

JTAI Response Action Plan

Ref	Area for Improvement	Key risk	Lead (named)	Action	Progress (to include update date)
Priority Action	The partnership must ensure that when children about whose welfare there are concerns are referred to their SPA and MASH multi-agency front door, the right information is gathered to sufficiently understand their circumstances and that decisions about next steps are timely and consistently well matched to need and risk.	Poor information sharing leading to delays and or poorly informed decisions.	<p>Kelly Cogger (Medway Council)</p> <p>Tracey Anstis (Kent Police)</p> <p>Kelly Cogger (Medway Council)</p>	<p>Review capacity of MASH and ensure consistent multi-agency representation (August 2018).</p> <p>Kent Police CRU Detective Sergeant will be based in First Response from 29th October (in addition to the Police MASH co-ordinator), to participate in strategy discussions, DAN triage and from November, to support Op Encompass and facilitate timely information sharing and decision making.</p> <p>Develop a MASH workflow to improve links to virtual partners and improve information flows. (September 2018)</p>	<p>There is now consistent, stable multi-agency representation in the MASH five days a week; partner representation alongside the MASH core staff, DA focused staff and the Police now includes Health, CRC, Turning Point and NPS.</p> <p>Additional staff have been recruited to the MASH including a social worker and practice manager. Group supervision has been focused to enhance social workers and partners understanding of the cumulative impact of domestic abuse. (October 2018)</p> <p>Double checking systems are now in place at key decision points in the SPA, MASH and assessment teams, and information sharing processes are being tightened with quality of information improved (November 2018)</p> <p>CRU DS now based in the MASH to hold strategy discussions and complete DAN triage and support OP Encompass allows for quick information sharing and decision making Vast improvements have been made in the MASH dashboard and the live data set has been developed and implemented.</p> <p>Better Framework-I reporting on SPA. This provides senior managers with better detail to review timeliness of decisions. Practice Managers meet with SW twice daily to review the status of cases. MASH workflow has been built which will help partners and SW so that collation of information is more streamlined.</p> <p>On track (November 2018)</p> <p>Workflow has been developed and includes requirement on partners to provide analysis on information shared. Training delivered to in situ partners. Training now to be rolled out across virtual partners (October 2018). Direct live reporting into Framework-I for MASH partners now operational. This will be monitored through the MASH dashboard data via Children's services PQA and Delivery Board (November 2018)</p> <p>There is now a Police co-ordinator present in the MASH to ensure that there is timely information sharing, reduction of duplication by both CRU and the Local Policing teams. Staff will work within the Front door effective from November 2018 with plan to identify alternative options moving forward.</p>

<p>1</p>	<p>Multi-agency working in Medway is not consistently effective in ensuring that the right children receive the right services quickly enough; some children are left in situations of unassessed risk.</p>	<p>Risk is not consistently recognised and responded to in a timely and coordinated manner.</p>	<p>Christine Impey (Medway Council) Kelly Cogger (Medway Council) Tracy Anstis, Kent Police</p>	<p>Improve Framework-I reporting and increase audits (October 2018) Review how the partners have oversight of MASH and how barriers to effectiveness can be escalated (September 2018) Improve the way in which virtual partners engage to ensure better consistency (November 2018) Kent Police to improve how they routinely capture consent from parents to share relevant information and offer early help services</p>	<p>Framework-I reporting has been adapted and now allows for more timely assessment of decisions. (September 2018) TOR for the operational MASH board have been reviewed and updated with all partners now represented. The MASH workflow ensures any delays are quickly identified and referred to the Operational MASH board for addressing (September 2018) Monthly MASH threshold audits now introduced with findings fed back to the Strategic MASH board. There is improved partner agency representation within the MASH now that includes the police, health, CRC, NPS and specific DA and health professional roles. (October 2018) Following the roll out of Foundations of Practice training for social work staff a continuing programme of workshops focussing on specific topics and priority areas of development. November programme was focussed on assessments, including pre-birth, chronologies and genograms. Further planned workshops will cover a) identification and management of risk including planning and b) Permanency planning (November 2018) MASH workflow incorporates requirements on both in situ and virtual partners. All partners attend the Operational MASH board and are represented at the Strategic MASH board. Daily reporting is undertaken and a MASH dashboard has been created which the Operational Group and MASH Strategic Board oversee. (October 2018) All referrals from Police are managed via the CRU as the SPA and are quality assured and shared quickly. This process is monitored by the CRU Manager and has been introduced to ensure that children who are victim or perpetrator are also included in the daily Police review and shared with partners. All Kent Police staff have been reminded through internal communications website "InSite" of the necessity to obtain consent when attending a domestic abuse incident. It has also been sent to our learning and development team to be embedded within Kent wide training packages. (November, 2018)</p>
<p>2</p>	<p>Threshold decision making is inconsistent.</p>	<p>Vulnerable children are left at risk.</p>	<p>Kelly Cogger (Medway Council)Kirstie King (MSCB)</p>	<p>Ensure all partners are trained to understand the Threshold Document (December 2018) Police to ensure DS to be co-located to enable fast time strategy discussions and to become a more proactive partner, with increased confidence to escalate and request a strategy discussion. (November 2018)</p>	<p>The revised Threshold Document is now evident in health providers safeguarding training and staff are advised to attend the Safeguarding Children Boards multi-agency. Joint group supervision within the MASH is in place to improve practice (September 2018).CRC staff have attended MSCB training and plans underway to ensure full team completes training (October 2018). Monthly threshold audits are being undertaken by the Quality Assurance Team to ensure application is consistent, with findings escalated to the Operational MASH Board (October 2018). MASH audits ensure counter checking is now in place at key decision making points in SPA, through MASH process and in assessment teams. Partners are required to analyse their own information in respect of safeguarding issues taht would feed into the timely overall decision making in the MASHIndividual partner agencies staff are now being supported through training to improve how they analyse information. (October 2018)</p>

3	Ineffective systems to monitor MASH progress.	Senior leaders not able to identify and resolve issues in the MASH.	Christine Impey (Medway Council)	<p>Improve data reporting via the MASH including governance arrangements for audit findings and escalation. (December 2018)</p> <p>MASH strategic board to be defined sub-group of MSCB providing 6 monthly reports. (January 2018)</p>	<p>Daily reporting now instigated which captures outstanding actions within the MASH. Improved Framework-I reporting allowing for more timely assessment of decisions in MASH.</p> <p>Governance arrangements have been tightened. The MASH Strategic Board is now a defined sub group of the MSCB and a 6 monthly report will be presented. The MASH Operational Group has been reinstated with updated Terms of Reference to ensure challenge and that actions are progressed. Any unresolved barriers to progress are escalated to the MASH Strategic Board to resolve. (September 2018)</p> <p>The MASH Workflow live reporting is now operational which assists in monitoring quality and timeliness of partner information to assist the overall MASH decision making. (November 2018)</p>
4	Professionals, both in the MASH and in wider services, often respond to the presenting or most recent concern and so do not recognise and respond well enough to the cumulative impact on children.	The MASH is generally good at responding quickly and robustly to acute situations of high risk. However, when risk is chronic, and the result of long-standing patterns of concern, whether related to domestic abuse or other factors, it is less well identified.	<p>Kelly Cogger (Medway Council)</p> <p>Tracey Anstis (Kent Police)</p> <p>Tina Hughes (NPS)</p> <p>Emma Verchiolli (KSSCRC)</p>	<p>Implement group supervision for social workers with greater awareness regarding focussing on history taking and improve practice. (September, 2018)</p> <p>Kent Police to update training to include identifying cumulative risk, training to be rolled out including new recruits. (November, 2018)</p>	<p>Daily group supervision is now implemented and social work capacity has been increased. Joint group supervision within the MASH has been implemented to improve practice. There is stronger information sharing within partners and greater awareness raising of focussing on history. There has been an increase in assessment training to ensure history is incorporated into decision making and analysis. Increased audits, assessment training opportunities, individual agencies auditing alongside the MA audit (QA amongst partners) are all on-going.</p> <p>Implementation of a more systemic way of working and not just applied to the MASH. Importance of identifying cumulative risk has been shared with learning and development by the Police for inclusion on courses including new recruits. Internal Website has also been updated and training sessions have been devised and commenced October.</p>

5	Lack of professional curiosity, insufficient focus on children's lived experiences.	Over-reliance on parental self-reporting; children's experience not considered in risk assessments.	Anthony Sands (Medway Council) Michele Sault (MFT) Simon Plummer (MSCB) Tracey Anstis (Kent Police)	<p>Implement DA Risk Assessment task and finish group to finalise robust and more consistent DA risk assessment. (October 2018).</p> <p>Audit the Kent and Medway Partnership Trust action plan to identify if the action plan is working and the voice of the child is recorded. (March 2019).</p> <p>Launch the Medway Safeguarding Children's Board (MSCB) Challenge and Escalation policy. (November 2018). Themed audit scheduled in January focussing on quality of assessments which will test out how historical information informs assessment including chronologies (January 2019)</p> <p>The Learning Development Group of the MSCB to review how we upskill staff in relation to professional curiosity and deliver multi-agency training to champion this across services. (December 2018). Kent Police to embed professional curiosity into training for new recruits and all DA training, including training in relation to cumulative risk. (November 2018).</p> <p>Kent Police to implement Continued Professional Development events as part of the training package to be delivered to front line staff. (December 2018)</p>	<p>DA Programme Manager and MSCB have implemented DA Risk Assessment Consultation Event with multi agency partners to review current DA risk assessment tools and to improve consistent risk assessments focused on children and young people (July 2018). The multi-agency workshop also concluded the development of a localised version that looks at protective factors and not just risk. Paper written with recommendations for Medway Domestic Abuse Subgroup (MDAS). MDAS agreed with and added to recommendations (September 2018).</p> <p>Kent and Medway Partnership NHS Trust have an action plan in place to insure the voice of the child is heard within adult mental health services and staff link in with other agencies where there are potential concerns.</p> <p>The CRC have appointed Quality Development Officers who are currently undergoing a programme of training. These are split practitioner/quality development roles. The QDO in each team, will work alongside colleagues, to establish case discussions and support reflective practice, in particular the development of professional curiosity.</p> <p>The Police have threaded the importance of professional curiosity into training sessions (learning and development for new recruits) and also domestic abuse training. There was a Continued Professional Development event held in June 2018, and fast time action is being taken by placing on the force electronic bulletin (inSite)</p>
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6	Police processes around information sharing with MASH are not robust or consistent.	Poor quality DANs, vague DASH assessments, confusion regarding what should be shared with SPA can lead to inaccurate assessments of risk within MASH.	Kelly Cogger (Medway Council) Tracey Anstis (Kent Police)	Improve quality of DANs and DASH assessments. Improve information sharing protocols and practices with SPA and between the police and MASH teams. (November 2018). Relocate and base the Kent Police CRU Detective Sergeant in First Response (October 2018); in addition to the Police MASH co-ordinator, to participate in strategy discussions, DAN triage and to support Operation Encompass and facilitate timely information sharing and decision making. (November 2018). Review DAN process to improve information sharing processes. (November 2018)	CRU manager has regular meetings with MASH manager to review front door processes and enable a streamlined and effective service. Topics explored include daily triage meetings. (October 2018) In order to improve the quality of DANs Kent Police CRU Detective Sergeant has been based in First Response from 29th October (in addition to the Police MASH co-ordinator), to participate in strategy discussions, DAN triage and from November, to support Operation Encompass and facilitate timely information sharing and decision making. (November 2018) The quality of the DANs will be monitored via the operational MASH board, reporting findings to MASH Strategic Board. NPS Kent have a named Probation Officer acting as a virtual member of the MASH. This officer acts as the single point of contact and conduit between the MASH and NPS practitioners and is supported by the NPS Kent Safeguarding Team based at the Central Referral Unit (CRU) including a 0.5fte Safeguarding Probation Officer and a 1.0fte Safeguarding Case Administrator who have access to both Framework-I and NPS case record systems to allow for timely information sharing. (October, 2018)
7	Fragmented DA services with lack of capacity especially child focussed, early intervention, and non convicted perpetrator programmes.	Families are unable to get the help they need.	Aeilish Geldenhuys (Medway Council) Andrew Willets (Medway Council) Emma Verchiolli (KSSCRC)	Ensure DA services are joined up and smarter integrated, with multi agency working procedures implemented to enable the pooling of resources that promote early intervention, are more child focussed and cater for non-convicted perpetrator programmes. (December 2018). Award new integrated Domestic Abuse service to pool resources from across Council and the CCG, to promote early intervention and wider support for all risk clients, whilst embedding health outcomes. Once awarded partners to develop a clear process map and pathways for referrals directly into services. (January 2019). Increase the capacity for children to receive focussed help with the appointment of two new DA posts within the Family Hubs and MASH, who will both hold a case load of medium risk cases. Additional to case holding, the staff will provide additional support to other partners working from the Family Hub and will also support social workers on best practice (whilst also supporting the MASH/ Front Door model). (December 2018). Pilot and review Perpetrator Programme to explore opportunities and multi-agency capacity for future delivery and provide train-the-trainer-training as required. (March 2019)	DA tender applications received and interviews undertaken for a new Medway Integrated DA Service (September 2018) with decision to be made at Cabinet (December 2018). Consistent, stable multi-agency representation in the MASH to ensure the right information is gathered to inform timely and well matched decisions in relation to risk and need of children about whose welfare there are concerns. Additional staff have been recruited to the MASH including a social worker and practice manager. Group supervision is focussed on enhancing social workers and partners understanding of the cumulative impact of domestic abuse, especially on children. The CRC commitment to improving the uptake of multi-agency training has seen 7 of the 18 case managers at the Chatham probation office completing MSCB safeguarding training since the Inspection. In relation to non-convicted perpetrator programmes, multi-agency capacity has been reviewed. The CRC has secured funding and will continue to deliver community based perpetrator programmes. The next Medway programme will commence in November 2018.

8	MSCB performance information lacks depth and focus on impact, monitoring scrutiny and challenge in underdeveloped.	Senior leaders unable to judge quality of decisions.	Simon Plummer (MSCB)	Improve quality of MSCB performance information and measures to focus on capturing impact, monitoring scrutiny and challenge. Review and relaunch the challenge and escalation policy. (October 2018) Review the PMQA. (October 2018)	MSCB multi-agency audit group TOR and methodology has been revised to ensure that a measurable audit tool is utilised as the evidenced based reference point from which themed reports are devised and circulated six weekly (September 2018). The findings and recommendations are reviewed and challenged by MSCB Learning Lessons Sub Group and contribute to a composite action plan. MSCB dataset has been reviewed and launched, and is being aligned with Medway Domestic Abuse Subgroup (MDAS) activity framework. Partners are now required to provide a narrative to the analysis to PMQA
9	Health providers do not have a collegiate approach in place to ensure effective performance monitoring of risks and outcomes.	Wider partnership does not benefit from learning from risks and outcomes monitored through health.	Michele Sault (MCCG)	Ensure wider partnership benefits from the learning of health providers effective performance monitoring of risks and outcomes. (September 2018) Establish clinical network meetings that meet regularly to share learning across health and wider partners. This group to feed into PMQA which reports 6 monthly to the MSCB executive. (October 2018)	An agreed Partnership Information Sharing Protocol has been reviewed by all Health partners and will be signed off at the MASH strategic board in November. This will strengthen the pathways to facilitate information being shared and enable timely and effective decision making within the MASH. (October 2018) A SPA within the community children’s health services provider and Health has been developed and teleconferencing facilities are now available to enable staff to participate in Strategy meetings if they are unable to attend. This has allowed for improved involvement from Health in regards to any safeguarding concerns. (September 2018). Health agencies are currently completing regular audits to review the quality of referrals into the MASH where they will be further discussed at the Performance Management and Quality Assurance (PMQA) Sub Group to allow for multi-agency scrutiny. Health colleagues also sit on a working group outside of the regular Performance Management and Quality Assurance Subgroup that looks at the quality and also the outcome of referrals, including signs of effective multi-agency working for the best outcomes for the child/ren. The revised Threshold Document is now clearly evident in health providers safeguarding training and staff are advised to attend the Safeguarding Children Boards multi-agency Threshold/Referrals training.
10	Information sharing across partnership not effective enough.	CRC no formal links with MASHHealth information systems are incompatibleOnline referral forms cannot be effectively tracked.Delays by LA is sharing info with partners.Collectively this means that partners are not always clear about children's current circumstances and cumulative impact is not capture.	Christine Impey (Medway Council) Emma Verchiolli (CRC) Kelly Cogger (Medway Council) Tina Hughes (NPS)	Improve the effectiveness of information sharing across the partnership by ensuring formal links are established between CRC and MASH, exploring the possibility that Health information systems are compatible, improved tracking of online referral forms and removing delays in sharing information by the LA with partners. (December 2018) Review the most effective way of putting alerts against any patient records in the Emergency Department at the Medway Maritime Hospital, where they have been discussed at MARAC and any actions have been identified. (February 2019)Medway Foundation Trust Hospital to establish a robust data collection and method for monitoring of DA cases notified / raised as a concern. (March 2019)	NPS Kent have a named Probation Officer acting as a virtual member of the MASH. This officer acts as the single point of contact and conduit between the MASH and NPS practitioners and is supported by the NPS Kent Safeguarding Team based at the Central Referral Unit (CRU) including a 0.5fte Safeguarding Probation Officer and a 1.0fte Safeguarding Case Administrator who have access to both Framework-I and NPS case record systems to allow for timely information sharing.

11	Strategy discussions are limiting.	Lack of direct health input. Lack of initiation from non-LA partners. Limits extent to which decisions are owned.	Kelly Cogger (Medway Council) Christine Impey (Medway Council) Michele Sault (MCCG)	Improve health input and increase initiation from non-LA partners to ensure strategic ownership of joint decisions and tighten governance arrangements. (December 2018)	A SPA within the community children's health services provider and Health has been developed and teleconferencing facilities are now available to enable staff to participate in Strategy meetings if they are unable to attend. This has allowed for improved involvement from Health in regards to any safeguarding concerns. Lessons and actions arising from the work will now also be reported to the Domestic Abuse and Sexual Violence Strategic Group which sits across Kent and Medway and across agencies. An agreed Partnership Information Sharing Protocol has been signed by all Health Agencies. This will strengthen the pathways to facilitate information being shared and enable timely and effective decision making within the MASH.
12	Health professional role within MASH is underdeveloped.	Role does not add value to improve outcomes.	Ida Bradford (Named Nurse, Safeguarding Children, Safeguarding Children Team) Kelly Cogger (Medway Council)	Fully integrate and develop the health professional role within the MASH to add value and improve outcomes. (October 2018)	The health professional is based with the team at MASH the majority of the time, with the rest of the time spent at MCH in order to be supported with the development of relevant knowledge and skills, provide support and mentoring from the team. The health professional shares MCH health information (health visitors, school nurses, children's therapy and specialist nursing) and is able to contact other health providers for information routinely. The health professional attends team meetings and group supervision, and daily meetings with the practice manager to inform of the outcome of MASH referrals. The health professional line manager attends the MASH strategic and operational group and is part of the MASH multi-agency audit and therefore, able to contribute and influence the development of the role. MCH continues to ensure partnership working with the LA and other partners to develop this role to its best potential.
13	Legacy problems with quality and availability of some community health records are limiting the capacity of the new provider (MCH)	MCH unable to provide a complete picture of the needs and experiences of children	Penny Giles (Safeguarding lead, MCH)	Ensure all records are up to date and electronically stored following full mobilisation of the contract (July 2018)	All children's records have been transferred to Medway Community Healthcare, and form part of the individual patient record. This single record provides relevant information relating to the child or young person's health, and can be viewed by all parts of the new integrated child health service to ensure that practitioners are able to see the most up-to-date record when providing care. In addition, records have been reviewed and children's reviews prioritised in accordance to presenting needs and clinical risk.
14	Recording systems in ED are weak.	Practitioners not routinely informed about victims and therefore cannot consistently assess vulnerability.	Michele Sault (MCCG)	Evaluate and strengthen recording systems in ED to enable practitioners to be routinely informed about victims to be able to consistently assess vulnerability. (December 2019) Review the most effective way of putting alerts against patient records in ED at the Medway Maritime Hospital, where they have been discussed at MARAC and any actions have been identified. (February 2019) MFT Hospital to establish a robust data collection and method for monitoring of DA cases notified / raised as a concern via MARAC (March 2019)	There is currently a review underway at Medway Maritime Hospital on the most effective way of putting alerts against any patient records in ED where they have been discussed at MARAC and any actions have been identified.

15	Transfer of case files for children's community health service.	Practitioners face a delay in being able to provide a continuous community health service to children, meaning a potential 'gap in service provision' and waiting lists.	Michele Sault (MCCG)	Improve transition and transfer of case files for children's community health service to enable continuity of service and promote smart working practices through referral pathways and information sharing. (November 2018)	The MASH Health post Job Description has been reviewed and an agreed Partnership Information Sharing Protocol has been signed by all Health Agencies. This will strengthen the pathways to facilitate information being shared and enable timely and effective decision making within the MASH. Improved MASH reporting will help identify if this is improving. (October 2018)
16	Turning Point generally not aware of risk assessments or safety plans in place for parents.	Cumulative risk not considered in treatment plans.	Aeilish Geldenhuys (Medway Council)	Improve pathways from Turning Point into MASH and Early Help (October 2018)	Family worker has been recruited, this will create better capacity within Turning Point to work with SC staff and ensure Turning Point are sighted on safety plans. Turning Point are a virtual MASH partner and will be upskilled on the workflow. (November 2018)
17	High turnover and vacancy rates in Local Authority.	High caseloads and workforce pressure. Children struggle to build trusting relationships.	Christine Impey (Medway Council) Kelly Cogger (Medway Council)	Address turnover and vacancy rates in LA and also reduce 'high' caseloads and workforce pressure, which reduces children's ability to build trusting relationships, and increasing recruitment to fill vacancies. (March 2019)	The LA is undertaking intensive recruitment activity with encouraging results. All roles are being advertised online with Community Care and Jobs Go Public. A target email has also been sent out by Community Care to promote the roles in Medway. Since June 2018, we have processed 26 offers of appointments, of which 20 will be starting between October-December 2018. This is a significant improvement compared to the period December 2017 – May 2018 when we appointed only 1 candidate. In October 2018, the percentage of the social work workforce that are agency has been almost halved to 20%
18	Impact of training not consistently measured.	Cannot assess if training is improving practice.	Kirstie King (MSCB)	Ensure the impact of training is consistently measured and create a format to assess how training is improving practice. Audits to be completed and 3 months post evaluations to measure the impact of training. (January 2019) MSCB to develop a system to better evaluate the impact of training (February 2019)	The MSCB competency framework is being reviewed and will be relaunched in January 2019. (September, 2018) MSCB Learning and Development sub group have developed and piloted a multi-agency learning passport which will support agencies to evidence how professional are meeting the competencies for safeguarding training. Pilot to be rolled out across all agencies once initial learnings have been embedded (October 2018)
19	Uptake of multiagency training is low by CRC.	Practitioners not benefiting from ma learning around DA.	Emma Verchiolli (CRC)	CRC to increase attendance at multi- agency training to benefit practitioners learning around DA. (November 2018)	The new multi-agency training on the MASH workflow has started and supports both in situ partners and virtual partners such as the CRC and NPS to better engage with the MASH. CRC and NPS are now represented at the Operational MASH board and training for virtual partners will be delivered. (December 2018).
20	Quality of assessments is variable.	Long wait between allocation and first SC visit; issues of diversity rarely considered within assessments Improved assessments would lead to better informed, child focussed plans.	Kelly Cogger (Medway Council)	Ensure consistency in quality of assessments to improve child focused plans and reduce waiting times between allocation and first SC visit. (September 2018) Improve performance reporting to support better monitoring, challenge and evaluation and to inform review of practice monthly across Children's Services. (November 2018).	The MASH Workflow will enable performance monitoring of all information requested and responded to by partners. This will ensure that where there is delay, this can be discussed and addressed at the Operational MASH board, which will meet monthly. (September 2018). Foundations of Practice training has been developed further and mandatory monthly training is now in place. There is greater emphasis on assessments within the training to ensure the child's and family's history is incorporated with a greater emphasis on the impact of diversity issues into decision making and analysis. Chronology, genograms and pre-birth assessments form part of first workshop. Training has also highlighted the need to triangulate professional information with parental self-reporting, to reduce overreliance on parental reporting. (November 2018)

21	Recording of SW supervision and management oversight variable in electronic records.	Managers cannot be confident critical decisions are given appropriate level of scrutiny and oversight to ensure work with children is progressing effectively.	Christine Impey (Medway Council) Kelly Cogger (Medway Council) Simon Plummer (MSCB)	Increase strategic management accountability and quality assurance protocols to improve consistent supervision recording and enable critical decisions can be made with confidence. (November 2018) MSCB to undertake audits to highlight areas of development and recommended action for partner agencies. These actions are to be reviewed and scrutinised by the Learning Lessons Subgroup, with further follow on audits to measure the impact of the actions and learning on practice. This activity will be reported to MSCB bi-annually for further review and challenge. (December 2018). Review and relaunch the MSCB competency framework. (January 2019).	Monthly Threshold Audits are being undertaken by the Quality Assurance team to ensure that threshold application is consistent, ensuring clear management oversight leading to decision making that is appropriate and timely. (September 2018). Quarterly multi-agency performance and quality audits of practice in the MASH are underway. This work is being overseen by the MASH Strategic Board and findings are reported to the next MSCB. (September 2018). We are working with our Partners in Practice to carry out informal peer reviews within Children's Services Directorate to ensure changes are embedded into practice.
22	Information from Police is often received too late to inform sentencing decisions.	Inappropriate sentencing issued by the courts leaving victims and children at risk	Tracy Anstis (Kent Police) Tina Hughes (NPS)	Police and Probation to review and explore where escalation is not occurring. Information regarding past offending will be included within an investigation and shared with the NPS accordingly (December 2018)	New computer system in Kent Police has gone live. NPS will now be able to directly access Kent Police systems for relevant information regarding past offending. NPS are now embedded within the CRU so any practice issues can be escalated accordingly. (November 2018)
23	Workforce recruitment and retention.	High Turnover of staff, pressure and resources to recruit and fill vacancies, and then induct and train staff.	Lisa Morgan (Medway Council)	Ensure investment in recruitment protocols and professional development of workforce, including training opportunities and clear promotional pathways. (January 2019)	Medway hosted a stand at Community Care Live 2018. Leads are now being followed through to encourage further applications. Further work is also being undertaken to promote Medway Council as an employer of choice. This includes engaging a marketing company to assist with Medway's branding, messaging and social media campaigns. Medway Council will also be hosting a stand at Compass, Birmingham. (March 2019).
24	Restructure within police to focus on vulnerability has not yet translated into consistent improvements in decision making and operational delivery, children's voice is missing.	Vulnerable children are left at risk.	Tracey Anstis (Kent Police)	Police Child and Young Person Manager to develop strategies to ensure improvements in decision making and increase focus on children's vulnerabilities. (December 2018)	Child Oversight Board is in operation and is embedded, it is functioning well with positive results.
25	Police processes within the CRU are not well integrated with the MASH.	Senior leaders are unable to ensure that all information about risk which requires referral is meaningfully assessed and shared in a timely way.	Tracey Anstis (Kent Police) Tina Hughes (NPS) Kelly Cogger (Medway Council)	Ensure that the named Probation Officer acting as the virtual link to the MASH attends the MASH Operational Group representing NPS Kent. (October 2018) Police DS to be based in the MASH. (November 2018)	The NPS Kent Safeguarding Case Administrator and virtual Probation Officer linked to the MASH collate all consultation and DAN information on a weekly basis. Data is already provided to the CRU Strategic Board and will be shared with the MASH Strategic Board.