assessments, planning and interventions for children in need of help and protection

RAG Update

Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Jan 2021
7	Review and update the sufficiency strategy to ensure that there are sufficient placements available that meet individual children's needs, which are best value, in the locality.	Head of Commissioning	31 March 2021	Children are placed in primarily family settings which meet their needs and are locally based to ensure that they can continue with their school and maintain their relationships with friends and family. Reduction in the number of children who have to move because placements are sought in an emergency and do not meet individual needs.	<ul style="list-style-type: none"> Draft sufficiency strategy with ELT for review. As part of transformation programme, placements team has been fully recruited to. 		

Voice of the child and their family

RAG Update

Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Current																																																																																																																																													
8	CIN/ CP and the SQA services collectively identify different ways they can facilitate more children and young people contributing to their CIN/CP plan and attending their reviews	Review Service Manager and Commissioning Manager	27 November 2020	<p>Increase in the physical attendance of children and young people aged 4+ from 10.2% (YTD 2019/2020) at their reviews as measured and reported on by the Reviewing Service Manager.</p> <p>Increase the input of children and aged young people who provide input directly, via an advocate or none verbally from 9% (YTD 2019/2020). As measured and reported on by the Reviewing Service Manager.</p>	<p>Quarterly update of children who attend their CLA reviews - TPR</p> <table border="1"> <thead> <tr> <th colspan="11">Participation of children in their CLA Review (%)</th> </tr> <tr> <th>Method</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th></th> </tr> </thead> <tbody> <tr> <td>% of children who participated</td> <td>100</td> <td>100</td> <td>91</td> <td>96</td> <td>95</td> <td>100</td> <td>86</td> <td>92</td> <td>93</td> <td></td> </tr> <tr> <td>% of children under 4yrs at time of review</td> <td>33</td> <td>20</td> <td>27</td> <td>20</td> <td>23</td> <td>4.3</td> <td>20</td> <td>25</td> <td>21</td> <td></td> </tr> <tr> <td>% who attended & spoke for self</td> <td>70</td> <td>65</td> <td>82</td> <td>32</td> <td>77</td> <td>65</td> <td>69</td> <td>67</td> <td>86</td> <td></td> </tr> <tr> <td>% attended but advocate spoke on their behalf</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>4</td> <td>0</td> <td></td> </tr> <tr> <td>% who attended, communicated non-verbally</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>5</td> <td>4</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>% an advocate spoke on their behalf but child did not</td> <td>19</td> <td>10</td> <td>0</td> <td>40</td> <td>9</td> <td>30</td> <td>3</td> <td>21</td> <td>7</td> <td></td> </tr> <tr> <td>% Child did not attend but used other medium to participate</td> <td>11</td> <td>25</td> <td>9</td> <td>24</td> <td>5</td> <td>0</td> <td>14</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>My Review My View</th> <th>Q2</th> </tr> </thead> <tbody> <tr> <td>Total completing</td> <td>14</td> </tr> <tr> <td>Aged 4-7</td> <td>3</td> </tr> <tr> <td>First review</td> <td>1</td> </tr> </tbody> </table> <p>NYAS Dashboard Data – Awaiting the Q2 report to update figures below The targeted number of referrals per quarter is 25, in Q1 there was a 56% increase, discounting the Rights sessions</p> <table border="1"> <thead> <tr> <th>NYAS Dashboard</th> <th colspan="3">Q1</th> <th colspan="3">Q2</th> <th rowspan="2">Total</th> <th rowspan="2">% of annual target</th> </tr> <tr> <th>Category</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> </tr> </thead> <tbody> <tr> <td>Issue based Advocacy</td> <td>12</td> <td>11</td> <td>16</td> <td>TBC</td> <td>TBC</td> <td>TBC</td> <td>39</td> <td>39%</td> </tr> <tr> <td>Rights sessions</td> <td>9</td> <td>8</td> <td>1</td> <td>TBC</td> <td>TBC</td> <td>TBC</td> <td>18</td> <td>N/A</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Canvassed the views of all children on how best to contribute. Current referrals with NYAS to advocate for children has been maintained through Covid-19. In addition, particularly in the light of the Adoption & Children (Coronavirus) (Amendment) 	Participation of children in their CLA Review (%)											Method	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		% of children who participated	100	100	91	96	95	100	86	92	93		% of children under 4yrs at time of review	33	20	27	20	23	4.3	20	25	21		% who attended & spoke for self	70	65	82	32	77	65	69	67	86		% attended but advocate spoke on their behalf	0	0	0	0	0	0	0	4	0		% who attended, communicated non-verbally	0	0	0	0	5	4	0	0	0		% an advocate spoke on their behalf but child did not	19	10	0	40	9	30	3	21	7		% Child did not attend but used other medium to participate	11	25	9	24	5	0	14	0	0		My Review My View	Q2	Total completing	14	Aged 4-7	3	First review	1	NYAS Dashboard	Q1			Q2			Total	% of annual target	Category	Apr	May	Jun	Jul	Aug	Sep	Issue based Advocacy	12	11	16	TBC	TBC	TBC	39	39%	Rights sessions	9	8	1	TBC	TBC	TBC	18	N/A		
Participation of children in their CLA Review (%)																																																																																																																																																				
Method	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec																																																																																																																																											
% of children who participated	100	100	91	96	95	100	86	92	93																																																																																																																																											
% of children under 4yrs at time of review	33	20	27	20	23	4.3	20	25	21																																																																																																																																											
% who attended & spoke for self	70	65	82	32	77	65	69	67	86																																																																																																																																											
% attended but advocate spoke on their behalf	0	0	0	0	0	0	0	4	0																																																																																																																																											
% who attended, communicated non-verbally	0	0	0	0	5	4	0	0	0																																																																																																																																											
% an advocate spoke on their behalf but child did not	19	10	0	40	9	30	3	21	7																																																																																																																																											
% Child did not attend but used other medium to participate	11	25	9	24	5	0	14	0	0																																																																																																																																											
My Review My View	Q2																																																																																																																																																			
Total completing	14																																																																																																																																																			
Aged 4-7	3																																																																																																																																																			
First review	1																																																																																																																																																			
NYAS Dashboard	Q1			Q2			Total	% of annual target																																																																																																																																												
Category	Apr	May	Jun	Jul	Aug	Sep																																																																																																																																														
Issue based Advocacy	12	11	16	TBC	TBC	TBC	39	39%																																																																																																																																												
Rights sessions	9	8	1	TBC	TBC	TBC	18	N/A																																																																																																																																												

Voice of the child and their family						RAG Update	
Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Current
9	Feedback from parents: (a) Contact is made with parents on cases open 3-6 months to identify the barriers to their understanding of why their children are on a plan, what needs to change to address risks and get their feedback on social work support. (b) Follow up on parents who did not know why they were on a plan to see if their understanding has changed (c) Repeat in 6 months	AD Frontline Practice and Improvement, Service Coordinators	December 2020	Increased feedback from parents who have been involved in their plan and know what they need to do and the barrier they face to provide a baseline to measure against	Regs, NYAS provided a further 18 Rights Sessions to children and young people. (a) Parent participation is an area that needs to be progressed to drive participation and engagement. Given the virtual nature of Practice Learning Week in November 2020, parent participation wasn't as prominent in previous PLWs. (b) Part of participation strategy (c) Part of participation strategy		
10	Complete a wider review of participation for children in need of help and protection and embed engagement of frontline staff	Participation Lead	30 November 2020	Increased feedback from children and families who feel they have been listened to and understand why they are being contacted by the Trust. Increased participation of children in their plans and reviews.	<ul style="list-style-type: none"> COVID19, social distancing, staff turnover and attendance have all impacted the development of the participatory CP conference model introduced earlier this year. An online training package on direct work and safety planning to support this approach is currently being rolled out across the Trust in place of face to face training previously held. Collaborative workstreams have completed the wider review and findings are being summarised by Head of QA. An updated participation strategy to go through governance processes before being shared wider and implemented across the Trust 		

Embedding Public Law Outline- driving Early Permanency						RAG Update																																													
Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Current																																												
11	Rigorously drive the timeliness and quality of interventions with children through the PLO process (a) Fortnightly PLO meetings with JLT to progress individual children (b) Case Manager to model good practice	Head of Safeguarding and Family Support	February 2021	Ensure that parents are clear about the changes that are needed to safeguard children and that the relevant assessments and interventions are completed in a timely way (within 12 weeks) Early Permanence is achieved for children and their plans	(a) Capacity in Joint Legal Team to respond to requests for support which is resulting in delays going into court. (b) TSG Returns: <table border="1"> <thead> <tr> <th>PLO Numbers:</th> <th>Oct-20</th> <th>Nov-20</th> <th>Dec-20</th> </tr> </thead> <tbody> <tr> <td>Families</td> <td>12</td> <td>13</td> <td>TBC</td> </tr> <tr> <td>Children</td> <td>20</td> <td>24</td> <td>TBC</td> </tr> <tr> <td>Pending:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Families</td> <td>-</td> <td>1</td> <td>TBC</td> </tr> <tr> <td>Care proceedings:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Families</td> <td>45</td> <td>50</td> <td>TBC</td> </tr> <tr> <td>Children</td> <td>76</td> <td>83</td> <td>TBC</td> </tr> <tr> <td>To issue:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Families</td> <td>-</td> <td>4</td> <td>TBC</td> </tr> <tr> <td>Children</td> <td>-</td> <td>10</td> <td>TBC</td> </tr> </tbody> </table>	PLO Numbers:	Oct-20	Nov-20	Dec-20	Families	12	13	TBC	Children	20	24	TBC	Pending:				Families	-	1	TBC	Care proceedings:				Families	45	50	TBC	Children	76	83	TBC	To issue:				Families	-	4	TBC	Children	-	10	TBC		
PLO Numbers:	Oct-20	Nov-20	Dec-20																																																
Families	12	13	TBC																																																
Children	20	24	TBC																																																
Pending:																																																			
Families	-	1	TBC																																																
Care proceedings:																																																			
Families	45	50	TBC																																																
Children	76	83	TBC																																																
To issue:																																																			
Families	-	4	TBC																																																
Children	-	10	TBC																																																

Embedding Public Law Outline- driving Early Permanency						RAG Update	
Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Current
12	Deliver joint training from JLT and the Trust: <ul style="list-style-type: none"> • PLO • SW statement • Thresholds • Placement Orders 	JLT and AD Frontline Practice	March 2021	SWS present competently in court, are clear about thresholds and ensure early permanency for children	<ul style="list-style-type: none"> • Bitesize training commissioned as detailed in the training report to QP&I in December 2020. - Feedback from training (managers and SWs) was positive and agreement this should be made mandatory to improve understanding of court skills, thresholds and statement writing. • Next step is to arrange second session with Reading JLT. 		
13	Support staff to understand how permanency planning effectively drives permanence for children at an early stage.	Head of Service, Family Safeguarding	March 2021	SW understand that everyday counts for children to achieve stability and permanency for them to achieve their full potential	Permanency has been planned for the managers briefing session on 11 th February 2021		

Supervision and Management Oversight of Childrens Journey's						RAG Update																					
Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Current																				
14	All managers are clear about the supervision policy and adhere to its requirements of all children being supervised at least every 2 months <p>(a) Conduct observations of 1-to-1's and dip samples of supervision files, closing the loop activity with social workers and identification and implementation of training needs</p> <p>(b) Review process for storing files</p>	AD Frontline Practice and Improvement Head of S&QA, Heads of Service	30 October 2020	Children's plans are effectively driven through effective, reflective quality supervision. There is consistent and layered supervision visible on each child's record which demonstrates good decision making and improvements for the child <p>Target:</p> 95% of cases receive supervision with every staff member to have a minimum 9 personal supervisions within any rolling 12 month period as measured in the weekly ECR.	<p>(a) We now have compliance with regards to compliance of supervisions completed in time.</p> <ul style="list-style-type: none"> • Next steps are auditing some 1-2-1 sessions to assess quality. • Updated supervision forms currently being sampled and tested before being launched wider. • Work to update ICS scheduled. <table border="1"> <thead> <tr> <th>% of Supervisions completed in time</th> <th>26 Oct</th> <th>30 Nov</th> <th>31 Dec</th> </tr> </thead> <tbody> <tr> <td>Assessment Teams</td> <td>6.6%</td> <td>0.0%</td> <td>0.0%</td> </tr> <tr> <td>Safeguarding & FS</td> <td>85.2%</td> <td>80.0%</td> <td>74.7%</td> </tr> <tr> <td>CLA & Support Services (incl. CWD and CL)</td> <td>83.9%</td> <td>83.6%</td> <td>94.7%</td> </tr> <tr> <td>Total</td> <td>79.2%</td> <td>78.1%</td> <td>79.7%</td> </tr> </tbody> </table> <p>(b) Storing files still to be done</p>	% of Supervisions completed in time	26 Oct	30 Nov	31 Dec	Assessment Teams	6.6%	0.0%	0.0%	Safeguarding & FS	85.2%	80.0%	74.7%	CLA & Support Services (incl. CWD and CL)	83.9%	83.6%	94.7%	Total	79.2%	78.1%	79.7%		
% of Supervisions completed in time	26 Oct	30 Nov	31 Dec																								
Assessment Teams	6.6%	0.0%	0.0%																								
Safeguarding & FS	85.2%	80.0%	74.7%																								
CLA & Support Services (incl. CWD and CL)	83.9%	83.6%	94.7%																								
Total	79.2%	78.1%	79.7%																								
15	All managers are supported to understand how to consistently and effectively implement the expectations around management oversight; to drive planning for children and families and give clear direction to staff. Development of busy managers guide to management oversight	Heads of Service	30 October 2020	<p>Target:</p> Management oversight is present on 50% of cases in the last month (based on case notes only) <p>Baseline 10/08/2020 ECR: 38.1%</p>	MO covered in management briefing sessions and performance is as follows: <table border="1"> <thead> <tr> <th>Month</th> <th>Cases with MO</th> </tr> </thead> <tbody> <tr> <td>Sep 20</td> <td>45.0%</td> </tr> <tr> <td>26 Oct 20</td> <td>88.0%</td> </tr> <tr> <td>30 Nov 20</td> <td>89.2%</td> </tr> <tr> <td>31 Dec 20</td> <td>89.1%</td> </tr> </tbody> </table>	Month	Cases with MO	Sep 20	45.0%	26 Oct 20	88.0%	30 Nov 20	89.2%	31 Dec 20	89.1%												
Month	Cases with MO																										
Sep 20	45.0%																										
26 Oct 20	88.0%																										
30 Nov 20	89.2%																										
31 Dec 20	89.1%																										

Implementation of Contextual Safeguarding	RAG Update
---	------------

Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Current																					
16	Develop a multi-agency contextual safeguarding team to undertake prevention/assessment /planning and interventions for children who are being exploited sexually and criminally and through PREVENT, modern day slavery and trafficking See separate PID	AD Frontline Practice and Improvement and Head of Service MASH, Referral, Assessment and YOT.	31 March 2021	Risk is reduced for vulnerable children and young people	<ul style="list-style-type: none"> As part of Phase 1 - recruited CE Coordinator in the front door. Project team set up to deliver a contextual safeguarding team in Slough. Desktop research has been undertaken of models across the country and review of relevant SCRs and SPRs to understand learning. Mapped out different models of delivery and working up a final model for SCST. 																							
17	Improve the quality of RHI and intelligence gathering to identify hotspots: (a) Reinstate daily missing meetings with TVP (b) Review the current offer for RHI to ensure there is an independent interview following all missing episodes (c) Ensure MO after each missing episode (d) Undertake mapping of information gleaned	Heads of Service Referral and Assessment	31 March 2021	<p>Through the MACE achieve a strong triangulation of information relating to CE, missing, exploitation and trafficked children/ YP and effective use of this information to keep individuals safe and plan both strategic and operational actions</p> <p>100% of young people missing are offered a RHI for each episode with an 80% take up rate.</p> <p>Baseline: 50% of children missing from care ytd who have an independent return interview within timescale (July 2020 TPR)</p>	<p>(a) Daily missing meetings taking place with TVP.</p> <p>(b) Review of current offer to be completed</p> <table border="1"> <thead> <tr> <th>RHIs</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>In Slough</td> <td>N/A</td> <td>N/A</td> <td>0</td> <td>TBC</td> <td>TBC</td> <td>TBC</td> </tr> <tr> <td>Out of Borough</td> <td>0</td> <td>40%</td> <td>75%</td> <td>TBC</td> <td>TBC</td> <td>TBC</td> </tr> </tbody> </table> <p>(c) MO recorded after each missing episode.</p> <p>(d) Research been undertaken with OLAs around RHIs outside of borough to ensure best practice in slough.</p>	RHIs	Jul	Aug	Sep	Oct	Nov	Dec	In Slough	N/A	N/A	0	TBC	TBC	TBC	Out of Borough	0	40%	75%	TBC	TBC	TBC		
RHIs	Jul	Aug	Sep	Oct	Nov	Dec																						
In Slough	N/A	N/A	0	TBC	TBC	TBC																						
Out of Borough	0	40%	75%	TBC	TBC	TBC																						
18	Explore/ develop an edge of care service to meet the needs of children and young people at risk of harm from the trio of vulnerabilities including, mental health, substance misuse and domestic abuse.	AD Frontline Practice and Review, ELT	31 March 2021	<p>There is a reduction in the number of DA cases where children are present or involved</p> <p>There is a reduction in the number of cases where substance misuse is a factor</p> <p>There are better outcomes for cases where mental health factors are involved.</p>	Being mapped with contextual safeguarding team development to prevent children coming into care																							

Stability of the Workforce						30 Nov	Current
Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress and	30 Nov	Current
19	Organise a whole service day with staff to all key back to basics practice delivered in Cake and Learn and Manager's Briefings	Assistant Director Frontline Practice and Improvement	TBC	Case file recording shows a wide range of direct work tools used by social workers to engage children ensuring the voice of the child is heard within their own care planning as evidence by dip sampling which continues beyond the time of the rapid improvement plan.	<ul style="list-style-type: none"> Whole service day planning initiated however there are significant challenges around venue and maintaining social distancing. Looking to deliver a series of regular, smaller sessions run more than once for all staff to attend starting in January 2021 – See action 20 		
20	Develop a suite of bite size workshops/Managers briefings for staff clearly identifying standards and expectations of the workforce in terms of frontline practice, and lessons from audits and reviews	Assistant Director Frontline Practice and Improvement / HOS	30 March 2021	Increased feedback from parents who feel staff have understood their concerns and made a difference for them.	<ul style="list-style-type: none"> Managers briefings, staff sessions and Cake and learn sessions mapped into a single schedule. Staff sessions to be booked in. Clear instructions to all staff around who needs to attend which session to be issued 		
21	Coaching of new and existing managers (elements covered by staff collage) and ensuring all new	Heads of Service	31 March 2021	Target: Management oversight is present on 50% of cases	<ul style="list-style-type: none"> Training set-up 		

Stability of the Workforce							RAG Update																				
Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress and	30 Nov	Current																				
	managers have a clear understanding of management oversight expectations including 'Need to Know' protocols in their local induction			in the last month (based on case notes only) Baseline 10/08/2020 ECR: 38.1% 45% - September 2020 50% - October 2020																							
22	Send regular pulse survey's out to all staff to check understanding and knowledge base of Learning and development	Communications Officer	Ongoing from 2 October 2020	Staff report through pulse survey they are more aware of the support available to them and the majority of respondents report they have consulted with at least 1 individual for support	<ul style="list-style-type: none"> Pulse surveys are being mapped into an overall formal comms plan to ensure it aligns with Trust wide communications approach. The plan will be added once approved 																						
23	Develop an online knowledge Hub providing access to a range of information and tools for practitioners.	Head of S&QA, Practice Lead	17 December 2020	Staff feedback they are able to easily access key information and tools and this has helped them improve their practice.	<ul style="list-style-type: none"> Knowledge Hub has been set up on the intranet but needs to be populated further. Work programme being developed to promote refreshed Knowledge Hub with all staff. 																						
24	Ensure there is sufficient social work resource for allocation of children, so caseloads are reduced and in line with the agreed targets	Assistant Director Frontline Practice and Improvement and Head of HR and OD	31 March 2021	<p>Caseloads are reduced enabling more effective interventions with children, children are in the right service and the right time and turnover of staff decreases</p> <p>Average Caseload targets:</p> <ul style="list-style-type: none"> Referral and Assessment: 25 Safeguarding and Family Support: 22 CLA: 18 <p>Baseline: 10/08/2020 ECR</p> <ul style="list-style-type: none"> Referral and Assessment: 25.75 Safeguarding and Family Support: 22.18 (includes Court but not Innovate) CLA: 14.81 <p>100% cases are allocated each month as measured by the weekly ECR. Baseline 10/08/2020 – 2 unallocated cases</p>	<table border="1"> <thead> <tr> <th colspan="4">Average Caseload at end of Month</th> </tr> <tr> <th>Service Area</th> <th>26 Oct</th> <th>30 Nov</th> <th>31 Dec</th> </tr> </thead> <tbody> <tr> <td>Referral and Assessment</td> <td>28.4</td> <td>24.0</td> <td>24.2</td> </tr> <tr> <td>Safeguarding and Family Support</td> <td>19.1</td> <td>18.8</td> <td>20.0</td> </tr> <tr> <td>Children Looked After and Support Services (incl. CWD and CL)</td> <td>24.0</td> <td>21.4</td> <td>22.3</td> </tr> </tbody> </table>	Average Caseload at end of Month				Service Area	26 Oct	30 Nov	31 Dec	Referral and Assessment	28.4	24.0	24.2	Safeguarding and Family Support	19.1	18.8	20.0	Children Looked After and Support Services (incl. CWD and CL)	24.0	21.4	22.3		
Average Caseload at end of Month																											
Service Area	26 Oct	30 Nov	31 Dec																								
Referral and Assessment	28.4	24.0	24.2																								
Safeguarding and Family Support	19.1	18.8	20.0																								
Children Looked After and Support Services (incl. CWD and CL)	24.0	21.4	22.3																								
25	<p>(a) Review and refresh the recruitment strategy to look at different opportunities to attract and recruit permanent staff including working with vendors to attract and recruit permanent staff to the Trust.</p> <p>(b) Embed learning from exit interviews to support recruitment and development of permanent staff.</p>	Head of HR and OD	31 March 2021	<p>Reduce the number of changes of social workers or children</p> <p>25% or less of children looked after (for 12 months or more) have two or more changes of social worker in 12 months (Baseline 36.3% ytd July 2020 TPR)</p>	<p>(a) % of children looked after (for 12 months or more) have two or more changes of social worker in 12 months - TPR</p> <table border="1"> <thead> <tr> <th colspan="2">CLA with 2 or more changes of social worker in 12m</th> </tr> </thead> <tbody> <tr> <td>Sep 20</td> <td>50.0%</td> </tr> <tr> <td>Oct 20</td> <td>48.9%</td> </tr> <tr> <td>Nov 20</td> <td>41.5%</td> </tr> <tr> <td>Dec 20</td> <td>40.3%</td> </tr> </tbody> </table> <p>(b) Virtual open evening explored</p>	CLA with 2 or more changes of social worker in 12m		Sep 20	50.0%	Oct 20	48.9%	Nov 20	41.5%	Dec 20	40.3%												
CLA with 2 or more changes of social worker in 12m																											
Sep 20	50.0%																										
Oct 20	48.9%																										
Nov 20	41.5%																										
Dec 20	40.3%																										
26	Benchmark benefit packages and flexible working arrangements to support high performing agency staff to go permanent.	Head of HR and OD	17 December 2020	75% of frontline case holding staff are permanent by March 2021	<p>HR Dashboard: % of frontline case holding staff</p> <table border="1"> <thead> <tr> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>52.1%</td> <td>53.5%</td> <td>49.3%</td> <td>54.9%</td> <td>52.1%</td> <td>TBC</td> </tr> </tbody> </table>	Jul	Aug	Sep	Oct	Nov	Dec	52.1%	53.5%	49.3%	54.9%	52.1%	TBC										
Jul	Aug	Sep	Oct	Nov	Dec																						
52.1%	53.5%	49.3%	54.9%	52.1%	TBC																						
27	Collate a list of all training to identify how its	Head of HR and OD	30 October	75% of frontline case holding staff are permanent	<ul style="list-style-type: none"> Training analysis completed by Head of HR and OD for 																						

Stability of the Workforce						RAG Update	
Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress and	30 Nov	Current
	delivered, who delivers it, which is mandatory, how long it is, etc. to support with workforce development and retention		2020	by March 2021	Transformation Programme Board. – Feedback noted further work required <ul style="list-style-type: none"> Workforce development work underway with draft workforce strategy developed and next steps are to map out all training across all roles in the Trust to revise requirements and develop bespoke training offers for staff. 		
28	All new starters to receive both a corporate and local inductions to support the retention of staff and managers. This will be through use of the induction documents available on the intranet (with hard copies in team folders).	Head of HR and OD and Heads of Service/ Service Coordinators	Ongoing as of July 2020	100% of new starters receive an effective induction	<ul style="list-style-type: none"> Local induction trialed with innovate teams and now embedded across the service with service leads speaking at rolling induction programme. Corporate inductions are taking place. MASH Local Induction drafted and going through ELT governance. 		
29	Strengthen communications to staff through better use of the available TV screens and other methods and evidence impact of change.	Assistant Director Frontline Practice and Improvement , Project Manager	1 February 2021 (was due 9 October 2020)	Staff are more engaged and feedback positively in the health check surveys. Improved outcomes for children and young people through improved intervention from staff who are better informed.	TV screens requested at new office building to support this communications requirement. Office move delayed until end of Jan 2021.		

Quality Assurance						RAG Update	
Ref	Actions	Leads and resource	Timescales	Impact to be achieved/ KPIs/ How do we know?	Progress	30 Nov	Current
30	<p>Review and refresh the Quality Assurance Framework to be reviewed, to ensure that it includes all key activity across the child's journey in terms of data performance, auditing, dip sampling and feedback from children and families</p> <p>(a) Project Worker/ Team Manager to be appointed to embed the QAF</p> <p>(b) Develop an audit schedule which covers audit activity across the whole child's journey. This will be embedded within the framework and looking to secure funding through DfE for post to manage this.</p>	AD QUIP	30 December 2020	<p>A comprehensive framework to support the driving of continuous improvement of frontline practice, effective analysis timeliness and quality of practice in Slough</p> <p>To ensure that the work with children and their family is outcome focused and the distance travelled can be measured to avoid drift and delay</p>	<ul style="list-style-type: none"> Recruitment for additional QA capacity Benchmarking of current QA framework against good exemplars elsewhere to support refresh Funding obtained from DfE 		
31	Trust standards to be reviewed in line with ongoing developments and improvement. – aim to have an online accessible version for all staff.	Head of S&QA	31 January 2021	<p>Staff state they know about practice standards and guides and use them in pulse surveys and supervisions</p> <p>At least 35% of cases audited are rates as good and the number of cases rated inadequate is less than 10% as measured in the quarterly audit reports</p>	TBC		
32	Close the loop on practice standards and the outcomes framework to define how they link together, and launch in practice learning week	AD Frontline Practice and Improvement , Assistant Director of QIPP	16 November 2020	<p>Staff state they know about practice standards and guides and use them in pulse surveys and supervisions</p> <p>At least 35% of cases audited are rates as good and the number of cases rated inadequate is less than 10% as measured in the quarterly audit reports</p>	<ul style="list-style-type: none"> Practice week held on 16th November with a focus on neglect. Sessions were largely held virtually, which did impact on the collaborative aspect of previous PLW's The outcomes framework is currently being through the front door to test the form before being launched wider at the practice learning week. 		
33	Embed links to guides for staff within the corporate induction and on the intranet.	Communications officer	Quarterly as of August 2020	<p>Staff state they know about practice standards and guides and use them in pulse surveys and supervisions</p> <p>At least 35% of cases audited are rates as good and the number of cases rated inadequate is less than 10% as measured in the quarterly audit reports</p>	<ul style="list-style-type: none"> Links circulated to all staff and activity to embed this into regular communications underway. 		