

**Improvement Action Progress Report**

Council: Argyll and Bute Council

Service: Community care

Contact: Sandra Greer, Head of Service

1. Agreed improvement action from the 2000/01 PMP audit.	2. Agreed key milestone dates from the 2002/03 PMP Audit	3. Brief description of what the improvement was intended to achieve.	4. To what extent has the improvement action been implemented? Please describe and allocate a letter A-D as per exhibit 1.	5. Evidence that can be made available to the auditor to support the assessment.	6. Dates for further follow up work agreed with the auditor.	Progress as at 30 <sup>th</sup> June 2003.
1. Need for frontline staff to have a better understanding and application of Best Value.	Staff begin to develop an understanding of Best Value and how it applies to their work	Roll out Best Value workshops	Workshops delayed due to lack of staff resource. Intention to undertake alongside Commissioning Procedural Guidance training.  (B)	Quality Assurance Team – vacancies and Manager involved in Complaints, investigations by DMT.	October 2003	Delayed by staffing problems but should be completed on time.
2. Need for Community Care staff to understand the progress made in terms of the Best Value reviews so far.	Staff will understand better the Best Value approach and specifically when actions have been taken forward	Best Value achievement report will be widely disseminated. Managers will be urged to discuss it with staff at management and team meetings. It will be linked to the Best Value workshops.	Best Value Achievement Report Disseminated.  (A)	Minute of Management/ staff meetings.	N/A	

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3. Need for all Community Care staff to understand the range of initiatives happening at any time within community care	Staff will feel more comfortable about change, will feel part of developments and confident in their work with service users.	A public friendly newsletter will be prepared every 4/6 weeks and sent to every member of Community Care staff.	Newsletter – “Care Inform” - produced and distributed.  <b>(A)</b>	Copy of newsletter and Distribution List	N/A	
4. Need for more explicit link between local Service Centre plans within Best Value framework.	Service Centres to have business plans which take a Best Value approach.	Service Centres will be required to produce annual business plans and to have them reviewed.	2 of 4 Service Centre Plans drafted 2002/03. Remaining 2 will be rolled out 2003/04.  <b>(B)</b>	Copies of Plans available.	December 2003	A working template being reviewed at moment, should be completed in time.
5. Need to develop framework to improve links between Service Centres, Service Officers and Planners.	All sections of the department to work more co-operatively and creatively together.	Examine structures and arrangements for producing Service Plans.	This will be reviewed as part of the Council restructuring exercise.  <b>(B)</b>		February 2004	Ongoing.

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6. Need for senior management to be more visible and explicit in relation to the Community Care strategy and overall approach to the service.	Staff have opportunities to met with senior managers and understand the strategic direction of the service.	Involvement in agreeing business plans will provide opportunities for senior management to describe the strategy and approach directly to staff.	Head of Service meets quarterly with: <ul style="list-style-type: none"> <li>• Unit Managers – Learning Disability/Residential</li> <li>• Home Help Organisers</li> <li>• Occupational Therapists</li> <li>• Community Care Managers</li> <li>• Service Officers and Quality Assurance Manager</li> <li>• Learning Disability Redesign Days.</li> <li>• Managers Meetings (Health &amp; Social Work)</li> </ul> Development Days x 4(A)	Agenda and minutes of meetings.	N/A	
7. Need to ensure that consultation exercises link directly as possible to Best Value Review recommendations.	Clear evidence in Best Value reviews of the impact of consultation.	Forthcoming Best Value Reviews to include an analysis of the link between consultation and recommendations within the report.	No Community Care Best Value reviews carried out within 2002. The Council adopted a thematic approach e.g. Knowledge Management and partnership Working Reviews were carried out.  (A)		N/A	

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8. Need to develop benchmarking of consultation costs.	At present consultation costs are absorbed within the department and not separately costed.	Implement the corporate approach to consultation exercises fully within the department. Set up benchmarking framework.	Consultation exercises costed. (A) No benchmarking undertaken. (Distinct geographical area not exactly comparable).  (D)		N/A	
9. Need to have action/ implementation plans following on from Best Value reviews.	All Best Value Reviews will have an action plan with detailed targets/ timescales, and review processes will be explicitly stated.	Best Value Achievement Report summarises progress and action plans will be developed for further action from the report.	Action Plans in place.  (A)	Plans available. Monitored through Best Value Implementation Group.	N/A	
10. Need to have monitoring system in place to check progress of Best Value Reviews	Regular and systematic monitoring of Best Value review action plans	Quarterly monitoring at Departmental Management Team level to be in place	Housing and Social Work Best Value implementation group monitor and presentation to DMT bi-annually.  (A)		N/A	

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11. Service Plan to be disseminated to all Community Care staff throughout the Department.	All staff will have an improved understanding of the direction of the service and the specific targets and outcomes expected.	Newsletters as above will help. A summary in easily readable form of the Service Plan to be provided to all staff. Local workshops to be set up routinely to discuss the Service Plan in progress.	On agenda for SWMT for wide cascading of information. Discussed at Community Care Meeting.  <b>(B)</b>		December 2003 (provisional)	Ongoing.
12. Need for staff to understand the plan.	As above.	As above.	Discussed with Managers. Service Officers had input to them. <b>(B)</b>		December 2003 (provisional)	Ongoing.
13. Need to have public/staff friendly summaries of plan	As above.	As above.	Shorter, user friendly service plan in place. Revised this year.  <b>(A)</b>	Copy of Service Plan	N/A	

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14. Need for Service Centre business plans to link to the Service Plan.	There will be Service Centre business plans flowing from the Service Plan.	As above.	Shorter, user friendly service plan in place. Revised this year.  <b>(B)</b>	HQ Community Care PDR training objectives – collated. Supervision notes available.	<b>LINK TO POINT 4</b>	
15. Need to improve staff supervision and the number of staff who have an up to date PDR.	Staff will feel safer and better supported and will have an opportunity annually to review their progress and needs linked to the direction of the service.	Service Centres Managers and Heads of Service to be charged with ensuring that supervision arrangements are in place for all staff. They will also audit the number of staff receiving PDRs and increase the number of staff with a current PDR.	HQ Community Care PDRs undertaken. Supervision undertaken 4-6 weekly. Annual report on agenda for SWMT February 2003 for completion June.  <b>(B)</b>	Supervision Notes. Diaried dates.	June 2003	Completed
16. Need to have an annually updated training plan	There will be an annual training plan linked to PDR, departmental priorities and external imperatives.	The Training Board will produce a training plan for implementation from next year.	Training Strategy and Plan produced.  <b>(A)</b>	Strategy and Plan available.	N/A	

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17. Need to have a comprehensive asset management document outlining policy and procedure as well as monitoring arrangements.	Policy and procedure in place.	Corporate working group to be set up to produce document.	<b>(D)</b>		N/A	
18. Need to have user friendly budget monitoring information.	Managers at all levels will easily recognise their budget position and areas of concern	Review of format of budget information given to budget Managers	Basic format determined by Council <ul style="list-style-type: none"> <li>• Budget monitoring</li> <li>• Delayed Discharge process</li> </ul> <b>(A)</b>		N/A	
19. Service Centre business plans need to develop local performance measurement criteria.	Service Centre business plans will have measurement criteria in place which is in addition to the departmental requirements.	Assistance will be given by Planning and Service Officers to Service Centres to develop local performance measurements.	This will be further developed 2003/04 when all four plans are finalised.  <b>(B)</b>		February 2004	Ongoing.

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20. Need for PDR and supervision to support continuous improvement at service delivery level.	Comprehensive and consistent use of supervision scheme already in place.	As above (15)	As above (15) Being reviewed. <b>(B)</b>		June 2003	Some minor training issues outstanding, however everything else OK
21. Need to implement the Council's PMP framework in relation to performance reporting	Systematic (i.e. quarterly) reporting at all levels within the Department in relation to performance information.	The PMP framework will be introduced.	Report on Performance Indicators submitted for consideration to DMT quarterly, Service by Service. <b>(A)</b>	Minute and Quarterly report.	N/A	
22. Need to have a range of information leaflets for the public and staff in relation to Best Value Reviews and proposed action.	Regular user friendly information.	As above.	Not achieved as yet. <b>(B)</b>		February 2004	Ongoing.

Note:

- \* Gradings are explained in Exhibit 1, which is included on page 17 at the end of the IAPR.

**Exhibit 1: Extent of action implementation**

<p><b>A</b> – The council manager can demonstrate that implementation has progressed as planned in the original improvement action template i.e. action complete or planned milestones met and on target.</p>	<p><b>C</b> – Progress is less than intended in the original improvement action template. The council manager cannot demonstrate they have plans in place to complete the action.</p>
<p><b>B</b> – Progress is less than intended in the original improvement action template. The council manager can demonstrate they have plans in place to complete the action.</p>	<p><b>D</b> – The council no longer intend implementing the original improvement action. Reasons should be given for not implementing the original action.</p>