

**IMPROVING HOW WELL ORKNEY'S CHILDREN AND YOUNG PEOPLE
ARE PROTECTED AND THEIR NEEDS MET**



ORKNEY CHILD PROTECTION CHIEF OFFICER'S GROUP

HMIE JOINT INSPECTION OF SERVICES TO PROTECT CHILDREN ACTION PLAN

AND

CPC WORKPLAN

NOVEMBER 2007 – MARCH 2009

WITH

PROGRESS REPORT APRIL 2008

NOTES ON FORMAT:

The format incorporates the CPC Business Plan and uses the column headings for this. The sections are laid out to the HMIE evaluation format and use the criteria for this. It is hoped in this way to fulfil both sets of requirements.

Summary priority improvement areas are highlighted in red, bold and italics throughout.

- *Ensure the full involvement of health staff in child protection processes and improve the availability of specialist health services to ensure children's needs are met*
- *Improve the ways in which agencies share and record information, particularly in case files*
- *Review the purpose and membership of the Child Protection Committee and implement a child protection training programme across services*
- *Continue to improve arrangements for reviewing practices, including making more use of performance monitoring and management information, to protect children*

Evaluation summary issues in each section which were not repeated in the text of the inspection report, are highlighted in bold type as key points

A progress report to 31.03.08 is highlighted in bold for each action area. Progress is colour coded	
Green	Completed
Blue	Progressing as planned or within 6 months of original deadline
Red	Progress significantly delayed or impeded

Where original deadlines have not been met, or further actions have been added, new timescales are set. A number of actions have been delayed due to staff changes and lack of capacity, though many have been completed and have new progress targets.

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
1.	IMPROVING THE EFFECTIVENESS OF THE HELP CHILDREN GET WHEN THEY NEED IT Key Point: Some children with longer-term needs did not always have these met due to a lack of specialist medical services.					
1.1	Being Listened to and Respected					
1.2	Being Helped to Keep Safe <i>Priority: Improve the availability of specialist health services to ensure children's needs are met</i>					
1.2.1	Where children were not placed on the CPR, but specific needs had been identified, support was not always provided.	a) Where appropriate, a Child Centred Support Plan will be formulated, regardless of Child Protection Registration to include identification of any Unmet Needs. Progress Report: Completed. Senior Practitioner role now includes audit of all files.	Completed March 2008 (Green)	CSS Service Manager, Children's Services	CSS Case File Audit Process	<i>Development of improved specialist service provision</i>
		b) Unmet needs identified in CCSP to be reported via Departmental process Progress Report: To be progressed Delayed due to Service Manager vacancy	Delayed (Red) Dec 2008	CSS Service Manager, Children's Services	Unmet needs records and audit trail of actions	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		<p>c) Request for Additional Resources process in Education revised</p> <p>Progress Report: Documentation issued to school managers in January 2008. Trial of process will be tracked and process refined in time for June deadline. Sample documentation included for reference.</p> <p>Ongoing – Expect to be able to report feedback on analysis of initial impact in May/June. (early informal comments by schools positive)</p>	In progress (Blue)	Head of Pupil Support, Education Department	Request for Additional Resources process records and audit trail of actions	<i>Development of improved specialist service provision</i>
		Consultation and school trials	In progress March 2008 (Blue)			
		Revised process in place	In Progress June 2008 (Blue)			<i>Development of</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		<p>d) Re-establish Annual Reporting arrangements for Audit Sub-Group to CPC and on to COG, to include identification and recommendations re: resource need.</p> <p>Progress Report: Report completed February but resource needs yet to be explicitly identified.</p>	<p>In progress First report to February 2008 Next annual report April 2009 (Blue)</p>	Audit Sub-Group	Audit Sub-group Annual reports to be submitted to CPC and COG to identify resource need.	<i>improved specialist service provision</i>
		<p>e) NHS Orkney review of Children's Services has addressed identified specialist health service needs, with input from CPC. Actions : see (f) - (h) & 1.4.7 below</p>	<p>Completed September 2007 (Green)</p>	NHSO Children's Service Manager Children's Services	Review Report and Health Needs Assessment	
		<p>f) Paediatric OT and physiotherapy teams now fully staffed.</p>	<p>Completed (Green)</p>	NHSO Children's Service Manager Children's Services		

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		<p>g) Revised arrangements for Psychiatric & Psychological services to be negotiated with NHS Grampian.</p> <p>Progress Report: Discussion ongoing – service specification document written.</p>	In progress 2008 (Blue)	<p>NHSO Children's Service Manager Children's Services</p> <p>Funding required</p>	Establishment of revised arrangements for Psychiatric & Psychological services	<i>improved specialist service provision</i>
		<p>h) Review of CAMHS service completed.</p> <p>Review priority actions to be taken forward as part of Joint Improvement Team Mental Health Services Project</p> <p>Progress Report: To be incorporated into the JIT Mental Health Action Plan</p>	In progress 2008 (Blue)	<p>NHSO Children's Service Manager Children's Services</p> <p>Funding required</p>	Completion of Review priority actions	
1.2.2	At times, children and families were unable to access specialist services, including clinical psychologists, physiotherapists and occupational therapists.	Cross Reference 1.2.1				

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
1.2.3	Children did not feel sufficiently knowledgeable about substance abuse issues.	<p>DASAT to establish a drug education working group to take forward the development of a standard drug-education package for rolling out across Orkney.</p> <p>Progress Report: Package development and roll out in progress, to report to DASAT in 2008.</p>	In progress 2008 (Blue)	DASAT Co-ordinator	<p>Drug Education Package provided</p> <p>Implementation & feedback report to DASAT</p>	Improved levels of knowledge of substance misuse issues

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
1.3	Response to Immediate Concerns					
	<i>Priority: Ensure the full involvement of health staff in child protection processes</i>					
1.3.1.	At times, not all services were represented appropriately in planning meetings and conferences.	<p>Ensure Input to planning meetings (including access to information in key staff absence)</p> <p>Progress Report: Monitored by CSS staff and reporting to Children's Services Manager NHSO</p>	Completed March 2008 (Green)	NHSO Service Manager, Children's Services	Procedure established	<i>Improved involvement of health staff</i>
1.3.2.	Decisions about the need for a child's medical examination were normally taken by police and social work without input from a medical professional.	<p>Ensure Input to planning meetings (including access to information in key staff absence)</p> <p>Progress Report: No decisions regarding medical examinations have been identified over this period. Audit Group to monitor and include in Annual Report.</p>	In progress April 2009 (Blue)	P&P Working Group	<p>Procedure established.</p> <p>Improved performance demonstrated through case reviews and audit.</p>	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
1.3.3.	Some medical staff lacked awareness of the importance of considering child protection when examining a child. (see 3.3.2)	<p>a) Skills development of hospital staff, GPs and Isles Community Nurses:</p> <p>Training needs analysis carried out by NHS Training and Development Department. Relevant Staff prioritised for Training at level 1 & 2.</p> <p>Progress Report: Completed</p>	Completed Oct 2007 (Green)	NHSO Training and Development	Training and Development Records	<i>Improved involvement of health staff</i>
		<p>b) New CP joint guidelines to be issued & circulation audited.</p> <p>Progress Report: Awaiting circulation of joint guidelines</p>	In progress June 2008 (Blue)	NHSO Service Manager Children's Services		<i>Improved involvement of health staff</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
1.3.4.	A few medical examinations of children were carried out at home when they would have been more appropriately undertaken within a clinical setting.	a) Letter sent to all GP Practice reminding them of the need to examine children in appropriate clinical settings	Completed Oct 2007 (Green)	CHP General Manager		<i>Improved involvement of health staff</i>
		b) Monitor where examinations are taking place in relation to child protection. Progress Reports: No medical examinations over this period. Audit sub-group to include in Annual Report	In progress April 2009 (Blue)	Audit Sub-Group	Audit Records and Annual Report	<i>Improved involvement of health staff</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
1.4	Meeting Needs <i>Priority: Improve the availability of specialist health services to ensure children's needs are met</i>					
1.4.1	Key Points: Those with longer term needs did not always have these met due to a lack of specialist health services.	NHS Services Cross Reference 1.2.1 (e) to (h)				
1.4.2	Overall, children's long-term needs were better met than their short-term requirements. They were not always able to access specialist services quickly and some services were not available	CSS Services - Children and Families services reconfigured to enhance capacity for preventative and therapeutic work Progress Report: New team structure established and management posts filled. Permanent funding secured for 2 x second tier CAMHS workers, one in post and one to be advertised shortly. Establishment of additional posts funded for 2008-09 and to be recruited mid-year.	Completed August 2007 (Green)	CSS Assistant Director, Children and Families and Criminal Justice	Staffing & Service Provision	Improved range and quality of CSS services
		Establishment of additional posts/services awaiting availability of funding – funding now secured. Recruitment in 2008 as above.	In progress 2008 (Blue)	Funding : in place for 2008		
1.4.3.	Holders of a number of key specialist posts were not resident in Orkney.	Cross reference 1.2.1 (g) to (h) and 1.4.6 below				

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
1.4.4.	A high turnover of staff in the local hospital had had a detrimental impact on the level of awareness of child protection within health.	Cross reference 1.3.3 (skills development of Hospital Staff)				
1.4.5.	The National Health Service (NHS) in Orkney was negotiating with NHS Grampian to deliver a more comprehensive child and family mental health service. Children who required compulsory mental health services were dealt with on an emergency basis and had to be referred to Aberdeen.	Cross reference 1.2.1 (g) and (h)				
1.4.6	Children requiring a forensic medical examination had to travel to Aberdeen.	<p>Consider provision of Consultant Paediatrician Services via Telemedicine.</p> <p>Progress Report: Part of wider discussion with NHS Grampian re service provision</p>	In progress 2008 (Blue)	NHSO Service Manager, Children's Services	Arrangements for Paediatric/ Forensic Services	<i>Development of improved specialist service provision</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
1.4.7	There was no provision in Orkney for access to a paediatric specialist.	<p>Cross reference 1.4.5 and 1.21 (e) Proposal for enhanced service developed</p> <p>Progress Report: Part of wider service development</p>	<p>Completed Nov 2007 March 2008 (Green)</p>	NHSO Service Manager, Children's Services		
		<p>Provision of services</p> <p>Progress Report: Part of wider service development with NHS Grampian</p>	<p>In progress 2008 (Blue)</p>	Chief Executive, NHSO Funding required		

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
2.	IMPROVING HOW SERVICES PROMOTE PUBLIC AWARENESS OF CHILD PROTECTION					
2.1	Being Aware Of Protecting Children					
2.1.1.	The CPC had not yet taken effective steps to promote the safety and protection of children in their community through local awareness campaigns.	(a) Establish communications sub-group. Progress Report: Completed	Completed (Green)	CPC Chair	Output: Sub-group established and Strategy developed and implemented	Improved community awareness of child protection
		b) Develop communications strategy, identifying activities and materials to publicise inter-agency protective services, including web-based and child-friendly formats Progress Report: Completed strategy and now ready to implement as resources have been allocated.	Completed March 2008 (Green)	Communications Sub-group		

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		<p>c) Communications sub-group to include Dialogue Youth representation and involve young people in development of materials and reporting.</p> <p>Progress Report: The next meeting is 13th May where we will consult with Dialogue Youth and others re young person involvement.</p>	In progress May 2008 (Blue)	Communications sub-group	Published materials and activities	Improved community awareness of child protection
		<p>d) Include activities in CPC Annual Report</p> <p>Progress Report: Completed</p>	Completed April 2008 (Green)	CPC Lead Officer	CPC Annual Report	
		<p>e) Delivery of strategy:</p> <ul style="list-style-type: none"> • Newspaper feature • New branded materials • Web-based publicity <p>Progress Report: New Actions</p>	In progress March 2009 (Blue)	Communications Sub Group; Budget allocated	Published materials	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
2.1.2.	The CPC was also considering how to engage people in evaluating their experience of child protection processes.	a) Audit sub-group to review feedback forms from children & parents and include in Annual Report and recommendations. Progress Report: Still to be progressed	Delayed Audit Sub-Group Annual Report Feb 2009 (Red)	Audit Sub-Group	Completed feedback forms. Sub Group and CPC Annual Reports	<i>Improved use of management information</i>
		b) Summary report in CPC Annual Report	Delayed April 2009 & thereafter (Red)	CPC Lead Officer		

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
3.	IMPROVING THE DELIVERY OF KEY PROCESSES Key Points: Health staff were not always sufficiently involved when assessing risk and when developing policies and procedures for child protection. <i>Information sharing with health staff needed to be further developed.</i>					
3.1	Involving Children And Their Families					
3.1.1.	Most staff encouraged and assisted children to submit <i>Having Your Say</i> forms for Children's Hearings, However at times their use was inconsistent.	(a) Ensure that all staff are fully aware of the importance of the forms and that children have access to Children and Young People's advocacy as an alternative to help them complete them. Progress Report: Completed	Completed (Green)	CSS Service Manager, Children's Services/Reporter	Percentage of forms completed.	<i>Improved use of management information</i>
		(b) Audit completion rate annually by local Authority Reporter & include in CPC Annual Report. Progress Report: In year 2007-08 approximately 17% of children or young people completed the form "Having Your Say". This baseline will be used for progress measurement	Completed April 2008 & thereafter (Green)	Local Authority Reporter/CPC Lead Officer	CPC Annual Report	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
3.1.2.	An advocacy worker for children had been recently appointed but had not yet gained the full trust and confidence of some children.	(a) Develop protocol to raise awareness of service. Progress Report: To be progressed Delayed by staff changes in both agencies.	Delayed Sept 2008 (Red)	Advocacy Orkney/ CSS Service Manager, Children's Services	Number of children engaging with Advocacy	Improved confidence of children in Advocacy Services/ Improved involvement of children & families
		(b) Report level of involvement of Advocacy in CPC Annual Report.	Delayed April 2009 (Red)	CPC Lead Officer		
3.1.3	Some documents were made available to families just before case conference meetings. As a result children and families lacked information prior to these meetings.	a) CPC to highlight to all member agencies, the importance of submitting written reports by due date (two days prior to case conference) Progress Report: Completed	Completed Dec 2008 (Green)	CPC Chair	Record of advice given	Improved involvement of children & families
		b) Establish secure GSX link to facilitate electronic submission. Progress Report: Link established and agreement reached within	In progress 2008 (Blue)	OIC Asst. Chief Executive Funding required		

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		Corporate Management Team to secure access for all current orkney.gov addresses. Date for transfer of e-mail addresses yet to be agreed.				Improved involvement of children & families
3.1.4	A few parents reported that their views and opinions were not taken into account and that they had limited involvement with staff prior to meetings.	a) In addition, where parents have not taken the opportunity to meet with the Chair, prior to Case Conference and therefore may not have read all reports, Chair will offer private room and support immediately prior to Case Conference to enable parents to be fully acquainted with process and written information. Progress Report: Completed	Completed (Green)	CSS Service Manager Children's Services		Improved involvement of children & families
		b) Monitor impact via feedback forms from parents. Include summary in CPC Annual Report Cross ref 2.1.2(a) and (b)	Delayed Annual Report 2009 (Red)	Audit Sub-Group/CPC Lead Officer	Audit and CPC Annual Reports	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		<p>c) Monitor timely report provision and report annually</p> <p>Establish system</p> <p>Progress Report: In place. System established and monitoring started.</p> <p>First report (3 months)</p>	<p>Completed December 2007 (Green)</p> <p>In progress July 2008 & thereafter (Blue)</p>	CPC Secretary/Lead Officer	CPC Annual Report	Improved involvement of children & families
3.1.5.	At a few meetings, there was no discussion on how children who were looked after would be informed of decisions made at meetings or recommendations made to the panel.	<p>Develop protocol to provide written and verbal feedback to looked after children and their parents regarding decisions and recommendations made at meetings.</p> <p>Progress Report: To be included in LAC review process. Work with Panel, on feedback from Hearings, to be progressed. Delayed due to Service Manager vacancy</p>	Delayed December 2008 (Red)	CSS Service Manager, Children's Services	CSS Case File Audit process	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
3.2	Sharing & Recording Information					
	<i>Priority: Improve ways in which agencies share and record information, particularly in case files</i>					
3.2.1	Staff used their good working relationships to share information on an informal basis. At times, they did not make enough use of more formal systems.	a) Finalise written information-sharing protocol: Progress Report: On schedule. Data sharing Manager co-ordinating. Further work to implement now required including co-ordination of procedures and policies to support the ISP for partnerships	In progress June 2008 (Blue)	OIC Assistant Chief Executive/Data Sharing Partnership	Strategic Protocol established	Improved information sharing & recording
		b) Complete Child Protection information sharing protocol Annexe Progress Report: As above	In progress September 2008 (Blue)	Policy & Procedures sub-group	Operational protocol established	
		c) Include check on use of formal systems in file audit Progress Report: Awaiting completion of protocol June 2008	In progress June 2008 (Blue)	Audit sub-group	Audit records & Annual Audit Sub-Group Report.	
		d) Establish GSX connection and enable Child Protection Messaging facility Progress Report: Work being	In progress 2008 - 2009 (Blue)	OIC Assistant Chief Executive/Data Sharing Partnership	CP Messaging in place	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		<p>progressed as part of PARIS Children's Services implementation. GSX as per 3.1.3b</p> <p>CPM – Scottish Government timescale for implementation now 2008-09.</p> <p>Adaptor work for the Partnership's local system (PARIS) will be funded and co-ordinated by Scottish Government.</p>				<i>Improved information sharing & recording</i>
3.2.2.	There was no system to inform General Practitioners (GPs) that a child's name was on the CPR.	<p>(a) Provide guidance and ensure arrangements for registration checks and for alerts re: child protection concerns.</p> <p>Establish audit mechanism</p> <p>Progress Report: Guidance to be actioned by Service Manager after joint guidelines are issued.</p> <p>Audit mechanism in place via CPC Secretary – relates to 3.2.2b</p> <p>Awaiting publication of joint guidelines so all information is disseminated at the same time.</p>	In progress June 2008 (Blue)	NHSO Service Manager, Children's Services and CHP General Manager	Report to CPC January 2008 and COG on arrangements and audit mechanism.	<i>Improved information sharing & recording</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		(b) Notification letter to GP recorded explicitly on case file. Progress Report: Completed	Completed December 2007 (Green)	CPC Secretary	Copy of notification contained in Social Work Case file.	Improved information sharing & recording
3.2.3.	Records of hospital visits and examinations were not always passed to community health staff promptly.	Monitoring forms issued to school nurses and health visitors. Children's services manager will audit forms on a monthly basis. Progress Report: New computer software in place which will improve communication but not all staff using system as yet.	In progress August 2008 (Blue)	NHSO Service Manager , Children's Services	Audit Records	
3.2.4.	Minutes of case conferences did not consistently record the reasons why decisions were taken.	Child Protection minute form amended to include specific section to record reasons why decisions were taken Progress Report: Recording forms amended in line with revised child protection guidelines	Completed December 2007 (Green)	CPC Secretary	Case Conference Minutes & CSS Case File Audit Procedures	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
3.2.5.	GPs did not always provide reports to case conferences or attend to provide verbal reports. They did not pass relevant medical information routinely to school nurses.	<p>Letter sent to GPs reminding them of their responsibilities to Child Protection.</p> <p>Progress Report: In place. Report via annual report.</p>	<p>Completed October 2007 (Green)</p> <p>In progress Audit sub-group report April 2009 (Blue)</p>	CHP General Manager	Audit Sub-Group Annual Report	<i>Improvement involvement of health staff</i>
		<p>Monitor GP attendance and reports completed for case conferences, & include in Audit Sub Group Annual Report.</p> <p>Establish system.</p> <p>First Report</p> <p>Progress Report: System established and monitoring started</p>	<p>In progress December 2007</p> <p>April 2009 (Blue)</p>	<p>CPC Secretary</p> <p>Audit Sub-Group</p>		
3.2.6	The CPR was not held electronically which limited its accessibility to out of hours staff, particularly medical staff.	<p>Electronic CPR to be established</p> <p>Progress Report: PARIS progressing on target</p>	In progress 2008-09 (Blue)	CPC Chair/ PARIS Project Board GSX Connection:	Electronic CPR established	<i>Improved information sharing & recording</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		On schedule. Work being progressed as part of PARIS Children's Services implementation (see 3.2.1d)		Assistant Chief Executive		<i>Improved information sharing & recording</i>
3.2.7	Education files did not always contain child protection plans or clearly indicate where confidential, but relevant, information could be accessed.	<p>Develop guidance to all schools and staff based on best practice informed by FOI and Data Protection Act jointly with CSS and other key partners.</p> <p>Issue Guidance</p> <p>Education Audit</p> <p>Progress Report: Preliminary work due to start as part of local network day for support staff (7th March 2008) This will also provide the opportunity to set this target within national framework of the HMIe report on the implementation of the additional support needs legislation (http://www.hmie.gov.uk/documents/publication/aslr.pdf)</p> <p>Ongoing – However, there is a “de facto” case to link this more directly</p>	<p>In progress March-June 2008</p> <p>In progress June 2008</p> <p>In progress Sept 2008 (Blue)</p>	CSS Service Manager, Pupil Support	Audit Records	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		with the outcomes of developing IAF and a single plan approach. If this is found to be the best approach the June guidance would be issued in these terms and be interim in nature.				Improved information sharing & recording
3.2.8.	CSS files were sometimes supervised and managed to ensure correct procedures had been carried out. Outcomes of meetings were not always recorded well.	<p>Cross Reference 3.1.5. Review Meeting Record format</p> <p>Progress Report: Chairing and minuting training provided February 2008.</p> <p>Revised record format in place for all child protection and child support plans.</p>	Completed December 2007 (Green)	CSS Service Manager, Children's Services	CSS Case File Audit	
3.2.9.	Health visitors' files contained limited information.	<p>a) Audit of records and standards setting to be agreed with Health Visitors.</p> <p>Progress Report: New Health Visitor records to be introduced which will improve quality of record keeping.</p>	In progress August 2008 (Blue)	NHSO Service Manager, Children's Services		
		b) Establish multi-agency sample case file audit arrangements	Completed December 2007	Audit Sub-group	Audit Sub-Group Records & Annual	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		Progress Report: First audit completed February 2008	(Green)		Report	
3.2.10	Information contained in the SCRA files was not always clearly presented and easy to read.	Ensure compliance with SCRA Standard Case File guidance Progress Report: Completed	Completed (Green)	Authority Reporter	SCRA audit completed satisfactorily	<i>Improved information sharing & recording</i>
3.2.11	Children & Families were well informed about information sharing between services verbally rather than in writing.	Cross ref 3.2.1				
3.2.12	A few staff were not clear on the freedom of information legislation and the implications for their work when sharing information with others.	Training strategy to include recording and information sharing standards Progress Report: Completed	Completed March 2008 (Green)	Training sub-group	Training Strategy published Improved performance demonstrated through case file audit.	<i>Improved information sharing & recording/ Implementation of a training programme</i>
3.2.13	Staff had no guidance to enable them to support children who were displaying inappropriate sexual behaviours. (However, strong working relationships between police and CSS ensured that staff were active and alert to circumstances and acted quickly when issues arose.)	Establish programme and timeframes for development of protocols and arrangements for Review: <ul style="list-style-type: none"> • Sexually inappropriate behaviour • Substance misuse • Disability issues • Complaints Progress Report: Work in progress	Delayed December 2008 (Red)	Policy & Procedures Sub-Group	Report to CPC on programme plan March 2008 Protocols established and reviewed as per programme	<i>Improved arrangements for reviewing practices</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		Delay due to lack of capacity in sub group				
3.3	Recognising & Assessing Risks and Needs					
	<i>Priority: Ensure the full involvement of health staff in child protection processes</i>					
3.3.1.	Health staff who provided accident and emergency services were not confident in recognising risk or reporting to the relevant staff.	<p>a) Development and review of internal and multi-agency procedures. Working group of NHS staff have reviewed current policy and have decided to work with Joint Guidelines only. Cross Reference 4.1.1, 4.1.2, 4.1.3</p>	Completed (Green)	NHSO Service Manager, Children's Services	Improved performance demonstrated through case file & audit	<i>Improved involvement of health staff</i>
		<p>b) Promote revised procedures, particularly among hospital staff and island health professionals.</p> <p>Progress Report: Presentation provided by Police and Social Work to NHS multidisciplinary training programme. Promotion of procedures will follow publication</p>	In progress August 2008 (Blue)	NHSO Service Manager Children's Services	Communication activities, promotional events.	
		<p>c) Revise Induction Training to highlight child protection roles and responsibilities</p> <p>Progress Report: Complete</p>	Completed Sept – Dec 2007 (Green)	NHSO Training Officer	Records of Post induction training audit of learning.	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		<p>d) Provide guidance and ensure arrangements for registration checks and for alerts re: child protection concerns. Establish audit mechanism.</p> <p>Progress Report: To be actioned by Service Manager after joint guidelines are issued</p>	In progress June 2008 (Blue)	NHSO Service Manager, Children's Services and CHP General Manager	Report to CPC January 2008 and COG on arrangements and audit mechanism.	<i>Improved involvement of health staff</i>
		<p>e) To raise awareness at Senior Management level, presentation provided.</p> <p>Progress Report: Presentation provided. Local publicity emphasises Chief Executive's leadership.</p>	Completed October 2007 (Green)	NHSO Chief Executive		
3.3.2.	Some health staff did not always intervene when children were potentially at risk.	Cross reference 1.3.3 and 3.3.1 above, and 4.5.1 below.				
3.3.3.	Child protection case conferences were well attended by representatives from all relevant services with the exception of GPs.	Cross reference 1.3.3 and 3.2.5				

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
3.3.4.	Staff in CSS did not always make consistent use of agreed approaches to assessing risk.	<p>a) Record of Risk assessment using specific risk assessment model to be included in all child protection case files.</p> <p>Progress Report: Completed</p> <p>b) Integrated Assessment Framework to be developed including integrated risk assessment</p> <p>Progress Report: IAF record template being piloted. Tool to be formally agreed and in place.</p>	<p>Completed (Green)</p> <p>In progress March 2009 (Blue)</p>	<p>CSS Service Manager, Children's Services</p> <p>CSS Service Manager, Children's Services</p>	CSS File Audit	Improved recognition of risks & needs
3.3.5.	Health visitors did not have access to appropriate advice on ways of assessing risk to children.	<p>Develop risk assessment framework for health visiting: Pilot, Evaluation and Action Plan.</p> <p>Progress Report: Risk assessment included in new Health Visitor documentation</p> <p>Cross reference (b) above</p>	<p>Completed December 2007 (Green)</p>	NHSO Service Manager, Children's Services	Output: Report to CPC on results of pilot. Jan 2008	
3.3.6.	Case conference minutes lacked clarity about reasons for referring to SCRA.	<p>Revised Case Conference Minutes format to include section on reasons for referral.</p> <p>Progress Report: Completed. Conference chairing and minuting training provided February 2008.</p>	<p>Completed December 2007 (Green)</p>	CSS Service Manager, Children's Services	CSS Case File Audit	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
3.3.7.	Minutes alone were often used as the basis for a referral to the Local Authority Reporter, but a delay in their distribution sometimes delayed the legal process.	(a) Review administrative support arrangements to CPC and CSS Children & Families Team. Progress Report: Completed Further administrative review in progress	Completed August 2007 (Green)	CSS Service Manager (Planning) and Service Manager (Children & Families)	Additional resources and support provided to CP Administration	Improvement information sharing and recording
		(b) Establish protocol and timescales for minute circulation (within 10 days) and audit performance Progress Report: Completed First Report (3 months)	Completed Dec 2007 (Green) In progress July 2008 & annually thereafter	CSS Service Manager, Children's Services	Protocol and audit report to CPC and CSS Directorate	
3.3.8.	Medical staff in Orkney did not have sufficient links with the consultant paediatrician, based at Aberdeen.	Cross reference 1.4.6				
3.3.9.	When children were admitted to hospital, staff did not always check the CPR.	Cross reference 3.3.1				
3.3.10	Staff, across services, were sometimes cautious in requesting medical examinations, partly due to the impact this could have.	Cross reference 1.4.6 and 3.3.8				

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
3.3.11	Children's misuse of alcohol was recognised by all services as a developing problem in the community. Children were not fully aware of the long term effect on their health and relationships. (In response, the Council was recruiting for the first time, a post of young person's substance misuse worker.)	<p>Post established and worker in post</p> <p>Progress Report: Completed</p> <p>A brief is being devised to commission a piece of work to identify the extent of children and young people who fall within the category of 'Hidden Harm' in Orkney.</p> <p>Progress Report: Young peoples' substance misuse worker appointed in post. "Hidden Harm" research in progress.</p> <p>Cross reference 1.2.3</p>	<p>Completed (Green)</p> <p>In progress 2008 (Blue)</p>	<p>DASAT/CSS Service Manager, Children's Services</p> <p>DASAT Coordinator</p>	<p>Post established</p> <p>Research report and actions by DASAT</p>	<p>Reduction in alcohol misuse among young people</p>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
3.4	Planning to Meet Needs					
3.4.1.	Longer term planning across services was less effective. Children did not always have access to specialist services to help them overcome the effects of abuse.	Cross reference 1.2.1 and 1.4.2				
3.4.4.	Staff from a few agencies were unaware of developments on account of delays in circulating minutes.	Cross reference 3.3.7				
3.4.5.	In a few cases, core groups had met for long periods of time without any evidence of change in children's lives.	<p>Format for planning and reviewing of Child Support Plan has been redeveloped to focus on change and outcomes</p> <p>Progress Report: Completed. Senior Practitioner role now includes periodic chairing and oversight of core group meetings to provide additional scrutiny.</p>	Completed (Green)	CSS Service Manager, Children's Services	CSS Case File Audit	Improved planning to meet needs
3.4.6	On occasions, core groups focussed too much on the needs of parents rather than children.	Cross reference 3.4.5		CSS Service Manager, Children's Services		

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
3.4.7.	The system for managing throughcare and aftercare had improved. However, practice still varied, and not all young people leaving care were offered a plan to support them at this time.	<p>(a) Ensure that all young people leaving care have access to a worker and are offered a support plan</p> <p>Progress Report: Completed. Improved rate of completion of pathway plans</p> <p>(b) Establish lead officer for Through & Aftercare – CSS Directorate Report on Through & Aftercare arrangements.</p> <p>Progress Report: Aim to recruit dedicated over 16's social worker to provide further leadership for Throughcare/aftercare development – funding 2008-2009 identified</p>	<p>Completed (Green)</p> <p>In progress June 2008 (Blue)</p>	CSS Service Manager, Children's Services	CSS Case File Audit Directorate Report	Improved planning to meet needs

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
4.	IMPROVING OPERATIONAL MANAGEMENT Key Point: Health staff were not always sufficiently involved when assessing risk and when developing policies and procedures for child protection.					
4.1	Policies & Procedures					
4.1.1.	Some health staff lacked awareness of policies and did not use them.	Cross reference 3.3.1				
4.1.2.	NHS Orkney had not updated their guidelines to reflect changes in personnel and to ensure consistency with inter-agency guidelines.	Cross reference 3.3.1				
4.1.3.	Some NHS Orkney staff were not familiar with NHS Orkney or inter-agency guidelines.	Cross reference 3.3.1				
4.1.4.	Across services, there was no regular or planned approach to review and update policies and procedures or monitor their impact.	Policies and Procedures Review Process established in CSS Cross Ref 3.2.13				

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
4.2.	Operational Planning Priority: Continue to improve arrangements for reviewing practices, including making more use of performance monitoring and management information, to protect children					
4.2.1.	Services were at the early stages of using management information for planning improvement.	Cross reference 4.2.3, 4.2.4, 1.2.1, 4.2.2, 5.4.2, 5.4.3, 5.4.4, 5.4.5				
4.2.2.	Overall, it was not always clear how services measured progress of the ICSP.	Develop ICSP 2008-2011 with SMART targets and outcome measures, reported annually Progress Report: To be presented to June Council Committee cycle	In progress April 2008 & annual reviews (Blue)	Assistant Director Children & Families & Criminal Justice	Progress against ICSP targets clearly measured	<i>Development of improved specialist service provision</i>
4.2.3.	Some health staff were unclear about how services would be delivered and the impact for their work.	Awaiting outcome of review of Creating Sustainable Services Project. Progress Report: Creating Sustainable Services Project report completed. "Shaping Up" project in progress, with extensive local press coverage/public information/staff information provided.	In progress (Blue)	Chief Executive NHS Orkney		

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
4.2.4.	Council and NHS Orkney recording systems did not allow managers or staff to regularly gather and analyse management data.	<p>a) CSS currently developing PARIS electronic recording system to address this.</p> <p>Progress Report: On target for go-live 2nd July 2008</p> <p>b) Complete research project on trend information and review activity reporting arrangements.</p> <p>Progress Report: Completed</p>	<p>In progress June 2008 (Blue)</p> <p>Completed (Green)</p>	<p>CSS Head of Support Services/CSS Service Manager, Children's Services</p> <p>CPC Chair</p>	<p>Research Report and recommendations: CPC Minutes</p>	<p><i>Improved arrangements for reviewing practices & improved use of management information</i></p>
4.3	Participation of children, their families and other relevant people in policy development					
4.3.1.	NHS Orkney had yet to find ways of involving children and families in planning.	<p>Consultation for ICSP to include people & patients' involvement</p> <p>Progress Report: Dialogue Youth Consultation Report published and circulated, young peoples' presentation to ICSP Development Day completed, findings incorporated into ICSP.</p>	<p>Completed December-January 2007 (Green)</p>	<p>ICSP Steering Group</p>	<p>Integrated Children's Services Plan</p>	<p>Improved participation of families and children in policy development</p>
4.4	Recruitment and retention of staff					
4.4.1.	NHS Orkney had encountered difficulties in recruiting staff to key posts, which limited their capacity to deliver services.	<p>All vacancies are currently filled</p> <p>Progress Report: Completed</p>	<p>Completed (Green)</p>		<p>Ongoing monitoring</p>	<p>Improvement recruitment & retention</p>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
4.5	Development of Staff Priority: Implement a child protection training programme across services					
4.5.1.	Key Point: A comprehensive training strategy for staff involved in working with children had not yet been established.	<p>The strategy will include:</p> <ul style="list-style-type: none"> • Promotion of risk recognition and responsiveness in partner agencies through targeted initiatives (e.g. the schools' extended support arrangements) • Recording and information sharing standards • Needs of Out of Hours Police and Social Work staff • Skills development of hospital staff, GPs and Isles Community Nurses • Core content of Levels 1 & 2 and refresher requirements • Access to Levels 3 & 4 • Explore feasibility of voluntary sector taking a specific role regarding Protection of Children (Scotland) Act and Bichard 	Completed (Green)	Training sub-group	<p>Output: Training Strategy published and implementation</p> <p>Improved performance demonstrated through case files and audit</p>	<i>Child Protection Training Programme delivered</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		<p>recommendations, to support development of policies and procedures.</p> <ul style="list-style-type: none"> • Under-age sexual activity and other supportive protocols • Draft Strategy • Final Strategy • Update of Programmes 2008-2009 • Level 1 Training piloted, evaluated and now on rolling programme • Level 2 Training programme arrangements in place <p>Progress Report: Completed and to be rolled forward</p>	<p>Completed Oct 2007</p> <p>Completed March 2008</p> <p>In progress Sept 2008</p> <p>Completed</p> <p>Completed (Green)</p> <p>In progress (Blue)</p>			<i>Child Protection Training Programme delivered</i>
4.5.2.	Some staff, particularly GPs and other front line health staff, were sometimes unclear about their role and responsibilities within child protection processes.	Cross reference 3.3.1				

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
5.	HOW GOOD IS INDIVIDUAL AND COLLECTIVE LEADERSHIP Chief Officers across agencies needed to establish a strategy to further improve services to protect children.					
5.1.	Vision, Values and Aims					
5.1.1.	Key Point: The new Chief Executive of NHS Orkney was developing a vision aimed at developing and improving children's services. This was still to be communicated and established at all levels of staff within NHS Orkney.	Presentation to senior managers provided. Cross reference 4.2.3				
5.1.2.	The Chief Executive of NHS Orkney recognised his role in shaping vision, values and aims. He identified child protection as a key priority to be achieved through services working more closely together. Not all staff within Health shared the same vision and values. They were not clear who was accountable for leading this work.	a) Presentation to senior managers provided. Progress Report: Press release and local publicity emphasises Chief Executive's leadership. Chief Executive elected Vice-Chair of Chief Officers Group NHSO Performance Review process has identified leadership on child protection as a key personal objective of Chief Executive.	Completed (Green)	Chief Executive NHSO		Clarity of vision, leadership & accountability in NHSO
		b) Press release & local publicity emphasising Chief Executive's leadership of the work	Completed (Green)			

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		c) Chief Executive elected Vice-Chair of COG	Completed (Green)			
		d) Personal objective of Chief Executive. Established & monitored via NHSO performance review process	Completed (Green)			
		e) Cross Reference: 1.2.1 (e)-(h) 1.3.3, 1.3.4, 1.4.7, 3.2.5, 3.3.1 (e), 5.2.1, 5.2.3, 5.2.4, 5.2.6, 5.2.7				

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
5.2.	Leadership & Direction Priority: Review the purpose and membership of the Child Protection Committee					
5.2.1.	Until recently, constant changes and inconsistencies at senior management level within Health had led to a lack of direction.	<p>a) Post of CHP General Manager established.</p> <p>Progress Report: Post of Service Manager (Children's Services) sustained, pending conclusions of "Shaping Up" project and permanent establishment decisions. Post of Medical Director with executive responsibility for lead of Children's Services and associate CPC membership sustained.</p> <p>b) Post of NHSO Service Manager (Children's Services) piloted & review outcome awaited.</p> <p>c) Medical Director established with executive responsibility for lead of Children's Services and with associate membership of CPC.</p>	Completed (Green)	Chief Executive NHS Orkney.		<i>Clarity of vision, leadership & accountability in NHSO</i>
5.2.2.	The CPC had experienced difficulties in the previous year due mainly to several changes of staff. However, the interim staff of the CPC ensured that it met regularly and reviewed critical cases.	<p>a) Membership of CPC established and attendance prioritised by all agencies.</p> <p>Progress Report: All actions completed, attendance prioritised and reported to COG</p>	Completed (Green)	Chief Officers Group	Meeting records	<i>Sustained leadership by CPC/COG of multi-agency child protection work – purpose & membership of CPC reviewed</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		b) Chair of CPC appointed.	Completed (Green)		CPC Annual Report and workplan	<i>Sustained leadership by CPC/COG of multi-agency child protection work – purpose & membership of CPC reviewed</i>
		c) Monthly meetings sustained and attendance levels reported to COG.	Completed (Green)		Revised Constitution and membership	
		d) Purpose & membership of CPC reviewed.	Completed (Green)			
5.2.3.	Health had not always been appropriately represented on CPC	NHSO representation established at appropriate level Progress Report: Completed	Completed (Green)	Chief Officers Group	As above	<i>Improve involvement of health staff</i>
5.2.4.	Senior health managers' lack of involvement had led to limited health input into developing policies and procedures, resulting in significant delays in improving multi-agency working arrangements.	Arrange for regular attendance, involvement and contribution by NHSO representatives on CPC and COG Progress Report: Completed	Completed (Green)	Chief Officers Group	As above	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
5.2.5.	The Authority Reporter's role as a member of the CPC was not always clear.	<p>Cross reference 5.2.6 below</p> <p>(a) Review of membership of Chief Officers' Group and constitution. - appointment of SCRA Regional Manager to COG</p> <p>(b) More effective SCRA involvement in CPC, Audit sub-group and Chief Officers' Group</p> <p>Progress Report: Completed</p>	<p>Completed November 2007 (Green)</p> <p>Completed December 2007 and ongoing (Green)</p>	<p>COG</p> <p>Authority Reporter, CPC Chair, Audit Sub-Group</p>	Records of meetings, Annual & Sub-Group Reports	<i>Purposes & membership of CPC reviewed</i>
5.2.6	The CPC's purpose was not always well understood or articulated by its members or by staff in services and knowledge of its work and priorities was limited across services.	<p>a) Produce and publicise annual report and action plan in accessible format & ensure widespread distribution</p> <p>Progress Report: Completed</p>	Completed (Green)	CPC Chair	Output: Annual report and Action Plan materials	<i>Purpose and priorities of CPC widely understood CPC purpose & membership reviewed</i>
		<p>b) Develop & implement Communications Strategy</p> <p>Progress Report: Strategy developed and implementation in progress and reported</p>	In progress March 2009 (Blue)	Communications Sub-Group	Strategy & activities	
		<p>c) Complete Child Protection Committee contribution to HMIE Inspection Action Plan</p> <p>Progress Report: Completed</p>	Completed (Green)	CPC Chair / COG	Output: Action Plan completed	<i>Purpose and priorities of CPC widely understood CPC purpose &</i>

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		d) Ensure positive publicity for launch of report and HMIe Action Plan Progress Report: Completed	Completed September 2008 (Green)	CPC Chair / OIC / NHSO Publicity Communications Sub Group	Output: Publicity materials and press reporting	<i>membership reviewed</i>
		e) Review membership of Chief Officers Group and CPC, and Constitution Progress Report: Completed	Completed (Green)	CPC Chair / COG	Revised Constitution and membership	
5.2.7.	CPC's lines of accountability were not clear.	Review membership and constitutions of Chief Officers Group and CPC Progress Report: Completed	Completed (Green)	CPC Chair/ COG	Report to COG; revised Constitution and membership	
5.2.8.	The CPC did not have a viable business plan, for the forthcoming year in accordance with national guidance.	a) Annual report and comprehensive workplan to national guidance published Progress Report: Completed	Completed June 2007 (Green)	CPC Chair	Annual report and workplan	
		b) Monthly reports to CPC Progress Report: In progress, two months suspension (Dec & Feb)			Workplan progress reports	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
5.2.9.	Senior health managers had not always managed appropriate resources or targeted them effectively towards protecting children.	Cross Ref. 1.2.1 (e), (f) (g) (h)				<i>Development of improved specialist service provision</i>
5.2.10	There was a lack of paediatric, psychological and psychiatric services and input for children with disabilities.	Cross reference 1.2.1 (e), (f) (g) (h)				
5.2.11	Health had not always joined up with other services to provide appropriate resources to meet children's needs to ensure their safety.	Cross reference 1.2.1 (e), (f) (g) (h)				

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
5.3.	Leadership of People and Partnerships					
5.3.1	Key Point Partnerships with Health were at an early stage	Cross Reference: 1.2.1 (e) (f) (g) (h) 5.2.3, 5.2.4				
5.3.2	Key Point: The purpose of the Child Protection Committee (CPC) was not always well understood by staff and knowledge of its work was variable across services.	Cross reference 5.2.6				
5.3.3.	Relationships and working partnerships with SCRA were variable.	Cross reference 5.2.5 & 5.4.3 CPC Chair meets regularly with Local Authority Reporter for informal exchange re relevant issues. Progress Report: In progress, on target for meetings at least quarterly	Completed (Green)	CPC Chair (Green)	LA reports & record of meetings	Improved leadership and direction

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
5.4.	Leadership of Change and Improvement <i>Priority: Continue to improve arrangements for reviewing practices (cross ref 4.2)</i>					
5.4.1	Key Point: Individual agencies were developing systems to review practice. These were not yet fully systematic or sufficiently rigorous across all services involved in protecting children.	Cross reference 4.2.1				
5.4.2.	All services did not yet have reliable systems in place to evaluate and review the ways in which they worked together to protect children.	Cross reference 4.2.1	Completed			
5.4.3.	Not all of the CPC members had been appropriately involved in evaluation.	<p>a) All CPC Agencies now represented on Audit Sub-Group.</p> <p>b) All CPC Agencies contributed actively to summary evaluation presentation and to Workplan development.</p> <p>c) All CPC Agencies represented at HMIe Evaluation feedback and contributing to Action Plan.</p> <p>Progress Report: Completed</p>	<p>Completed (Green)</p> <p>Completed June 2008 (Green)</p> <p>Completed Nov 2007 (Green)</p>		<p>Audit sub-group reports</p> <p>Annual reviews and workplans</p> <p>HMIe Action Plan</p>	

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
5.4.4.	The CPC audit sub-group reviewed appropriately all child protection enquiries, but had not yet developed a clear strategy to share findings to improve practice.	<p>a) Audit sub-group to review current role and capacity and recommend terms of reference and reporting arrangements.</p> <p>Progress Report: Annual Sub Group Report to include report on current role and capacity, and future remit and terms of reference – still to be progressed. Delayed due to Lead Officer vacancy</p>	Delayed Report to CPC October 2008 (Red)	Audit sub-group	Terms of reference and reporting arrangements in place.	<i>Strategy for ongoing evaluation and improvement implemented/ Improved arrangements for reviewing practice</i>
		<p>b) Cross Reference 1.2.1 (d), 1.3.4 (b), 2.1.2 (a), 3.1.4 (a), & (b), 3.2.1 (c), 3.2.9 (b)</p>	Ongoing	CPC Chair and Lead Officer	CPC Minutes, Correspondence Records and CPC Annual Report summary	
		<p>c) Respond to publication of reports and enquiries, disseminating best practice information</p> <p>Progress Report: No formal reports/enquiries in this period. Dissemination of national exchange now a regular CPC agenda item. Information sharing and engagement well evidenced.</p>	Ongoing (Green)	CPC Chair and Lead Officer		

No.	What needs to improve?	What are we going to do?	When will it be done?	Who is responsible and what additional resources will they need?	How will we know we've done it?	
					Outputs	Outcomes
		<p>d) Sustain participation in national events and practice exchange, and disseminate information</p> <p>Progress Report: As 5.4.4c</p>	Ongoing (Green)	CPC Chair and Lead Officer	CPC Minutes, Correspondence Records and CPC Annual Report summary	<i>Strategy for ongoing evaluation and improvement implemented Improved arrangements for reviewing practice</i>
		<p>e) Complete backlog of individual case reviews and begin regular sample audit of cross-agency files</p> <p>Progress Report: Completed</p>	<p>Completed December 2007</p> <p>Report to CPC February 2008 and annually thereafter</p> <p>(Green)</p>	Audit sub-group	Audit Sub-group annual report to CPC	
5.4.5.	The CPC had arranged for the systems to be reviewed and to develop guidance on how to improve the management of information.	Cross reference 5.4.4 and 4.2.1				