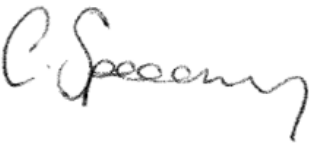
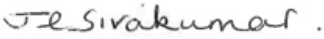



Multi-agency response to identification of initial need and risk in Barnsley

Local Area Written Statement of Action (WSA)

This written statement of action has been approved by the statutory partners and is led by Barnsley MBC, Barnsley Place Integrated Care Board and South Yorkshire Police:		
		
Carly Speechley Executive Director of Children's Services Barnsley Metropolitan Borough Council (BMBC)	Jayne Sivakumar Chief Nurse Barnsley Place Integrated Care Board	Simon Wanless Chief Superintendent District Commander South Yorkshire Police (SYP)

Introduction

The Barnsley Safeguarding Children Partnership has developed this joint action plan in response to the joint targeted area inspection of the multiagency response to the identification of initial need and risk, in May 2022.

The JTAI findings acknowledged the changes in Executive partners that had taken place in the months prior to the joint inspection. Change has continued with the arrival of the new Executive Director of Childrens Services in July and the departure of the Police Executive Partner. His successor joined the Partnership in early September. Whilst these recent changes have affected pace in terms of the restructuring of the Partnership we continue to move forward with commitment and ambition and have refreshed our structure to better deliver our priorities. The Independent Scrutineer has brought challenge and rigour to our safeguarding arrangements, drawing on external and internal reviews and inspections as well as audit and scrutiny that is part of the BSCP's quality assurance.

Partnership Governance

The Partnership structure has been reviewed to give clear lines of reporting for escalations and oversight. Work is carried out through priority workplans based in subgroups, which have representation from Police, Health, and Children Social Care, Early Help Education/SEND, Housing, Probation and South Yorkshire Fire & Rescue. The new Strategic MASH group is a monthly meeting to challenge and assure the work of the Operational MASH group for 'Front Door' services. Scrutiny and quality assurance is provided by the Assurance and Scrutiny (silver) Group which is a quarterly cycle. Oversight through exception reports and escalations will be provided by the Executive Group's scheduled monthly meetings.

All health providers/Trusts, South Yorkshire Police and Barnsley Metropolitan Borough Council have established mechanisms for safeguarding governance and assurance for single agency plans.

The Local Safeguarding Children Partnership will bring joint accountability and challenge to this action plan through monthly Executive and Strategic MASH meetings to ensure timely delivery.

RAG Rating System

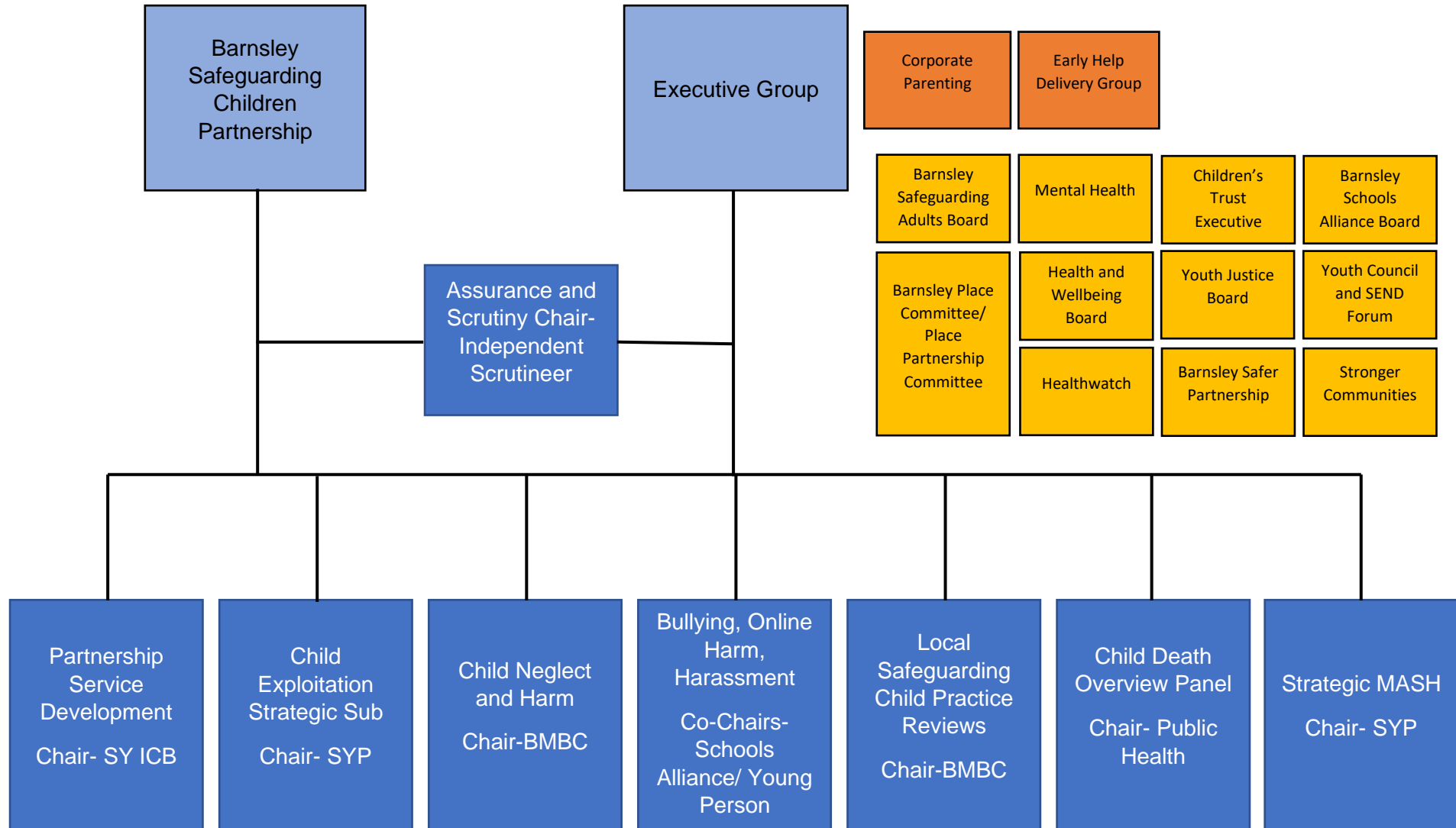
At risk	There is a risk that this action will not be completed and requires escalation to strategic oversight. A plan to mitigate risks must be implemented.	
Vulnerable	The action looks unlikely to be achieved on time which may have implications on improvements. This requires escalation to strategic oversight.	
On track	The action is on track for completion. No issues requiring escalation.	
Deferred	The action may need to be deferred due to unforeseen circumstances. Does not require escalation as mitigation is in place.	

Responsible Partners

Partners involved in delivery of the WSA, are included below. The roles outlined in grey comprise the accountable leads at the organisation level of Barnsley Metropolitan Borough Council, Barnsley Integrated Care Board South Yorkshire, South Yorkshire Police.

Role	Abbreviation	Organisation
Executive Director Children's Services	EDCS	BMBC: Children's Services Directorate
ICB Chief Nurse (Barnsley)	CN ICB	South Yorkshire Integrated Care Board (Barnsley)
Chief Superintendent	Ch Supt	South Yorkshire Police
Detective Chief Inspector	DCI SYP	South Yorkshire Police
Service Director Children's Social Care & Safeguarding	SD CSC	BMBC: Children's Services Directorate
Service Director Education, Early Start and Prevention	SD ESIP	BMBC: Children's Services Directorate
Head of Safeguarding (ICB Barnsley)	HS SY ICB	South Yorkshire Integrated Care Board (Barnsley)
Head of Service Safeguarding and Quality Assurance	HoS QA	BMBC: Children's Services Directorate
Head of Service Early Start Prevention and Sufficiency	HoS Early Help	BMBC: Children's Services Directorate
Head of Service Children and Family Services	HoS Front Door	BMBC: Children's Services Directorate
Head of Service: Educations and Partnerships	HoS EP	BMBC: Children's Services Directorate
Service Manager Youth Justice Team	SM YJT	BMBC: Children's Services Directorate

Our Governance Structure & Reporting System



JTAI Improvement Plan: written statement of action (WSA)						
Priority 1	Actions (What we will do)	LSP Lead	Action Lead Officer	Timescale	Progress (What steps have we taken so far)	RAG
The quality and consistency of all agencies gathering, recording, and responding to the expressed wishes and feelings of children with whom they work.	Main Findings The gathering, recording, and acting on the voice of the child are too variable, from individuals, single agencies and across the multi-agency partnership workforce. This means that not all children's views are being heard or their lived experiences fully understood by professionals.					
	To achieve consistency all agencies will implement necessary steps to ensure correct resources are in place to enable practitioners to seek and respond to the expressed wishes of children with whom they work.	EDCS CN ICB Ch Supt	HoS QA DCI SYP HS SY ICB HoS Early Help	30/11/2022	<p>All LSCP Multiagency audits include the voice of the child as a key line of enquiry from July 22. Review underway of current multiagency audit tool to ensure it specifically includes gathering, recording, and acting on the voice of child Sept 22.</p> <p>Children's Social Care Practice Standards are in development, first draft complete Sept 22. Audit tools strengthened in July 22 to better evidence gathering, recording, and acting on the voice of the child, to ensure consistency is being achieved. Social work capacity reviewed through workforce development task and finish group, established June 22, and a Workforce Development Action Plan developed in Aug 22. Increased agency staffing (currently 19, in Sept 22 across services) leading to a reduction of caseloads in the front door that is supporting practitioners to spend more time with children. Back to basics training workshops to include voice of the child being developed and implemented Sept 22. External scrutiny through independent review of children's social care commissioned and underway Aug to Nov 22.</p> <p>Relevant Police policies and procedures document capture of the voice of the child. It is currently governed through business intelligence performance in local and force wide governance. Force Wide CHILD MATTERS training of front-line officers, staff and partners Focuses on recognising and identifying neglect and the impact of domestic abuse. Focuses on child voice and the impact of trauma. Introduces the new Child Concern form which incorporates the SHARRD tool for assessment. The Quality Assurance Accreditation Team (QAAT) conducts Quality Assurance Thematic Testing – force wide audit of PVP and DA investigations specifically captures Voice of the child and enhanced Victims Code of Practice. Governance Investigative process – QAAT reviews by senior colleagues. Has 4 sections; victim element has to record VoC.</p> <p>The LSCP PPWPD subgroup has asked all agencies to review policies and procedures to ensure they support practitioners in seeking and responding to the expressed wishes of children and young people and provide assurance back to the November 2022 subgroup meeting.</p>	

JTAI Improvement Plan: written statement of action (WSA)						
Priority 2	Actions (What we will do)	LSP Lead	Action Lead Officer	Timescale	Progress (What steps have we taken so far)	RAG
The quality of referrals to the multi-agency safeguarding hub (MASH), including the timeliness of those from general practitioners (GP's).	Main Findings Multi-agency referrals vary in quality, detail, and analysis. This means that MASH practitioners often need to seek further clarification or do more research to fully understand the concerns. For a small number of children, SW's do not seek this additional information from referrers, contributing to the delay in the decision. A number of health professionals reported that GP's do not refer concerns for children to the MASH at the earliest opportunity. Risks identified are too often passed to other health professionals to respond to and refer on to MASH, should they decide to do so. This means that some children will experience delay in having risk to them assessed in a timely way.					
	Multiagency partners to embed the operational guidance in relation to the safeguarding hub (MASH) to better enable our multiagency practitioners, including GP's to consistently make good quality, timely referrals.	EDCS CN ICB Ch Supt	HoS Front Door DCI SYP HS SY ICB	30/11/2022	<p>Review of the MASH referral template in progress Sept 22. Audit programme updated to include quality assurance of MASH referrals July 22. Screening guidance updated and distributed Sept 22 which includes feedback to professionals making referrals. Progressing plans to ensure referrals are informed by an early help assessment by Mar 23. MASH operational guide shared with partners Sept 22. Review underway in MASH to identify training needs and supporting good examples Nov 22. Implement multiagency training for MASH practitioners specifically focused on better equipping staff to quality assure referrals Nov 22.</p> <p>The LSCP multiagency auditing schedule updated in Aug 22 to include an audit of referral quality.</p>	

				<p>These findings and operational guidance are shared with GPs to remind them of the need for timely referrals. Findings initially shared following the Inspection, again in August 22 and shared again at the Primary Care safeguarding forum early September 2022.</p> <p>Police attendance at Child Concern incidents is monitored on a daily basis through Force and local Daily Management meetings to ensure a timely response and therefore prompt submission of any referrals. All referrals are triaged by MASH supervisory staff. Any deficient ones are highlighted directly back to the submitting officer. Central Governance team conduct regular audits of referrals to ensure quality and consistency.</p> <p>A national Force-wide PVP Review is taking place to look at resourcing and structures within the Police arm of the MASH. It is expected that this will mean Police will take a more active role in initial joint screening. The Review outcomes are planned for implementation in March 2023</p>	
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JTAI Improvement Plan: written statement of action (WSA)						
Priority 3	Actions – (What we will do)	LSP Lead	Action Lead Officer	Timescale	Progress (What steps have we taken so far)	RAG
The timeliness of the local authority sharing information with partner agencies, including the outcome of referrals and the minutes of child protection strategy meetings.	Main Findings SW's do not always inform all safeguarding partners of the outcome of their referrals. This means that professionals are too often required to chase the MASH staff for a response or might not be in receipt of important information that could inform their response with those children and families,					
	The agreed actions from strategy meetings are too often generic and do not address all of the information shared at the meeting. Children's social care professionals do not share the minutes of strategy meetings in a timely manner. This means that professionals rely on their own written records without the benefit of accessing the multi-agency agreed account of the meeting.					
	Children's social care to ensure information sharing is timely and effective and in particular strategy minutes and referral outcomes leading to a reduction in delay that supports partner agencies to have the right information at the right time.	EDCS	HoS Front Door	30/11/2022	Children's Social Care updated systems in place from Aug 22 with business support to ensure that action plans are shared immediately following strategy meetings. Operational guide for the MASH reviewed, updated, and shared with partners Sept 22. Practice standards developed and in draft Sept 22 to support improved timeliness of information sharing – next steps to agree how the practice standards are to be launched in Nov 22 and implemented to maximise practice improvement. Continuing to investigate options with new ICS system (Mosaic) to capture effective and timely information sharing with partners. Work underway with business intelligence colleagues to develop performance data that will support tracking in relation to timely decision making in the MASH overseen by the MASH Strategic group Nov 22.	
	All partner agencies will ensure that all practitioners have the necessary training which supports SMART action planning	EDCS	HoS QA	31/12/2022	SMART planning workshops delivered Childrens' Social Care in Sept 22. The LSCP PPWPD subgroup has reviewed all multiagency courses to ensure that where relevant, SMART principles are applied to strategy meeting processes and their preparation Additional workshops for multiagency practitioners developed in August 22 and launch planned Dec 22.	
	Main Findings The BSCP escalation policy is not used effectively. Strong professional working relationships in Barnsley often lead to informal conversations outside the agreed policy. This means there is a lack of transparency and recording of decisions made in relation to the safeguarding of children and young people.					
Relaunch the escalation policy across the partnership to ensure there is transparency of professional conversations and outcomes where there is disagreements about decision making for children and young people. This informs future best practice.	EDCS CN ICB Ch Supt	HoS QA DCI SYP HS SY ICB	30/11/2022	The LSCP and PPWPD subgroup reviewed the escalation policy and relaunched in July 22. This included an Easy Read version and the escalation form is now an online version for ease of access. The relaunch has been assured by the Performance and Quality Assurance subgroup and it has been promoted at the BSCP meeting in September 22. The Executive Group has oversight of escalations as part of its' standing items from September 22. Learning and best practice from escalations is taken into our learning cycle. Usage of the escalation policy is tracked and reported to BSCP meetings Sept 22. Adult Social Care has adopted the BSCP escalation policy Sept 22.		

Main Findings Although there is an education representative in the MASH, the effectiveness of this role is restricted because it provides limited information. The education representative's role does not require them to contribute to decision making for children.					
Representation of the MASH to be reviewed to include the Education input to ensure that all key agencies in children's lives share information and contribute to decision making in a timely way.	EDCS	HoS Front Door HoS Education DCI SYP HS SY ICB	31/12/2022	Colleagues in early help and health looking at system for how information is shared with GP's Dec 22. Education representative in the MASH has access to school information and is able to share with other practitioners June 22. Role and remit of the education representative in the MASH being revised with implementation set for Dec 22. Probation service has introduced a SPOC as MASH contact for checks and concerns for action May 22. Working towards co-locating SPOC in the MASH Dec 22.	
Main Findings For a small number of children, some key specialist agencies are not always invited to, or do not always attend, strategy meetings. This means that decisions are made without this potentially essential information being shared about the child.					
Key partner agencies will ensure that all specialist agencies attend strategy meetings where they are invited to attend and will hold to account non-attendance.	EDCS	HoS Front Door	31/12/2022	Team managers escalate non-attendance at Strategy Meetings June 22. MASH operational procedures set out agencies to be consulted and considered when seeking to gather information Sept 22. Stronger links being built with partners, health, and probation, support better information sharing June 22. Auditing schedule updated to ensure specialist agencies attendance at strategy meeting Dec 22.	

JTAI Improvement Plan: written statement of action (WSA)						
Priority 4	Actions – (What we will do)	LSP Lead	Action Lead Officer	Timescale	Progress (What steps have we taken so far)	RAG
Main Findings For a small number of children, decisions to step down to early help are overly optimistic regarding the sustainability of parental change and would be managed more effectively through statutory child in need intervention.						
The consistent application of thresholds for children stepping down to early help services	Thresholds to be reviewed and revised and the refreshed thresholds to be embedded across the multi-agency partnership to ensure application of thresholds is consistent and children get the right level of support at the right time.	EDCS	HoS Early Help HoS Front Door	31/01/2023	LSCP multiagency workshops scheduled in Nov 22 to review threshold document. PPWPD subgroup will promote once reviewed and embed in training February 2023	
	Step down protocol strengthened to include updated recommended practice delivered through training that ensures shared understanding and responsibilities amongst multi agency professionals.	EDCS	HoS Early Help HoS Front Door	30/11/2022	Step down protocol being strengthened with a focus on naming lead professional and formal step-down process being undertaken at the point of exit from social care Nov 22. Single and multiagency audits being scheduled post implementation to quality assure plans are SMART and jointly owned Nov 22. The outcomes of multiagency audits will be reviewed to evaluate training implementation in February 2023.	
Main Findings Workload demands for individual professionals across the partnership affect their capacity to consistently provide the right help at the right time. The variability in the quality and regularity of supervision affects how professionals progress their interventions to improve children's outcomes. It is of concern that a decision to reopen or change the direction of the planned intervention was identified for more than half the children of the sample. This means that the partnership cannot be wholly confident about the level of effective single agency management oversight and decision-making to safeguard all children.						

	<p>All partner agencies to ensure there is sufficient capacity within their service areas to ensure appropriate resource to enable the delivery of good outcomes for children and their families.</p>	<p>EDCS CN ICB Ch Supt</p>	<p>HoS QA DCI SYP HS SY ICB HoS Early Help</p>	<p>31/03/2023</p>	<p>Children's Social Care have established a workforce development group which will develop strategies to tackle workforce demand in June 22. Developed a workforce action plan to support recruitment and retention in Aug 22. Relunched the recruitment campaign in September 22 with an enhanced offer in CSC to support recruitment. Developed new microsite to attract interest in working for Barnsley completed Sept 22. Undertaking a benchmarking exercise to support the development of retention offer to children's social workers Jan 23. Increased offer of student placement in this cohort completed Sept 22. Developing additional supervisory support for ASYE's in CSC through recruitment of an AP in Practice Development Team, underway Sept 22. Developing APs to allow for reduced caseloads to support specialisms and promote learning in teams with AP support group in place Sept 22. Employment of agency staff to support capacity and reduce caseloads to promote a supportive operating environment for practitioners (19 agency in place Sept 22). Recruitment of agency managers to reduce span of control of team managers to support reflective decision making and critical thinking completed in front door service Aug 22 progressing in CYPT Sept 22. Enhanced and improved the training and development offer, to include a rolling programme of workshops to promote learning in CSC Sept 22. Developing induction for all new social work staff and reviewing progression framework underway Oct 22. Social work practice model under review to support consistency of practice Nov 22.</p> <p>Management decision making continues to be a key line of enquiry in all CSC audits Sept 22. An increase to monthly CSC full case file audits commenced June 22. Further CSC single agency audits with a focus on the front door scheduled for Oct 22, Nov 22, and Feb 23. Moderation for CSC audits is HoS led and commenced Aug 22.</p> <p>In Policing, capacity and capability of Local Referral Unit and Protected Vulnerable People Teams to be subject to ongoing scrutiny. Overall capacity and capability are subject to a Strategic Protected Vulnerable People Review, expected to bring proposals in the Autumn 22. PVP remains on the Force risk register. Documents track professional qualifications and training of staff Individual workloads of officers are tracked through PVP PAG monthly performance document.</p> <p>Like many agencies, Health have and are experiencing issues around staffing and recruiting to vacancies and joint work is taking place with social care to look at recruitment and promotions of careers in the NHS and social care sectors. Safeguarding professionals are in place in all health agencies to support and advise staff and act as a point of escalation.</p>	
	<p>All multi agencies to ensure that managers delivering supervision have the tools and capacity required to ensure good reflective supervision is delivered which supports good consistency safe decision making for children</p>	<p>EDCS CN ICB Ch Supt</p>	<p>HoS QA DCI SYP HS SY ICB</p>	<p>31/03/2023</p>	<p>Children's Social Care Supervision Policy has a relaunch planned for November 2022 to ensure that the managers and social workers understand their roles and responsibilities. Continuing to track the quality of supervision through monthly case file audit cycle – monthly from Sept 22. Planning to deliver training for children's social workers and managers around reflective supervision to support quality Dec 22. Increased tracking and monitoring of the frequency of supervision to children's social workers through data performance reporting system Sept 22.</p> <p>Police Force wide recruitment strategy including detective/Investigating Officer pathways to increase training and staff numbers is part of 5-year plan. Recruitment of detective resources, who staff child protection departments, is a national issue, with a shortage of Detectives and in PVP, in particular, are deemed hard to fill posts. The national strategy has led to the development of a number of different pipelines to recruitment that involve fast tracked and direct entry into the Detective realm. It is the requirement of our professional body that before officers can be specially trained in the investigation of child abuse that they must have their basic Detective qualification first. The force has a national programme of funding to uplift police numbers. The movement and training of that uplift into the Detective and then child protection world, is subject to short-, medium- and long-term strategic resource planning.</p> <p>All health agencies have supervision policies in place and processes to ensure relevant staff groups receive/access supervision. This is routinely reviewed through internal governance structures.</p> <p>All health agencies have in place safeguarding leads to support staff to undertake their safeguarding roles and responsibilities and provide adhoc supervision and advice/support as required.</p>	

JTAI Improvement Plan: written statement of action (WSA)						
Priority 5	Actions – (What we will do)	LSP Lead	Action Lead Officer	Timescale	Progress (What steps have we taken so far)	RAG
The provision of an appropriate adult when children are arrested by the police.	Main Findings The provision of an appropriate adult for children arrested in Barnsley is ineffective. Out of hours, the appropriate adult service relies on volunteers who do not attend to police station to advocate for children unless to do so would expedite their release from custody. This means that children detained during those hours do not receive the appropriate support.					
	Develop and implement a robust and fit for purpose out of hours provision of appropriate adult service for children arrested.	EDCS	SM YJT	30/06/2023	The Youth Justice Service commissions the Appropriate Adult Service and has commenced immediate negotiations with contract owners to provide sufficient appropriate adult service June 22 by variation to contract. Review of Appropriate Adult Service to children is in progress with outcome set for Jan 23. Existing contract being challenged via Sheffield City Council, with a view to implementing an interim amendment by Oct 22. Retender exercise scheduled to commence in Jan 23 with a new service provision implemented by Jun 23.	

JTAI Improvement Plan: written statement of action (WSA)						
Priority 6	Actions – (What we will do)	LSP Lead	Action Lead Officer	Timescale	Progress (What steps have we taken so far)	RAG
The timeliness of the police response to all incidents when there is an identified risk to children.	Main Findings Some children are not seen quickly enough when there is a reported police incident and there is an identified risk to children. The delayed response from police officers has left these children at potential risk of harm.					
	Evidence that all incidents are risk assessed and appropriate priority given to those where there is a risk to a child identified.	Ch Supt	DCI SYP	31/12/2022	Police will evidence that all incidents are risk assessed and appropriate priority given to those where there is a risk to a child identified Dec 22. All incidents are subject to a THRIVE assessment at the point of receipt and at intervals, including where deployment is delayed, or the incident remains unresolved. DA and Child Concern incidents are flagged and identifiable. Outstanding DA and CC incidents are addressed at local and force daily management meetings Dec 22	
	Main Findings Police officers take appropriate immediate action to safeguard children living in neglectful homes. For a small number of children, this could be better planned with social workers, prior to police protection powers being used.					
	Training/policy and objectives at a District level to increase the awareness understanding of prioritising the incidents and recording reasons for a delay.	Ch Supt	DCI SYP	31/12/2022	Police Training/policy and objectives at a District level to increase the awareness understanding of prioritising the incidents and recording reasons for a delay. On the current agenda for one to ones with District supervisors and will be addressed at quarterly Sergeants Away Days and bespoke training days.	

JTAI Improvement Plan: written statement of action (WSA)						
Priority 7	Actions – (What we will do)	LSP Lead	Action Lead Officer	Timescale	Progress (What steps have we taken so far)	RAG
The availability of and the quality of the emergency duty team's	Main Findings The structure and function of EDT mean that it does not routinely provide partners or children with an effective response to meet the safeguarding needs of all children outside normal office hours. This means that some children do not receive the timeliest response to safeguarding concerns.					
	Implement a revised children's specialist service delivery model as an extension of an out of hours front door service.	EDCS	HoS Front Door	30/04/2023	Children's Social Care have completed an EDT review with new model to be implemented April 23. Review planned for in 3 months following launch July 23. Revised children's specialist service delivery model as an extension of an out of hours front door service is in development April 23.	

(EDT) response to children and partner agencies.	Police will document all interactions with EDT and escalate any concerns to the Local Authority and provide feedback to improve service delivery.	Ch Supt	DI SYP	31/12/2022	Police process in development to support feedback to local authority of interactions with EDT, in place by Dec 22. The Escalation policy will be applied for all areas of professional disagreement with findings shared to ensure continuous improvement.	
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JTAI Improvement Plan: written statement of action (WSA)						
Additional Main Findings	Actions – (What we will do)	LSP Lead	Action Lead Officer	Timescale	Progress (What steps have we taken so far)	RA G
Main Findings The BSCP has recently experienced changes to all its executive partners. This has resulted in some delay in agreeing future priorities. Partners have started to make progress. For example, they have increased the frequency of meetings, created a MASH operational and strategic group, and are reviewing the performance data that the partnership receives. However, the pace of change has not always been sufficient to have a positive impact on improving children's lives.						
	Executive partners to agree a partnership improvement and performance framework and strategy that sets out and tracks priorities	EDCS CN ICB Ch Supt	SD CSC DI SYP HoS ICB	31/12/2022	The LSCP has invited National Safeguarding Partnerships Facilitators to work with us to build an effective partnership, help us gain some traction and pace Sept 22. Meeting due November 22. Continue to utilise the advice and critical challenge of the independent scrutineer Sept 22. Work has started in the Strategic MASH to build a performance framework to count what matters and measure outcomes Sept 22.	
	MASH operational and strategic groups to implement a fit for purpose service delivery performance scorecard	EDCS CN ICB Ch Supt	SD CSC DI SYP HoS ICB	31/12/2022	MASH operational and strategic groups now oversee delivery of required actions to achieve improvement. Task and finish group commenced to develop scorecard development Sept 22. Business Intelligence colleagues with colleagues across the partnership to progress scorecard development, which is experiencing some delay due to Mosaic implementation Nov 22.	
Main Findings The BSCP has a broad core membership, and this means that a range of professionals offer their knowledge and experience of front door services for children and contribute to forward planning. However, the private, voluntary, and independent education providers are not currently represented on the BSCP.						
	Membership to be reviewed to consider how private, voluntary, and independent education providers can be represented in the BSCP	EDCS CN ICB Ch Supt	HoS Education HoS QA	31/12/22	Executive partners to review representation of BSCP Nov 22	
Main Findings The commissioning of child safeguarding practice reviews does not always provide partners with all the information they need to implement learning from significant incidents.						
	Safeguarding practice review actions are SMART identifying learning that can be measured to ensure they lead to improved practice and better outcomes children	EDCS CN ICB Ch Supt	HoS QA	31/03/2022	With the support and challenge from the IS the LCSPR subgroup revisited the two latest practice reviews and a rapid review to ensure all learning has been captured in previous action plans and produced clear actions to support practice improvement going forward Aug 22.	