

Quarterly Improvement Plan Performance Scorecard - Q3 2016-17

*Audit measures are indicated in blue

No	Measure	Thresholds			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Exception Commentary
		RI	Good	Outs.	15/16	15/16	15/16	15/16	16/17	16/17	16/17	
We always put children and young people first												
1	Activity has improved outcomes for the child or young person	60-69	70-79	80-100				86%	76%	83%	90%	
2	Standard for management decision making and recording met at ChECS	60-69	70-79	80-100	100%		93%	100%	100%	100%	100%	
3	Standard for management decision making and recording met -CIN/CP	60-69	70-79	80-100	79%	78%	81%	59%	61%	89%	67%	Crewe CIN/CP now has all permanent team managers. As these posts embed we expect this measure to improve. A management development session was held in February to support managers to become leaders for their service areas. A workshop on reflective practice for managers will take place in March 2017.
4	Standard for management decision making and recording met - Cared for	60-69	70-79	80-100	75%	45%	67%	80%	80%	80%	100%	
We understand what impact the situation is having on the child or young person												
5	Social Worker identified and challenged safeguarding concerns	60-69	70-79	80-100				95%	89%	98%	92%	
6	Sufficient information gathered at ChECS	60-69	70-79	80-100	73%		93%	80%	100%	80%	70%	As this measure is from audit we would expect a degree of variation in performance due to the smaller cohorts involved. The total cohort was 10 cases. ChECS experienced a high workload during December 2016 which may have impacted on performance in this area.
7	History considered at ChECS	60-69	70-79	80-100	100%		87%	100%	70%	100%	100%	
8	Incorporating and recording the views and wishes of children and young people at CIN/CP	60-69	70-79	80-100	77%	79%	86%	70%	42%	79%	83%	
9	Incorporating and recording the views and wishes of children and young people - Cared for	60-69	70-79	80-100	82%	90%	92%	89%	78%	75%	100%	

10	Neglect cases using the graded care profile	60-69	70-79	80-100				50%	29%	17%	0%	There were only 2 neglect cases audited this quarter, and neither included the use of the Graded Care Profile. Performance monitoring reports show that the graded care profile was completed for 60% neglect cases in December 2016. The LSCB Neglect Sub Group is working on a new Neglect Strategy 2017-19 and this will be launched in April 2017 alongside a communication campaign which has been developed with young people. The 'Act on Neglect' Campaign will launch across the partnership and in universal settings to increase the identification and response to neglect, particularly where it is less recognised, for example in adolescents. Training on the grade care profile 2 is currently being rolled out across the partnership, targeted to specific groups of practitioners in areas where there are high referrals for neglect. The LSCB Partnership newsletters Changing Practice Together in December 2016 raised awareness that completion of the graded care profile is the responsibility of all partners and shared the IRO neglect audit findings.
11	Up to date assessment (within 12 months) - Cared for	60-69	70-79	80-100	67%	50%	27%	65%	50%	13%	0%	A total of 5 cases were audited from the P&TC teams this quarter, none of them had an up-to-date assessment. As this is the second quarter with a drop in performance in relation to timely assessments in P&TC the Auditors dip sampled an additional 46 cases. Within this random sample there were 21 cases (46%) without an up-to-date assessment and 25 that did have one (54%). A revised care plan document was introduced in February 2017. This new combined document will support social workers to improve the quality and timeliness of assessments, review reports and care plans.
12	Quality of case recording - CIN/CP	60-69	70-79	80-100				78%	83%	83%	100%	
13	Quality of case recording - Cared for	60-69	70-79	80-100				83%	90%	100%	100%	
14	Strategy discussions with multi-agency contribution	60-69	70-79	80-100			22%	50%	18%	62%	50%	There were 4 cases audited where there were strategy discussions. There is ongoing activity to improve the inclusion of multi-agency practitioners within strategy discussions and this is supported by a work stream of the Safeguarding Children Operational Group. A Task and Finish Group has been established where they have considered the current process and obstacles in achieving multi-agency meetings. An action plan has been developed to address this including a new process for referrals to partners when a strategy meeting is called.
15	Completion of CSE screening tools	60-69	70-79	80-100				N/A	N/A	100%	N/A	There were no CSE cases in the audit this quarter.
16	Updated CSE screening tool on step down	60-69	70-79	80-100				N/A	N/A	N/A	N/A	
17	Return home interviews informing the plan	60-69	70-79	80-100				80%	25%	67%	N/A	

18	Updated risk assessment following MFH&C	60-69	70-79	80-100				25%	0%	67%	N/A	There were no Missing from Home or Care cases in the audit this quarter.
19	Quality of return home interviews	60-69	70-79	80-100				60%	25%	67%	N/A	

We **take action** to make positive change a reality

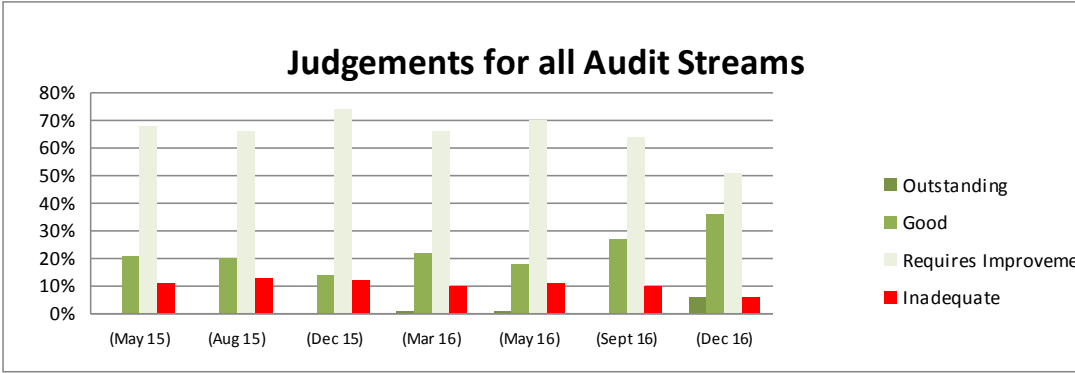
20	No drift/delay in actions being completed	60-69	70-79	80-100				58%	36%	60%	31%	All children who have been on Child Protection Plans for over 12 months, are subject to repeat CP planning, or have been involved in the pre-proceedings process for over 6 months will be reviewed by a Service Manager or Head of Service on a monthly basis. The expectation is that the number of children within these categories will reduce significantly as a result of this increased focus. More robust systems for identifying children and young people at risk of drift and delay will be developed to support early identification and action.
21	Number of children and young people on a CP plan for more than 15 months	21-25	11-20	0-10	21	16	15	16	19	23	31	Q3 equates to 17 families, however 20 individuals (65%) come from only 6 families. It is therefore important to view this in the context that 2 large families can make a considerable impact on this indicator.
22	Plans are SMART - CIN/CP	60-69	70-79	80-100				67%	44%	61%	44%	A total of 9 cases were audited from the CIN/CP teams this quarter. SMART planning continues to be an area of focus across the partnership, and improvements in this area will be supported by the adoption of Signs of Safety.
23	Plans are SMART - Cared for	60-69	70-79	80-100					60%	70%	80%	A total of 5 cases were audited from the P&TC teams this quarter
24	Plans have clear contingencies - CIN/CP	60-69	70-79	80-100				48%	33%	72%	56%	This performance reflects that this is an area we need to continue to improve alongside SMART planning.
25	Plans have clear contingencies - Cared for	60-69	70-79	80-100					40%	40%	20%	A total of 5 cases were audited from the P&TC teams this quarter. Within the new Care Plan document is a clearer expectation to outline contingency plans. This document was introduced in February 2017.
26	Percentage of decisions at Early Help Brokerage made within 3 working days	70-80	81-90	91-100						95%	83%	Although there has been a drop in performance it still remains good. This decline is due to process changes, identified as part of the front door review and designed for implementation following the outcome of the consultation, which were implemented in mid November 2016. These changes result in more of the triage function taking place in EHB rather than in ChECS. This was designed for a period when additional staff would be in post, but is currently being managed without additional staffing capacity. The monthly figures for Q3 break down as follows October – 92% in timescale November – 82% in timescale December – 76% in timescale
27	Percentage of children and young people seen within 10 days of the combined assessment start date	75-84	85-94	95-100	62%	75%	81%	75%	78%	77%	78%	This indicator has been reworked to ensure data reporting is producing a reliable picture. The data has been retrospectively reworked from Q1 15/16.

28	Children seen within 24 hours of S47	60-69	70-79	80-100	42%	62%	67%	40%	44%	45%	75%	There were 3 CIN/CP cases audited this quarter where this was relevant and one cared for case. The cared for child was not seen within 24 hours. The SM has reviewed the PTC case and it is clear the child was seen within 24 hours of the (historic) allegation and regularly thereafter. The strategy meeting was delayed but this did not impact on the quality of the work carried out by the SW in a timely way with the child.
29	CIN plans completed within 35 days	60-69	70-79	80-100	42%	59%	67%	44%	64%	69%	50%	This cohort consisted of 6 CiN cases.
30	Regularity of visits to CIN	60-69	70-79	80-100	79%	78%	67%	81%	83%	72%	78%	
31	Regularity of visits to cared for children	60-69	70-79	80-100	82%	90%	92%	80%	70%	50%	60%	Performance challenge sessions support the view that statutory visits are undertaken within the timescales relevant for the child but that recording can sometimes be delayed.
32	Percentage of initial health assessments requested within 48 hours of coming into care	70-80	81-90	91-100	16%	4%	4%	20%	73%	65%	87%	
33	Percentage of initial health assessments completed by paediatricians within 20 days	70-80	81-90	91-100	41%	32%	29%	12%	38%	33%	36%	The overall position for the 9 months to date is 36% - this is still way short of an acceptable performance. A root cause analysis has been undertaken by both CCG's. There will be dedicated IHA clinics in South CCG from March 2017 (these already exist in Eastern CCG.) A thorough analysis of all late compliance will be made by Designated Professionals in Q4. It is of note that a number of requests were made out of area in Q3 which did affect compliance as did some delays related to arrangements for unaccompanied asylum seeking children (UASC).
34	Percentage of Private Fostering cases visited in timescales	80-89	90-94	95-100	100%	67%	83%	93%	96%	88%	100%	
We work with families to achieve long lasting change. Children and young people get the right service at the right time												
35	Social Worker took the right action at right time to protect child and siblings	60-69	70-79	80-100				94%	98%	92%	88%	
36	Thresholds applied appropriately by ChECS	80-84	85-94	95-100				97%	90%	80%	90%	From the 10 cases there was 1 case where the auditor did not agree with the outcome. The auditor considered that checks should have been made with the Health Visitor as a minimum, given the circumstances and the age of the baby.
37	Appropriate step up/down	60-69	70-79	80-100				67%	83%	84%	91%	
38	CIN cases where S47 was appropriately identified	60-69	70-79	80-100	100%	97%	100%	96%	100%	94%	100%	
39	Percentage of children and young people subject to a child protection plan for a second or subsequent time (cumulative)	15-20	10-14	5-9	23%	21%	21%	19%	23%	24%	18%	
40	Percentage of repeat referrals (cumulative over a 12 Month Period)	25-30	20-24	Below 20	25%	22%	22%	22%	25%	25%	24%	

41	FGC held prior to escalation to ICPC	60-69	70-79	80-100				0%				This service has been reviewed and the decision has been taken that
42	FGC held prior to child returning home	60-69	70-79	80-100				0%				this provision will be brought in house. This work is currently underway

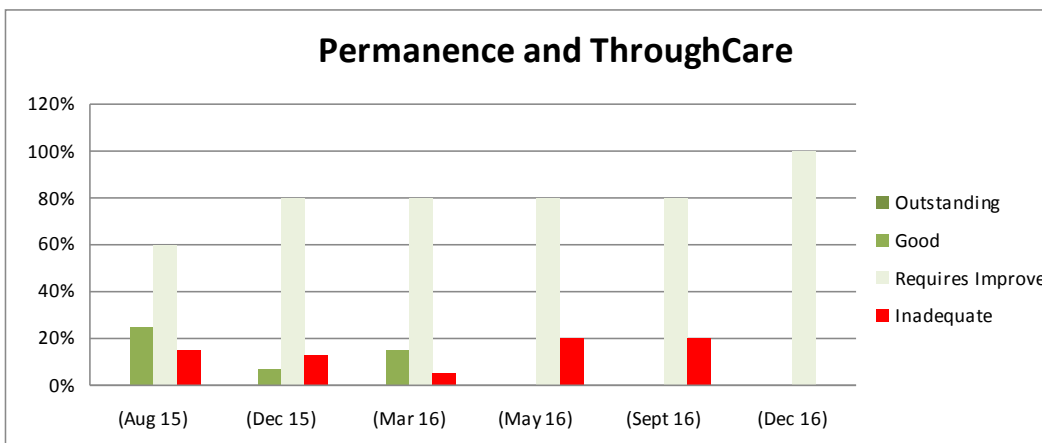
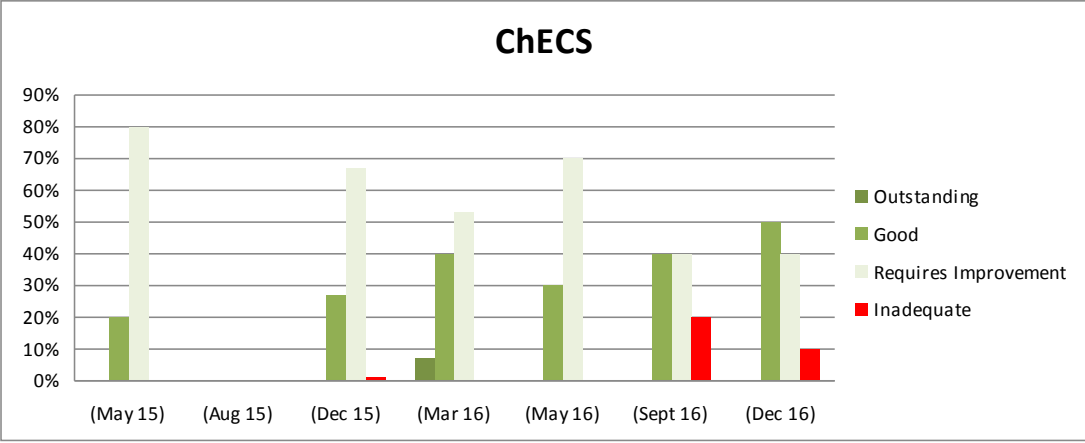
Audit Judgements

All Audit Streams								
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
	(May 15)	(Aug 15)	(Dec 15)	(Mar 16)	(May 16)	(Sept 16)	(Dec 16)	Trend
Outstanding	0%	0%	0%	1%	0.8%	0%	6%	↑
Good	21%	20%	14%	22%	18%	27%	36%	↑
Requires Improvement	68%	66%	74%	66%	70%	64%	51%	↓
Inadequate	11%	13%	12%	10%	11%	10%	6%	↓



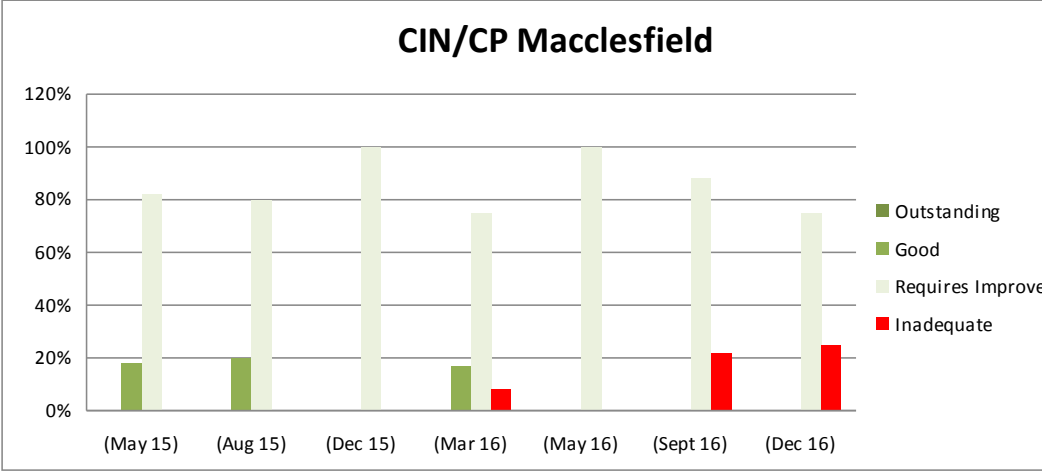
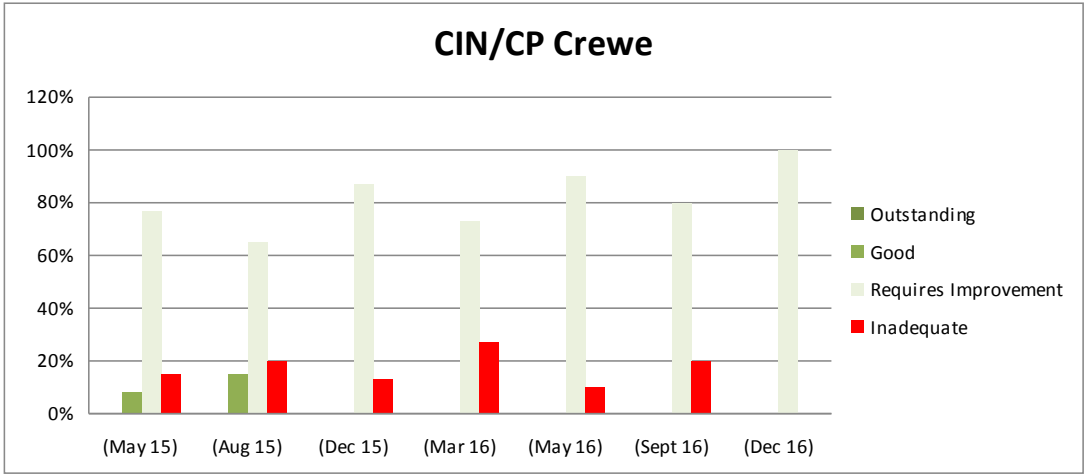
ChECS								
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
	(May 15)	(Aug 15)	(Dec 15)	(Mar 16)	(May 16)	(Sept 16)	(Dec 16)	Trend
Outstanding	0%	0%	0%	7%	0%	0%	0%	=
Good	20%	0%	27%	40%	30%	40%	50%	↑
Requires Improvement	80%	0%	67%	53%	70%	40%	40%	=
Inadequate	0%	0%	1%	0%	0%	20%	10%	↓

Permanence and ThroughCare								
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
	(May 15)	(Aug 15)	(Dec 15)	(Mar 16)	(May 16)	(Sept 16)	(Dec 16)	Trend
Outstanding	0%	0%	0%	0%	0%	0%	0%	=
Good	17%	25%	7%	15%	0%	0%	0%	=
Requires Improvement	50%	60%	80%	80%	80%	80%	100%	↑
Inadequate	33%	15%	13%	5%	20%	20%	0%	↓



CIN/CP Crewe								
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
	(May 15)	(Aug 15)	(Dec 15)	(Mar 16)	(May 16)	(Sept 16)	(Dec 16)	Trend
Outstanding	0%	0%	0%	0%	0%	0%	0%	=
Good	8%	15%	0%	0%	0%	0%	0%	=
Requires Improvement	77%	65%	87%	73%	90%	80%	100%	↑
Inadequate	15%	20%	13%	27%	10%	20%	0%	↓

CIN/CP Macc								
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
	(May 15)	(Aug 15)	(Dec 15)	(Mar 16)	(May 16)	(Sept 16)	(Dec 16)	Trend
Outstanding	0%	0%	0%	0%	0%	0%	0%	=
Good	18%	20%	0%	17%	0%	0%	0%	=
Requires Improvement	82%	80%	100%	75%	100%	88%	75%	↓
Inadequate	0%	0%	0%	8%	0%	22%	25%	↑



Quality of Work - Judgements from Team Managers' Audits and Practice Audits

Referral					
	Q4 (Mar 16)	Q1 (May 16)	Q2 (Sept 16)	Q3 (Dec 16)	Trend
Outstanding	8% (2)	4%(2)	0%	4% (1)	↑
Good	58% (14)	51%(27)	57% (27)	58% (15)	↑
Requires Improvement	29% (7)	42%(22)	40% (19)	35% (9)	↓
Inadequate	4% (1)	4%(2)	2% (1)	4% (1)	=

Visits to Cared for Children					
	Q4 (Mar 16)	Q1 (May 16)	Q2 (Sept 16)	Q3 (Dec 16)	Trend
Outstanding	0%	0%	0%	0%	=
Good	57%(17)	50%(12)	50% (13)	52% (11)	=
Requires Improvement	37%(11)	33%(8)	38% (10)	43% (9)	=
Inadequate	7%(2)	17%(4)	12% (3)	5% (1)	↓

Combined Assessment					
	Q4 (Mar 16)	Q1 (May 16)	Q2 (Sept 16)	Q3 (Dec 16)	Trend
Outstanding	0%	0%	0%	0%	=
Good	37% (11)	44%(21)	31% (11)	32% (7)	=
Requires Improvement	46% (14)	56% (27)	60% (21)	55% (12)	↓
Inadequate	16%(5)	0%	9% (3)	14% (3)	↑

Cared for Assessments					
	Q4 (Mar 16)	Q1 (May 16)	Q2 (Sept 16)	Q3 (Dec 16)	Trend
Outstanding	0%	0%	0%	0%	=
Good	40%(10)	33% (8)	42% (11)	50% (10)	↑
Requires Improvement	52%(13)	46%(11)	46% (12)	20% (4)	↓
Inadequate	8%(2)	21%(5)	12% (3)	30% (6)	↑

Child in Need Plans					
	Q4 (Mar 16)	Q1 (May 16)	Q2 (Sept 16)	Q3 (Dec 16)	Trend
Outstanding	0%	0%	0%	0%	=
Good	30% (7)	24%(5)	50% (12)	17% (3)	↓
Requires Improvement	57%(13)	66%(14)	33% (8)	78% (14)	↑
Inadequate	13%(3)	10%(2)	17% (4)	6% (1)	↓

Cared for Children's Plans					
	Q4 (Mar 16)	Q1 (May 16)	Q2 (Sept 16)	Q3 (Dec 16)	Trend
Outstanding	0%	0%	0%	0%	=
Good	46%(12)	38%(8)	41% (11)	30% (6)	↓
Requires Improvement	50%(13)	57%(12)	48% (13)	55% (11)	↑
Inadequate	4%(1)	5%(1)	11% (3)	15% (3)	↑

Child Protection Plans					
	Q4 (Mar 16)	Q1 (May 16)	Q2 (Sept 16)	Q3 (Dec 16)	Trend
Outstanding	0%	0%	0%	0%	=
Good	64%(7)	38%(5)	64% (9)	33% (3)	↓
Requires Improvement	27%(3)	62%(8)	29% (4)	67% (6)	↑
Inadequate	9%(1)	0%	7% (1)	0%	↓

Strategy Meetings and Sec 47					
	Q4 (Mar 16)	Q1 (May 16)	Q2 (Sept 16)	Q3 (Dec 16)	Trend
Outstanding	0%	0%	0%	0%	=
Good	50%(6)	33%(6)	38% (6)	63% (5)	↑
Requires Improvement	50%(6)	48%(10)	63% (10)	38% (3)	↓
Inadequate	0%	11%(2)	0%	0%	=