

SOCIAL CARE, HEALTH AND WELL BEING CABINET BOARD

REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES – A. THOMAS

13th September 2018

SECTION C – MATTER FOR MONITORING

WARD(S) AFFECTED: ALL

TITLE OF REPORT

CHILDREN AND YOUNG PEOPLE SERVICES – 1ST QUARTER (2018-19) PERFORMANCE REPORT

Purpose of Report

The purpose of the attached documentation is to advise Members of Performance Management Information within Children and Young People Services (CYPS) for the 1st Quarter Period (April 2018 – June 2018); the Complaints and Compliments Data for the 1st Quarter Period (April 2018 – June 2018) and the Monthly Key Priority Performance Indicator Data for July 2018.

Executive Summary

A new set of statutory Welsh Government Indicators for CYPS were introduced for 2016-17, although only those that can be reported on a quarterly basis are contained in this report. The remainder will be included in the Quarter 4 Report (2018-19). In addition, this report contains the CYPS Monthly Key Priority Performance Indicators, which were previously agreed by Members at the Children, Young People and Education (CYPE) Committee on 28th July 2016.

Background

1. Following agreement by Members at CYPE on 28th July 2016, the Quarterly Performance Monitoring Report has been revised, enabling Members to monitor and challenge more specific areas of performance within CYPs. The report also takes into account a change in reporting obligations to Welsh Government in terms of the statutory performance indicators.

Financial Impact

2. Not applicable.

Equality Impact Assessment

3. None Required

Workforce Impacts

4. Not applicable

Legal Impacts

5. This progress report is prepared under:
 - i) Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".
 - ii) Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

Risk Management

6. Not applicable

Consultation

7. No requirement to consult

Recommendations

8. Members monitor performance contained within this report

Reasons for Proposed Decision

9. Matter for monitoring. No decision required

Implementation of Decision

10. Not Applicable

List of Appendices

11.

Appendix 1 – CYPS 1st Quarter Performance Report (April 2018– June 2018).

Appendix 2 – CYPS 1st Quarter Complaints and Compliments Report (April 2018 – June 2018)

Appendix 3 – Monthly Key Priority Performance Indicator Report (July 2018)

Appendix 4 – Quality Assurance Overview Report (April 2018 – June 2018)

List of Background Papers

None

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Performance Indicators

Neath Port Talbot Council

Appendix 1 - Children & Young People's Services – Quarterly Performance Report

Print Date: 17-Aug-2018

How will we know we are making a difference (01/04/2018 to 30/06/2018)?

PI Title	Actual 16/17	Actual 17/18	Actual 18/19	Target 18/19	Perf. RAG
CHILDREN AND YOUNG PEOPLE SERVICES					
CP/011 - PAM/028 - Measure 24 - Percentage of child assessments completed on time	99.18	92.31	90.70	98.00	 Red
252 of 273 in Quarter 1 2017-18 compared to 478 of 527 in Quarter 1 2018-19. Although performance has decreased when compared to the same period 2017/18 (96.9%), it still remains very much in line with the All Wales Average (90.8%). Work is currently underway by the Service to determine the reason/s why performance has decreased with a view to implementing steps to ensure future performance is more in line with what is expected.					
PI/239 - % of children supported to live with their family.	65.03	61.42	67.99	69.20	 Amber
PI/241 - % of re-registrations of children on the local authority child protection register	13.46	4.23	0.00	6.30	 Green
PI/242 - Average length of time (in days) for all children who were on the child protection register during the year.	222.20	318.20	276.10	245.10	 Red
This PI is subject to regular fluctuation, as all children will remain on the Child Protection Register for as long as is deemed necessary by a Multi-Agency Panel.					



Performance Indicators

Neath Port Talbot Council

Appendix 2 - Children & Young People Services - Compliments and Complaints

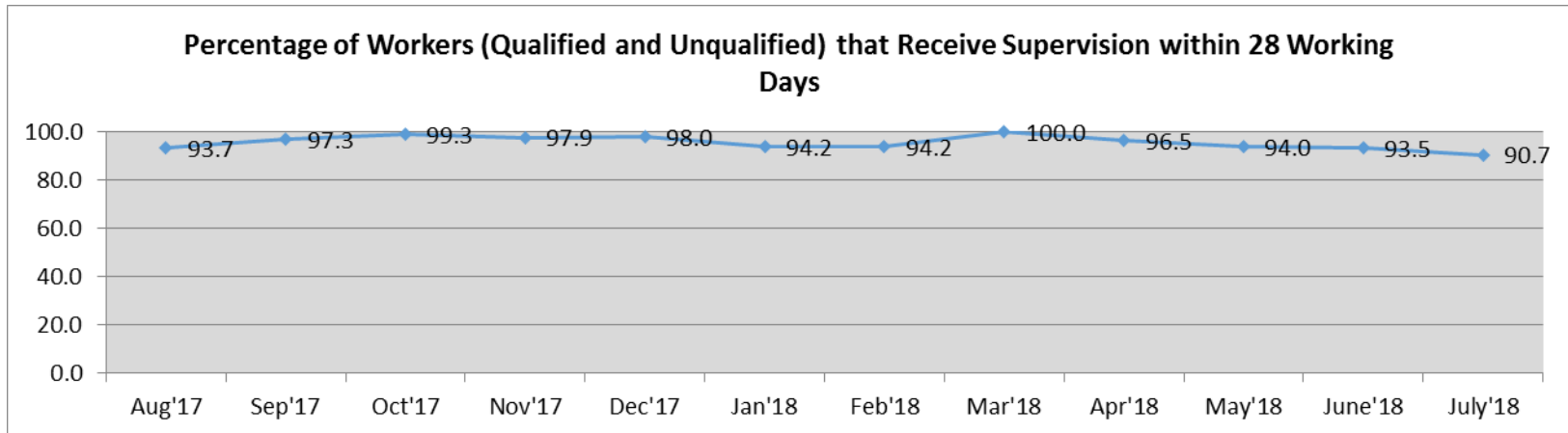
Print Date: 17-Aug-2018

How will we know we are making a difference (01/04/2018 to 30/06/2018)?

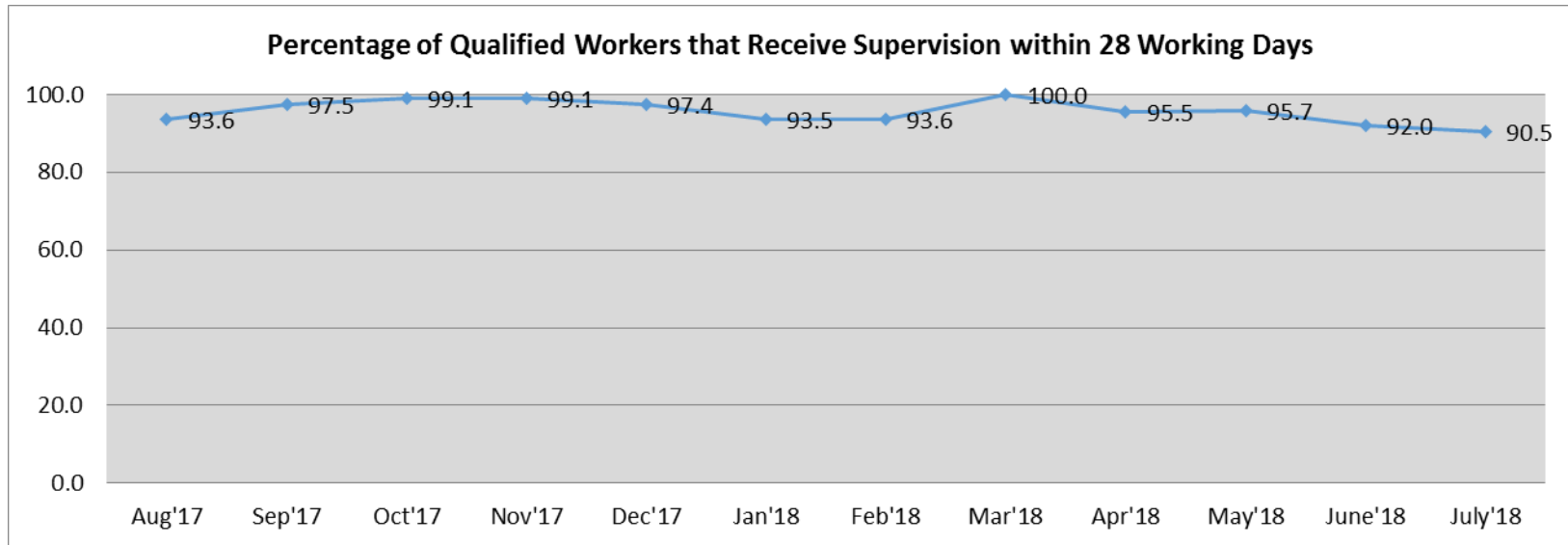
PI Title	Actual 16/17	Actual 17/18	Actual 18/19	Target 18/19	Perf. RAG
CHILDREN AND YOUNG PEOPLE SERVICES					
PI/260 - Children & Young Peoples Services - % of complaints at Stage 1 that were upheld/partially upheld	33.33	25.00	12.50		
1 of 4 in Quarter 1 2017-18 compared to 1 of 8 in Quarter 1 2018-19. Despite an increase in the number of complaints received during the 1st quarter 2018/19 (when compared to 2017/18) from 4 to 8, numbers still remain relatively low. The Complaints Team continue to work closely with front line teams to manage complaints appropriately.					
PI/261 - Children & Young Peoples Services - % of complaints at Stage 2 that were upheld	0.00	0.00	0.00		
0 of 1 in Quarter 1 2017-18 compared to 0 of 2 in Quarter 1 2018-19. There has been an increase on the previous to 2 (from 1) during the 1st quarter; despite this there continues to be a stronger emphasis on a speedier resolution at 'local' and 'Stage 1' levels.					
PI/262 -Children & Young People Services - % of complaints dealt with by the Public Services Ombudsman that were upheld	0.00	0.00	0.00		
PI/263 - Children & Young People Services- Number of compliments received from the public	4.00	4.00	13.00		
The number of compliments has increased when compared to the same period 2017/18; this can be attributed to an improvement in reporting from services receiving praise & thanks. The Complaints Team will continue to raise the profile for the need to report such incidences.					

Key Priority Performance Indicators – July 2018

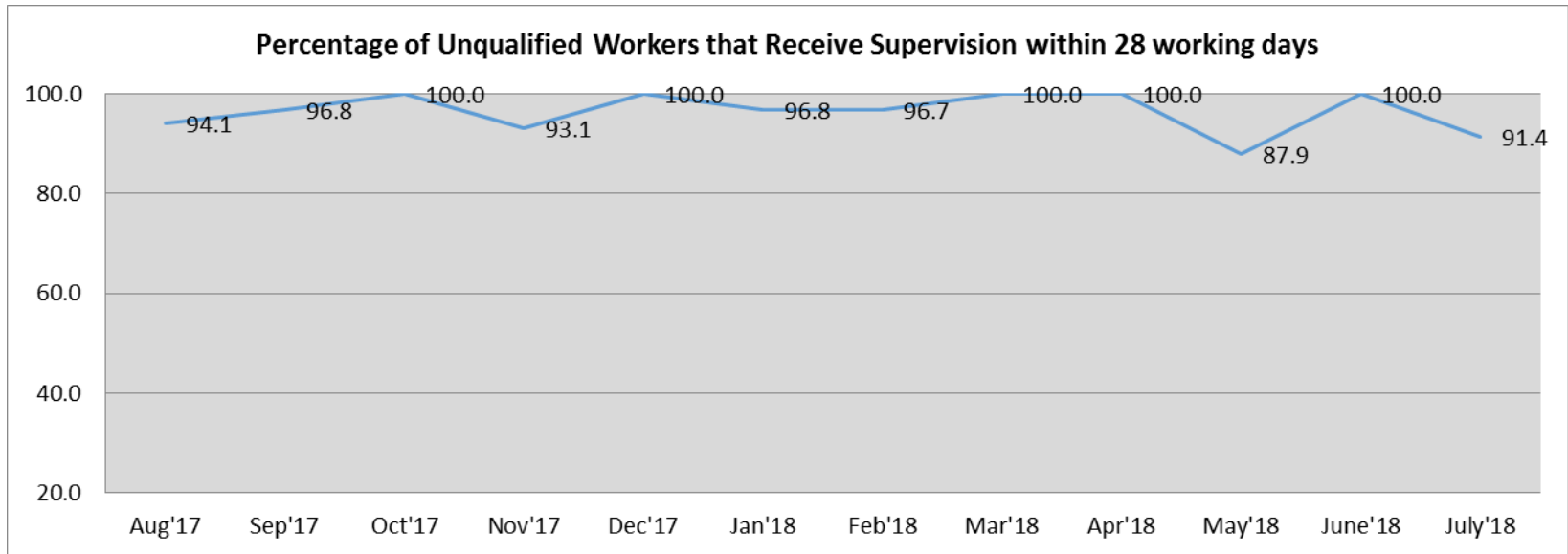
- Priority Indicator 1 – Staff Supervision Rates



	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18
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	93.7	97.3	99.3	97.9	98.0	94.2	94.2	100.0	96.5	94.0	93.5	90.7
Number of workers due Supervision	144	152	147	142	148	138	139	142	143	150	154	151
Of which, were undertaken in 28 working days	133	135	148	146	145	130	131	142	138	141	144	137



	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18
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	93.6	97.5	99.1	99.1	97.4	93.5	93.6	100.0	95.5	95.7	92.0	89.2
Number of workers due Supervision	110	121	116	113	117	107	109	112	112	117	125	120
Of which, were undertaken in 28 working days	103	118	115	112	114	100	102	112	107	112	115	107



	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18
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	94.1	96.8	100.0	93.1	100.0	96.8	96.7	100.0	100.0	87.9	100.0	96.8
Number of workers due Supervision	34	31	31	29	31	31	30	30	31	33	29	31
Of which, were undertaken in 28 working days	32	30	31	27	31	30	29	30	31	29	29	30

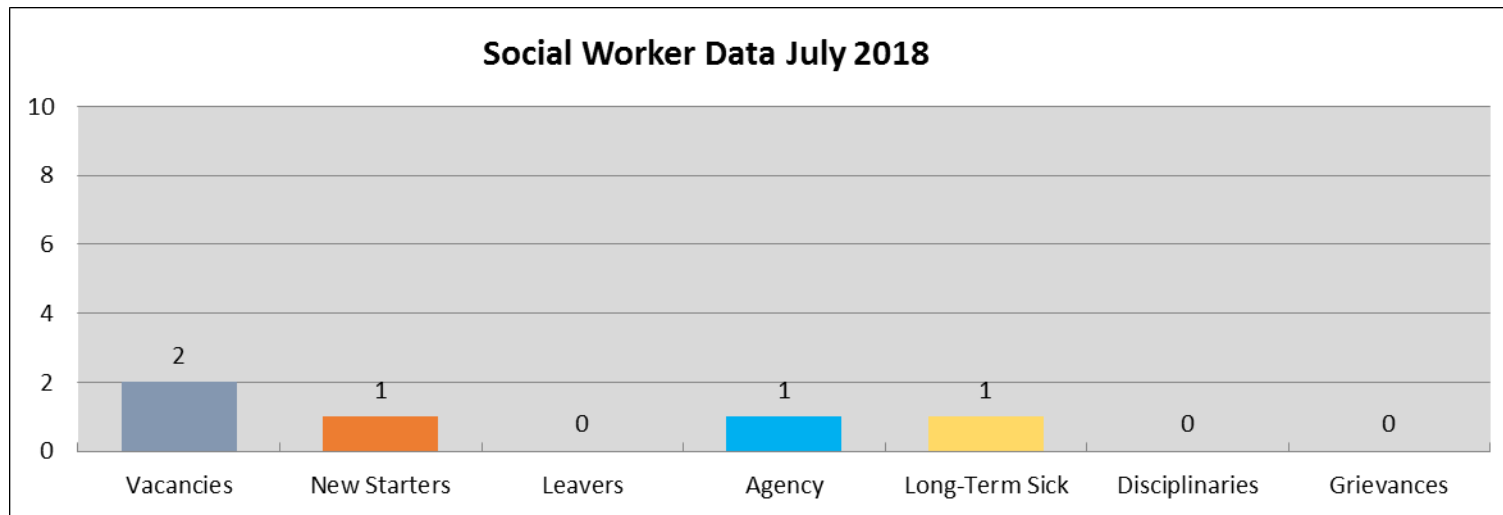
- **Priority Indicator 2 – Average Number of Cases held by Qualified Workers across the Service**

As at 31st July 2018	Caseload Information - Qualified Workers, including Deputy Team Managers					
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Lowest Worker Caseload	Average Caseload per Worker
Cwrt Sart	407.0	11.0	143.0	19	9	13.0
Disability Team	495.5	13.4	192.0	25	3	14.3
LAC Team	463.5	12.5	165.0	19	5	13.2
Llangatwg	407.0	11.0	170.0	19	1	15.5
Sandfields	363.0	9.8	85.0	12	8	8.7
Route 16	271.0	7.3	41.0	7	5	5.6
Dyffryn	395.0	10.7	102.0	18	2	9.6
Intake	454.0	12.3	109.0	19	4	8.9
Totals	3,256.00	88.0	1,007.00			
Average Caseload - CYPS				17.3	4.6	11.4

Please Note:

1. The above figures include cases held by Deputy Team Managers and Part-Time Workers
2. The 'Available Hours' do not include staff absences e.g. sickness, maternity leave, placement, etc, unless cover for the post is being provided.

- **Priority Indicator 3 – The Number of Social Worker Vacancies (includes number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service.**

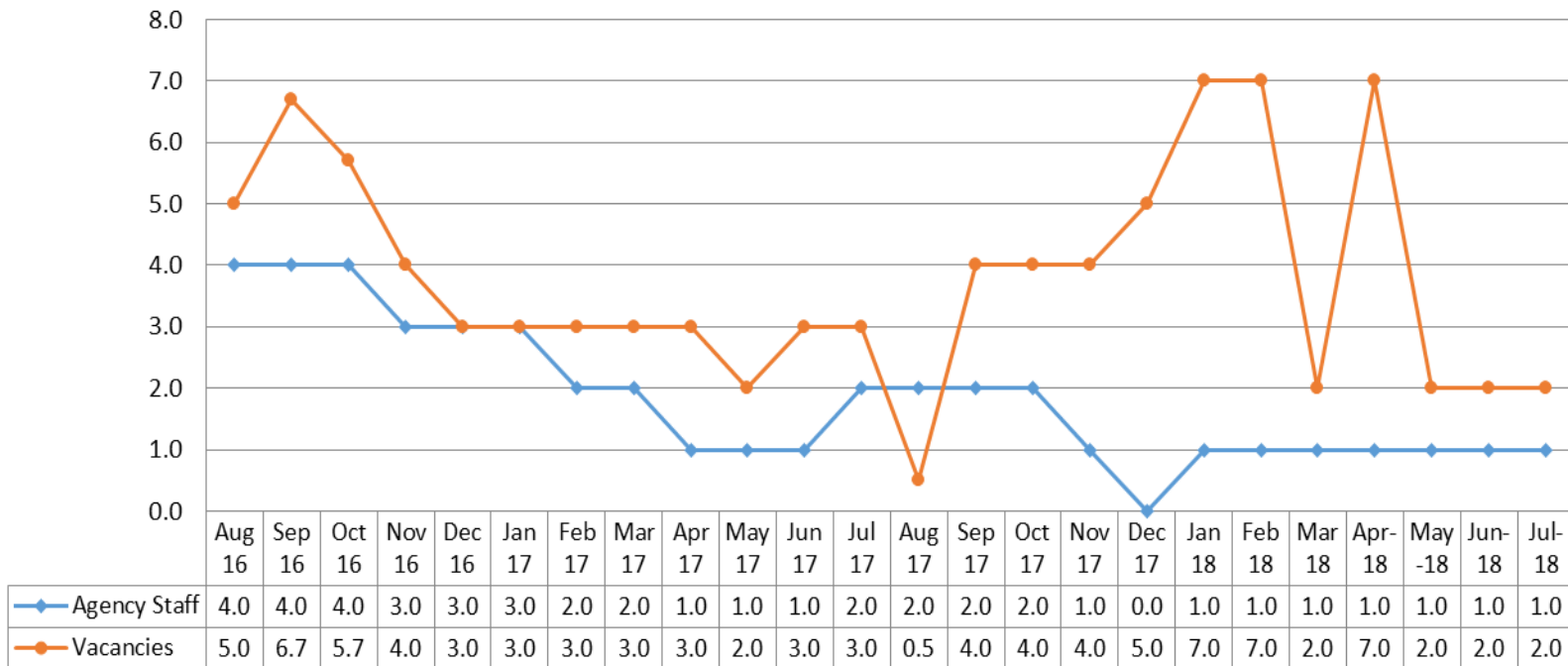


	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
Vacancies			2					2
New Starters			1 (temp)					1
Leavers			0					0
Agency			1					1
Long-Term Sick			1					1
Disciplinarys			0					0
Grievances			0					0

Please Note: Agency staff member in the Conference and Review Service is providing cover for Maternity Leave

Summary of Agency Staff and Vacancies across the Service

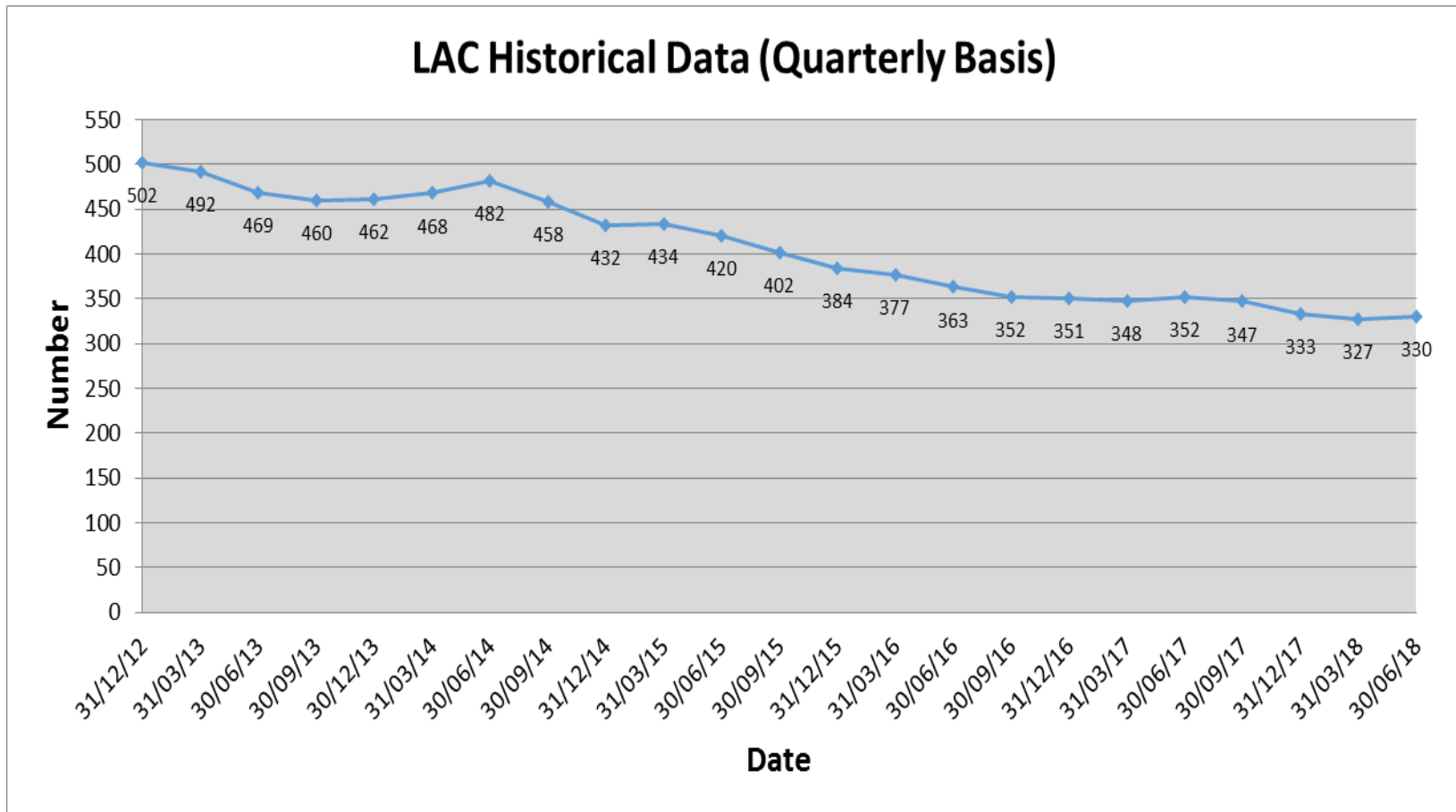
**Summary of Agency Staff and Vacancies Across the Service
(August 2016 - July 2018)**



- **Priority Indicator 4 – Thematic Report on the findings of Case File Audits (reported quarterly)**

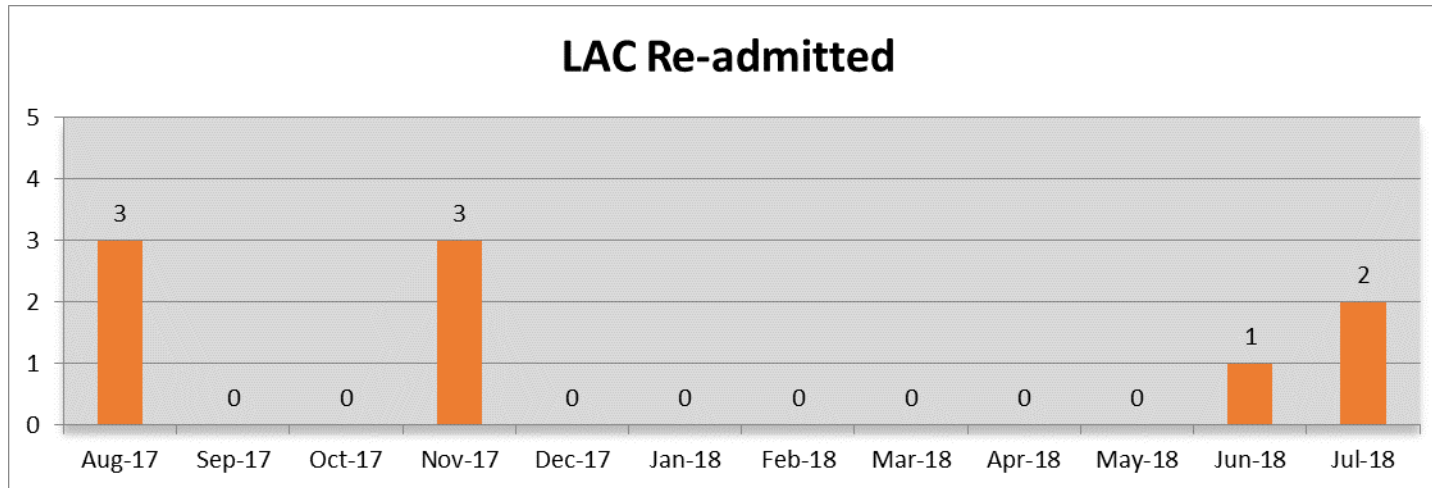
There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Children & Young People Services. A summary of the Audit activity undertaken during the 1st Quarter Period (Apr 18 – Jun 18) is provided in **Appendix 4** of this report.

- **Priority Indicator 5 – Number of Looked After Children (Quarterly)**



Please Note: The number of Looked After Children as at 30/07/18 = **336**

- **Priority Indicator 6 – The Number of Children who have been discharged from care and subsequently re-admitted within a 12-month period.**



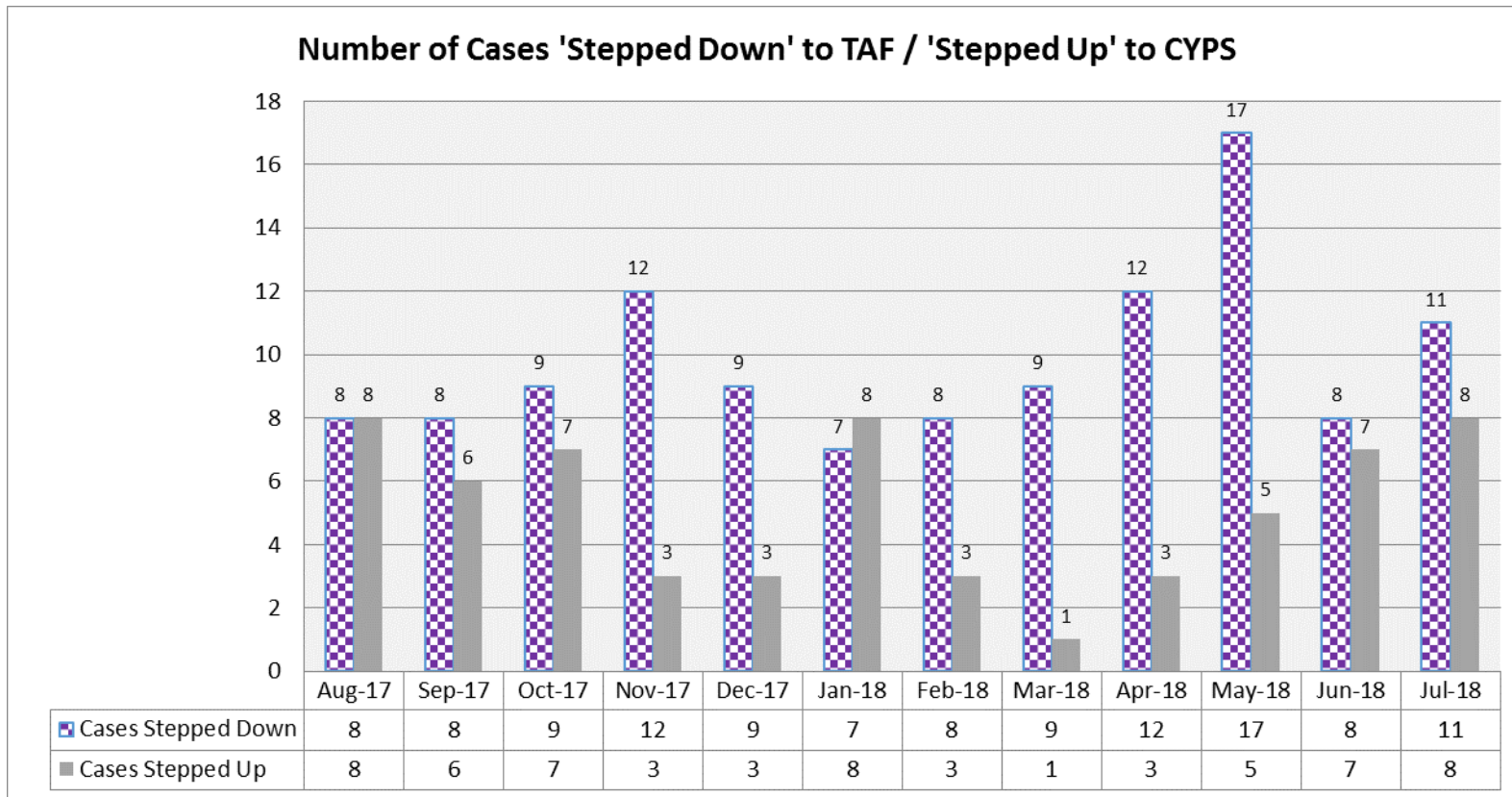
Date	Number Re-Admitted
Aug 17	3
Sep 17	0
Oct 17	0
Nov 17	3
Dec 17	0
Jan 18	0
Feb 18	0
Mar 18	0
Apr 18	0
May 18	0
Jun 18	1
Jul 18	2

***Reasons for July 2018 re-admissions into care within 12 months of being discharged: -**

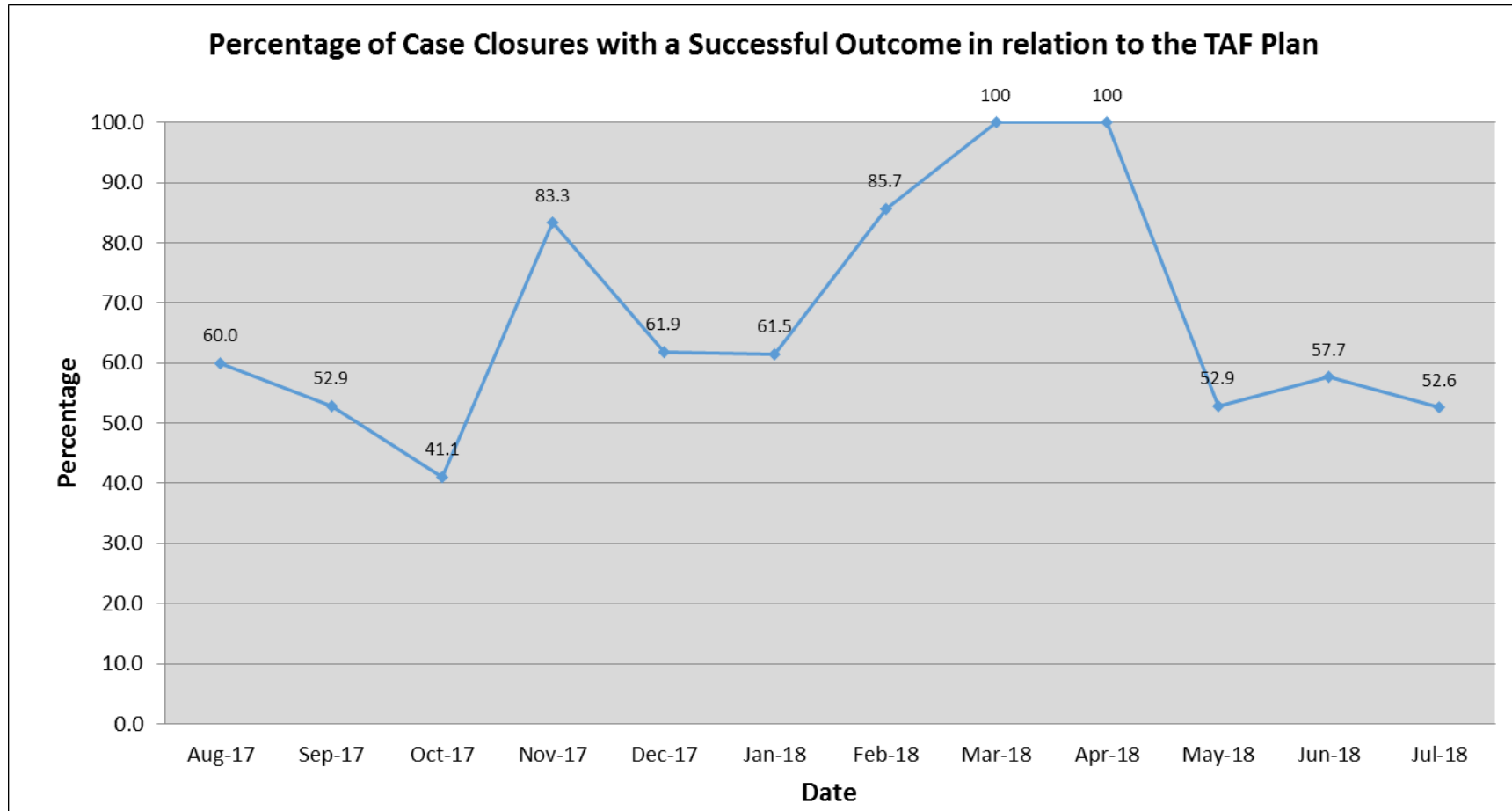
Child 'A' regularly went missing from foster placement to return to live with the father. It was agreed to accept Child 'A's' wishes to return to live with the father to reduce the amount of time there was risk of harm while missing. Whilst with the father, Child 'A' continued to go missing, resulting in the father stating he could no longer cope. As a result, Child 'A' was returned to care.

Child 'B' originally came into care for respite as the family were in acute stress. Upon the cessation of the respite period, the child returned home. However, Child 'B' subsequently returned to care, due to the parent's inability to manage the child's behaviour.

- **Priority Indicator 7 – The Number of Cases ‘Stepped Down / Stepped Up’ between Team Around the Family (TAF) and CYPS**



- **Priority Indicator 8 – The Percentage of Team Around the Family (TAF) cases that were closed due to the achievement of a successful outcomes in relation to the Plan.**



Appendix 4: Quality Assurance Audit Overview Report (1st April 2018 – 30th June 2018)

Quality Assurance Audits

Quality Assurance Audits take place on a monthly basis within Children and Young People Services. This report gives an overview of the thematic audits undertaken in quarter 1, what is working well, what we will improve and by what methods.

An audit sub group meets regularly to monitor progress and create thematic audit tools for use each month. Each tool devised is circulated and ratified at the Children's Services Managers Group prior to audits being completed. Audit days 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 there have been two thematic audits completed:

Audit Theme	Cases Audited
Review Child Protection Conferences	28
Child Protection Core Groups	19

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 Review Child Protection Conferences Audit we found that:

- Invites are being sent out well within timescales allowing adequate timing for other professionals to attend
- Conferences are routinely being held within statutory requirements
- Appropriate professionals are being invited to the review conferences with auditors indicating that they felt there had been no omissions from the invite lists
- Police are consistently submitting Police Notification Check (PNC) reports at least two days prior to conference
- The professional reports discussed at conference were all evidenced in the scanned document area of the child/young person's case file
- The minutes of the meetings contained clear reasons for the child protection conference, a summary of the reports by each agency and a succinct summary of the meeting by the Independent Reviewing Officer
- Outcomes, priority risks and strengths discussed at conference were generally reflected in the child protection plan
- Parent/carer views were heard throughout the conference and documented within the minutes
- In most of the cases the child/young person was not present at the meeting, however, their views were clearly expressed in the conference through the social worker, independent reviewing officer or other professional involved with them

In the Core Group Audit we found that:

- The purpose of the core group is now being more clearly explained and recorded at the start of the meeting, this ensures that all core group members including parents/carers understand the reason for the meeting
- Auditors feel that professional attendance at core group meetings has improved since the previous audit
- Positive improvements are being recorded in the minutes with strengths and priority risks clearly evidenced
- Each core group reviewed and amended the child protection plan, and the plan was utilised as a working agenda for the core group meetings
- The information contained within the minutes was child centred and was jargon free/easy to read for the intended recipients
- Any new needs identified within the core groups were SMARTER (Specific, Measurable, Achievable, Realistic, Timely, Evaluated and Reviewed)
- There was no evidence of professional dissent, this indicates that all agencies agree to the plan

What will we improve?

1. We will evidence more clearly on the system when parents/carers have received the plans and minutes following on from child protection conferences and core groups
2. We will highlight to all agencies the necessity of receiving reports at least two days prior to the child protection conference
3. We will provide a mechanism for recording on the child protection conference minutes the pre-conference meeting that takes place between the independent reviewing officer and the parent/carer/child/young person
4. We will ensure that where possible contact is made between the independent reviewing officer and the child/young person in the weeks leading up to the child protection conference
5. We will reinforce to the teams the necessity of requesting a fire safety check from the Fire Service for all child protection neglect cases and clearly document this within the plan
6. Auditors feel that good enough outcomes for families should be discussed in more detail within child protection conferences
7. We will ensure that invites to core groups are sent out routinely and within an adequate timeframe prior to the meeting and that the meetings are also regularly within timescales
8. Auditors feel that consideration of the child/young person's wishes and feelings could be more clearly recorded in the core group meetings

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 this last quarter we have identified clear areas in each of the audit themes that we will improve, work is being undertaken to achieve this and will be guided by the Quality Assurance Group. The Quality Assurance Group is responsible for allocating lead officers to complete actions and for reviewing the progress of these actions. We have evidenced in the two completed audits on individual cases good working practices and embedded principles throughout the service.

Overall in the Review Child Protection Conference audit we are pleased with the evidence obtained of the quality of the minutes and the consistent approach in the majority of the processes that take place prior to and following the meeting. However we do need to focus on ensuring that we record appropriately when parents/carers have received the plans and minutes, and if a case is registered under the category of neglect we need to ensure the necessary fire checks have been requested and recorded on the child/young person's plan.

In the Child Protection Core Group audit we have evidenced significant improvements since the previous audit held in June 2017. As a result of the initial audit we made significant improvements to the core group template and this audit was the opportunity to review those changes and confirm that the quality of the meetings had improved. We have highlighted many areas that we are doing well, although we also have highlighted a very small number of areas we would like to improve.

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. Actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed at each Quality Assurance Group, this allows us to monitor desired outcomes and progress. This gives a transparent view on the service, 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 teams within Children and Young People 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. There is a Team Manager and Performance Management Group that meets bi-weekly, part of this group's remit is to focus on audit actions that are ratified in the Quality Assurance Group, this is a succinct process which is currently working well to proactively drive forward changes. As the audit process is well established across Children and Young People Services, the Quality Assurance Group will also be taking forward lessons learned from other sources such as the citizen survey, staff survey and complaints/compliments received.

Quality Assurance Audits are now regularly completed in Adult Services as well as Children and Young People Services. There are opportunities for auditors to come together from both service areas and audit jointly. From Quarter 2 onwards the Children and Adult Services Reports will be combined within the Quarterly Quality Assurance Report to give members a complete overview of audit activity across Children and Adult Services.

Quality and Audit Coordinator – Mel Weaver