

2008

Jun-08

Children And Young People's Trust

Performance Improvement Report - 4th Quarter (Jan to Mar 2008).

Performance Improvement Report

Contents

Introduction	2
Activity Levels: Early Intervention and Prevention	3
Performance Indicators: Exception Reports	5
Service Management	11

Introduction:

This is the Quarter 4 (January to March 2008) Performance improvement Report (PIR) and includes the Service Management section omitted last quarter in order to reduce the amount of data being presented to the Board.

The purpose of the Service Management section is to provide the Board with an overview of key issues relating to the governance of integrated children's services. The section has 4 interconnected parts: Risk Management; Value for Money; Workforce; and Equalities.

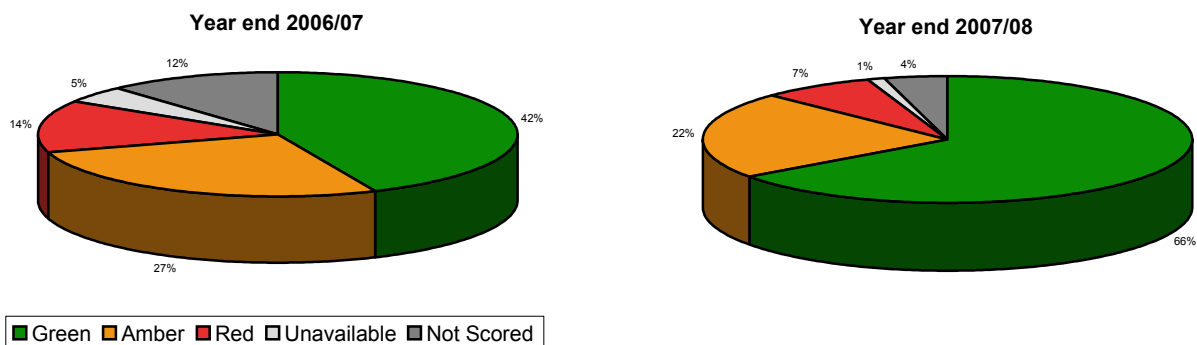
The final section, Development Priorities is not included this quarter because we are reviewing the CYPT planning framework in light of the Local Area Agreement, the Council's Corporate Plan and preparations for re-writing the Children and Young People's Plan (CYPP) including completion of the Joint Strategic Needs Analysis (JSNA).

Summary of overall performance

Caution must be exercised when comparing the two end of year summaries as some indicators have been removed, either to reflect changes to national performance frameworks or because it has not proved possible to collect reliable data as anticipated when we wrote the original CYPP. Nevertheless, the proportion of positive results continues to improve with more than 60% flagging as green and just over 8% flagging as red at the end of 2007/8, compared to 46% and 14% respectively at the end of 2006/7.

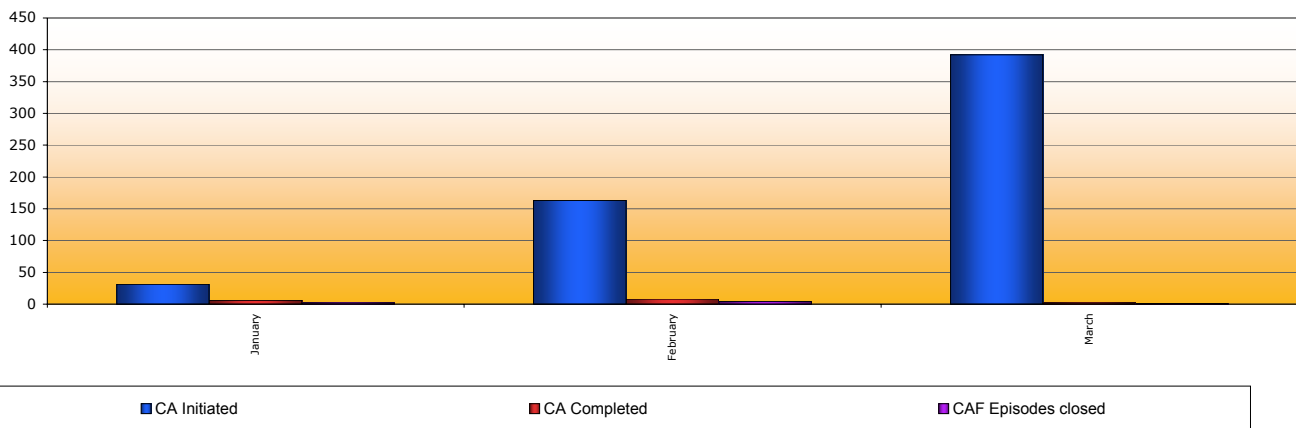
Key service areas continue persistently to under-perform against national and local targets, and that is the rationale for the exception reports in this document.

A full report on the CYPP success criteria is attached as an annex. It is envisaged that this will be the last CYPP performance report presented in this way, and that reporting for the next plan will build on the PIR model and reflect national policy to reduce inspection and reporting across the public sector.



Activity Levels

Number of Assessments completed using the Common Assessment Framework



Summary:

A revised CAF implementation programme was launched in November 2007. Although the December target of 50 CAF initiations was not met performance since then has exceeded expectations.

We are reporting on three areas of activity:

- Initiations: children or families where parents or professionals have identified concerns which require assessment
- Completions: where the CAF Action Plan has been completed by the Lead Professional with the parent/professional network
- Closed Episodes: where the outcomes identified in the Action Plan have been achieved, or where referral has been made to enhanced or specialist services

The majority of CAFs have been initiated by under-fives services, which reflects the first stage of the implementation plan. Some CAFs have been completed by other services including the Young Carers Assessment Pilot.

The rate and pattern of initiations, completions and closures has not yet stabilised and we will not be in a position to predict trends or set targets until the programme has been rolled out across the CYPT partnership.

Issues:

Introducing and embedding the CAF approach into the organisational structure and processes of the CYPT partnership is a significant challenge. It is a key organisational change driver supporting the shift to prevention, early identification and intervention and the delivery of integrated front line services in partnership with parents and carers.

The implementation programme is addressing a number of operational process issues including:

- Completion times for assessments and action plans
- Improving ethnicity recording
- Coordinating induction and training programmes across complex service areas for example schools and the CYPT Schools and Communities teams that work with them

Performance Improvement Activity:

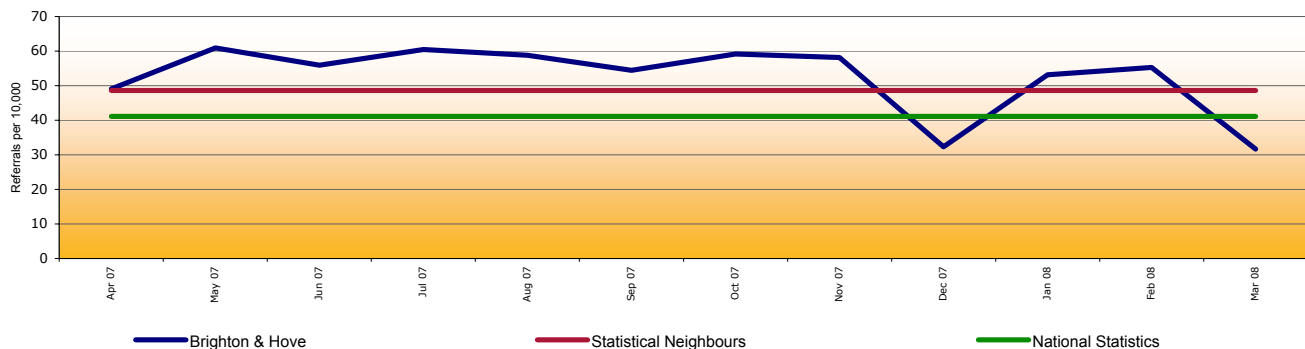
The priorities for the CAF implementation team are:

- Introducing CAF to schools
- Completing arrangements with the council's housing service so that the CAF is the basic tool for assessing the needs of young homeless people over the age of 16
- Developing consistent arrangements across the 3 areas to support all partners to take on the lead professional role and initiate and complete a CAF Action Plan
- Managing an interim recording system and data base to produce regular reports for operational managers, pending the introduction of a national eCAF, in order to measure performance and inform commissioning and service design.

Activity Levels

Referrals to CYPT Safeguarding Teams

Data Source: Carefirst data download



Summary:

The referrals rate to the area Safeguarding Teams continues to follow a downward trend as predicted. The year-end return reinforces this with a decrease from 813 referrals per 10,000 population (2006/7) to 629 referrals per 10,000 population (2007/8 unconfirmed).

The end of year data for our statistical neighbours and national comparators will not be available until later in the year, but our current performance is more in line with outturn figures for 2006/7.

There is a significant drop in the referral rate in December 2007, which mirrors a similar dip in December 2006. This decrease in activity is interpreted as reflecting a lull in activity over the Christmas period. The drop in the referral rate in March 2008 is likely to be due to the impact of collecting the data early due to an annual report due in April 2008.

Issues:

The number of referrals to the safeguarding teams is being used as a proxy to measure the impact of integrating CYPT services in each area (safeguarding, under-fives, schools and communities and youth and connexions) and improved partnership working through the area-clusters with schools, other statutory and voluntary sector agencies and community organisations.

The hypothesis, that effective service integration and partnership working 'filters' referrals to safeguarding teams is so far supported by the data. We are testing our findings through involvement in a national research programme into the outcomes of service integration run by the Local Authority Research Consortium and Research in Practice.

It is important to acknowledge that we have yet to see the full impact of implementing the CAF on workflows and referrals between different areas and levels of service, especially for children and young people most in need or at risk.

The two important consequences of the downward trend are:

- Earlier response to concerns or additional needs before situations deteriorate and require more intensive intervention
- Increased capacity within the safeguarding teams to focus on assessment of cases causing concern. This is particularly important following the introduction in April 2008 of the new Public Law Outline and the emphasis the courts will place on the Comprehensive Core Assessments by Local Authorities

Performance Improvement Activity:

A range of initiatives across the partnership focus on this issue:

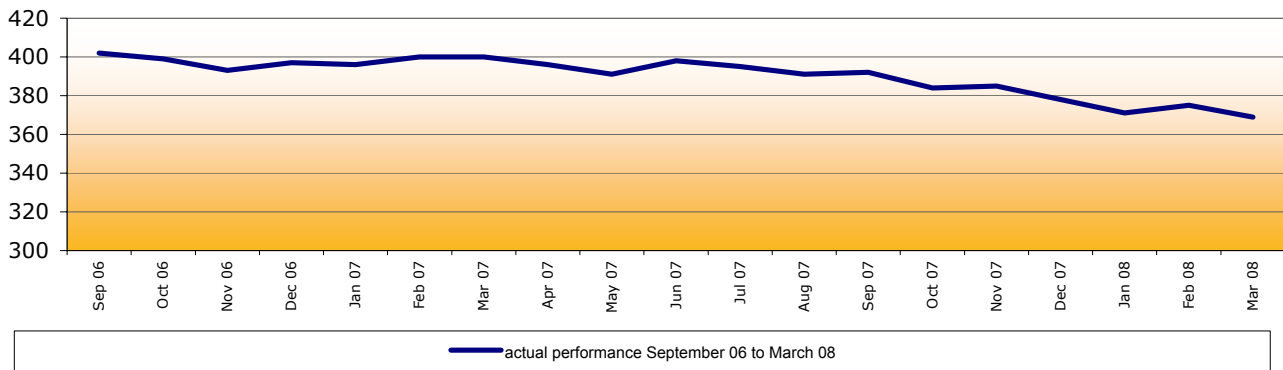
- The ongoing implementation of the Integrated Children's System for recording safeguarding and social care interventions
- The consolidation of integrated working in the three areas including a Business Analysis programme to map and review referral and workflow processes

Key Performance Indicators

Number of Looked after Children

Data Source: Carefirst data download

CYPP404 - Number of Looked after Children excluding those accommodated under a series of short term breaks.



Summary:

There were 367 looked after children (LAC) at the end of March 2008 sustaining the steady downward trend identified in previous reports.

Significantly, the rate of monthly admissions to care has been decreasing since the formation of the CYPT in November 2006. And, since June 2007, there have also been more discharges from care than new entrants, although there have been monthly variations in this figure.

The total number of LAC remains high compared to statistical neighbours but we believe our rate of admissions is comparatively lower although we will not be able to confirm this until national data is published later in the year. It is likely that the rate of discharge will slow down as alternative options, especially for teenagers, have been fully explored.

Issues:

Reducing the numbers of LAC so that we are in line with our statistical neighbours and national comparators remains a key priority for the CYPT.

We believe that we are beginning to realise the anticipated benefits of the CYPT's long-term plan to integrate and localise services, strengthen partnership working, including with extended families and friendship networks, and to improve preventive and early intervention services.

The LAC Strategy for Change sets out a systematic 'whole systems' approach which includes managing admissions more rigorously and planning discharges as efficiently as possible.

The strategy has been validated by the an external consultant, from the Audit Commission, brought in to work with senior managers as part of developing a Value For Money programme for the CYPT.

Performance Improvement Activity:

There are 4 key strands of activity:

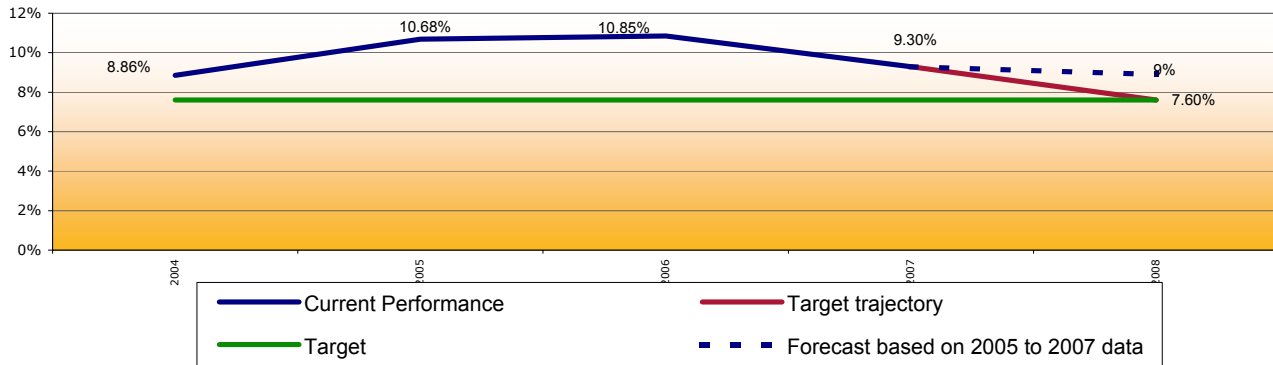
- Consolidating preventive and early intervention services in the integrated locality teams including the management of significant risk through the multi-professional Area Panels.
- Finalising commissioning targets for in house and external providers of placements for LAC including support for kinship care arrangements
- Ensuring value for money for those placements, including development of joint commissioning arrangements with neighbouring authorities
- Improving services for LAC including new provision funded by the Care Matters Grant in line with the White Paper and legislation currently before parliament.

Key Performance Indicators

Young people not in education, employment or training (NEET)

Data Source: Connexions (snapshot: average of Nov/Dec/Jan)

Age range : 16 to 18



Summary:

The progress against the NEET target is measured annually as an average for November, December and January. Compared to the 2006 figure of 10.85%, a significant improvement was made in 2007 with the figure of 9.24%. The encouraging news is that in Feb and March, this level was maintained. The March 08 figure is 9.3% compared to 10.8% in March 07 which equates to 102 fewer young people in the NEET cohort. By contrast the Unknown figure has risen to 6.2% compared to 4.6% in March 07 although this is still at the LAA target level. Within the NEET cohort, there are certain targeted groups which continue to present significant challenges e.g. 10% of the NEET cohort are teenage parents/pregnant. Other key reasons why young people are presenting as NEET continue to be lack of job opportunities, awaiting the outcome of submitted applications, lack of motivation and being undecided about what they would like to do. The East area continues to have higher NEET figures compared to Central and West.

Issues:

- The key reason for the increased Unknown figure is the new approach to engage in-active NEETs which is being trialled by PAs across the three areas. Once the new processes are embedded, it is expected that the figure will revert to its downward trend.
- The development and implementation of an integrated youth support service, which will include Connexions IAG and targeted support is currently underway. By 1st Sept 08, it is expected that new 'youth hubs' will be established in the three areas delivering multi agency support to young people in their local area. There will inevitably be a transition period for staff which will need to be carefully managed to avoid any drop in performance.

Performance Improvement Activity:

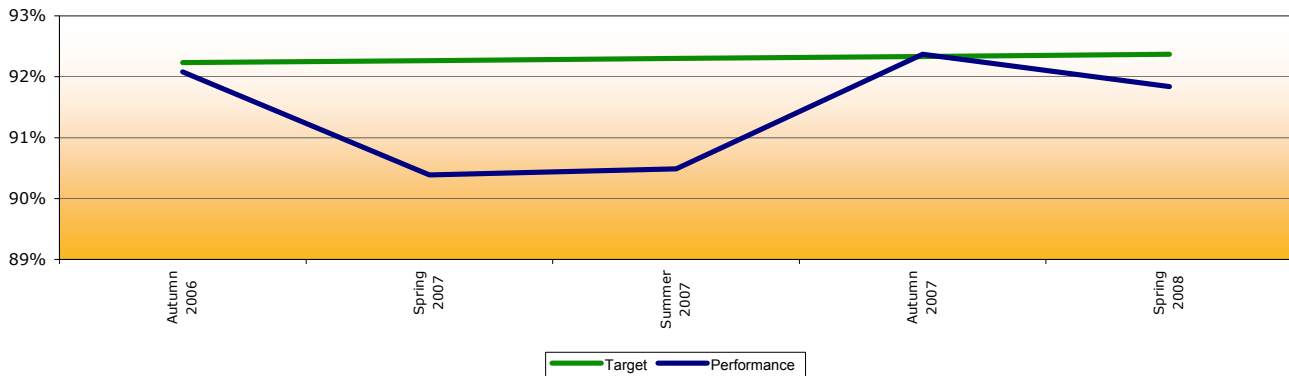
- The new database (Aspire) for the Youth & Connexions service is now operational. The initial feedback has been positive with few problems reported. It is important to have consistent and good quality data available to inform service improvements. It is equally important that front line staff have access to up to date technical solutions in order to improve efficiency. Aspire will serve both these purposes.
- The procurement process for the Connexions IAG contract is now completed. The new provider will be announced after the legally required 'stand still period' is over during which unsuccessful providers will have the opportunity to request feedback. The new supplier will deliver services from 1st Sept 08 and their wide experience of successfully delivering Connexions services in the other parts of the country should significantly contribute to the achievement of the NEET target.
- The actions outlined in the NEET Reduction Action Plan continue to be implemented and the progress is overseen by the Target & Performance Sub-group of the Youth & Connexions Board.

Key Performance Indicators

School Attendance: Secondary

Data Source: EWS Database

Secondary School



Summary:

The graph shows comparative termly attendance data from Autumn term 2006 to Spring term 2008. The number of half day sessions missed in secondary schools has reduced for each comparative term. Most significant improvement can be seen between Spring term 2007 and 2008. This is historically and nationally the worst term for attendance as it includes the months (January and February) when children and young people are most likely to have reported sickness.

Early indications show that of the five Persistent Absence targeted schools in Brighton & Hove, next year four of these will be removed from this category with no new schools being targeted.

Issues:

The issue of parents removing their children from school during term time for the purpose of a family holiday is still a cause for concern. Schools in Brighton & Hove are taking a much firmer line on authorising these requests and highlighting the effect these breaks in attendance can have on a child's education. We continue to look at ways to address this issue and work with schools to promote the importance of taking family holidays during the school breaks.

Performance Improvement Activity:

The Education Welfare Service and schools have more robust and consistent procedures in place for addressing all issues relating to school attendance and it is these new procedures that have brought about the improvement in performance from 2007 -2008.

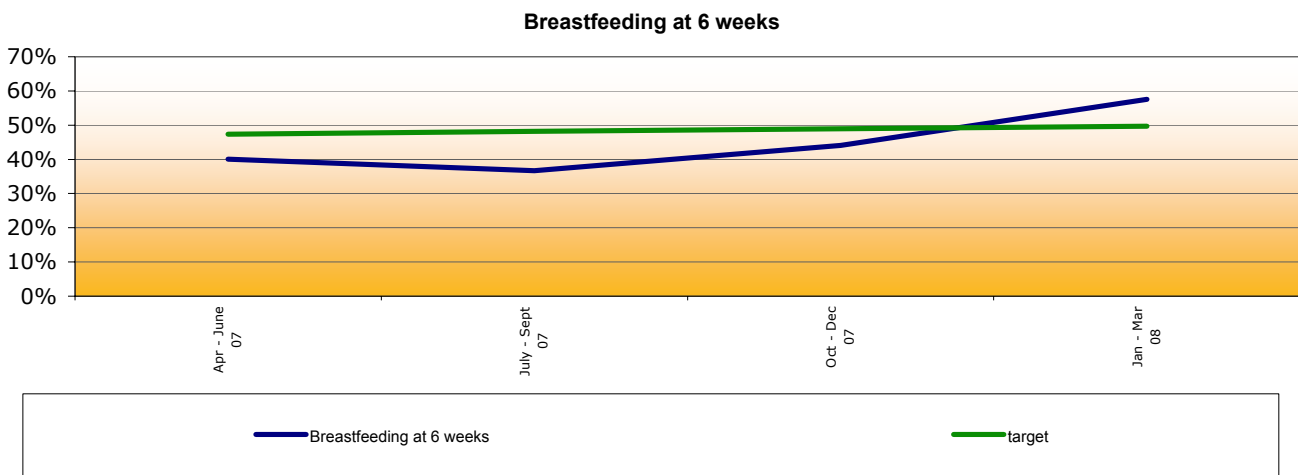
It is hoped that the improvement seen in attendance in all schools in Brighton & Hove will continue. The EWS will continue to review the effectiveness of all the strategies used and amend as necessary. We will look at good practice in other authorities and implement new legislation and DCSF guidance as necessary.

The Just 24 attendance project will undoubtedly help to increase the number of half day sessions attended in secondary schools for the first half of the summer term.

Key Performance Indicators

Breastfeeding at 6 weeks

Data Source: PiMS



Summary:

In line with new guidance from the Department of Health the CYPT is now reporting on one key indicator that classes breast-feeding as breast + supplementary ÷ by all births in the period (i.e. known and unknown).

Under the new Vital Signs regime the following targets have been set:

- 2007/8: 49.7% (based on 2008/9 and 2009/10 targets)
- 2008/9: 52.8%
- 2009/10 55.9%

The data now shows that the breastfeeding rate at 6 weeks in quarter 4 exceeds the target of 49.7%.

Issues:

The breast-feeding rate is a critical measure for the CYPT. Recent clarification about what data to collect is helpful and means that:

- Managers have been able to focus on data quality which has remained a persistent problem, so that unknown feeding status has been recorded in many of the teams. Following a great deal of work with Health Visitors we are confident they understand the importance of accurately recording feeding status.
- Although the overall rate of breastfeeding at 6 weeks for Brighton and Hove is exceeding our target, consistent and more accurate data is enabling managers to focus on the significant variations between different parts of the city.

Performance Improvement Activity:

The next quarter will see three levels of activity:

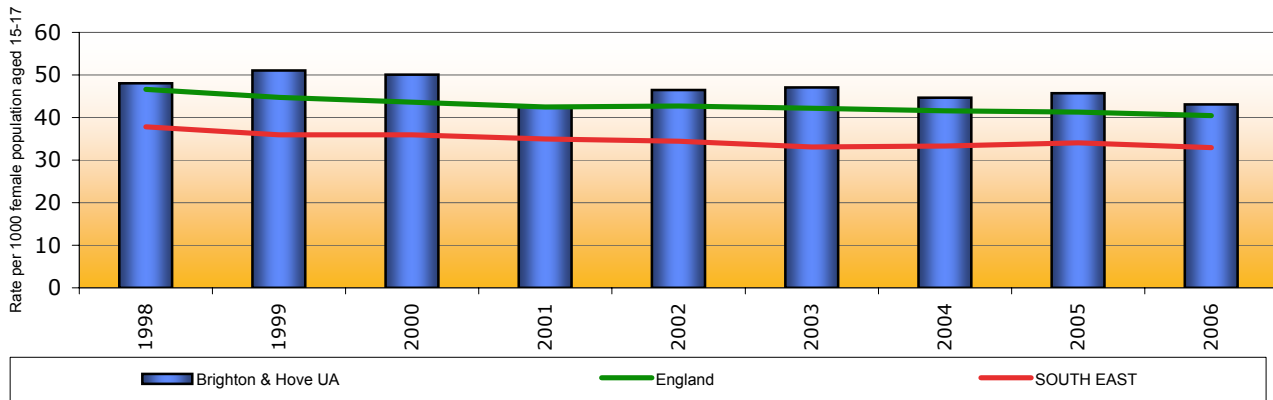
- Taking forward the learning from the Brighton and Hove Best for Babies debate aimed at increasing breastfeeding rates
- Analysis of data by geographical area in order to target resources in communities where breastfeeding rates are below the target set for Brighton and Hove
- Sustaining the improvement in data quality so that we continue have accurate data on the number of babies receiving breast milk at 6 weeks of age

Key Performance Indicators

Teenage Conception Rate

Data Source: DoH

BV197: the number of conceptions to females aged under 18 resident in the area, per thousand females aged 15-17 resident in the area, compared to the baseline year of 1998



Summary

Brighton and Hove has a teenage conception rate of 43.1 (180 conceptions). This is a reduction of 10% from the baseline year of 1998.

There are 3 key targets:

- To reduce conception by 45%
- To establish and sustain a downward trend for under-16 conceptions from the 1998 baseline
- To support 60% of young mothers to be in employment, education or training

Projections from the current data indicate that we are unlikely to achieve the 2010 target although we will sustain the downward trend that has now been established.

Issues:

The CYPT partnership delivers a range of interventions aimed at changing the behaviour of a cohort of approximately 200 young people in a population group of approximately 5,000.

Those interventions address a culture characterised by persistently low levels of awareness and understanding, self-reported contraception failure, and ambivalence towards early conception particularly in some communities where teenage pregnancy has become a norm across a number of generations.

Performance Improvement Activity:

The CYPT is taking a strategic approach to the reduction of the teenage conception rate by addressing a range of factors aimed at reducing the social exclusion that directly affect the behaviour of young people. The rate of teenage conceptions will be one of the targets in the Local Area Agreement in order to promote and consolidate a partnership approach to the issue across the city.

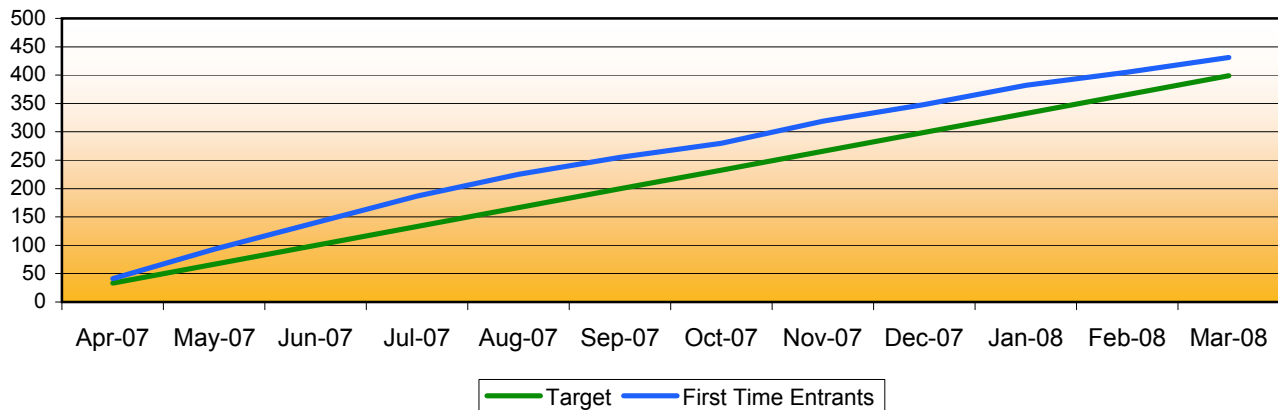
Activity over the next quarter includes:

- Clear branding of services so that young people recognise and trust services
- Ensuring services are accessible to the most vulnerable groups by targeting services in areas of greatest need
- Developing the knowledge and skills of CYPT staff to work with vulnerable groups and supporting staff to manage competing priorities
- Recruitment to a dedicated post to improve available data in order to identify vulnerable groups more effectively

Performance Indicators

First time entrants into the Youth Justice System

Data Source: YOIS



Summary:

The number of 1st Time Entrants during this period has fluctuated monthly between a high of 34 and a low of 23.

The end of year figure for 2007/8 is 431 against a target of 399. This compares to an end of year figure for 2006/7 of 447.

Issues:

This is a critical measure for the CYPT partnership. There is a strong local commitment with the police to divert young people away from the criminal justice system.

As reported previously, performance against this measure is affected by national policy tensions, between targets to reduce first time entrants and targets to increase the number of offences brought to justice, as well as local factors and performance issues.

As a result this is one of the measures which will be included in Brighton and Hove's Local Area Agreement, although national and regional government has deferred setting local targets until the December 2008 reporting and refresh meetings.

Performance Improvement Activity:

In order to address shared strategic concerns the three Youth Offending Team (YOT) managers for Sussex met with the Chief Constable to raise pan Sussex and individual YOT issues. Recommendations from this meeting include:

- More access to information held on the Police National Computer
- YOTs to input into the local police training programmes
- Police recruits to have placements in the YOTs.

Local performance improvement activity over the next quarter includes:

- Appointment of the YOT Police constable as Police Champion
- Identification of a police lead for Restorative Justice once the restructuring exercise across the force is completed
- Further Restorative Justice training in June 2008.

Summary:

The Trust's senior management team (DMT) is reviewing the CYPT Risk Register using an integrated format developed by the council's Risk and Opportunities Manager and the previous Associate Director for Healthcare Management.

By the end of May 2008 each Assistant Director will complete a new Service Business Plan, which will include identification of risks to be held at operational level or by the DMT.

A planning and development exercise with all 3rd tier managers early in 2008 identified risks to be held at DMT level including:

- Negative outcomes from reducing the number of LAC
- Impact on under 5s teams of extended roles and responsibilities
- Stress on partnership working for youth and connexions services
- Sustaining new arrangements for delivery of Speech and Language and Educational Psychology Services
- Maintaining school improvement following introduction of new School Improvement Partner arrangements.
- Implementing the CAF, the Lead Professional role and Team Around the Child working

Pending introduction of an integrated Risk Register the Clinical Governance Board holds a register of risks in CYPT NHS services i.e.

- Inadequate storage space & transfer systems for health records
- Risk to safety of staff and service users at Morley Street due to client mix (children's services & GP service for homeless people)
- Autistic Spectrum Disorder, long waiting times for multi-disciplinary assessment
- Risk of abnormal development in children due to premature babies missing repeat screening for congenital hypothyroidism

On behalf of the CYPT the Clinical Governance Board also receives regular reports from the council's Standards and Complaints Manager.

Health and safety issues are reported to the joint Health & Safety Committee and are escalated as necessary to DMT or the Clinical Governance Board. Key data reported in May included:

- 159 incidents were reported between 1st January and 31st March 2008. A slight increase on the previous quarter total of 121 due in part to targeted interventions and improved reporting procedures, particularly by the Integrated Disability Team.
- Teaching staff are the highest occupational group affected with 41 incidents
- 18 incidents were reported to the Health and Safety Executive
- 61 working days were lost due to work related incidents

A Lone Working policy has been agreed for the CYPT and will be circulated to all staff.

A review of corporate risks by the council's senior management team is likely to include the CYPT's Building Schools for the Future Programme.

Issues:

The effective management of risk, including those risks generated by the integration of children's services, is itself a risk held at DMT level. Improvement of risk management, and specifically the creation and maintenance of an integrated risk register is a priority for the CYPT.

A significant part of this risk results from Brighton and Hove's trail-blazing position in relation to the national children's trust agenda, especially the integration of NHS services. The CYPT is actively dealing with complex issues faced by only a handful of other authorities and not yet fully appreciated by all external regulatory bodies.

Performance Improvement Activity:

The CYPT is working closely with the councils corporate services to prepare for the introduction in 2009 of the Audit Commission's new risk based Comprehensive Area Assessment regime for Local Authority services, and with the PCT's directors for clinical governance and commissioning to ensure compliance with NHS standards.

The CYPT's Clinical Governance Board has reviewed its reporting systems and the infrastructure which supports them, including the Quality and Standards Groups for Health Visitors, School Nurses and Speech and Language Therapists.

After careful negotiation with all stakeholders a new post of Lead Nurse Consultant – Clinical Governance is being advertised to replace the previous Associate Director of Health Management. The new post will be located in the CYPT's Quality & Performance Branch to:

- Provide professional leadership and oversight of health visiting and allied health professional functions in the CYPT
- Support the Clinical Director with strategic leadership and take the operational lead for clinical governance within the CYPT
- Contribute to planning, quality assurance and performance improvement functions
- Lead risk management, equalities and public health functions in the CYPT

The CYPT is engaged in a 5-stage inspection process for our work experience arrangements. Staff seconded from Southdowns NHS Trust are undertaking training in the council's Safety Management System and Clients of Concern Register and work is continuing on integrating key policies including Manual handling and infection Control.

Summary:

The CYPT initiated a value for money (VFM) review in November 2007 as part of the council's commitment to review all services between June 2007 and June 2008.

A consultant from the Audit Commission worked with DMT to identify service areas where costs are high or outcomes weak and investigate the scope for improvement. The review found that the high-spending areas in children's services are:

- The costs of support for LAC, because of high numbers of agency and external placements
- The costs of support for children with special educational needs, because of high numbers in out of authority placements and high levels of funding of special schools

The consultant's report validated the CYPT's LAC Strategy for Change making a number of recommendations including that the CYPT:

- Set targets for the LAC strategy over the next three years to reflect a gradual reduction in LAC. These should be composed of targets for each area team

The report also concluded that:

- 'Value for money of SEN provision in Brighton and Hove has not been maximised and funding does not support an inclusive approach....evidence collected during this review suggests that there is a strong potential for increasing the value for money of expenditure to support SEN by re-focusing support towards early intervention.'

The report's recommendations include:

- 'Clarify the leadership of the SEN inclusion agenda and responsibility for driving implementation of the SEN strategy. This should be built on the good ownership of SEN across the CYPT to clarify wider roles, responsibilities and linkages. 'SEN is everybody's business'.

Issues:

In order to gain an overview of financial management and use of resources Board members should consider this section of the Performance Improvement Report alongside the separate report detailing the 2007/8 final outturn figures.

The council's VFM Steering Group, chaired by the Director of Finance, monitors how the CYPT is developing and strengthening its approach to VFM in order to ensure the best use of public money. The VFM Steering Group and DMT accepted the findings and recommendations of the consultant's report in full and an action plan has been agreed.

Further VFM activity will continue as part of an incremental review process and an action plan will be drawn up for all services commissioned or provided by the CYPT.

Performance Improvement Activity:

Embedding a consistent VFM approach to children's services is integral to the CYPT's management development programme including:

- Presentations and group work at the 3rd Tier managers meetings
- Inclusion in the new Service Business Planning Process
- Preparation for the 2008 Annual Performance Assessment and 2009 Comprehensive Area Assessment

The VFM action plan for LAC and SEN has been agreed and implementation will be monitored by DMT. Monitoring VFM indicators, and improvement milestones will become a significant function of this PIR.

An overarching action plan for the CYPT will flow from the Service Business Planning process linked to key strategic plans including the council's Corporate Plan, the PCT's Operating Framework and the Local Area Agreement.

Summary:

The CYPT employs 1360 staff, of which 1104 staff (862.05 wte) are directly employed by the Council and 256 staff (182.18 wte) are seconded from South Downs Health. This figure excludes school who employ a further 4378 employees.

The national pay and grading review (Agenda for Change) is complete for the Health seconded workforce. The Council's national pay review and single status work is ongoing and is due to be complete in 2009.

An Induction for new staff is now in place, including an e induction and a welcome session with senior staff framed against CYPT induction standards.

Eight member agencies of the Local Children Safeguarding Board (LSCB) have responded to an audit of compliance with standards for recruitment, managing allegations against staff and training.

The council is undertaking Investors in People assessment with a view to submitting a corporate application by the end of December 2008. The CYPT has completed diagnostic interviews with staff and an action plan is being drafted. Preliminary issues include:

- Introduction of the new Service Business Planning process
- Variations in professional culture across the CYPT
- Communication between different parts of the CYPT
- Defining leadership and management standards

Issues:

Human Resource Managers from the council and Southdowns NHS Trust meet regularly. The current agreed priorities are to establish policy protocols to effectively signpost managers through the policies and procedure for both directly employed and seconded staff, and to work on the provision of joint management information.

The LSCB audit has raised a number of policy and practice issues related to Safer Recruitment for consideration by the LSCB and its member agencies.

Performance Improvement Activity:

The Workforce Development Partnership will continue to steer the CYPT workforce development strategy and the programme will be planned, led and implemented by the Training Consortium.

"Road shows" are planned for CYPT staff in June 08 to inform the workforce about the learning and development offer in the CYPT. A full core, specialist, mandatory/statutory & leadership/management programme will be available from Sept 2008 (including a levelled safeguarding programme).

The Community and voluntary Sector (CVS) will be leading delivery of some parts of the programme. Work is underway with the CVS to agree appropriate access to the programme for members of the CYPT partnership.

The schools 2008/9 learning & development programme will be published in July 2008

Key to work in 2008/09 is to evaluate impact of workforce development on the delivery of the CYPT aims and DMT will agree 2008/09 workforce development priorities and budget in June 08.

Issues emerging from the CYPT's Investors in People self-assessment will be taken initially to DMT and to the council's senior management team.

Summary:

The CYPT is focussing on compliance with national and local policy frameworks i.e.

- The DCSF Single Equalities Scheme 2008, which aims to promote equality and eradicate discrimination for all children, young people and their families
- The Council's Single Equalities Scheme, currently being revised to add age, religion/belief and sexual orientation to existing schemes and action plans for gender, disability and race.
- Relevant Equality Schemes for the local health economy and other agencies and sectors in the CYPT partnership

The key performance milestones and measures for this area of work will include:

- Publication of the CYPT's Equality Impact Assessment timetable 2008-11
- Reports to DMT following those assessments
- Monitoring of key indicators in the National Indicator Set including NI 56 Services for Disabled Children, and indicators 99-108 which address the 'narrowing the gap' agenda for children and young people

Issues:

Development of a robust performance framework for equalities is a priority for the CYPT partnership.

There is currently a significant 'disconnection' between compliance with monitoring and review processes and the range, quality and impact of our front line services from Children's Centres, Extended Schools and Youth Support Services to our Fostering and Adoption provision and support to children and young people with a disability or special educational needs.

The appointment of a Lead Nurse Consultant – Clinical Governance to lead on equalities will re-establish the management leadership that has previously characterised services for children and young people.

Performance Improvement Activity:

Pending the appointment of a Lead Nurse Consultant the Assistant Director Quality and Performance is coordinating a working group to collate and publish the CYPT's Equality Impact Assessment timetable 2008-11.