

Childrens Improvement Board

RAG Table:

RED	Tasks and/or outcomes have not been met or timescale slipped
AMBER	Tasks and/or outcomes are on track; milestones met but not completed
GREEN	Tasks and outcomes are completed; performance is on target
GREY	Task not yet started
BLUE	Complete
SHADED	Improvement Notice Action

Identified by	Inspection Recommendation	Activity Number	Activity required	Desired outcome	Timeline	Lead Accountability	Progress Update	Action RAG	RAG Rating
Quality of practice and capacity									
A1 Priority & Immediate Action	Review the number of cases held by all staff, including newly qualified staff, to ensure that caseloads are manageable and that staff have sufficient time to plan and action their work. Ensure that there is a sufficient number of suitably experienced and qualified staff to deal effectively with current demand.	A1.1	Commissioning a Taskforce for a temporary period to work with 1200 cases.	Reduction of caseloads for social workers	Start 31/01/15 End 10/04/15	Lana Shannon	Contract awarded to HCL Training on MiCare and Data protection completed Taskforce started 02/02/15 for 10 weeks Management arrangements for Task Force SW's in place Additional 11 social workers and 8 family support workers to increase capacity of assessment teams recruited. Start 09/02/15 End 31/03/15	A	A
		A1.1b	CIN cases to close where appropriate, step down, signpost, or escalate where appropriate.	Appropriate intervention with families	Ongoing during above timeline	Lana Shannon	Quality Standard written and in place to ensure Task Force and MCC staff understand and work consistently	A	
		A1.1c	Ongoing Review meetings with Lead of Task Force and HOS Transformation and Change.	To ensure Task Force deliver desired outcomes of quality and quantity	Ongoing during above timeline	Lana Shannon	All meeting dates in place	A	
		A1.1d	Random Audit sample of cases re-assessed. During one of the Senior Meeting timetable senior managers sample audit cases.	Ensuring quality standards met, feedback to Task Force	Ongoing during above timeline	Lana Shannon	First Audit 16-02-15	A	
		A1.1e	Communication to all staff and partners, in relation to scope and role of Task Force	To ensure all staff aware of expectations and remit	Sent 29-01-15	Lana Shannon	Completed	B	

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		A1.2a	Rollout of CIN team across the City. Detail from Karen as to how this will happen what is needed. What the Spec will be, outcomes etc	Caseload reduction for SWs –holding less CIN Cases	27/03/15	Karen Dolton	CIN project board in place. Reviewing effectiveness and performance of existing team in North. Project plan in place to roll out teams(commisioned) across the City. *Spec written and on Chest in January. *Closing date 09/02/15 *Evaluation 13/02/15, *Sign off 27/02/15 *Award 02/03/15. Ready to be operational by end of March. Commence taking cases April 2015. The tender process is now complete and the award of the tender is now subject to internal MCC approval processes which are likely to take 14 days as this is a key decision. The identified provider will be able to commence go live with incremental implementation within 4 weeks of award of the contract.	A	
		A1.3	Review and remodel Children's and Families Services to ensure there is sufficient capacity to meet demand. Discussion with partners as to their involvement in respect of Step Down cases from Task Force	Create an organisational structure which meets the current and future needs of the Children and Families in Manchester, and is aligned to our priorities or reducing demand and improving outcomes.	31/03/15	Gladys Rhodes White	Workshop with Partners delivered 16 January 2015 to progress discussions Further activity being scoped. GRW to discuss with partners the need for support in signposting when stepping down cases.	A	
		A1.4	Manchester CCG's are required to provide assurance that safeguarding activity within all commissioned services meets national safeguarding standards and demonstrates a model of continuous improvement. This includes ensuring adequate staffing numbers and delivery of safeguarding supervision. Action is to conduct a CCG commissioner safeguarding review	This will include a full review of the service specification to ensure the service is fit for purpose for safeguarding delivery within the Improvement plan and will incorporate necessary changes including delivery of MASH to ensure safeguarding activity meets national safeguarding standards	31/03/15	Ian Williamson	Forms part of current assurance monitoring programme Commissioner safeguarding review scheduled end of February 2015- on target	A	
A2 Priority &	Ensure robust management oversight on the single	A2.1	Review and clear any backlog of assessments.	No Backlog	31/07/14	Karen Dolton	Completed Backlog of assessments cleared.	B	G

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Immediate Action	assessment process, at both first tier and senior management level, to ensure that children and families are seen and risks evaluated in a timescale to meet need. Ensure timeliness in completing assessments by reviewing at set points to ensure that children are seen promptly, and that all work is recorded to an appropriate standard.	A2.2	Introduce a policy to ensure that assessments can only go out of timescale with the approval of a senior manager.	Effective management of risk.	02/01/15	Gladys Rhodes White	Management instruction issued. New process and reporting in place to ensure management have oversight and can tackle non compliance. Managers report their out of time assessments every week and they are all checked to ensure the decision for delay is appropriate and that children have been seen within timescales	G	A
		A2.3	Thematic and Random Audit framework in place to ensure managers are reviewing compliance and quality of assessments consistently.	Provide evidence that Management oversight is consistent with quality standards	06/02/15	Lana Shannon	Audit Framework developed which includes a monthly core audit and a schedule of thematic audits in a cycle for 2015 with activity going live. Performance clinics will also monitor these audits. Due to start end Feb Need to update after the Operational meeting and the performance clinics	A	
		A2.4	Introduce and implement new practice standards for all social work cases and a QA process. Practice Standard to be written	New practice standards in place. Staff aware of new standards. Managers have oversight of staff performance and compliance with new standards. New QA process operational	28/02/15	Lana Shannon	Practice standards now written and shared with Task Force and MCC social workers. This supports step up/ step- down process for all re-assessed cases. Flow charts and narrative shared and available for all staff. Mandy and Lana are agreeing new generic practice standards. Need to add the new consent to Information Sharing guidance	A	
		A2.5	Introduce appropriate training for managers so that they understand the importance of compliance with policy and procedures.	Training delivered to managers. Managers are clear of their responsibilities and comply with policy and procedures.	05/06/15	Julie Price	Agreement reached on mgmt training content. Initially looking at half days training for managers on SAP Managers Desktop and supporting actions and business processes required to keep structure up to date, allow managers to see staff details, and to allow managers to use reports e.g. for attendance mgmt etc. The full practical management development programme will be commissioned and training to be delivered when caseloads are manageable and team leaders can be released from core business.	A	

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A3 Priority & Immediate Action	Ensure that the allocated social worker attends case conferences, looked after children (LAC) reviews and other relevant meetings and provides a report that allows parents and carers and young people sufficient time to see, understand and comment on the report	A3.1	Consideration for Social work capacity Increase the number of social workers to ensure sufficient capacity for attendance by allocated social workers at case conferences, LAC reviews and PEP reviews.	Sufficient staff capacity to support the attendance by allocated social works at case conferences. LAC reviews and PEP reviews.	31/01/15	Gladys Rhodes White	All vacancies have now been recruited to. There is agreement for an additional 5 workers per locality. 15 in total will form the peripatetic team to cover for sickness and absence. Taskforce recruited to review CIN cases will help to establish a baseline to of current and future social work requirements. (start 02/02/15). Guidance on requirements on attendance at Family Resource Panel was circulated to staff on 28/01/15. Now have measure in place and can report on this.	R	R
		A3.2	Case conference and LAC Chairs to produce a report for social work managers on any cases where a social worker fails to attend or a report is not provided in sufficient time.	Reports available detailing performance which will enable effective support and challenge and appropriate action taken.	31/01/15	Mandy Lyons	At present this is completed manually. Heather Johns is working with David Carr to put performance reporting in place. Mandy has asked for progress update on this.	R	
		A3.3	Audit cases to check for compliance on social work attendance and provision of reports. Utilise the reporting to address during performance clinics. Managers and Staff to be held accountable for practice compliance	Audits delivered and reports produced detailing compliance.	31/01/15	Mandy Lyons	This will again be taken from SSIU monitoring. It will also be part of the thematic audit process fed back into the performance clinics. Performance Clinics scheduled to start last Friday in February and thereafter. Detailed analysis from Performance reports will be scrutinized during the Performance Clinics. Mandy has asked for a progress update on this.	R	
A4 Priority & Immediate Action	Ensure that case records are up to date and accurately reflect decisions made and the reasons for those decisions	A4.1	Social work caseloads to be reduced to enable case records to be accurate and up to date including the name of the education placement, name of allocated social worker, IRO and leaving care worker to support ePEP implementation	Manageable caseloads and case records which are accurate and up to date.	29/01/15-09/04/15	Karen Dolton	All vacancies have now been recruited to. Taskforce recruited to review CIN cases will help to establish a baseline to of current and future social work requirements. Additional resources allocated to North Manchester on an interim basis to support the team whilst the planned Task Force Activity is progressed and evidence produced detailing social work requirements.	R	R
		A4.2	Audit case records to check for quality and compliance	Up to date case recording to ensure all social workers have accurate risk and need identified	23/01/15	Lana Shannon	Schedule in place Locality Managers to agree standards and review what is in place. End Feb.	A	

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		A4.3	Introduce a robust performance framework that ensures practice compliance.	Ensures evidence of quality and compliance with sound management oversight for decision making	20/03/15	Mandy Lyons,	Developed performance indicators (including child seen within 7 days and PN codes on MiCare for LAC reviews) Plans in place to further develop the Continuous Improvement Framework, working with colleagues to embed and promote ownership. Working closely with colleagues in PRI to ensure detailed performance reports in place. Plan in place to introduce performance clinics from the end of February to oversee and manage performance at all levels.	A	
B1 Area for Improvement	Promote the importance of stable relationships for children and young people with their social workers.	B1.1	Improve the recruitment and retention of social workers so that children do not experience frequent changes in worker.	Recruitment and retention improved. Children experience consistency of social worker	31/05/15	Gladys Rhodes White.	Wider recruitment strategy being devised. Work underway to produce a report detailing comparator data detailing salaries and turnover for MCC, Northwest and Core Cities LA's. Workshop on 16 January to look at the structure of Children's Services to make sure this supports the delivery of services, ensuring support aligns to the child's journey and across the continuum of need. Adverts sent out to recruit to additional SWs.	R	R
		B1.2	Ensure sufficient capacity and experience of social workers to respond to the needs of children and young people.	Sufficient capacity to respond in a timely and effective manner to meet the needs of children and young people.	29/01/15-09/04/15	Gladys Rhodes White	Taskforce recruited to review CIN cases (2/2/15) which will also help to establish a baseline to of current and future social work requirements. Additional resources allocated to North Manchester on an interim basis to support the team whilst the planned Task Force Activity is progressed and evidence produced detailing social work requirements. Also have staff consultation with staff across the 3 localities around capacity issues to respond.	R	
		B1.3	Remodel children's social care services to follow the child's journey and reduce the change of social workers.	New Deliver Model in place which supports the child's journey and reduces the change of social workers.	31/03/15	Gladys Rhodes White	Workshop delivered on 16/01/15. Further activity planned to progress this. Plan to have new model in place for April 2015.	A	
B2 Area for Improvement	Ensure that the quality of assessment and report writing and an understanding of the importance of accurate and timely recording is understood across the workforce, to ensure that decision making is based on all available information	B2.1	Provide training for staff to support an understanding of good quality assessments and report writing.	Quality training programme in place which ensure assessments and reports are of high quality. This will be evidenced through the audit process and in delivering quality outcomes for children and families.	06/02/15	Karen Dolton	Karen Dolton working with consultant social worker to progress. Have a full training programme for this year (2015). 20 Social workers on a rolling programme to develop further skills and knowledge to develop their assessment practice (accredited training)	A	A

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B2 Area for Improvement		B2.2	Introduce quality standards that remind staff of the importance of timely recording and effective decision making using all available information.	Quality standards in place which remind staff of the importance of timely recording and effective decision making using all available information. This will be evidenced through improved performance (outputs and outcomes) and audit records.	13/02/15	Karen Dolton	CIN – We will have a model for CIN, which will give clear framework for how we operate and sets the standard. Completed and shared with Task Force and to be rolled out to all MCC staff. To be shared with partners throughout February.	A	
		B2.3	Audit cases to ensure they meet the quality standards.	Cases are audited in line with audit schedule and comply with standards set.		Karen Dolton/Mandy Lyons/MSCB	Schedule of audits in place and audits underway	A	
B9 Area for Improvement	Review the capacity of the emergency duty service to ensure that it can offer a timely and appropriate response in line with demand.	B9.1	Review the Emergency Duty Service.	Review of EDS completed and findings discussed and agreed and detailed in report to facilitate changes required, resulting in an excellent out of hours service for vulnerable children and young people.	31/01/15	Gladys Rhodes White	Initial report has been drafted. GRW and MHE to review the findings before seeking Executive Member approval on recommendations and taking to GL's management meeting. TU meeting set up for 22 February 2015.	A	A
		B9.2	Develop an action plan to implement the recommendations from the review of the Emergency Duty Service.	Actions agreed from the review are implemented and have ensured an effective EDS is operational for Children and Families in the City.	28/02/15	Gladys Rhodes White	Will be progressed following the meeting w/c 26/01/15	A	
B17 Area for Improvement	Undertake a quality assurance audit of supervision and ensure that there is sufficient management oversight on all cases, and that social work staff are receiving appropriate support, including time for reflection and help in achieving timescales and planning progression.	B17.1	Supervision Audit to be undertaken and findings used to inform action plan.	Supervisions are audited and inform action which is implemented. Results in strong supervision practice across the service which supports social workers delivery.	13/02/15	Karen Dolton	This is progressing and will produce a report by 13/02/15. Identified names on the schedule to deliver this activity. Have audit tools in place.	A	
		B17.2	Audit compliance of supervision standards for social workers.	Audit findings enable appropriate actions to be taken which support improvements in practice and outcomes for children and families.	13/02/15	Karen Dolton	As above.	A	

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		B17.3	Audit cases for evidence of management oversight.	Evidence that managers have a strong oversight of delivering and provide effective support and challenge.	28/02/15	Karen Dolton	This is included in the monthly auditing framework. Report to be produced by the end of February.	A	
		B17.4	Use staff survey to check staff views as to whether they are receiving appropriate support and time for reflection and help in achieving timescales and planning progression.	Staff surveys enable staff to provide feedback in relation to support and time for reflection and achieving within timescales and planning progression.	28/02/15	Helen France	Helen and Kerry have arranged a meeting to progress this.	G	
Looked after children, permanence and leaving care									
A5 Priority & Immediate Action	Ensure that return interviews for children who go missing from care are conducted by an independent person in accordance with statutory guidance.	A5.1	Commission an independent organisation to conduct return interviews for children who go missing from care.	Independent Organisation commissioned to conduct interviews for children who go missing from care.	01/12/14	Karen Dolton	COMPLETED In place. Sorting data Independent return interviews prior to cases being known to us	B	A
		A5.2	Monitor the numbers of children who go missing from care and receive a return interview in accordance with statutory guidance.	Monitoring in place. Reports produced detailing number of children who receive a return interview in accordance with statutory guidance.	28/02/15	Sarah Henry	Jayne Horan delivering activity on this Changes to MiCare being tested.	R	

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		A5.3	Introduce a robust system with GMP to ensure all cases are appropriately recorded and followed up.	Evidence that cases are appropriately recorded and followed up.	31/03/15	Sarah Jackson	<p>Jo Rogerson (GMP). Met with Eloise Noblet from Children's Society commissioned to undertake the independent return interviews for non LAC. Useful in understanding how quickly we can put a referral process in place. Future actions agreed include:</p> <ul style="list-style-type: none"> I. Redesign literature to leave by police officers at the point of Safe and Well Check-Children's Society action due to complete mid February. II. Sharing referral form to Children's Society with North Manchester Division (NMD)- end January and awareness cascading by Division(mid Feb) III. Protecting Vulnerable People (PVP) team initiated within NDM which will be the direct triage point of contact with the Children's Society and ensure referrals are made for all relevant MFH-End Feb (this will be a team ahead of the MASH but will ensure dovetail into and compliment established MASH procedures once mapped.) IV. Away day will be planned (GMP NDM lead) for mid to end March with partners to ensure relationships building by new PVP team and partners, embedding and understanding the process of referrals and includes ensuring data and performance management to ensure we capture the key outcomes and information.(Independent return interview offer, undertaking and outcomes). <p>The Protecting Vulnerable People Team has now been commissioned and is planned to be in place from 7th April 2015. Insp Alan Kelly has been identified as the lead for the team and will be in place from 16th March to start to develop the processes and procedures and establish partnership links. This will include taking forward the actions to improve referral to Children's Society for independent return interviews. An introduction away-day session for the PVP team is planned for 26/27th March.</p>	A	
		A5.4	Recruit a social worker to work on Missing From Home.	Additional social worker in place working on MFH.	31/01/15	Karen Dolton	COMPLETED Additional Social Worker has been agreed.	B	
		A5.5	All managers to be reminded of the vulnerability of children missing from home and the need to ensure cases are reported and followed up accordingly.	All managers are aware and evidence demonstrates that cases are reported and actioned appropriately.	28/02/15	Karen Dolton	Staff briefing took place in December and January. Reiterated the need to demonstrate compliance. Independent return interviews are now being progressed as a matter of urgency.	A	

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B3 Area for Improvement	Prioritise the planning for young people needing transition planning to adult services, including children with complex needs, to ensure that it is carried out in a timescale that meets the needs of the young people and their carers	B3.1	Establish a multi agency transition board to review the social care pathway for Young People needing transition.	Multi agency transition board established which effectively supports and challenges social care activity in relation to Young People needing transition.	31/01/15	Julie Heslop	Transition Board established and monthly meetings in place. Project plan and work streams agreed with partners. Cohort analysis completed and key findings informing the revision of the offer. Ensure current young people are reviewed by the transition panel to prevent delay Workshops planned on 16th January with front line practitioners to share cohort findings. Parental engagement in place and workshops planned with parents in February.	A	A
		B3.2	Hold a workshop for frontline practitioners to share information on young people needing transition	Workshop delivered. Frontline practitioners effectively network and have sufficient information to be able to deliver appropriately to deliver the best outcomes for young people needing transition.	15/03/15	Karen Dolton	Kerry Mehta to support this activity. Workshops will be completed by 15/03/15	A	
		B3.3	Establish a multi agency transition board to review the social care pathway for Young People needing transition.	Multi agency transition board established which effectively supports and challenges social care activity in relation to Young People needing transition.	31/01/15	Julie Heslop	Board in place. Workshops have been delivered and more planned in February.	A	
B4 Area for Improvement	Make clear the expectations for all looked after children in respect of attainment, particularly at secondary level, in order to close the gap between their performance and that of all children locally and nationally, ensuring that all looked after children have up to date and high quality personal education plans (PEPs)	B4.1	Work with Manchester Schools Alliance to ensure that best practice is promoted in all schools to support all LAC to attain well	Manchester Schools Alliance has a good understanding of and actively promotes schools' statutory duties to support the education of LAC as well as sharing and promoting models of best practice.		John Edwards	Jane Johnson supporting this work The Virtual School holds the overview of the attainment of Manchester LAC in Manchester Schools and schools outside Manchester. Schools track and monitor the attainment, progress and attendance of the LAC on their individual school rolls. The Virtual School Head provides a strategic overview of the attainment of all Manchester LAC to all schools via Vulnerable Children's Network Meetings, LAC Education Network Meetings and training sessions. The Virtual School Head's annual report will be shared with all schools when it is finalised in the Spring Term. The annual Virtual School Head's report will be presented to the Corporate Parenting Panel on 18.03.15. Following this it will be shared with Manchester schools and the Schools' Alliance as well as with out of area schools who have Manchester LAC on their school roll. The report will emphasise key priorities for improvement.	A	R

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		B4.2	Task the Corporate Parenting Panel to regularly scrutinise and monitor the number of PEP's in place for all LAC.	Corporate Parenting Panel regularly scrutinises and monitors the number of PEPs in place for all LAC		John Edwards	Updates on the submission of PEPs reported to Corporate Parenting Panel on 26.11.14 and then again on 28.01.15. Plan in place for this to be a standard agenda item at each Corporate Parenting Panel Meeting. A further update on PEP completion will be given to the Corporate Parenting Panel on 18.03.15 when the annual Virtual School Head's report will also be presented.	G	

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		B4.3	Introduce an e'PEP to assist schools and social workers in the completion and compliance on PEP's and the Virtual School in the quality assurance of the PEPs and the tracking of progress and attainment of all LAC.	E PEP introduced. Increased number of completed quality PEPs		John Edwards	<ul style="list-style-type: none"> • PEPs submitted to Virtual School. As of the 28th January 2015 64.6% of LAC aged Reception to Year 11 had an up to date PEP which had been submitted to the Virtual School. Of these 75.6% of the LAC in Manchester schools had an up to date PEP and 50.4% of those in schools outside Manchester. Targeted communications sent out to social workers and schools to request the submission of missing PEPs. • Introducing the Manchester ePEP. From 1st February all PEPs will be completed on the new Manchester online electronic PEP system (ePEP). Each ePEP has a social worker section and a school section to be completed. This will mean that the completion status of all parts of every child's PEP will be visible to the Virtual School. We recognise that we are in a period of transition whilst we roll out and embed the ePEP for all LAC. During this period we know some schools will still have paper PEPs to send us. We are encouraging everyone to move to the ePEP system as soon as possible. • Rolling out the ePEP. The Virtual School ran 4 E-PEP half day briefing sessions over the 19th and 22nd January. The sessions were attended by over 300 people made up of staff from Manchester Schools (133), Out of Authority Schools (84), Education Case Workers (7), Social Workers (27) and IROs (7) and other education staff (4). Carer and supervising social worker briefings will be held in March. The Virtual School will be providing further briefings and drop in support for social workers. • By Friday 27th February The Virtual School had received 75.3% of completed PEP 1s (88.4% of these from Manchester Schools and 59.6% from Out of area schools). Although we are continuing to encourage schools and social workers to send completed PEP 1s to us we are now beginning to shift our focus to encouraging schools to complete PEP 2 by the end of the Spring term. All of these should now be being completed through the electronic PEP (ePEP) system and not on word documents. Through this system the Virtual School and social work managers will have an overview of the completion status of every child's PEP. 	A	

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		B4.4	Introduce a process to ensure pupil premium for each LAC is used to achieve the targets identified in their high quality PEP	Pupil premium linked to the existence of a PEP		John Edwards	<p>Process of distributing pupil premium for each LAC linked to the submission of a high quality PEP is now in place and being embedded</p> <p>The new LA statutory guidance for LAs for Promoting the education of Looked After Children (July 2014) requires termly PEPs (previous requirement was 2 PEPs per year). A new timeline for the submission of termly PEPs linked to the allocation of Pupil Premium in 2 payments has been shared with schools and social workers at the ePEP briefing sessions and via email. This will be finalised once the DfE confirms the amount of Pupil Premium for LAC for the 2015/16 financial year.</p> <p>All PEPs are being quality assured and PEPs with gaps in information or inappropriate targets are being returned.</p> <p>This process is still being embedded into the practice and understanding of social workers and schools. Over the coming year this process will be implemented through the ePEP rather than through paper forms. We will be able to report on the different uses of Pupil Premium to support improved progress and attainment.</p> <p>The Pupil Premium for LAC budget must be spent by the end of the financial year as it can not be carried over into the next financial year. Pupil premium has now been paid for all of those children for whom a PEP has been submitted. All of these PEPs have been quality assured and feedback given. PEPs have not yet been submitted for 218 young people (51 from 10 Manchester schools and 167 from 94 out of area schools). We have made the decision to pay the pupil premium for these young people to their schools because we do not want bureaucracy to prevent the money reaching the children. However we are following up with individual schools, having a conversation to ensure a PEP is submitted detailing the outcomes to be achieved through the use of Pupil Premium funding.</p>	A	
		B4.5	Reviewing officers to escalate any LAC cases where the PEP is absent. Introduce a scale of escalation involving the Virtual School Head and Social Work Managers for those schools and/or social workers who have not completed their sections of individual PEPs	Clear escalation process in place which works well to support all LAC to have a quality PEP in place.	16/03/15	Mandy Lyons	<p>Escalation policy to be reviewed and updated to ensure appropriate escalation and challenge for cases of drift.</p> <p>Mandy Lyons & Heather Johns/ Kerry Mehta to update possible re-write the escalation policy to enable all staff to address issues in a timely constructive manner, to ensure positive outcomes for children and young people.</p>	R	

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B5 Area for Improvement	Ensure a focus on ensuring that care leavers have sufficient opportunities to gain employment, education and training	B5.1	Task the Corporate Parenting Board to monitor LAC EET progress and challenge partners to improve performance.	Corporate Parenting Board monitor progress of LAC and challenge partners performance. Visible improved performance supporting delivery of better outcomes for young people		Gladys Rhodes White	LAC EET progress reports go to the Corporate Parenting Panel. Need to identify whether there is any additional support required to be able to challenge effectively?	A	A
		B5.2	Review delivery of the Multi-agency plan developed with partners and monitor performance.			Ian Williamson		A	
		B5.3	To agree a clear strategy for ensuring that we are able to deliver a meaningful solution to all care leavers requiring a health summary informed by the voice of care leavers			Ian Williamson		A	
		B5.4	To request an audit of B5.1 and B5.2 and B5.3 to demonstrate continued compliance			Ian Williamson		A	
B6 Area for Improvement	Ensure learning and change as a result of children's feedback and complaints	B6.1	Review processes for capturing children's feedback through complaints and compliments and ensure it is fit for purpose.	Children's voice is heard and children, families and practitioners can visibility see where action is taken as appropriate.	28/02/15	Lana Shannon	Kerry is allocated to this activity and will produce reports in line with the schedule which has been produced, by end Feb 2015. Feedback sheets for children & Families required. Lana Shannon to source appropriate leaflet by end Feb 2015 Provided the feedback sheets for Mandy Lyons to consider embedding	R	R
		B6.2	Children's Rights and engagement officers to provide updates on responses to feedback from Children and Young People. CICC and its activities to be reviewed as to the role, involvement and productiveness.	Children's Rights and engagement officers provide reports detailing evidence of responses to feedback from Children and Young People	31/03/15	Mandy Lyons	A report is produced at present. Review content and frequency and take appropriate action to ensure a "fit for purpose" report goes to the MSCB Identification of who, alongside Children's Rights Officer can and do work with LAC children to ensure their voice and views are heard.	R	
		B6.3	Compile evidence of "You said-We did" in response to Children's feedback and complaints in an annual report.	Annual report detailing action taken in response to Children's feedback.	31/03/15	Mandy Lyons	No current system to capture this, therefore plan to be developed	R	
B11 Area for Improvement	Increase the participation of Looked after children including those placed outside the city, to ensure that their voices are	B11.1	Review the role of Children's Rights Officers in increasing participation of LAC (including those placed outside the City) to ensure their voices are heard.	Review completed and action taken has resulted in evidence that the child's voices are heard.	30/01/15	Julie Price	Review has been completed and report drafted. Executive Member has no objections in principle. Further info has been requested and next steps include discussions re HR, Governance etc.	G	A

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	heard and they are able to collectively influence decisions and policy.	B11.2	Task the Corporate Parenting Board to track and monitor the influence of LAC in decisions and policies.	Corporate Parenting Board can evidence they track and monitor the influence of LAC in decisions and policies. This is evident in delivering better outcomes for LAC.	30/01/15	Gladys Rhodes White	Agreement that a review of CPP to be undertaken	A	
B12 Area for Improvement	Monitor the progress of over-16s through the Virtual Head Teacher to improve engagement with higher education and outcomes for care leavers.	B12.1	The Virtual Head Teacher to ensure all over 16's have an up to date PEP which informs their pathway plan and supports their engagement with Education.			John Edwards	<p>Jane Johnson progressing this work. Work began during the autumn term to ensure we have accurate data about the ETE placements of LAC aged 16-18 years as such a list was not available. This has involved a substantial piece of work with colleges, Connexions, the Leaving Care Service and Karen Andrews, project manager who is auditing LAC cases on Micare. Karen has identified significant gaps in information about these young people on Micare. This is being picked up with social workers through the wider improvement work. We are now in a position to begin more systematic tracking of the young people we have accurate information about whilst we are still addressing the gaps in information for others.</p> <p>The new LA statutory guidance (July 2014) requires that PEPs are in place for LAC in Education up to the age of 18. Previously we have promoted the use of the Manchester post 16 as good practice. The Virtual School is now working with partners to embed the robust use of this. Colleges are beginning to complete and submit post 16 PEPs. These are "paper PEPs" for now but we do plan to move towards there also being a post 16 ePEP.</p> <p>The Virtual School has now confirmed the college placement and attendance of 91 young people. This list has been passed to Welfare Call Ltd and they are working with each college to arrange for the secure weekly collection of attendance data. Work is continuing with PRI, social workers, the leaving care service and colleges to confirm the current ETE status and activity of the remaining young people within this post 16 LAC cohort. Positive engagement between the Virtual School and local colleges continues to grow. We have identified the majority of college leads for Looked After Young People and Care Leavers in most of the GM colleges and post 16 providers where we know we have Manchester young people. We have received completed PEPs from 5 colleges (13 PEPs in total). We know that other colleges are in the</p>	A	A

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							process of completing PEPs. All the PEPs which have been received have been quality assured and feedback given. Colleges have welcomed the feedback and are addressing identified gaps in information. We recognise this is a new process for many colleges so it will take some time to embed this practice. This year the Virtual School Head has been in a position to deploy some Pupil Premium funding into post 16. It has been agreed that on receipt of a good quality PEP £1,100 will be released for each young person to their college. As with school aged LAC the colleges are being asked to identify within the PEP the outcomes to be achieved from the use of this money and then to demonstrate impact in the next PEP. As this is a new process and Pupil Premium must be spent by the end of the year we have decided to pay this money to each college where we know a PEP is being completed even if we haven't received it. We will quality assure each PEP and provide feedback. A key priority is to ensure that colleges, social workers young people, their carers and where appropriate their leaving care workers are all involved in the development, implementation and review of the PEP. The Virtual School is working to support improved communication between all parties involved with each young person.		
B13 Area for Improvement	Improve access to suitable accommodation for care leavers.	B13.1	Develop provision for care leavers to ensure there is an appropriate range and suitability of accommodation for care leavers.	Excellent provision in place for care leavers to support them in making the transition out of care and enabling them to move forward positively.	30/01/15	Karen Dolton	Provision for care leavers is increasing. In October 43 supported lodgings placements. End of Jan have 46 with 4 more to come on line this month. In October there were 59 continuing care staying put placements and at end of Jan this has been increased to 66. Increase in supported lodgings through the framework of 2. For the first Key Homes initiative 3 placements in October and this has increased to 21 beds.	A	A
		B13.2	Work with providers to support young care leavers in suitable accommodation.	Strong partnership working ensures that all young care leavers have suitable accommodation	13/02/15	Karen Dolton	Review Leaving Care Service. Meeting arranged for 13/02/15	A	

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B15 Area for Improvement	Prioritise and develop the recruitment of adopters to reduce further the mismatch of carers available to children waiting, particularly to meet the needs of Black ethnic minority children.	B15.1	Develop a clear recruitment strategy based on projected needs, with clear targets to meet the projected numbers of LAC requiring adoption.	Excellent recruitment strategy in place. Increased numbers of LAC children being adopted within acceptable timeframe.		Karen Dolton	Recruitment strategy drafted and taken to CPP on 26 th January. Amendments being added. After Adoption supporting best practice in strategy. Increased numbers of adoptions and adopters being recruited. Details of 15 of our most difficult to place children been sent to After Adoption for them to recruit adopters for. VAA working with us following successful bid to DfE. 5 workstreams identified to transform the adoption service. Transformation manager being recruited to using DfE money. Programme for change has commenced, leaderships programme drawn up and adoption champions identified.	G	A
B15 Area for Improvement		B15.2	Recruit a Head of Service with specialist experience in fostering and adoption to improve fostering and adoption services.	Head of Service appointed. Improvements in fostering and adoption services evident.		Gladys Rhodes White		A	
B16 Area for Improvement	Develop foster to adopt and concurrent in-house provision and increase the use of voluntary adoption agencies.	B16.1	Recruit a Head of Service with specialist experience to improve services.	Head of Service appointed with specialist experience who drives the improvements in service.		Gladys Rhodes White		A	A
		B16.2	Put in place a plan to develop foster to adopt and concurrent in house Provision.	Plan in place which effectively delivers good service to children and families.		Karen Dolton	COMPLETED Plan in place with Coram	B	
Improving performance information and quality assurance									
A6 Priority & Immediate Action	Strengthen the quality assurance process for reports to the adoption panel and the role of the adoption panel in quality assurance.	A6.1	Issue guidance to staff on the required quality of reports for the adoption panel.	Guidance drafted and issued to staff.	23/01/15	Karen Dolton	COMPLETED VAA working with us.	B	B
		A6.2	Introduce gradings for the quality of submitted reports to the adoption panel.	Gradings introduced on the quality of reports to the adoption panel	23/01/15	Karen Dolton	Completed	B	
		A6.3	Adoption panel to introduce a quality assessment process and feedback quality concerns through an Issues Log.	QA process developed by the Adoption panel. Issues log captures quality concerns of the Adoption Panel	23/01/15	Karen Dolton	Completed	B	
		A6.4	Undertake an annual review of the adoption panel's performance including performance and compliance.	Annual review of the adoption panel takes place. Findings detailed in report.	31/01/15	Karen Dolton	Completed	B	
B14 Area for Improvement	Improve the effectiveness of the independent reviewing officer service, particularly in relation to listening to the views	B14.1	Develop a business case to introduce additional capacity in the Independent Reviewing Officer Services.	Business case agreed and additional staff recruited. IRO services are performing to a high standard.	06/01/15	Mandy Lyons	Completed	B	R

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	of children, the rigour of challenge that is given to care plans and the process of escalation where there are continuing concerns about practice and progress of plans.	B14.2	Identify quality standards for Independent Reviewing Officers in relation to how they challenge practice for LAC.	Quality standards have been developed and are owned by IROs who perform their role well and effectively challenge practice for LAC.	28/02/15	Mandy Lyons	Mandy Lyons to work with Heather Johns in identifying appropriate quality standard reporting end Feb 2015	R	
		B14.3	Review the effectiveness of the escalation policy. Case escalation has been identified as an issue, new policy to be written	Provide evidence to senior managers where there are none compliant cases. Children are provided with appropriate service.	28/02/15	Lana Shannon	This will be triangulated via the performance clinics on a monthly basis Kerry Mehta/ Heather Johns to write Policy, end Feb 2015 Confirmation of the timeline has been requested. Policy written and being tested.	R	
		B14.4	Audit of LAC cases to include evidence of Independent Reviewing Officers listening to the views of children. Audit Standard to include this as a measure	Evidence of IROs listening to voices of children in reports. Child's voice is heard.	13/03/15	Mandy Lyons	Need to build this into requirements for future audits scheduled. Kerry Mehta / Heather Johns to look at examples of other audit standards which include this measure and replicate within MCC audits standards	R	
B18 Area for Improvement	Improve the collation, accuracy and reporting of a range of performance information to ensure that the most up to date data is available across children's social care and is used to drive service improvements across all areas.	B18.1	Introduce a new Quality and Assessment and Performance Framework	New Quality and Assessment and Performance Framework which supports strong operational delivery resulting in stronger performance and better outcomes.	31/01/15	Lana Shannon	Completed	B	B
		B18.2	Introduce a workshop to ensure all managers and staff are clear about their responsibilities for quality assurance and performance management.	Manager and staff are very clear on their responsibilities for QA and Performance Management. Improved performance is evident.	06/02/15	Karen Dolton	Meeting have taken place with individual teams and managers to communicate new development and expectations. Kerry delivers management workshops every 6 weeks- Next is 30/01/15. Using a real case study to discuss how we would want to manage this case differently in future – working with legal, IROs and locality managers to reflect and agree changes. Ensure that all social workers and social work managers are aware of and able to use the performance management facility within the ePEP to maintain an overview of PEP completion by all social workers	A	A
Provision of Early Help									
B7	The local authority and its	B7.1	Create a strategic lead for Early Help to work with all partners.	Early Help strategic lead in place.	09/01/15	Gladys Rhodes White	Completed. Julie Heslop appointed to strategic lead role.	B	A

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		B7.2	Review and refresh the Early Help strategy to improve the Early Help offer.	New Early Help Strategy which supports all partners in delivering the Early Help Offer	16/01/15	Gladys Rhodes White	<p>1. Strategic vision - numerous workshops have been held with partners to consult on the refresh of the EH Strategy. Two workshops were held on the 13th February to review the levels of need and to consult on the EH Strategy. A workshop was held with the Voluntary and Third Sector on the 19th February and built on the two previous EH Sumits. The focus of the workshop was to discuss the refresh of the EH Strategy and to consider how the VCS could contribute to an early help hub delivery model.</p> <p>Workshops have been held with MCC Growth and Neighbourhood Services to agree joint priorities in relation to Early Help and delivery of the EH Offer. The Early Help Strategy was discussed at the Vulnerable Children's Network events for schools and at the Head Teacher Briefings 4th - 6th March.</p> <p>An Early Help workshop will be held with health staff at the end of March to review the Health Offer in relation to Early Help.</p> <p>Work to develop a number of early help hubs in the City is being progressed; this is focusing on roles, function, accommodation, staff in scope and contribution from partners to support integrated delivery. To achieve this a 3 phased approach has been identified and design work will be progressed in April.</p> <p>An operational board is in place to drive the work on EH and following the engagement and consultation events a draft revised EH Strategy will be produced for mid April.</p> <p>2. A revised EH (MCAF) training programme is being delivered to partners and the future delivery of the training programme is currently subject to review.</p> <p>3. Improving communication in relation to EH is a key priority; regular update letters have been shared with schools and social workers; further work to develop an EH web page and to link into the improvement of the Family Service Directory is underway.</p> <p>4. There has been no substantial increase in MCAF activity across the City; this is a key area of focus for the Board to drive improvement. A review of the MCAF process and systems to record MCAF is underway along with a clear message the current systems are to be maintained.</p> <p>An audit of MCAF activity was undertaken between the 26th January and the 2nd February the Early Help coordinators visited a total of 18 settings across the SRF areas. These were selected randomly and included Health, education and Early</p>	B	

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		B7.3	Task the children's board to oversee the development and delivery of the Early Help Strategy including a performance framework.	Children's Board oversees the development and delivery of Early Help Strategy and scrutinises performance to ensure strong offer is in place.	21/01/15	Gladys Rhodes White	Completed	B	
		B7.4	Move Early Help Strategy responsibility to the Director of Children's Services.	DCS has ownership of the Early Help Strategy which has enabled a joined up offer for children and families across the continuum of need.	16/01/15	Gladys Rhodes White	Completed.	B	
		B7.5	Newsletter/circular to be produced soon after IB meetings and circulated before district meetings through the MSA	Comms to be circulated to schools via the MSA	Monthly - After each Improvement Board	Helen France	MSA representatives met and are working with Helen France on an update/circular after each improvement board to go out as a broadcast to schools.	G	
		B7.6	Early Help updates are to be standing items at District and cluster meetings through the Improvement Newsletter/circular- MSA to circulate	Comms to be circulated to schools via the MSA	Monthly	Jenny McGarry	This is ongoing An email updating the chairs of districts from JM before the district meetings and it is a standing item on the Primary Voice Group	G	
		B7.7	To meet with Kerry to discuss strategies to step down families who have been in the system	Revised Strategy	6/2/15	Jenny McGarry	Meeting with Kerry on the "step down" possibilities in schools took place on 6/2/15 (completed)		
		B7.8	To illicit from schools numbers of families to step down-communicate to locality managers and report to OB	Obtain information around families who can be stepped down	Ongoing action	Jenny McGarry	Jenny emailed primary and secondary heads so that if they believe cases need stepping down from CP and CiN to contact JM directly. She will feed this back to the OP Board (through Gavin Shortall - primary rep) and also forward directly to locality managers. The feedback across primary schools is that families who needed to step down have done so recently and there is more need for the step up of more complex cases 5 families have come to light who need to be stepped down across Central and South . one third of schools responded,.these were all primary. JM has contacted locality managers to inform them of the schools in question. Jenny to liaise with John McNerney and head around communicating with secondary heads		
		B7.9	JM & KM discussed the situation of LAC children who lived with their birth parents and whether this needs further unpicking. JM will be contacting schools about this.			Jenny McGarry	This was discussed at the improvement board and it was asceratined that this is a court related issue. Further enquiries with the courts will be made around this. The LAC status comes through interim court orders which schools are not party to.		

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		B7.10	Discuss with Mike Cooke possible referrals audit tool after Thresholds sessions with a group of interested / schools or schools with high level of referrals	Comprehensive Auditing schedule	TBC	Jenny McGarry	JM is to meet with head rep from operational board and Head of Plymouth Grove w/b 16.3 to discuss a small working group/project to try out the idea. This will initially be through the PIP schools – 8 primaries 4/15 Group of primaries to formulate a protocol on SW/Police/CHAMS visits to ensure clarity about referrals and channels of communication		A
		B7.11	To ensure that the Health Early Years and offer of targeted Early Help interventions and services are understood and embedded into the overall early help offer across the partnership	This is included as part of the CCG quality assurance process of providers, self assessments and audit programmes will ensure and provide evidence of voice of the child		Ian Williamson	The Health Early Help Offer has been mapped out and shared with partners via the Children's Board, targeted meeting with EH coordinator and via Improvement Board Exec. CCG are engaged in the process to embed this into the overall Early help offer An Early Help Summit with Health colleagues is planned to take place on the 26th March to discuss the recent developments and the role that health colleagues can play in the future co-ordinating and delivery Early Help		
B8 Area for Improvement	The authority should seek to emulate its approach to and success with the troubled families programme through family intervention and the new children in need service, to ensure that help and support for families who struggle is timely and effective.	B8.1	Review and refresh the continuum of need and respond (thresholds model) to ensure Early Help encompasses the learning from the Troubled Families Programme.	Early Help Offer has developed taken into account learning from the TF programme.	28/02/15	Sarah Jackson	3 design workshops with partners are planned in March to review and refresh the levels of need and response model'.	A	A
		B8.2	Event to support schools interested in Early Help Pilot	Communicate Early Help pilot to schools	TBC	Jenny McGarry	St Mary's to host a half day with primary schools interested in the troubled families early help pilot. Will mean working in clusters of schools to provide more effective early help. This has taken place and there are 2 clusters interested – Bright Futures and Kingsway Cluster		
		B8.3	Develop the preferred models through support from Tf and PIP(school based model)			Jenny McGarry	On going		
		B8.4	To add the LAC attainment section to the QA pro forma	Comprehensive Auditing schedule		Jenny McGarry	The Primary Voice Group recommend returning the LAC section in the schools QA document used with SIPs as a first step in ensuring schools were challenged over the attainment of LAC children. This could be actioned before the next set of SIP visits. To be discussed further with SSQAs and John Edwards		
B10 Area for Improvement	Develop a shared protocol with the police for domestic violence notifications.	B10.1	Develop and cascade a shared protocol with GMP with regards to domestic violence notifications.	Shared protocol agreed and communicated. Resulting in appropriate response to domestic violence notifications		Sarah Jackson	Completed	B	B
Leadership, Management and Governance									
Governance Leadership		LMG.1	Establish an Improvement Board with an Independent Chair to meet initially on a monthly basis.	Improvement Board effectively driving improvements identified by Ofsted.	31/11/14	Geoff Little	Completed Edwina Grant has been appointed as the Independent Chair.	B	A

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and Management		LMG.2	Monitor attendance by all key partners to ensure commitment to the Improvement Journey.	Strong Partnership working resulting in demonstrable improvements.	Ongoing	Gladys Rhodes White	Ongoing. Good partner representation at board meetings to date.	G	G
		LMG.3	Introduce an Improvement Board Executive that can ensure robust monitoring and achievement of the Improvement Plan Targets.	Executive Board fulfils its role in monitoring achievement against the Improvement Plan targets.	31/11/15	Geoff Little	Completed. Executive Board established. Performance Tracker developed	B	
		LMG.4	Establish an Operational Board.	Operational Board established Staff working closely with Executive and Improvement Board to implement real changes which are sustainable.	31/11/14	Karen Dolton	Completed. Operational Board has been established and Emma Doig is the chair.	B	
		LMG.5	Conduct an independent review of the underlying cultural reasons for the Ofsted judgements to be understood.	Review report compiled which highlights the cultural reasons behind Ofsted judgements. Provides challenge and support in terms of changes required to deliver sustainable change within the organisation and across the partnership.	28/02/15	Edwina Grant	Ongoing. On site visits 27/28 January. Report will be produced by end of February.	G	
		LMG.6	Establish new leadership style, culture and behaviours at all levels of management.	Strong leadership at all levels which support the service to deliver a better service and better outcomes for Children and Families.	Ongoing	Geoff Little	Working with Frontline developing a new management course called first line which will address leadership and management skills. Developing our good managers to progress them to excellence Discussions taking place to develop a Social work academy which will include recruitment, retention, training and development for newly qualified and qualified staff. Developing the partnership arrangements to make this a reality. Working towards having a model to discuss in May 2015	A	
		LMG.7	Recruit a new interim DCS.	New DCS in post to lead the service in delivering real change.	31/10/14	Geoff Little	Completed. Gladys Rhodes White appointed.	B	
		LMG.8	Appoint a Deputy Director of Operations.	Successful appointment and individual in post.	06/07/15	Gladys Rhodes White	Recruitment being progressed with consultants. Interim postholder being sought.	A	

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		LMG.9	Introduce service standards and a new performance management framework.	Service Standards and new performance management framework which support staff to deliver excellent service. Staff are clear on their roles and responsibilities and take accountability for delivery.	31/01/15		New performance management framework being developed. Performance clinics starting end of February when we will have the new performance data available.. Work is ongoing to develop our data and reports. Work is underway with the Taskforce to review and redraft practice standards. These will then be rolled out to staff across the services. This will be supported by the new continuous improvement framework and the core audit reports which will be produced.	A	
		LMG.10	Appoint an interim lead for Transformation.	Interim lead for Transformation in post and driving improvements.	31/10/14	Gladys Rhodes White	Completed. Lana Shannon in post.	B	
		LMG.11	Deliver regular briefings for staff and partners and encourage and facilitate regular feedback on organisational culture.	Strong awareness of strengths and development areas in relation to organisational culture.	Ongoing	Gladys Rhodes White	Briefings taking place with partners and staff throughout January and February. Intranet will be updated to communicated briefings taking place. Plan being developed from March onwards.	G	
		LMG.12	Ensure regular and informal meetings with Trade Union Representatives test their feedback on culture and behaviours from their members.	Strong communication with TU's in relation to improvements and effective feedback on culture and behaviours from their members.	05/01/15	Gladys Rhodes White	Scheduled in and taking place.	G	
		LMG.13	Undertake staff satisfaction surveys at the beginning and end of the year.	Staff satisfaction surveys conducted which inform organisational developments.	28/02/15	Helen France	Helen developing this with Kerry further discussion planned w/c 02/02/15	G	
		LMG.14	Establish an Executive Members Group to oversee and challenge the Improvement Plan.	Executive Members oversee and challenge activity in relation to the Improvement Plan	31/10/15	Geoff Little	Completed.	B	
		LMG.15	Create a Young People and Children Scrutiny Committee Ofsted Sub Group.	Sub Group scrutinises progress of the Improvement Plan.	31/1/0/15	Geoff Little	Completed	B	
		LMG.16	Introduce an Investment Board chaired by the Chief Executive with the Treasurer to report on investment decisions and to report to Ex Members Sub Group.	Investment Board oversees and recommends decisions in relation to Investment to the Ex Members Sub Group.	19/12/15	Geoff Little	Completed	B	

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		LMG.17	The Council to establish an Investment Board with Senior Strategic Officers who will oversee the governance and allocation of resources to make the required improvements.	Investment Board oversees and recommends decisions in relation to Investment and the allocation of resources to the Ex Members Sub Group.	19/12/15	Geoff Little	Completed.	B	B
		LMG.18	Work with partners to ensure they feel appropriately consulted and engaged with the Improvement Plan and journey.	Strong partnership working demonstrated in driving improvement required.	Ongoing	Gladys Rhodes White	Good partner representation on the Improvement board and MASH, Early Help , LAC and Safeguarding Boards. Partner workshop delivered 16/01/15 Multi Agency workshops taking place in February.	G	
		LMG.19	Ensure a comprehensive Communications Strategy is developed to enable all relevant stakeholders to be kept informed and contribute to the Improvement Plan.	Strong Communications Strategy and plan ensure all key stakeholders are kept informed and contribute to improvements.	16/01/15	Helen France	Completed.	B	
		LMG.20	Develop a performance tracker that can a) Show current baseline performance of key indicators. b) Compare performance with local and national performance data. c) Provide evidence of progress towards improvement targets.	Performance tracker developed. Managers and staff at all level have sufficient level of information in relation to data and performance indicators against targets and benchmarks to understand current performance and can demonstrate evidence of improvements.	19/12/15	Sarah Henry	Tracker and performance indicators identified and new reports designed where required.	G	

Updates/amendments to this Plan should be sent to Karen Crier, Programme Manager – Children’s Improvement Programme (k.crier@manchester.gov.uk)