



PWYLLGOR CRAFFU GOFAL CYMDEITHASOL, IECHYD A LLES

2.00 pm DYDD IAU, 5 MEDI 2019

COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE

Rhan 1

1. Derbyn unrhyw ddatganiadau o fuddiant gan aelodau
2. Cofnodion y Cyfarfod Blaenorol (*Tudalennau 5 - 10*)
3. Craffu ar faterion gwybodaeth a monitro a adroddir gan:

Adroddiad gan Benaethiaid y Gwasanaethau Plant ac Oedolion

4. Mesurau Lefel Uchel y Gwasanaethau Plant, Pobl Ifanc ac Oedolion - Chwarter 1 (Ebrill 19 - Mehefin 19) (*Tudalennau 11 i 34*) (*Tudalennau 11 - 34*)
5. Dewis eitemau priodol o agenda cyn craffu Bwrdd y Cabinet (Adroddiadau Bwrdd y Cabinet yn amgaaedig ar gyfer yr aelodau craffu)
6. Derbyn Blaenraglen Waith Craffu ar gyfer 2019/20 (*Tudalennau 35 i 38*) (*Tudalennau 35 - 38*)
7. Unrhyw eitemau brys (boed yn gyhoeddus neu wedi'u heithrio) yn ôl disgrisiwn y Cadeirydd yn unol ag Adran 100B (4) (b) o Ddeddf Llywodraeth Leol 1972
8. Mynediad i gyfarfodydd i benderfynu a ddylid gwahardd y cyhoedd o'r eitem ganlynol yn unol ag Is-adran 100a(4) a (5) Deddf Llywodraeth Leol 1972 a'r paragraffau eithriedig perthnasol o Ran 4 Atodlen 12a y Ddeddf uchod.

Rhan 2

9. Craffu ar faterion gwybodaeth a monitro a adroddir gan:

Adroddiad Pennaeth

10. Diweddariad Chwarterol Gwasanaethau Cyfiawnder Ieuenctid ac Ymyrryd yn Gynnar Castell-nedd Port Talbot (Tudalennau 39 - 56) (*Tudalennau 39 - 56*)
11. Dewis eitemau preifat priodol o agenda cyn craffu Bwrdd y Cabinet (Adroddiadau Bwrdd y Cabinet yn amgaaedig ar gyfer yr aelodau craffu).

S.Phillips
Prif Weithredwr

Canolfan Ddinesig
Port Talbot

Date Not Specified

Aelodaeth y Pwyllgor:

Cadeirydd: L.M.Purcell

Is-gadeirydd: C.Galsworthy

Cynghorwyr: A.P.H.Davies, O.S.Davies, S.Paddison,
S.H.Reynolds, D.Whitelock, A.N.Woolcock,
C.Edwards, W.F.Griffiths, H.C.Clarke a/ac
N.J.E.Davies

Nodiadau:

- (1) *Os yw aelodau'r pwyllgor neu'r rhai nad ydynt yn aelodau'r pwyllgor am gynnig eitemau perthnasol i'w cynnwys ar yr agenda cyn*

cyfarfodydd y dyfodol, rhaid iddynt roi gwybod i'r Prif Weithredwr/Cadeirydd 8 niwrnod cyn y cyfarfod.

- (2) Os yw'r rhai nad ydynt yn aelodau'r pwyllgor am fod yn bresennol ar gyfer eitem o ddiddordeb, mae'n rhaid rhoi rhybudd ymlaen llaw (erbyn 12 hanner dydd ar y diwrnod cyn y cyfarfod). Gall y rhai nad ydynt yn aelodau'r pwyllgor siarad ond nid oes ganddynt hawl i bleidleisio, cynnig nac eilio unrhyw gynnig.*
- (3) Fel arfer, ar gyfer trefniadau cyn craffu, bydd y Cadeirydd yn argymhell eitemau gweithredol sydd ar ddod i'w trafod/herio. Mae hefyd yn agored i aelodau'r pwyllgor ofyn i eitemau gael eu trafod - er y gofynnir i'r aelodau ddewis a dethol yma o ran materion pwysig.*
- (4) Gwahoddir aelodau perthnasol Bwrdd y Cabinet hefyd i fod yn bresennol yn y cyfarfod at ddibenion Craffu/Ymgynghori.*
- (5) Gofynnir i aelodau'r Pwyllgor Craffu ddod â'u papurau ar gyfer Bwrdd y Cabinet i'r cyfarfod.*

Mae'r dudalen hon yn fwriadol wag

SOCIAL CARE HEALTH AND WELLBEING SCRUTINY COMMITTEE

(Committee Rooms A/B - Neath Civic Centre)

Members Present:

25 July 2019

Chairperson: Councillor L.M.Purcell

Vice Chairperson: Councillor C.Galsworthy

Councillors: A.P.H.Davies, J.Miller, S.H.Reynolds,
D.Whitelock, A.N.Woolcock, C.Edwards and
N.J.E.Davies

Officers In Attendance A.Jarrett, A.Thomas, K.Warren, J.Hodges,
M.Potts, D.Harding, C.Frey-Davies, N.Jones
and J.Woodman-Ralph.

1. **MINUTES OF THE SOCIAL CARE, HEALTH AND WELLBEING SCRUTINY COMMITTEE HELD ON 10TH JUNE 2019**

That the minutes of the previous meeting held on the 10th June 2019, be approved.

2. **DECLARATIONS OF INTEREST**

The following Member made a declaration of interest at the commencement of the meeting:

Cllr.C.Galsworthy She is a personal assistant and has dispensation to speak and vote.

3. **CHILDREN AND YOUNG PEOPLE & ADULT SERVICES - REVISED 2019-20 PERFORMANCE REPORTING ARRANGEMENTS**

Members received an overview of the Children and Young People and Adult Services – Revised 2019-20 Performance Reporting Arrangements as detailed in the circulated report.

The Committee was pleased with the new format which would be implemented immediately.

In response to Members queries it was confirmed that the data in relation to the Number of Adults with a care and support plan who received adult social care during the year e.g. Homecare, Day Care, Respite Reablement, Adaptations, Direct Payments, Adult Care Homes, Telecare etc would all be included in one indicator. It noted that a report concerning Direct Payments would be brought to a future meeting for Members consideration.

Members noted the report.

4. **PRE-DECISION SCRUTINY**

The Committee chose to scrutinise the following Cabinet and items:

Care Inspectorate Wales and Health Inspectorate Wales Inspection of Older Adults Neath Port Talbot County Borough Council

A. Rowlings, Care Inspectorate for Wales, addressed committee giving an overview of the outcome of the Care Inspectorate Wales (CIW) and Health Inspectorate Wales (HIW) Inspection of Older Adults Neath Port Talbot County Borough Council (NPTCBC) as detailed in the circulated report.

The Inspection identified that a considerable amount of work that had been undertaken by the Directorate and that the Directorate was going in the right direction. Neath Port Talbot was one of the first local authorities to be part of the new format for Inspections. The new Inspections compare the progress against the requirements of the Social Services and Well-being Act 2014 (SSWBA).

Members received confirmation that the inspection was led by CIW and delivered in collaboration with Healthcare Inspectorate (HIW), who have seen the report. In addition, in October a report would be presented containing details of all inspections which would be considered by Welsh Government.

Discussion took place on the numerous work streams that are undertaken between health and social services, health and housing. One of which was the remodelling of adults services, which would base health and social services in community teams. A report on the proposals would be presented to Members at the next meeting.

Members queried what the reason was for the delay in undertaken assessments prior to hospital. In addition, why were some patients discharge without an assessment being completed. Officers explained that social services and health work closely to ensure that all assessments are undertaken. In some cases due to the changing long term needs of the patient the assessment has to be undertaken at home. CIW confirmed that during the Inspection no unsafe discharges from hospital had been identified.

Concern was expressed at the inconsistencies in contacting individuals/families and involving them in the safeguarding process. It was explained that the Safeguarding Service has developed an action plan to address these areas. An update report would be brought to a future meeting for Members consideration.

Discussion took place on the process for receiving referrals from the public, partner agencies and members of the council. All referrals were logged and forwarded to the appropriate team. The system also has the ability to track all referrals. An all Member Seminar was being arranged to brief Members.

Members asked what action was being taken to address the issues made by Social Workers of their lack of confidence in deciding whether they undertake a carers assessment or whether to refer to the Carers Service for them to undertake the assessment with the carer. This would give the opportunity to the carer to have the assessment undertaken by someone who was not involved with the service user. Officers acknowledged this was an area that needed further improvement but a lot of work had been undertaken to consult with carers. Coffee mornings had taken place with carers and a strategy group was being developed to involve young carers. Members noted that the Cabinet Member for Adult Social Services and Health was the Carers Champion and was involved in all the initiatives with Carers and was fully supportive.

Members were reassured that 20 minute calls were not taking place for personal care homecare visits. The only 20 minute calls were to administer medication. A homecare review was currently taking place and would be reported to Members when complete. The review would encompass working with partner agencies to combat loneliness.

Following scrutiny, the report was noted.

Care Inspectorate Wales Local Authority Performance Review

Members received an overview of the Care Inspectorate for Wales (CIW) Local Authority Performance Review Letter. It summarised the review of Neath Port Talbot County Borough Council's performance in carrying out its statutory social services functions as detailed in the circulated report.

Members asked for clarification from the (CIW) Inspector in regard to prevention and early intervention and outcome focused practice which was identified as being a challenge for some staff. It was explained that during the inspection it was acknowledged that training and support had been given to all staff. A small number of staff needed additional support to adapt to the new way of working which was a complete cultural change.

The committee queried what the issues were in regard to monitoring Deprivation of Liberties cases. It was explained, that all local authorities in Wales, were experiencing difficulties in assuring themselves that people's human rights were not being breached, when depriving individuals of their liberty.

CIW also explained that this issue was raised in every inspection report so that the Welsh Government are made aware of the lack of legislation around the use of Deprivation of Liberties.

Members thanked A. Rowling (CIW) for all the support and assistance she had given the Directorate.

West Glamorgan Safeguarding Boards Joint Annual Business Plan 2019/20

Members received an overview of the West Glamorgan Safeguarding Boards Joint Annual Business Plan 2019/20 as detailed in the circulated report. The Business Plan was published on the 31 March 2019. The plan encompasses both safeguarding priorities for Adults and Children.

In response to a number of Members queries. Officers explained that the Board was made up from partner agencies and covered the areas of Neath Port Talbot and Swansea. The Chair of the Board was

Neath Port Talbot's Director of Social Services, Health and Housing. The Board was responsible for reviewing the performance of the Board and its partners in carrying out its functions and objectives in safeguarding children and adults at risk. In addition, the Board's work and performance was subject to scrutiny from Neath Port Talbot County Borough Council and the City and County of Swansea. Also, the Annual Business Plan was submitted to the National Safeguarding Board but further discussion was needed on how the Local Safeguarding Board fed into the National Board.

Concern was expressed that there were no performance indicators to show progress or not. It was highlighted that an action plan had been developed which identified performance indicators that needed to be progressed. An update report on the progress of the action plan would be brought for Members consideration in due course.

Following scrutiny, the committee was supportive of the proposals being considered by Cabinet Board.

Children and Young People and Adult Services – Full Year (2018-19) Performance Report

Members were provided with the Performance Information and Complaints & Compliments Data for both Children and Young People and Adult Services for the Full Year Period (April 2018 – March 2019) as detailed in the circulated report.

In answer to Members queries, the only indicators that had targets are the indicators that were in the Corporate Plan.

Following scrutiny, the report was noted.

5. **ACCESS TO MEETINGS**

That pursuant to Section 100A (4) and (5) of the Local Government Act 1972 the public be excluded for the following items of business which involved the likely disclosure of exempt information as defined in Paragraph 13 of Part 4 of Schedule 12A to the above Act.

6. **PRE-DECISION SCRUTINY**

The Committee asked that the Education, Skills and Leisure Cabinet Board, due to the number of items on the Cabinet Board agenda,

consider deferring the following private items to the next meeting in September:

- The Manager's Report on Hillside Secure Children's Home (Exempt Paragraph 13)
- The Regulated Service (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

7. **FORWARD WORK PROGRAMME 2019/20**

The Committee noted the Forward Work Programme for 2019/20.

CHAIRPERSON



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health & Well-Being Scrutiny Committee

5th September 2019

Report of the Heads of Children & Adult Services (Keri Warren & Angela Thomas)

Matter for Monitoring

Wards Affected: All

Report Title: ADULT AND CYPS HIGH LEVEL MEASURES – 1st QUARTER (April 19 – June 19)

Purpose of the Report:

1. The purpose of this report is to provide Members with Adult and CYPS High Level Measures Data for both Children and Young People and Adult Services for the 1st Quarter Period (April 2019 – June 2019). This will enable the Social Care, Health & Well Being Scrutiny Members to discharge their functions in relation to performance management.

Executive Summary:

1. A new set of Children and Young Peoples Services and Adult Services High Level Measures have been introduced for Social Services during 2019-20.

Background:

2. Failure to produce a compliant performance monitoring report within timescale could lead to non-compliance within our Constitution and hinder the full and transparent scrutiny of performance across the Directorate. This report enables Members to monitor and challenge performance across Children and Young People and Adult Services.

Financial Impacts:

3. No Implications

Integrated Impact Assessment:

4. There is no requirement to undertake an Integrated Impact Assessment as this report is for monitoring / information purposes.

Valleys Communities Impacts:

5. No Implications.

Workforce Impacts:

6. No implications.

Legal Impacts:

7. No implications

Risk Management Impacts:

8. There is little or no risks associated with the information contained in this report.

Crime and Disorder Impacts:

9. Section 17 of the Crime and Disorder Act 1998 places a duty on the Council in the exercise of its functions to have “due regard to the likely effect of the exercise of those functions on and the need to do all that it reasonably can to prevent:
 - a) Crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and
 - b) The misuse of drugs, alcohol and other substances in its area; and
 - c) Re-offending the area”
10. There is no impact under the Section 17 of the Crime and Disorder Act 1998 through the information contained in this report.

Counter Terrorism Impacts:

11. The information contained in this report is likely to have no impact on the duty to prevent people from being drawn into terrorism.

Violence Against Women, Domestic Abuse and Sexual Violence Impacts:

12. Section 2(1) of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 introduced a general duty where a person exercising relevant functions must have regard (along with all other relevant matters) to the need to remove or minimise any factors which —

(a) increase the risk of violence against women and girls, or

(b) exacerbate the impact of such violence on victims.

13. The information contained in this report is likely to have no impact on the above duty.

Consultation:

14. There is no requirement for external consultation on this item

Recommendations:

15. Not applicable.

Reasons for Proposed Decision:

16. Not applicable.

Implementation of Decision:

17. No decision to be made. For information only.

Appendices:

18. Appendices listed as follows: -

- a. **Appendix 1**– Adult and CYPS Services High Level Measures.
- b. **Appendix 2** - Quality Assurance Audits Quarter 1 – Audit Overview Report.

List of Background Papers:

19. None.

Officer Contacts:

David Harding – Performance Manager (Children’s Services)

Telephone: 01639 685942

Email: d.harding@npt.gov.uk

Mike Potts – Performance Manager (Adult Services)

Telephone: 01639 685367

Email: m.potts@npt.gov.uk

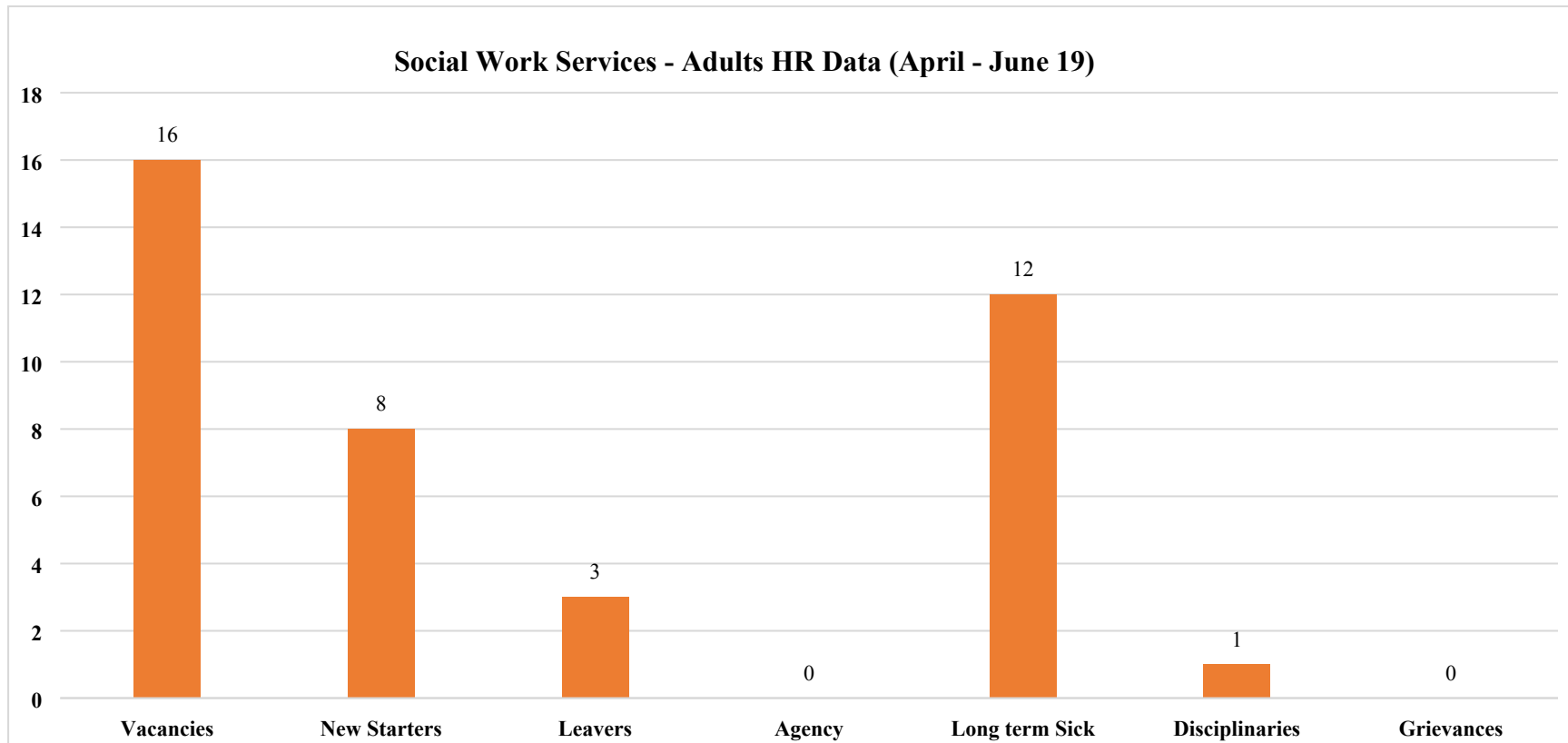
Mae'r dudalen hon yn fwriadol wag

APPENDIX 1

Adult and Children & Young People Services Monthly High Level Measures 2019/20

- **High Level Measure 1 (Adult Services) – The Number of Social Worker Vacancies (includes number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service.**

Tudalen17



APPENDIX 1

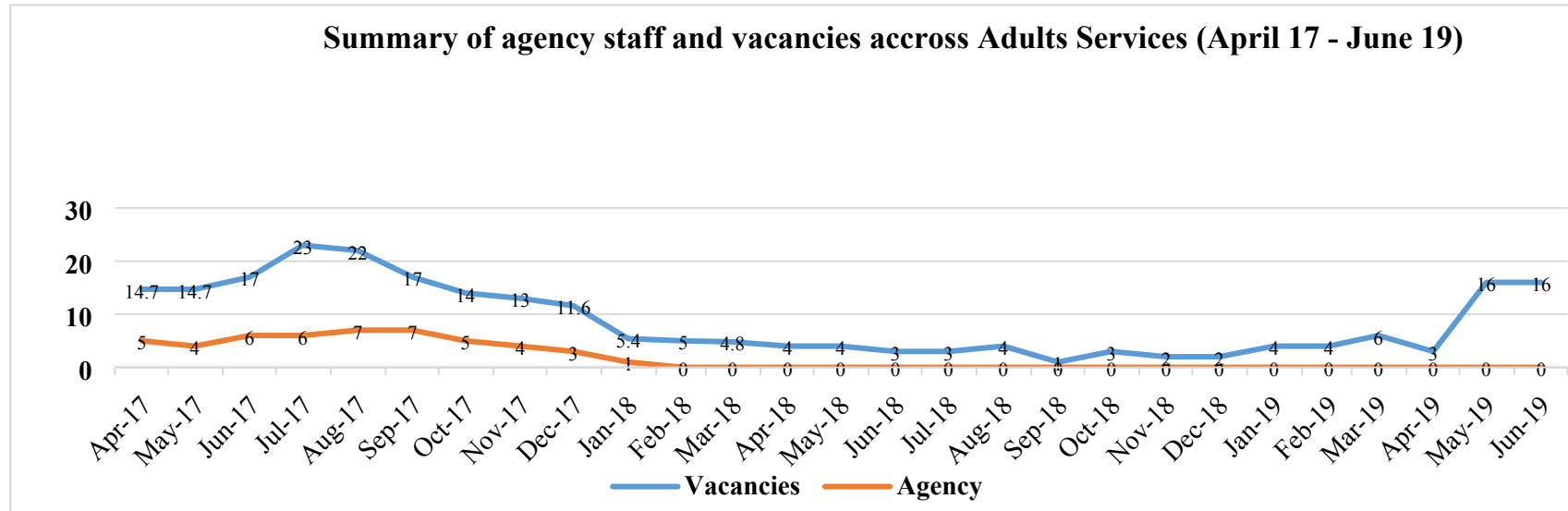
	Team Mgr	Deputy Team Mgr	Consultant Social Worker	Community Social Worker	Community Wellbeing Officer	Safeguarding Coordinator/ Best Interest Assessor	Occupational Therapists/OT Assistant	Community Wellbeing Support Workers	Community Wellbeing Programmers/ Analysts	Local Area Coordinators	Total
Vacancies	0	2	2	6	0	0	6	See comment below		0	16
New Starters	0	2	2	4	0	0	0			0	8
Leavers	0	0	0	2	0	0	1			0	3
Agency	0	0	0	0	0	0	0			0	0
Long term Sick	0	0	1	4	3	3	1			0	12
Disciplinaries	0	0	0	0	1	0	0			0	1
Grievances	0	0	0	0	0	0	0			0	0

NB. The number of vacancies do not include those generated by the Homecare/ Reablement MoC (Community Wellbeing Team), as these are part of the Management of Change process and are potentially not vacancies that will be filled or recruited into.

Sickness levels have remained in their increased levels within the service area, all of these cases are being managed in line with the Maximising Attendance Procedure. The predominant reason for long term absence within Adult Services at this time remains to be “Personal Stress/Anxiety” and “Pre- planned operation” conditions.

APPENDIX 1

- **High Level Measure 2 (Adult Services) – Summary of Agency Staff and Vacancies across the Service.**



Tudalen19

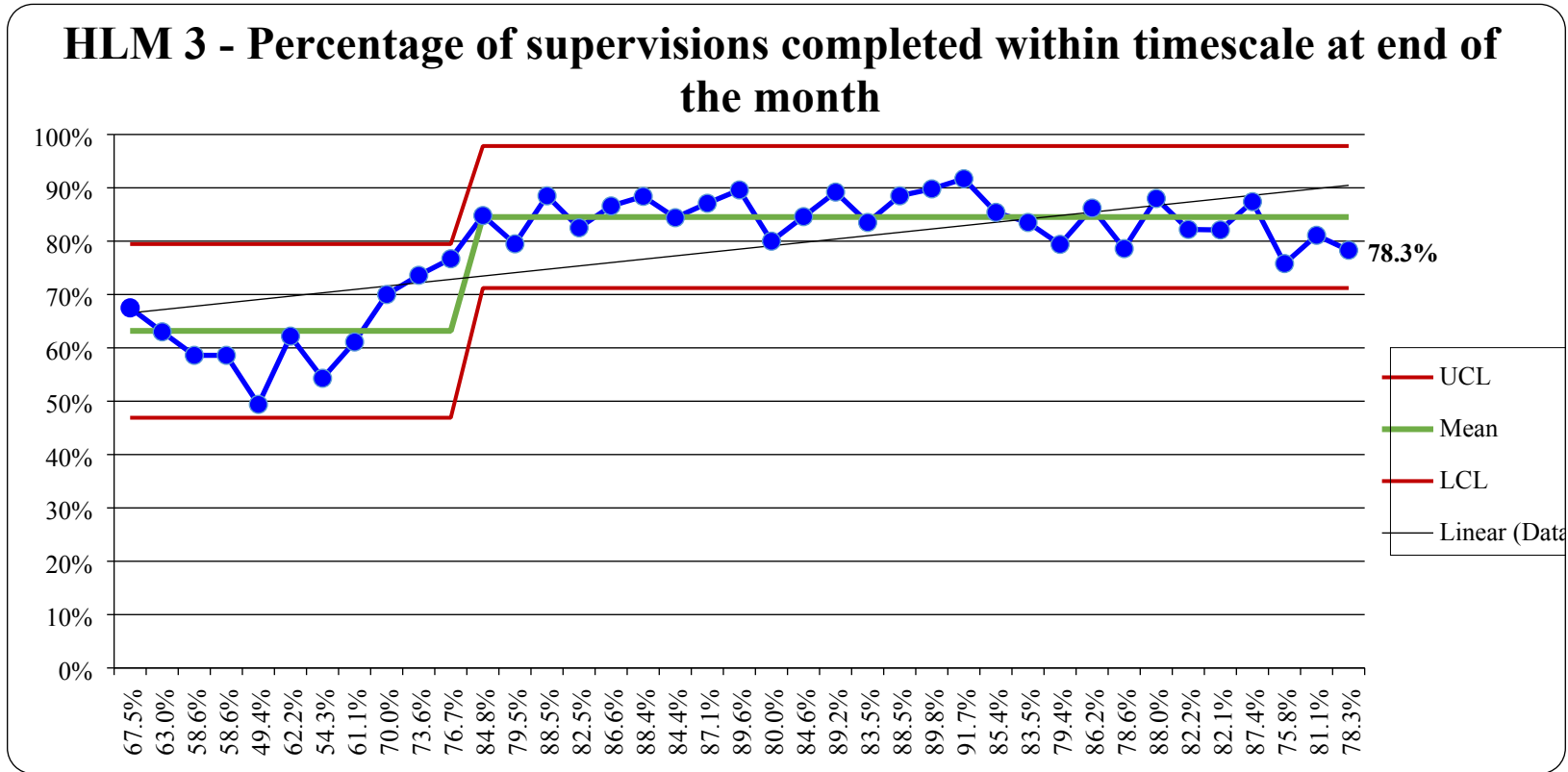
NB. The number of vacancies do not include those generated by the Homecare/ Reablement MoC (Community Wellbeing Team), as these are part of the Management of Change process and are potentially not vacancies that will be filled or recruited into.

There has been an increase in Social Worker and Occupational Therapy services vacancies. This has been due to the directorate receiving additional temporary financial funding. Therefore, additional posts within these areas have been created on a temporary basis. These vacancies have also arisen due to leavers in the previous quarter, employees accessing flexible working arrangements and the release of additional funding.

APPENDIX 1

- High Level Measure 3 (Adult Services) – Percentage of Supervisions Completed within Timescale

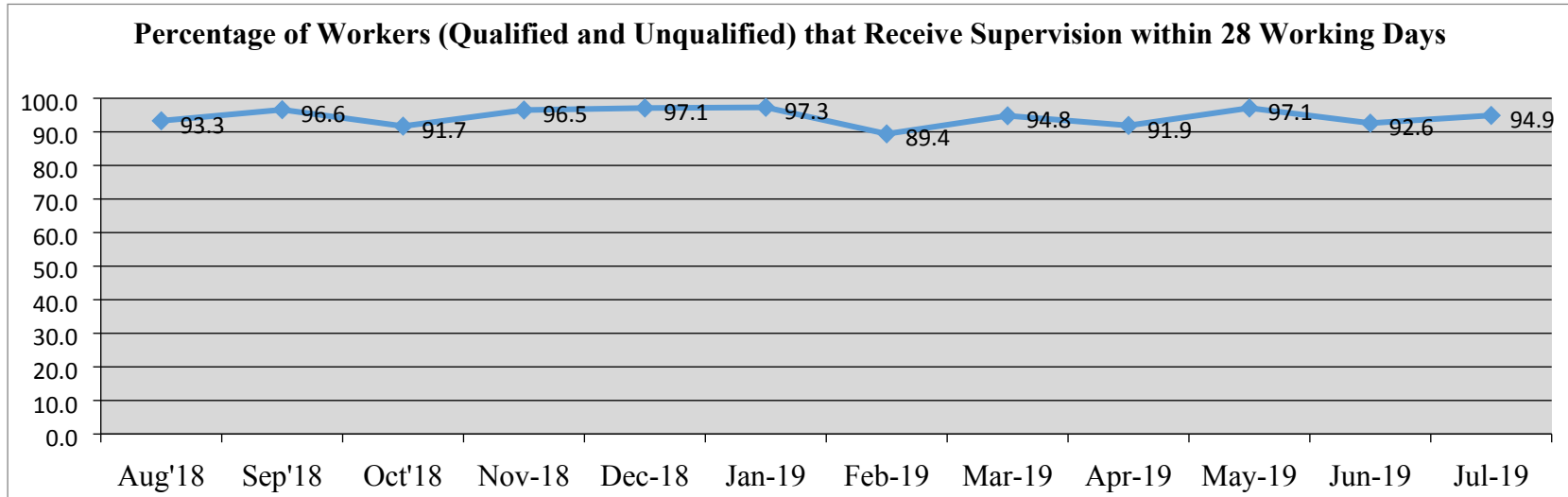
Tudalen20



HLM 3 – Percentage of completed supervisions of caseload holding staff within 28 working days at the end of each month.

APPENDIX 1

- High Level Measure 4 (Children’s Services) - Percentage of Supervisions Completed within Timescale**

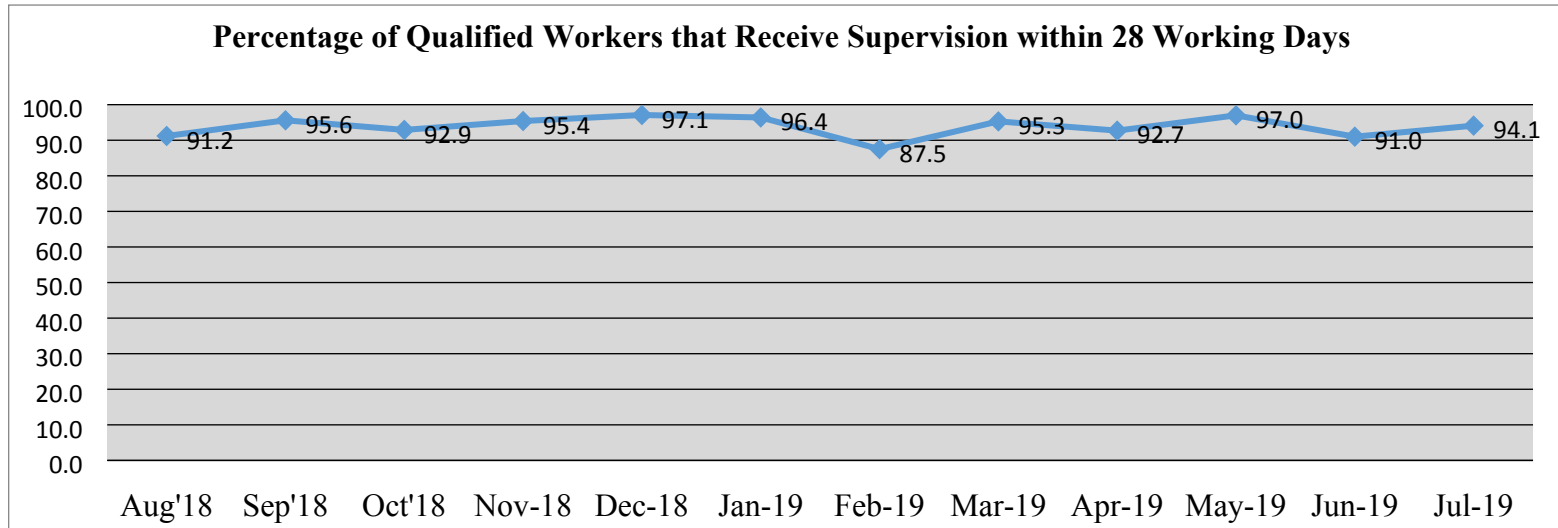


Tudalen21

	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of all workers that receive Supervision within 28 working days	93.3	96.6	91.7	96.5	97.1	97.3	93.6	94.8	91.9	97.1	92.6	94.9
Number of workers due Supervision	151	149	148	144	143	146	140	134	135	136	135	139
Of which, were undertaken in 28 working days	141	144	137	139	143	132	131	127	124	132	125	132

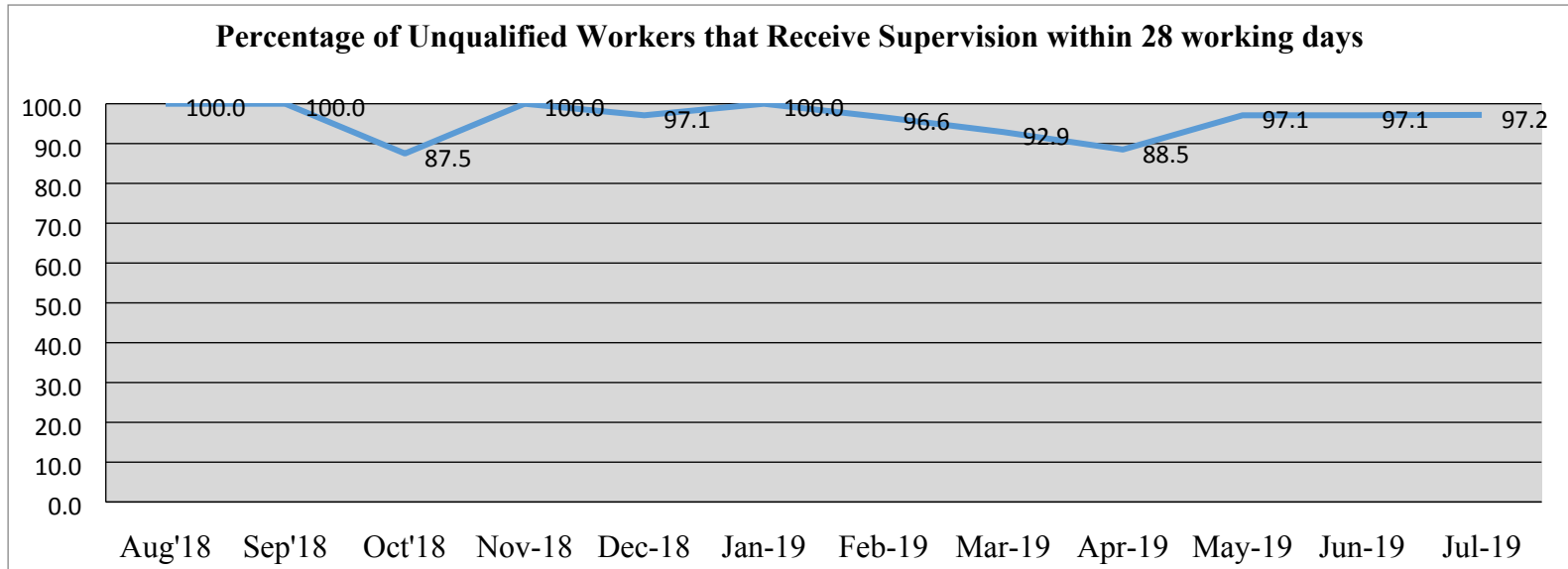
APPENDIX 1

Tudalen22



	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of Qualified Workers that receive Supervision within 28 working days	91.2	95.6	92.9	95.4	97.1	96.4	92.8	95.3	92.7	97.0	91	94.1
Number of workers due Supervision	114	114	112	109	105	110	111	106	109	101	100	103
Of which, were undertaken in 28 working days	104	109	104	104	102	106	103	101	101	98	91	97

APPENDIX 1



Tudalen23

	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of Unqualified Workers that receive Supervision within 28 working days	100.0	100	87.5	100	97.1	100	96.6	92.9	88.8	97.1	97.1	97.2
Number of workers due Supervision	35	34	32	34	35	36	29	28	26	35	35	36
Of which, were undertaken in 28 working days	35	34	28	34	34	36	28	26	23	34	34	35

APPENDIX 1

- **High Level Measure 5 (Children’s Services) – Average Number of Cases held by Qualified Workers across the Service**

As at 31 July 2019	Caseload Information - Qualified Workers, including Deputy Team Managers				
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Average Caseload per Worker
Cwrt Sart	333.0	9.0	117.0	18	13.0
Disability Team	421.5	11.4	167.0	20	14.7
LAC Team	419.5	11.3	176.0	18	15.5
Llangatwg	444.0	12.0	114.0	16	9.5
Sandfields	333.0	9.0	62.0	11	6.9
Route 16	170.2	4.6	44.0	11	9.6
Dyffryn	388.5	10.5	109.0	15	10.4
Intake	355.0	9.6	95.0	20	9.9
Totals	2,864.70	77.4	884.00		
Average Caseload - CYPS				16.1	11.4

Tudalen24

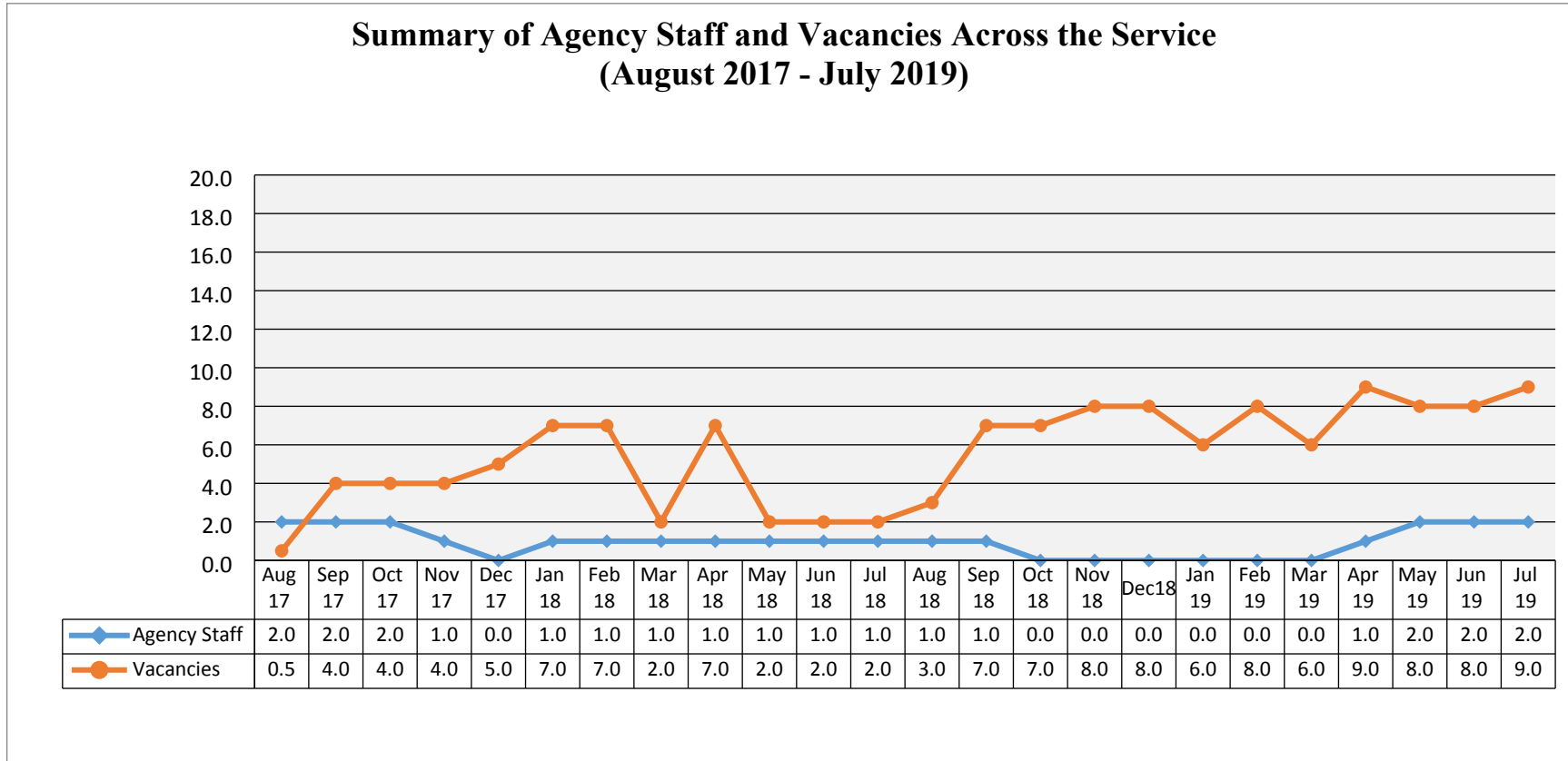
Please Note:

1. Cases held by Deputy Team Managers and Part-Time Workers are included in the above figures.
2. The ‘*Available Hours*’ do not include staff absences e.g. sickness, maternity leave, placement, etc., unless cover has been provided for the post.

APPENDIX 1

Summary of Agency Staff and Vacancies across the Service

Tudalen26



APPENDIX 1

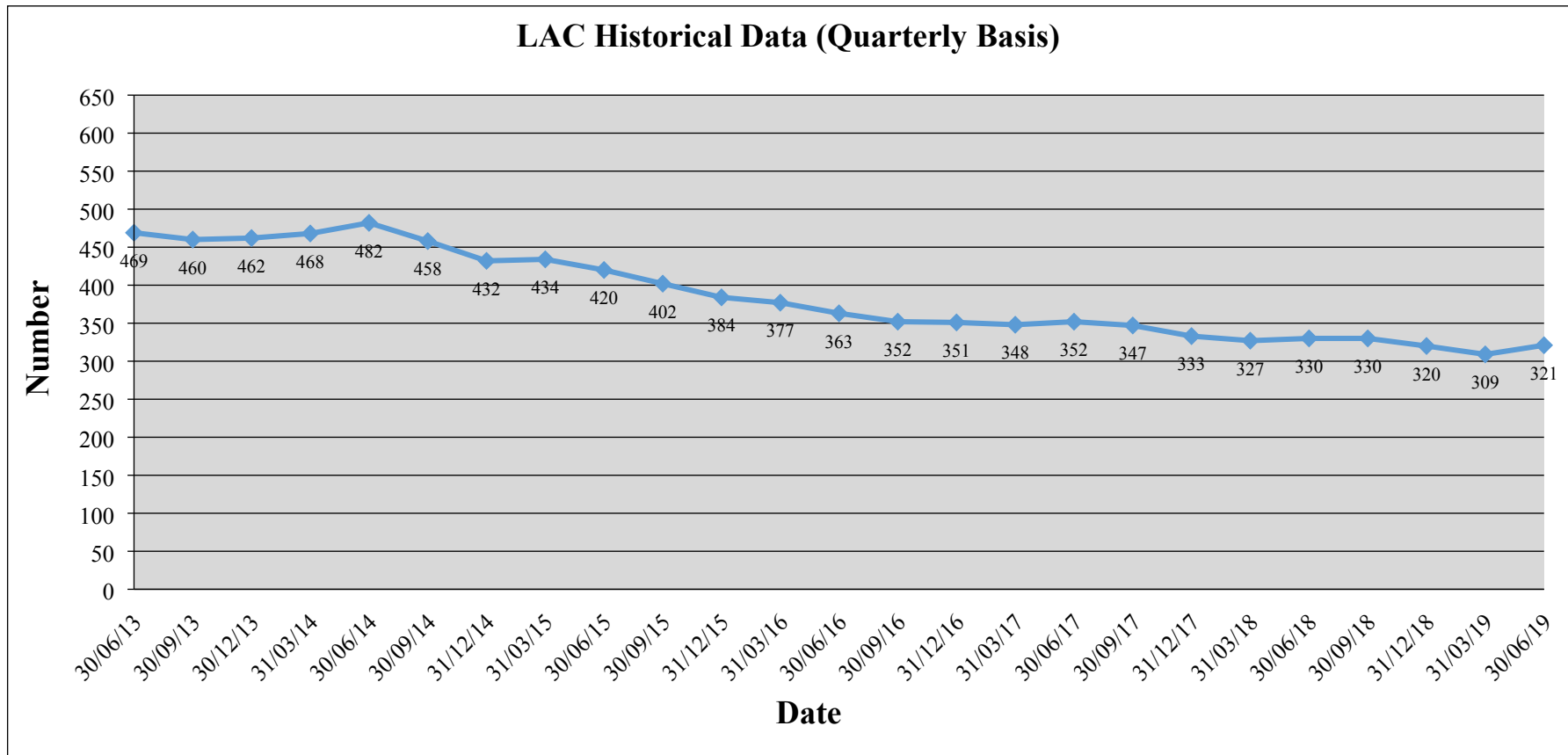
- **High Level Measure 7 - Thematic Report on the findings of Case File Audits (reported quarterly)**

There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Adult and Children & Young People Services. The findings of the audit activity undertaken during the **1st Quarter Period (April 19 – June 19)** can be seen at **Appendix 6** of the 1st Quarter Performance Report to the Social Care, Health & Well-Being Cabinet Board.

APPENDIX 1

- **High Level Measure 8 (Children’s Services) - Number of Looked After Children, Children on the Child Protection Register and Children Receiving Care & Support (Quarterly)**

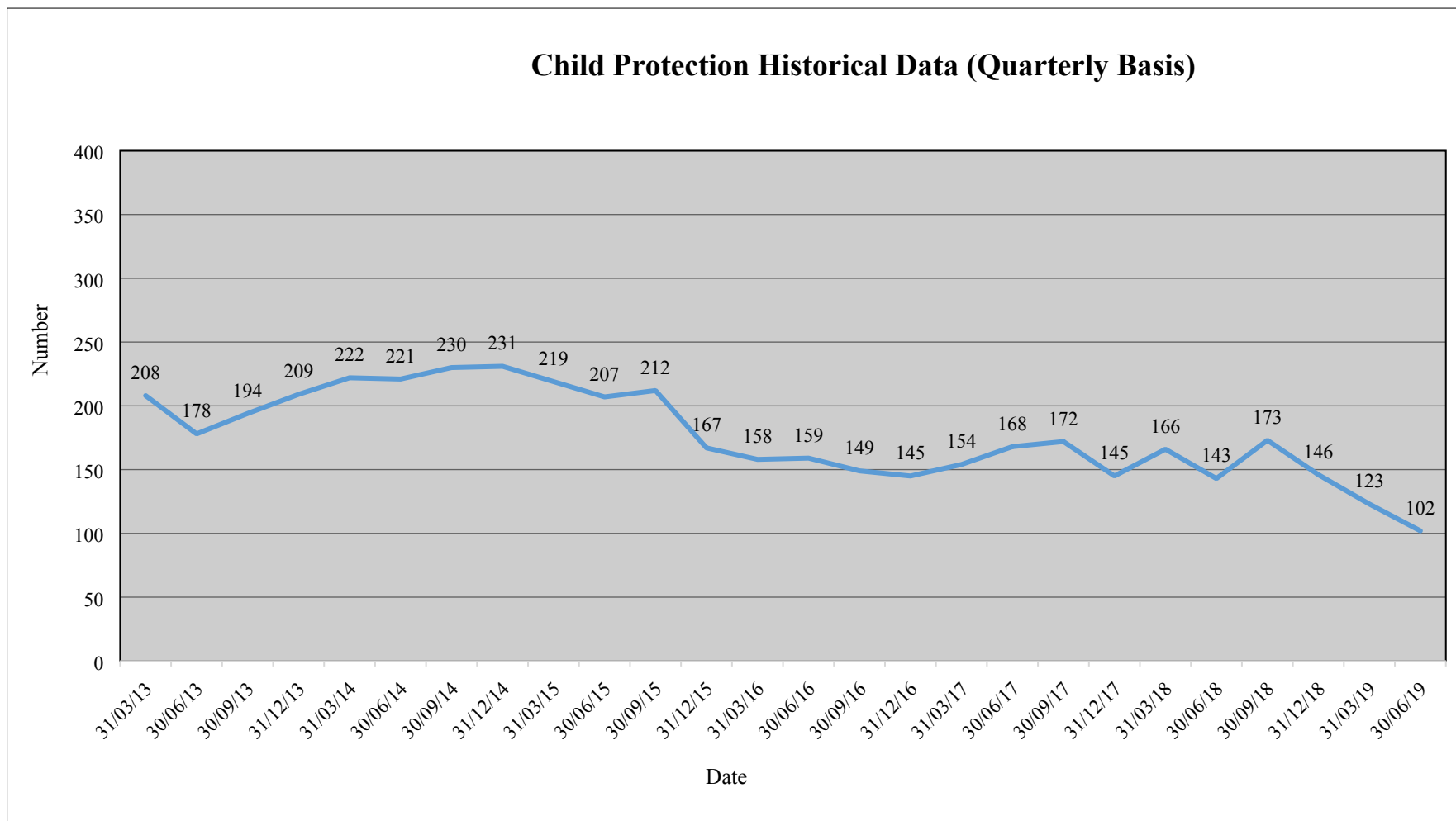
Tudalen28



Please Note: The number of Looked after Children as at 31.07.19 – **319**

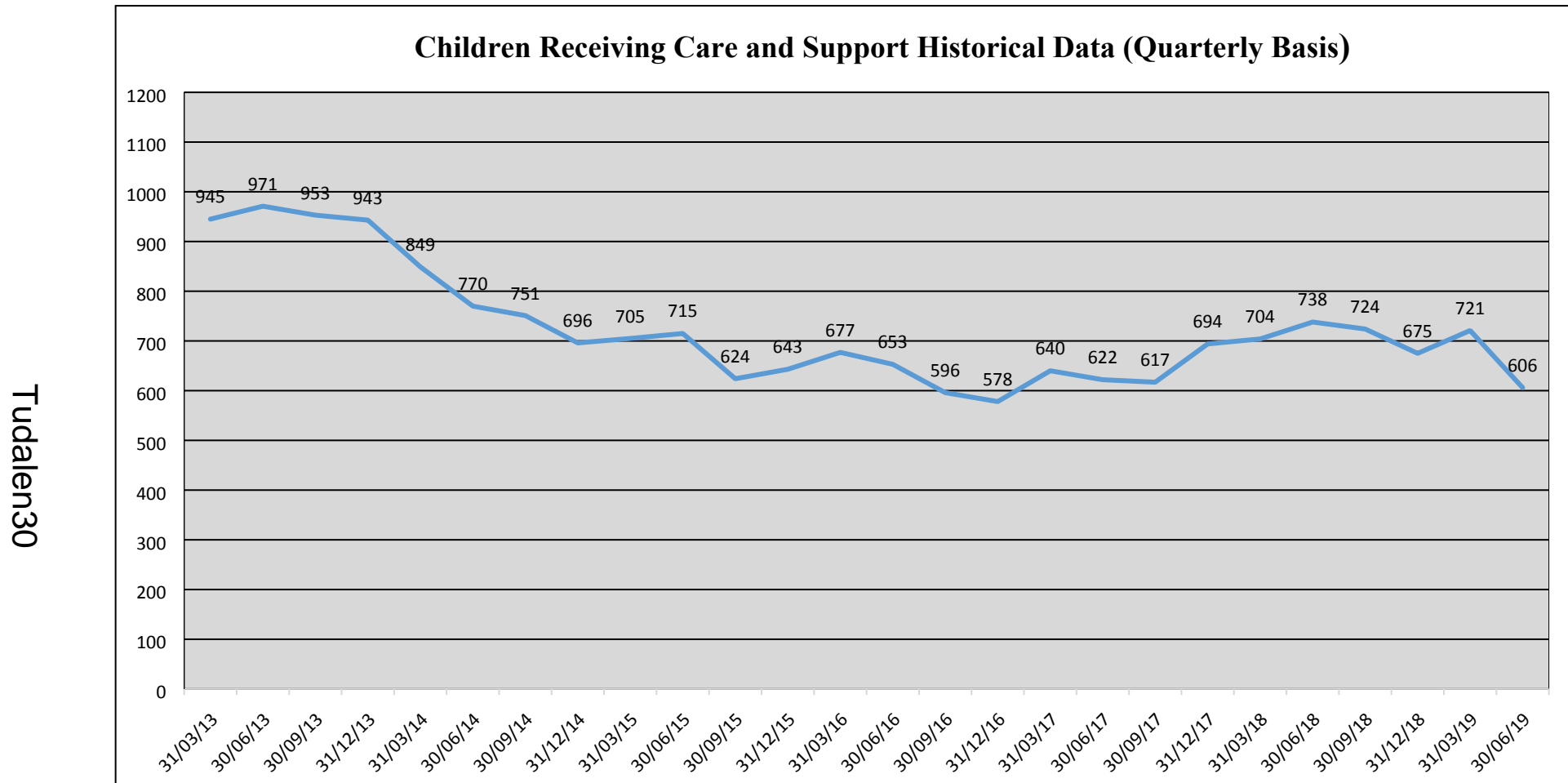
APPENDIX 1

Tudalen29



Please Note: The number of children on the Child Protection Register as at 31.07.19 – 97

APPENDIX 1



Please Note: The number of Children Receiving Care and Support as at 31.07.19 – **576**

Appendix 2 - Quality Assurance Audits

Quarter 1 – Audit Overview Report

Quality Assurance Audits

Quality Assurance Audits take place on a monthly basis within Children and Young People Services and Adult Services. This report gives an overview of the thematic audits reported on in quarter 1 of the 2019-2020 period, what is working well, what we will improve and by what methods. This report collates audit activity from across Social Services: Children and Young People Services, Adult Services and Hillside Secure Children's Home.

Each audit tool devised is circulated to relevant stakeholders in Children's Services, Adults Services and Hillside prior to audits being completed. Audit days usually take place once a month in the Quays IT room with team managers collectively auditing and analysing the themes arising.

Audits Completed

During this quarter we have reported on two thematic audits:

Audit Theme	Cases Audited	Service
Incident Form Audit	27	Hillside Secure Children Home
Placement Breakdown/Move	27	Children's Services

What are we doing well?

We've identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

In the Hillside Incident Form Audit:

- The basic information recorded at the beginning of the form is consistently completed by staff.
- In 96% of the cases audited it is clear who has been involved in the incident and their role.
- In 89% of the cases audited the reason for restrictive intervention was highlighted and the picture identified of the technique used.
- 100% of the cases audited contained names, signatures, dates and were quality assured by the Duty Manager
- 93% of the cases audited showed there was clear evidence documented of events leading up to the restraint
- 96% of the cases audited showed that the Senior Manager and Duty Manager all signed and dated the forms
- 96% of the cases audited showed that the incident form was clear and easy to read

In the Placement Moves/Breakdown audit:

- In 90% of the cases audited there were Placement Referral Records in place matching the placement moves
- We evidenced an increase from 54% in 2017 to 76% in 2019 of preventative action being undertaken to help support the placement

- In the previous audit only 19% of the cases audited went to a panel prior to breakdown/move, this audit it has increased to 65% of case were discussed at permanency/resource panel prior to breakdown/move
- A Looked After Children's Review was held within 28 calendar days of the move in 93% of the cases audited
- In the previous audit only 39% of the cases audited the change of circumstances was completed in under 7 days, in this audit it has increased significantly to 81%
- In 89% of the cases audited it was clear the reason for the breakdown
- 3 out of the 4 cases that were out of county placements were discussed in complex needs panel

What will we improve?

1. The actions taken prior to any restrictive intervention in Hillside will be clearly documented
2. We will ensure that all Hillside documentation is signed by the necessary staff members following any incidents that occur
3. The incident form in use at Hillside will be reviewed to reduce confusion of the different boxes that need to be ticked to describe the incident
4. Duty managers in Hillside will ensure that all staff where appropriate are requested to complete a staff debrief following any incidents that take place this will promote staff reflection
5. We will ensure that any immediate actions to be taken following an incident at Hillside are clearly identified
6. Any decisions and actions taken by the duty manager in Hillside will be clearly recorded on all of the incidents that occur
7. Specifically in Looked After Children cases we will ensure that manager oversight is sufficiently recorded in those cases where there are indicators of a potential placement breakdown
8. We will ensure that all cases where there has been a breakdown in the placement a disruption meeting will be recorded, or in the cases of external foster carers, the social worker will record details of the meeting held
9. We will analyse the system to ensure that all the necessary information from the Fostering system is also available to view on the child's file.

How will we do this?

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where new processes have been introduced
- By direct feedback on individual cases to the responsible team manager and case worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Outcome Focussed, Quality Assurance and the Practice Improvement Groups
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

What have we learnt?

In the first quarter of 2019-2020 we reported on an audit of the incident forms completed at Hillside Secure Children's Home. This audit was the first audit of this kind to be undertaken in Hillside and therefore will define a baseline for future audits. Clear areas have been identified for development and a review of the incident form itself is currently underway to ensure that it the form is not too confusing, but still captures the required information. We also evidenced over the seven day period a high number of the incident forms had been quality assured by the duty managers, although when this audit is repeated we should ask a more specific question relating to this so we can evidence this more clearly.

In the placement moves/breakdown audit we were able to evidence some clear improvements in relation to forms being completed more timely than the previous audit and cases being discussed in panels prior to placement moves/breakdowns which is indicative that there is clear management oversight from a Principal Officer level. It is evident where children are looked after by internal foster carers of documents such as disruption meetings on the system, however there can be limited information on these meetings when a child is placed with external foster carers, so we will look to improve on this in the next audit.

As the department is now focussed on moving to the WCCIS system in the future, there will be limited changes to forms and the system in this next period, however any changes identified through audits will be discussed when the forms are developed for the new IT system.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved in the case, this is done either on a 1:1 basis or through group sessions.

Next Steps?

Our effective auditing process is identifying key themes on good practice and areas we will improve. Post audit we have mechanisms in place for following through on actions identified. Any actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed, this allows us to monitor desired outcomes and progress. This gives a transparent view what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the appropriate teams within Social Services, this provides staff with information on good practice and areas for improvement and it also provides a visual tool for staff that can be referenced in the everyday tasks completed.

Quality and Audit Coordinator – Mel Weaver

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**Provisional
Social Care, Health and Wellbeing Scrutiny Committee
Forward Work Programme 2019/20**

Date of Meeting	Agenda Item	Officer
5 September 2019	Youth Offending Service and Action Plan Report – Quarterly Update	Andrew Jarrett
	Quarterly Performance- Priority Indicators- Quarter 1	Angela Thomas
17 October 2019	Autism Position Report: -Council Policy on Autism -Welsh Guidelines on Autism -NPT data	Andrew Jarrett
5 December 2019	Quarterly Performance- Priority Indicators- Quarter 2	Angela Thomas

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Eitem yr Agenda6

30 January 2020	Direct Payments Position Report <ul style="list-style-type: none"> • Process of application • Monitoring of process and data • Performance Monitoring • Lessons learnt and case studies 	Andrew Jarrett
12 March 2020	Rota Visits – Care Home Update	Gemma Hargest
	Quarterly Performance- Priority Indicators- Quarter 3.	Angela Thomas
30 th April		
4 th June		

To be built in:

Task and Finish Sessions:

- Hillside - How do the Police work with Hillside
 - Incidents
 - Feedback
 - Partnership and Reporting

- Post Scrutiny Review – Closure of Day Care Centres
- Valleys Action Plan
- Budget

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