

Accelerated Improvement Plan Refresh May 2020

Aim of the plan	To deliver consistently good services so children are safer, sooner	
Priorities	1.	To reduce the proportion of inadequate practice and increase the proportion of improving practice so that practice is consistently good or better.
	2.	To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool, including: a) Supervision and Management Oversight (to be regular, reflective and appropriately recorded in order to drive good practice outcomes) b) Visiting and Direct Work (to be timely, purposeful and champion the voice of the child - including MASH red RAG rated contacts) c) Assessment of needs, risks and circumstances (to reflect the Essentials 2.0 Programme 'Anchor' and 'Risk' principles) d) Planning and Reviewing (to be C-SMART, adaptive and effective) e) Case Recording (to be up to date, clear and comprehensive)
	3.	To communicate with Practitioners, Managers and Leaders and engage their 'hearts and minds' to deliver practice and performance improvements
	4.	To protect children through timely decisions and risk informed intervention and support that has a positive impact and improves outcomes
	5.	To achieve permanence for children at the earliest appropriate opportunity

D A S H B O A R D					
Reporting period:		1st May 2020 to 31st May 2020			
Progress made		Actions Status		Impact Status	
To reduce the proportion of inadequate practice and increase the proportion of improving practice so that practice is consistently good or better.	<ul style="list-style-type: none"> Core audits have been suspended in April and May to allow the Service to respond to the COVID-19 pandemic and establish effective business continuity planning Core Audits will start again in June 3 thematic audits have however been completed (focussing on repeat CP planning, ICPCs and Permanence), 159 children's case records were reviewed through these thematic audits The QA Framework has been refreshed to strengthen the emphasis between quality improvement, quality control and quality assurance activity. 	■ On target	X	■ On target	
		◆ At risk		◆ At risk	X
		▲ Compromised		▲ Compromised	
		● Completed		● Completed	
Participation in Essentials and in in-house Leadership Programme	<ul style="list-style-type: none"> The Essentials 2.0 Programme has already been delivered to 363 out of 436 staff with 304 (63%) staff completing all 3 modules, 43 staff completing 2 modules and 26 staff completing 1 module The Essential 2.0 Programme delivery has been suspended by the Social Work Academy during the COVID-19 pandemic whilst a virtual delivery platform was established The Social Work Academy is in the process of testing the virtual delivery platform and re-scheduling the Essentials 2.0 Programme It is intended that the Essential 2.0 Programme will resume with the delivery of two sessions per week via the virtual platform from July A leadership programme outline has been agreed for TMs and SMs with the aim of supplementing the learning from the IPC programme by focusing on the practical application of leadership skills. Progress on the leadership programme paused due to COVID-19 but has resumed and 	■ On target		■ On target	
		◆ At risk		◆ At risk	X
		▲ Compromised	X	▲ Compromised	

	<p>detailed programme development is now underway. There is a modular programme including 8 days in total. It is anticipated that the majority of the programme delivery will be completed in autumn 2020.</p> <ul style="list-style-type: none"> Leadership learning will be supported by the provision of action learning sets and coaching (dependent on available resources, see DfE coaching bid outlined below) 	● Completed		● Completed	
<p>To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool: Supervision & Management Oversight</p>	<ul style="list-style-type: none"> Following urgent remedial action, casework supervision improved to 67% in May from 38% in April. Casework supervision compliance reporting has been established, a zero tolerance approach has been taken and further remedial action is being taken with identified Team Managers. Professional supervision improved to 91% of social workers in May from 87% in April Overall there has been an increase of reflective group supervisions being held over the last 12 months, although this is not consistent month on month Funding a programme of coaching and mentoring for Team and Service Managers is being explored with the DfE to strengthen supervision and management oversight. A DfE bid has been scoped and is due to be finalised and submitted by the end of June. 	■ On target	x	■ On target	
		◆ At risk		◆ At risk	
		▲ Compromised		▲ Compromised	x
		● Completed		● Completed	
<p>To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool: Timeliness of visits</p>	<ul style="list-style-type: none"> The percentage of children seen within timescale following contact in relation to s47 enquiries was 93% in May The percentage of children seen within timescale following contact in relation to s17 assessments was 86% in May The combined s47 and s17 percentage of children seen within timescale following initial contact was 92% overall in May The percentage of all children subject to a CIN, CP and care plan seen within timescale in May was 95% of which 79% were seen in person The percentage of children subject to a child protection plan seen within timescale was 95% in May of which 88% were seen in person Based on the latest DfE survey return submitted (3rd June), Gloucestershire is performing better than the average for the South West (88% of CP see within 2 weeks compared to regional average of 81%; 75% of CIN seen within 4 weeks compared to regional average of 59%) 	■ On target	x	■ On target	x
		◆ At risk		◆ At risk	
		▲ Compromised		▲ Compromised	
		● Completed		● Completed	
<p>To communicate with Practitioners, Managers and Leaders and engage their 'hearts and minds' to deliver practice and performance improvements</p>	<ul style="list-style-type: none"> Business Continuity Planning arrangements continue to include 3 x a week CSC Bronze Group Meetings and twice weekly CS SLT Silver meetings As of 13.05.2020 the extended Wednesday Bronze Group Meeting which incorporates the Leadership Team Meeting continues to include Services Managers on a monthly basis. To date, two monthly meetings have taken place To date, 26 x COVID-19 technical briefings have been produced and disseminated to all CSC staff. Positive staff feedback has been received about the accessibility and helpfulness of this messaging The PSW has continued to support staff drop-ins to hear and respond to the voice of front line practitioners and managers which provides valuable workforce intelligence and allows the management and leadership group to identify and respond to issues in 'real time' The PSW also published a PSW Weekly Round Up every Friday to streamline and coordinate all the national, regional and sector led COVID-19 related communications for CSC staff Director and senior leadership webinars have continued to develop to replace SLT Locality/Service visits to keep in touch with staff during the COVID-19 pandemic. A programme of SLT webinars is in place for the summer period. To date 5 Webinars have 	■ On target	x	■ On target	x
		◆ At risk		◆ At risk	
		▲ Compromised		▲ Compromised	

	<p>already been delivered, with good attendance and positive feedback</p> <ul style="list-style-type: none"> A recent corporate staff survey (dated 22 - 29.04.2020) reported 79% of CS staff are working remotely and on a 1 to 5 point scale the majority of CS staff scored a 4 in terms of feeling mostly satisfied with information and communication, ICT support and home working arrangements. This survey will be repeated in June, participation will be actively encouraged. 	● Completed		● Completed	
To protect children through timely and consistent risk informed intervention and support that has a positive impact and improves outcomes	<ul style="list-style-type: none"> Timeliness of Initial Child Protection Conferences has continued to improve to 61% but performance remains below target (80%) Analysis of the reasons for late ICPC has been completed leading to additional HOS oversight and scrutiny of all ICPC requests focusing on timeliness and thresholds The proportion of children becoming subject to a second or subsequent protection plan was 45% in-month during May and is 35% overall and remains a key focus A joint HOS/Improvement Advisor Meeting was convened to review the outcome of the recent thematic audits regarding repeat CP planning and ICPCs Targeted improvement action plans were agreed in response to the thematic audit recommendations An away ½ day with conference chairs has been organised for June 2020 	■ On target	x	■ On target	
		◆ At risk		◆ At risk	x
		▲ Compromised		▲ Compromised	
		● Completed		● Completed	
To achieve permanence for children at the earliest appropriate opportunity	<ul style="list-style-type: none"> A joint HOS/Improvement Advisor Meeting was convened to review the outcome of the thematic audit regarding permanence and an improvement action plan was agreed in response to audit recommendations 91% of care leavers have an up-to-date Pathway Plan and this performance is above target Remedial action is underway in response to the quarterly in-service pathway planning audit A high proportion of care leavers across are in suitable accommodation The threat of actual/anticipated eviction for older care leavers in independent accommodation is being tracked during COVID-19 to ensure continuity of support as required The percentage of all children in care who are s20 remained at 28% in May (210 out of 754) which is down from a peak of 31% six months ago although needs to be reduce further to be more in line with statistical neighbours/England average. Despite COVID-19, targeted work has continued to initiate court care proceedings for some s20 children in care requiring legal permanence, although inevitably some courts delays have occurred The legacy of longstanding and excessive s20 use will take months to work its way through as older CIC become 18 and pre-proceedings/proceedings are completed for a number of younger children and this work is underway HoS are tracking and reporting on the s20 cohort of children at service/locality levels. They are required to place a management oversight on case note records to outline the rationale for s20 and any action that is necessary. A recent scrutiny exercise led to red RAGs and requirement for urgent action by HoS for nine children where there was an identified delay. An away day with Independent Reviewing Officers has been planned for June 2020 A programme of Permanence Roadshows has been planned for June 2020 to address the thematic permanence audit improvement action plan 	■ On target	x	■ On target	
		◆ At risk		◆ At risk	x
		▲ Compromised		▲ Compromised	
		● Completed		● Completed	

To reduce the proportion of inadequate practice and increase the proportion of improving practice so overall practice is consistently good or better.							
Rationale	The percentage of inadequate case work identified through case file audit has remained high.			Actions status		Impact Status	
				■ On target	X	■ On target	
Reporting period:	1 st May 2020	To	31 st May 2020	◆ At risk		◆ At risk	X
				▲ Compromised		▲ Compromised	
Objectives	<ul style="list-style-type: none"> To improve the quality of Assessment and Planning Reduce the % Inadequate work identified through case file auditing to 5-8% for a sustained period of 3 months prior to re-inspection 			Comments about overall status			
				<ul style="list-style-type: none"> Improvements in practice are yet to be consistently and sustainably embedded. The pace of change thus far has not met expectations. 			
Progress made this period:	<ul style="list-style-type: none"> The new 'Practice Fundamentals' tool has been launched to promote accountability for assuring the quality of practice The Safeguarding Campaign has been launched via the corporate communications team Further work has been completed on CP decision-making regarding likely significant risk of harm and thresholds thought reviewing the findings from Hampshire's repeat CP planning audit report (review of 41 repeat CP plans) as well as the ICPC audit The findings from the permanence audit are informing the improvement work on permanence planning and practice Pathway planning for care leavers has encompassed the recommendations arising from the Pathway Planning quarterly audit findings 			Actions next period:		<ul style="list-style-type: none"> Programme of case file auditing to re-start in June. Liaise with Hampshire regarding follow up audit of repeat CP planning. Continue to develop range of thematic/targeted audits to complement case file auditing. Continue to develop the content of the leadership development programme for team and service managers due for Autumn 2020 Complete and submit DfE coaching bid for Team and Service Managers Undertake weekly HOS post-launch updates regarding the application of Practice Fundamentals across all operational teams and services to ensure traction and share best practice examples 	

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Identify teams and individuals to target	Leadership Team	This will lead to focused interventions on teams and individuals identified as needing support based on performance data and results of audits	Monthly based on Performance reports
Deep dive Interventions into targeted teams and individuals	Improvement Adviser	Implementation of individual plans focused on their need to improve their practice, performance and quality of their work	From September 19
Applying learning from of Essentials Training to manage risks and harm (Anchor Principles)	Heads of Service	Better and more consistent risk management	Monthly (via auditing and management oversight)
Good practice sharing scheme	Heads of Service/Team Managers with PSW	Good practice examples are shared between peers and celebrated to increase overall awareness about what good looks like	Monthly (via the frequency of weekly Bronze, Leadership & Management Meetings & PSW Drop Ins)
Monitoring use of audit exemptions	Director (Safeguarding)	Increased completion of audit	Monthly for each round of case file audits re-starting in June 2020
Review of top 20 Neglect children cases in each locality (top 40 in Gloucester) which have had the most delay / drift	Head of Improvement	This will lead to actions to remediate to drifts and delays	Completed by 30 th June
Develop a case file review tool to address concerns identified via Ofsted or Audit programme	Head of Improvement	This will lead to actions to remediate to drifts and delays	Completed by 24 th June
Establish a programme of case file review activity	Head of Improvement	This will lead to actions to remediate to drifts and delays	Completed by 24 th June
Establish a "field force" to deliver case file review programme	Leadership Team	This will lead to actions to remediate to drifts and delays	Completed by 24 th June

Review of audited cases where there are outstanding audit actions	Heads of Service/Team Managers	Increased impact of audits on children's circumstances	Monthly from 15 th May
Review of Ofsted cases to address identified concerns (112 cases)	"Field Force" team	This will lead to actions to remediate to drifts and delays	Completed at end of March
Revise case file audit form based on Ofsted grading	Head of Quality & Safeguarding (Children & Young People)		Completed by 30 th June
Launch revised audit tool and QA framework	Head of Quality & Safeguarding (Children & Young People)		Launched 1 st July

Metrics																												
Improving & Embedding																												
	April		May		June		July		August		Sept		October		Nov		December		Jan 20		February		March		April		May	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
% of cases judged as inadequate	12/10%	36%	10/8%	40%	8/5%	30%	8/5%	30%	5%	17%	5%	23%	5%	28%	5%	26%	5%	30%	5%	12%	5%	25%	5%	23%	5%	N/A	5%	N/A
% of audit actions from previous month within timescale	75%	52%	75%	64%	75%	66%	75%	81%	75%	77%	75%	74%	80%	73%	80%	70%	80%	63%	80%	72%	80%	66%	80%	68%	80%	N/A	80%	N/A
% of cases judged as good	25%	19%	25%	17%	25%	16%	25%	20%	30%	29%	30%	21%	35%	22%	35%	29%	35%	22%	35%	32%	35%	25%	35%	27%	35%	N/A	35%	N/A
Number of Neglect cases reviewed (cumulative)					80	81	100	105																				
Number of Ofsted cases subject to case file reviews and remedial actions (111) (cumulative)							91	27	119	32		78		82		97		99		99		111				111		
Number of RI/Inadequate cases subject to case file reviews and remedial actions (173+272) (cumulative)							158	78	300	94		447		189		237		296		311		408		408				
Number of coaching sessions delivered by Improvement advisors (cumulative)														4		21		38		48		57		63				

Participation in Essential and in-house Leadership and Management Development programme																						
Rationale	Essentials principles need to continue to be embedded to improve the quality of overall practice										Actions status				Impact Status							
											■ On target								■ On target			
Reporting period:	1 st May 2020					To	31 st May 2020					◆ At risk				X						
	▲ Compromised				X				▲ Compromised													
				● Completed								● Completed										
Objectives	<ul style="list-style-type: none"> • Increase completion rate of Essentials Training • In-house Leadership Management Development Programme 										Comments about overall status				<ul style="list-style-type: none"> • The COVID-19 situation has led to disruption of the direct delivery of the Essentials 2.0 sessions to new starters and those requiring refreshers. • The Academy is currently testing the viability of delivery of these sessions through the Jabber video conferencing platform to resume this service. • It also delayed work on the in-house leadership and management programme but this has now resumed. 							
Progress made this period:	<ul style="list-style-type: none"> • On-going targeted work with respective Heads of Service in relation to the performance and quality of individual social workers and teams. • The Social Work Academy tested and confirmed virtual platform delivery arrangements • It is intended that the Essential 2.0 Programme will resume with the delivery of two sessions per week via the virtual platform from July • The outline of the In-house Leadership programme has been completed, detailed content is now being written and is closely aligned with Essentials, Practice Fundamentals and NAAS. The programme is on track to be delivered throughout autumn 2020. 										Actions next period:				<ul style="list-style-type: none"> • Pursue targeted work with Heads of Service • Resume delivery of Essentials 2.0 Programme • Complete detailed content of in-house leadership & management programme and develop delivery schedule • Delivery of remaining IFT cohort (focused on TMs) to be arranged post COVID-19 							

Key Actions, Owners, Impacts on objectives and Timescale																											
Key Actions							Owners							Impact on Objective							Timescale						
Analysis of current participation and identification of practitioners / managers requiring attending 1 or 2 modules for completing the Essentials Training							Quality Assurance Team							Target communications to individuals who have missed one or two modules							Completed						
Actions to ensure attendance of practitioners missing 1 or 2 Modules.							Heads of Service/Team Managers							Increased overall completion of essential modules							Delivery of the planned sessions completed at end of July. More session arranged from September 19 – Business as usual from October 19						
Revise Essentials Delivery Programme							Quality Assurance Team							Facilitate attendance and completion of modules (e.g. merging some modules)							Completed						
Target next batch of Essential training to focus on TMs and APs							Heads of Service/ Quality Assurance Team							Increased numbers of TMs and APs who have completed the programme							All sessions planned have been delivered. Another round of sessions planned from September. Practice oversight for AP in development						

Metrics																											
Improvement & Embedding																											
April		May		June		July		August		Sept		October		Nov		December		Jan 20		February		March		April		May	
Target	Actual	Target	Target	Actual	Target	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

Number of Practitioners having completed 3 relaunched essential modules (used to be 5 Essentials Modules)	130	22	tbc	tbc	149	tbc	174	tbc	174	tbc	223	tbc	tbc	245			264	287	294	294	294						
Number of TMs and HofS who have completed 7 module + of IPC management development programme	16	10		10	10	35	32	45						50	51												
Quality of assessment (QA report) – rated as a percentage of assessments evaluated as 'Good'.		19%		17%	8%		19%		28%		23%		23%		29%		28%		32%		19%		27%		N/A		N/A
SMART planning (QA report) – rated as a percentage of plans evaluated as 'Good'.		19%		20%	20%		21%		18%		17%		18%		31%		23%		27%		21%		28%		N/A		N/A

To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool: Supervision & Management Oversight							
Rationale	Supervision previously relied on manual return leading to an incomplete picture in terms of extent and frequency of supervision. A tracker has been established, this will lead to better understanding of impact of supervision on quality of practice. Lack of supervision has been previously cited in exit interviews.			Actions status		Impact status	
				■ On target	X	■ On target	
Reporting period:	1 st May 2020	To	31 st May 2020	◆ At risk		◆ At risk	X
				▲ Compromised		▲ Compromised	
Objectives	<ul style="list-style-type: none"> To drive good practice and decision making and be regular, reflective and appropriately recorded 			Comments about overall status			
				● Completed		● Completed	
Progress made this period:	<ul style="list-style-type: none"> Scrutiny of underperforming SWs and Team report for April revealed 14 SWs (5%) across 12 teams rated Red/Amber for 3 +months (down from highest of 29 in May 2019), 25 of 44 teams (57%) rated Red/Amber for 3 + months (up from lowest of 16 in March 2019) with 6 of these teams being rated Red/Amber for 19 months. Overall, team meetings have been taking place with key messages cascaded at team meetings and 76% of social care teams confirmed they have had a team meeting in May Group reflective supervision has continued in May with 31% of teams having confirmed they have had reflective group supervision. The supervision tracker for reporting professional supervision is embedded and reported its highest performance at 91% in May (compared to 87% in April). A programme of Coaching and Mentoring for Team Managers and Service Managers is being explored with the DfE around reinforcing Essentials Programme principles and Practice Fundamentals. 			Actions next period:			
						<ul style="list-style-type: none"> Targeted work is continuing taking place. Completion, timeliness and recording of case supervision on LL improved but significant further improvement is needed. Further targeted action by Director (Safeguarding) to address underperforming SWs and Teams with Heads of Service, HR and Performance Implement the SW and Tam performance tracker including HOS informed updates Enforce use of the mandatory recording of casework supervision using the Liquid Logic template in 'forms' using the Team Manager performance compliance reporting Complete and pursue the Coaching and Mentoring bid with the DfE 	

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Refresh supervision procedures and standards	Director of Safeguarding	Requirements and minimum standards are strengthened and made clearer	Completed and relaunched
Monthly reporting on recording casework supervision compliance for scrutiny and review with all Team Managers	Head of Service / Director of Safeguarding with HR	To address compliance and improve performance by enforcing casework supervision recording standards	Marked improvement in June 2020 & monthly thereafter
Complete evaluation of safeguarding TMs	Head of Service / Director of Safeguarding & HR	To improve the practice of underperforming SWs and TMs, to include formal HR performance management measures where necessary and appropriate	To track identified SWs & Team Managers and establish performance management plans by end of June 2020
Essex TM mentoring	Head of Service / Director of Safeguarding	To increase confidence and quality of supervisions provided by TMs	Completed
Improvement Advisors to coach / mentor targeted TMs	Director of Safeguarding / Improvement Adviser	To increase confidence and quality of management oversight and accountability for practice standards provided by TMs	September 2019 onwards
Head of Service reports to SLT	Director of Safeguarding	Increased oversight of SLT on progresses and barriers	Took place Jan 19 to June 19
Extended Manager Meetings (EMM)	Director of Safeguarding	Increased pace of learning	Fortnightly EMM in Feb and March – Now quarterly
Revise report and data capture for supervision	Business Manager	Increased oversight and better picture of frequency and consistency of supervision	Completed

Metrics																												
Improving & Embedding																												
	April		May		June		July		August		Sept		October		Nov		December		Jan 20		February		March		April		May	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Number of TM mentored by Improvement Adviser															17		17		17		17							
% of SW who have had a monthly supervisions	65 / 75%		65 / 75%		70 / 80%		80%		90%	81%	95%	79%	95%	84%	95%	76%		77%		89%		82%				87%		91%
% of case supervision																								38%		50%		67%
Management oversight (QA report) – rated as a percentage of management oversight and supervision evaluated as 'Good'.		11%		12%		17%		18%		28%		26%		23%		32%		24%		44%		29%		27%		N/A		N/A

To improve the quality and performance of social work practice in line with the Practice Fundamentals Tool: Timeliness of visits							
Rationale	The percentage of children seen in a timely way following contact needs to improve further to ensure they are safe and well and that purposeful support and intervention is undertaken to make sure their voice is heard			Actions status		Impact Status	
				■ On target	X	■ On target	X
Reporting period:	1 st May 2020	To	31 st May 2020	◆ At risk		◆ At risk	
				▲ Compromised		▲ Compromised	
				● Completed		● Completed	
Objectives	<ul style="list-style-type: none"> • Increase the timeliness of decision-making for Red RAG rated contacts • Increase the % of s17 and s47 visits within timescales following contact • Increase the % of visits to children in need of support, protection and care 			Comments about overall status	<ul style="list-style-type: none"> • Timeliness of all visits is positive overall 		
Progress made this period:	<ul style="list-style-type: none"> • Timeliness of decision making for Red RAG rated contacts had decreased this month (84%) after having improved in March and April • The percentage of children seen within timescale following contact in relation to s47 enquiries was 93% in May • The percentage of children seen within timescale following contact in relation to s17 assessments was 86% in May • The combined s47 and s17 percentage of children seen within timescale following initial contact was 92% overall in May • The percentage of all children subject to a CIN, CP and Care plan seen within timescale in May was 95% of which 79% were seen in person • The percentage of children subject to a child protection plan seen within timescale was 95% in May of which 88% were seen in person • The significant majority of children in care have been seen within timescale (May 89%), although this is below the target of 95%, and have an up-to date review and pathway plan. • Monthly performance surgeries have continued to be convened on a virtual basis. • Based on the latest DfE survey return submitted (3rd June), Gloucestershire is performing better than the average for the South West (88% of CP see within 2 weeks compared to regional average of 81%; 75% of CIN seen within 4 weeks compared to regional average of 59%) 			Actions next period:	<ul style="list-style-type: none"> • Consolidate and maintain improved overall visiting performance • Address visiting performance variability between teams • Implement Practice Fundamentals to ensure purposeful visiting and direct work with children • Maintain high level of face to face visits during COVID-19 pandemic 		

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
TM to hold Monday morning planning meetings (to schedule all upcoming visits & tasks that need to be completed) and to review any overdue from previous week with reference to appropriate web reports	Team Managers	TMs and SWs are clear about visits which need to be completed	Weekly and on-going
Performance surgeries to focus on visits	Heads of Service	Reinforce messages about visits being a key priority to target any 'at risk' visits and underperformance	Monthly from February 2020 and on-going on a virtual basis currently
Deep dive intervention in struggling teams	Improvement Advisors	Identify root causes and target improvement intervention	Fortnightly Head of Service report to SLT (Jan 19 to June 19). Coaching / Mentoring by Improvement Advisors from Sept 19
EMM to focus on TM approach to visit and review progress made by TMs on agreed actions	Head of Service / Director of Safeguarding	TMs are held to account	Fortnightly Head of Service report to SLT (Jan 19 to June 19)
Data and report: - Gap in quantum terms - Forward look dynamic daily reporting - % timeliness report to HofS	Team Managers	Increased awareness, improved understanding and action required to address gaps and achieve performance target	Daily forward looking reporting by Team Managers on visits due. Weekly monitoring of visits completed by Head of Service
Refresh Practice Standards for visits following	RE, RT		Completed

referrals, care leaver visiting, private fostering etc.		
Implement revised visiting data metrics	AD, KH	Completed

Metrics																													
Improving & Embedding																													
	April		May		June		July		August		Sept		October		Nov		December		Jan 20		February		March		April		May		
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Percentage of children seen within timescale following contact – Sec 17	70%	65%	80%	75%	80%	84%	80%	77%	80%	73%	80%	76%	80%	75%	80%	75%	80%	80%	80%	80%	89%	80%	92%	80%	90%	80%	85%	80%	93%
Percentage of children seen within timescale following contact – Sec 47	80%	74%	80%	62%	80%	76%	80%	60%	80%	75%	80%	53%	80%	90%	80%	75%	80%	66%	80%	75%	80%	76%	80%	66%	80%	72%	80%	86%	
Percentage of children in need seen within timescale	80%	89%	80%	86%	80%	85%	85%	80%	85%	86%	85%	87%	85%	87%	85%	87%	85%	88%	85%	91%	85%	91%	85%	88%	85%	91%	85%	95%	
Percentage of children on CP plans seen within timescale	85%	93%	85%	87%	85%	87%	90%	78%	90%	86%	90%	88%	90%	87%	90%	91%	90%	89%	90%	87%	90%	91%	90%	84%	90%	92%	90%	95%	
Percentage of children for CIC seen within timescale	90%	96%	90%	99%	90%	96%	95%	96%	95%	96%	95%	95%	95%	97%	95%	96%	95%	96%	95%	96%	95%	98%	95%	95%	95%	84%	95%	89%	
% of contact to final decision in 4 working hours for Red RAG rated contacts		64%		55%		89%		90%		95%		98%		89%		98%		95%		89%		82%		94%		90%		84%	

To communicate with Practitioners, Managers and Leaders and engage their 'hearts and minds' to deliver practice and performance improvements							
Rationale	The Accelerated Improvement Plan (AIP) is the operational recovery mechanism which focuses improvement activity on priority practice fundamentals which need to improve rapidly. Given the need for pace and focus implicit in the AIP, there is a need for a programme of communications and improvement activity to ensure we engage the 'hearts and minds' of practitioners and managers. The AIP is subject to regular review and oversight by the Improvement Board, Corporate and Senior Leadership Teams.			Actions status		Impact status	
				■ On target	X	■ On target	X
Reporting period:	1 st May 2020	To	31 st May 2020	◆ At risk		◆ At risk	
				▲ Compromised		▲ Compromised	
Objectives	<ul style="list-style-type: none"> To ensure there is comprehensive and consistent understanding of the content and purpose of the AIP To provide regular updates on progress against AIP priorities To ensure the focus of improvement activity within the AIP is meaningful and delivers change / improvement for children and young people. 			Comments about overall status		<ul style="list-style-type: none"> The communications approach aims to engage Practitioners, Team Managers and Senior Leaders in improvement activity through a range of approaches which have been adapted to take account of COVID-19 	
				● Completed			
Progress made this period:	<ul style="list-style-type: none"> Continued sharing of messages via 'Families Count' and communications from SLT Technical briefings developed in relation to COVID-19 for staff and shared with partners (26 briefings as at 09.06.2020.) 5 Director/SLT webinars completed to date (with further webinars scheduled) Continued Principal Social Worker facilitated drop ins for frontline SWs/Managers and a weekly Round-Up Improvement Activity Grid developed to provide a framework for all improvement activity. Practice Fundamentals Tool launched with associated communications Working in partnership with the LGA and DfE, Dr Andy Gill commissioned to undertake a review the current range of improvement and service development activity underway across children's services and layout a road map for a single, long term transformation programme. Dr Gill's recommendations have been accepted and are informing the development of a single whole service transformation plan (which will supersede 'Building the Best') and will incorporate any residual activity that has not yet been delivered New AIP Meeting convened with Director (Safeguarding), HOS, Improvement Advisors and corporate business partners to join up improvement with delivery 			Actions next period:		<ul style="list-style-type: none"> Programme of PSW Team drop-in sessions scheduled throughout the month Weekly PSW Round-Up of local, regional and national publications, press releases, projects, programmes and initiatives Weekly HOS Practice Fundamentals implementation reviews Further DCS/SLT webinars to be delivered throughout the month Continuation of COVID-19 technical briefings Weekly HOS review of the Practice Fundamentals implementation Re-visit vision, values and behaviours with DfE Children's Improvement Advisor 	

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Visits to Teams by Directors	DCS and SLT	Increased visibility, staff engagement and feedback	On-going (although replaced by webinars due to COVID-19)
Heads of Service briefing	Directors	Increase ownership of key messages	completed
Team Manager briefing	Directors and Heads of Service	Increase ownership of key messages	completed
Key messages and videos on TV screens	Directors and Communication team	Update and re-inforce key messages to front line staff	Started 29 July
Conversation with staff roadshow	Improvement Advisor	Prepare staff for Ofsted Inspection	October 19 onwards – completed (to be repeated in line with COVID-19 recovery)

Metrics																												
Improving and Embedding																												
	April		May		June		July		August		Sept		October		Nov		December		Jan 20		February		March		April		May	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Number of Teams visited by Directors						11		7		8		7		9		7	5		22			6		6		N/A		N/A
Video and key messages produced – Themes: "All about the Child" ; "Visiting Children"; "Assessment and Plan"; "Supervision"; "SW stories " (cumulative)								1		3		4		5														
Number of Staff Roadshow (cumulative)														2		16		18										

To protect children through timely decisions and risk informed intervention and support that has a positive impact and improves outcomes							
Rationale	Ofsted inspected Children's Services in 2017 and judged the service to be inadequate for children who need help and protection and inadequate overall. Ofsted have continued to undertake regular monitoring visits. Inspections are currently suspended due to the COVID-19 pandemic. Children's Services must improve safeguarding services at pace and deliver consistently good services to achieve positive outcomes for local children and young people. During the 8 th and most recent monitoring visit in February 2020, Ofsted acknowledged some safeguarding improvements but identified concerns about the focus, pace and consistency of improvement, including a decline in the quality of DCYPS practice.			Actions status		Impact status	
				■ On target	X	■ On target	
			◆ At risk		◆ At risk	X	
Reporting period:	1 st May 2020	To	31 st May 2020	▲ Compromised		▲ Compromised	
				● Completed		● Completed	
Objectives	<ul style="list-style-type: none"> To ensure quality of management oversight & supervision to bring critical challenge & reflection To deliver timely and purposeful visiting with children and young people To deliver timely protection for children, including timely initial CP conferences To intervene in order to address and record children's lived experiences To develop SMART plans including the use of consistent contingency planning To target DCYPS quality of practice, including staff turnover & management oversight in order to challenge planning and intervention, including late transition planning 			Comments about overall status	<ul style="list-style-type: none"> A schedule of targeted improvement activity is in place Improvement activity needs to be forensic and delivered at pace in order to achieve the widespread improvements that are required 		
Progress made this period:	<ul style="list-style-type: none"> Thematic audit about repeat child protection planning highlighted historical poor practice leading to drift for affected children, however there were some indications that the most recent plans were accompanied by better planning and intervention. A range of targeted improvements were identified. Thematic ICPC audit identified that a good proportion of children presented to ICPC receive the right decisions based on well presented information. The quality of information presented for children without a CP plan, the application of the emotional abuse category and the quality of plans generally are all areas for targeted improvement DCYPS experienced interim service manager joined the service to add capacity and DCYPS service improvement action plan completed Seconded Ofsted HMI reviewing and providing critical feedback on LPM document bundles prior to LPM. TMs report good learning that supports improvement. All court care proceedings have been moved to virtual/remote hearings, with the use of 2 x virtual (quasi) court rooms established in Shire Hall and Cheltenham. All court cases triaged to manage demand for court time dependent on critical risk and urgency (demand = C100 x court care proceedings and 30 x new care applications) to provide legal protection for children resulting in additional legal resources being commissioned a neighbouring local authority. 			Actions next period:	<ul style="list-style-type: none"> Develop the thematic audit action plans for repeat CP planning and ICPCs 26 June 2020: all-day workshop with CP chairs focusing on their role in achieving change for children with SMART planning, pace and assertive challenge (underpinned by Practice Fundamentals and learning from thematic audits). Develop impact tools to clarify SMART planning: mandatory bitesize workshop programme for SWs and managers in development for delivery June - August 2020 (underpinned by Practice Fundamentals and learning from thematic audits). Phase 2 of thematic audit on decision-making in CP system. Review and further develop court capacity with legal service, the court and CAFCASS 		

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Evaluate impact of safeguarding improvement activities (strategy meetings, ICPCs, repeat plans, neglect, pre-birth) and use learning to shape and target further improvement work.	Director (Safeguarding) / HOS QA / Improvement Advisor	Decision-making at key points of the safeguarding system are sound and based on best evidence from good quality assessments.	May 2020
Introduce enhanced quality control of LPM document bundles by deploying seconded Ofsted HMI.	Director (Safeguarding) / HOS QA / HOS Cheltenham	LPMs can make the right decision first time because the quality of submissions is consistently good enough.	May 2020 for duration of secondment
Implement improvement plan for DCYPS that focuses on Essentials and Practice Fundamentals	Acting Education Director / HOS DCYPS	Children and young people with disabilities have their needs assessed and met promptly, including safeguarding needs.	June 2020

Metrics																												
Improving & Embedding																												
	April		May		June		July		August		Sept		October		Nov		December		Jan 20		February		March		April		May	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Children subject to an Initial Child Protection Conferences held within 15 working days of the initiation of the S47 enquiry which led to the conference	80%	62%	80%	72%	80%	89%	80%	80%	80%	53%	80%	57%	80%	39%	80%	39%	80%	42%	80%	55%	80%	62%	80%	66%	80%	53%	80%	61%
Children becoming subject of a Child Protection plan for 2nd or subsequent time	25%	31%	25%	20%	25%	24%	25%	29%	25%	34%	25%	36%	25%	28%	25%	25%	25%	25%	35%	25%	25%	25%	37%	25%	21%	25%	35%	

To achieve permanence for children at the earliest appropriate opportunity							
Rationale	Ofsted inspected Children's Services in 2017 and judged the service to 'Require Improvement' for children looked after and achieving permanence (with sub-judgements of 'Good' for Adoption performance and 'Requires Improvement' in respect of the experiences and progress of care leavers). Ofsted have continued to undertake regular monitoring visits. The 7 th and penultimate monitoring visit focused on care leavers was undertaken in September 2019. Ofsted recognised that a number of the recommendations from the previous visit had been progressed however there were still some areas that needed further work to improve care leaving services.			Actions status		Impact status	
				■ On target	X	■ On target	
			◆ At risk		◆ At risk	X	
Reporting period:	1 st May 2020	To	31 st May 2020	▲ Compromised		▲ Compromised	
				● Completed		● Completed	
Objectives	<ul style="list-style-type: none"> To ensure children achieve timely legal, placement and emotional permanence To improve the quality and effectiveness of care and pathway plans To strengthen transition planning To provide care leavers with important information about their health histories To increase the number of young people in employment, education or training 			Comments about overall status	<ul style="list-style-type: none"> A schedule of targeted improvement activity is in place Improvement activity needs to be forensic and delivered at pace in order to achieve the widespread improvements that are required 		
Progress made this period:	<ul style="list-style-type: none"> The percentage of all children in care who are s20 remained high at end of May (210 out of 754 = 28%). This is down from a peak of 31% six months ago. Intensive work with operational SW teams and legal services in December, January and February led to the identification of all children for whom s20 was appropriate and all for whom action was needed to end the use of s20. This has yet to lead to a big reduction in the use of s20 as there is a legacy effect. However, there is now assurance that in almost all cases s20 is appropriate (and recorded as such with a rationale) or action is underway (e.g. LPM, pre-proceedings and care proceedings). A recent review identified nine children/young people where action was delayed and HOS are escalating. Despite Covid-19, work has continued to bring children's cases to court where appropriate, though inevitably there has been some delay as a result. HOS now maintain trackers and scrutinise s20 rates and use, which are now also scrutinised at strategic performance surgery. The use of s20 for new entrants has been volatile as a percentage. We saw a significant reduction earlier this year but in May 20, 87% of children entering care did so under s20. This is high and as yet we do not understand the reasons. HOS have been reminded of the need to scrutinise and challenge all use of s20, including for new entrants to care. Improvement advisers delivered IRO service development day – focus on IRO role in achieving permanence and skills development to be effective in that role. Underpinned by thematic audit findings and Practice Fundamentals. Revised care leaver service improvement plan completed for SLT sign-off June 2020. DCYPS and Care Leaver service improvement plans set out actions to improve transitions. 			Actions next period:	<ul style="list-style-type: none"> Improvement advisers will deliver mandatory bitesize workshops on achieving permanence to all SWs and Managers in June - July 2020 to be informed by thematic audit findings and Practice Fundamentals. Provide briefings to Care Leaver practitioners on findings from the quarterly Pathway Plan audit to include guidance about what is a good plan and compliance with agreed tools and guidance Further detailed scrutiny to address agreed s20 actions. Consolidate LPM quality control findings and develop learning lessons for SWs and Team Managers Review and refresh Fostering Service improvement action plan 		

Key Actions, Owners, Impacts on objectives and Timescale			
Key Actions	Owners	Impact on Objective	Timescale
Thematic champions to be identified for care leavers	DCS and CIC Strategic Lead	Increased offer to care leavers	January 2020
Apprenticeships and work experience opportunities to be widened	Leader of the Council / Lead Member	Increased number of care leaver in employment, education or training	January 2020
16+ Panel	DCS / Integrated Commissioner	Stronger transition to adulthood	Each month

Implement new pathway planning toolkit	Director (Safeguarding / HOS Stroud & Gloucester	Increased effectiveness of pathway planning	September 2019
Review, redesign and implement new Pathway Planning form and LL pathway.	HOS Stroud & Gloucester	Streamlining of process to improve performance	June 2020
Review Health Passport	HOS Stroud & Gloucester	Every CIC/ Care Leavers has a meaningful health passport from the age of 16 years	By end of January 2020
Evaluate impact of safeguarding improvement activities (strategy meetings, ICPCs, repeat plans, neglect, per-birth) and use learning to shape and target further improvement work.	Director (Safeguarding) / HOS QA	Decision-making at key points of the safeguarding system are sound and based on best evidence from good quality assessments.	May 2020 onwards
Test through case sampling the impact of work to improve permanence planning starting May 2020.	Improvement Advisor / CIC Strategic Lead	We achieve permanence for children without undue delay.	September 2020
Implement improvement plan for CYDPS that focuses on Essentials and Practice Fundamentals	Acting Education Director / HOS DCYPS	Children and young people with disabilities have their needs assessed and met promptly, including safeguarding needs.	June 2020

Metrics																												
Improving & Embedding																												
	April		May		June		July		August		Sept		October		Nov		December		Jan 20		February		March		April		May	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Care leavers with an up-to-date Pathway Plan		94%		89%		92%	80%	90%	80%	93%	80%	86%	80%	87%	80%	82%	80%	82%	80%	86%	80%	85%	80%	85%	80%	88%	80%	91%
Percentage of Care Leavers in Education, Employment or Training (19-21 years)		48%		49%		56%		51%		52%		52%		54%		57%		57%		55%		54%		50%		47%		45%
Care Leavers in suitable accommodation (19-21 years)		90%		88%		90%		92%		93%		92%		91%		91%		93%		92%		92%		91%		92%		92%
Children in Care Accommodated under a Section 20 Agreement	28%	33.3%	28%	31%	28%	30.3%	28%	30.2%	28%	30.8%	28%	30.8%	28%	30.6%	28%	29.4%	28%	28.1%	28%	27.4%	28%	27.3%	28%	27.6%	28%	27.8%	28%	27.7%