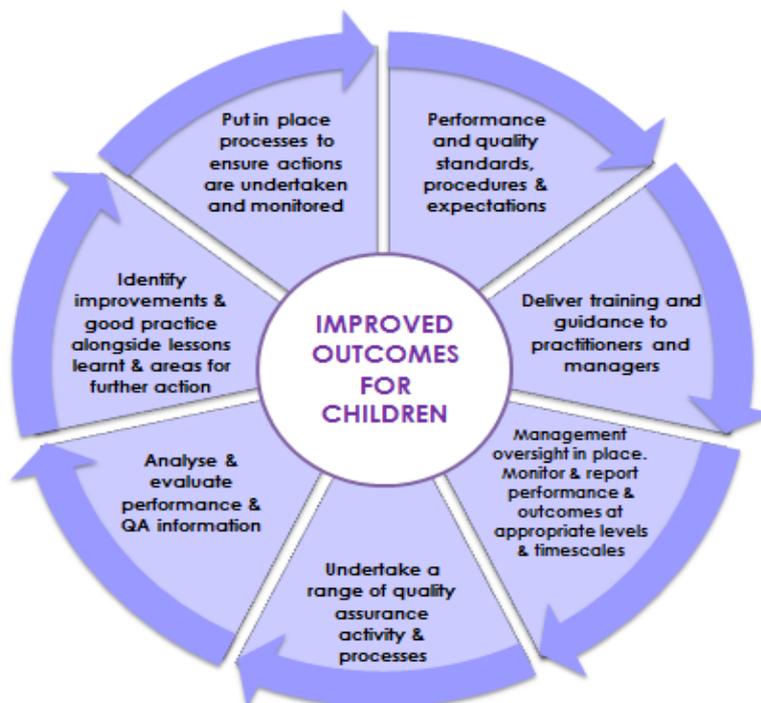


1. Introduction

- 1.1. This report outlines the Performance Management and Quality Assurance Framework which has been developed following the Ofsted inspection in February 2015 and reviewed in December 2015. It builds on and replaces the Performance Management Framework 2014 and the Quality Assurance Framework for Early Help and Children's Care Services 2013. In order to deliver responsive high quality services that improve outcomes for children and families it is essential to have in place an effective performance management and quality assurance framework. This framework will enable the council to ensure that it is delivering the right services at the right time to the right people.
- 1.2. An effective Performance Management and Quality Assurance framework will consist of:
- Regular reporting and analysis of comprehensive and reliable performance data
 - Clear monitoring and quality assurance arrangements
 - Effective evidence-based performance management and improvement of services, teams and individuals
 - Ownership and understanding by staff at all levels in the organisation
 - A clear child centred and impact focus aimed at improving services and outcomes for children and families
 - An immediate response to identified concerns. If any immediate safeguarding or welfare concerns for an individual child are identified through QA or performance activity then appropriate action will be taken immediately and the matter will be addressed through line management arrangements.
- 1.3. The framework consists of two interrelated and complementary sections – Performance Management and Quality Assurance – and is an integral aspect of the improvement cycle:



2. Performance Management Framework

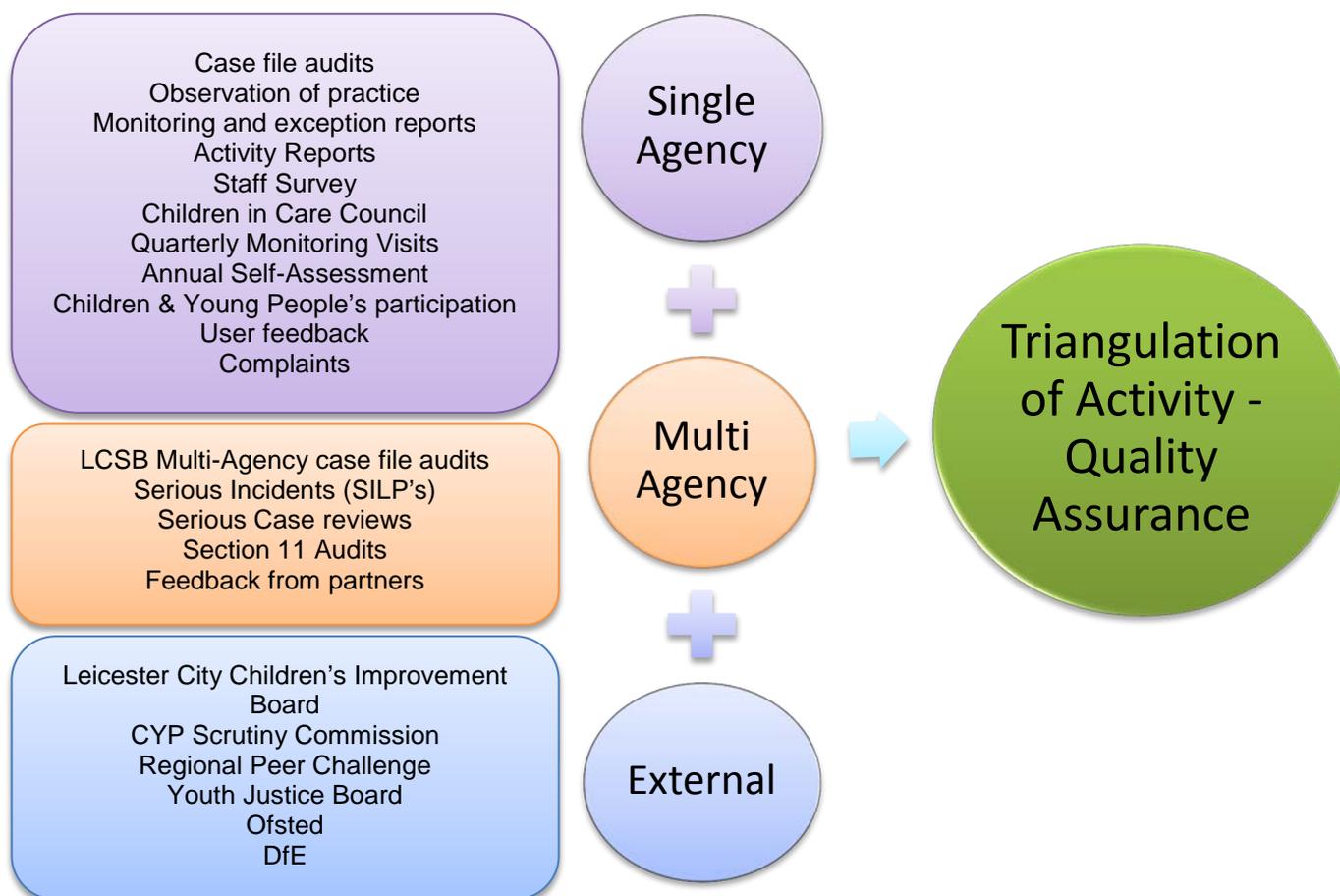
- 2.1. Performance management is everyone’s responsibility. All staff and managers are responsible for their own work and their contribution to the work of their team and service. Managers have additional responsibility to monitor and address performance issues within their service area or, team and with individual staff members. All managers will be equipped with the skills, knowledge and tools to access, understand, interpret and use performance information.
- 2.2. Performance management enables managers to:
- Use information to help maintain, develop and improve services
 - Understand the direction of travel and evaluate the impact of activities
 - Enable the identification of trends and variances so that early action can be taken
 - Hold services and individuals to account for their contribution to improving outcomes for children and young people
 - Forecast and predict future issues and developments
- 2.3. The performance framework has been based on the developments already underway and refinements have led to a suite of real time and time-period reports at different levels of detail relevant to the level and role of those receiving the reports. Regular performance management meetings have been established in each service area to address performance issues in a systematic way. The range of reports and various levels of accountability and challenge are detailed below:

Report types, accountability and challenge

Live Dashboards	Daily	Weekly	Regular Performance Meetings	Monthly	Quarterly, Annually
<p>Managers maintain daily oversight of key activities and statutory requirements</p> <p>- In place for Safeguarding Unit, CIN and LAC Services</p> <p>- Being developed for Early Help (recording started on liquid logic in Dec 2015)</p>	<p>Copies of data sent to Directors and HoS enable oversight.</p> <p>Action taken daily re: issues of concern</p> <p>Key Performance data emailed to all operational team and service managers covering, eg:</p> <ul style="list-style-type: none"> - Caseload Allocation - Section 47s times and overdue - Single Assessment times and overdue 	<p>Snapshot/ fixed time reports to Team Mgrs., Service Mgrs. and Heads of Service</p> <p>Relevant report content for each section has been developed through consultation with Heads of Service and Service Managers</p> <p>Being developed for Early Help</p>	<p>In place across-DAS, CIN LAC, Early Help Leaving Care , Safeguarding Unit</p> <p>Interrogation of performance reports</p> <p>Actions agreed and implemented Including to address specific areas identified from PIs</p> <p>Ongoing action by TMs</p> <p>Ongoing support training & development for managers in using data</p>	<p>For LCCIB, Lead Members, Scrutiny and Senior Managers</p> <p>Early Help (TS) Monthly Performance Report used by C Managers to targeted resources and inform planning</p> <p>Performance book with 42 Key indicators, trends, analysis, comparisons and targets</p> <p>Deeper dive dashboard of priority indicators for the improvement journey</p>	<p>For Corporate Parenting forum, Children in Care Council, Children’s Trust and LSCB</p> <p>Relevant PIs, data and QA findings</p> <p>Quarterly Early Help Partnership Performance</p> <p>Summary reports produced for SC & EH for external and internal dissemination.</p> <p>Quarterly monitoring reports and validation visits with an Annual SEF for Early Help (TS)</p>

3. The Quality Assurance Framework

3.1. Staff at all levels in the local authority and across partner agencies are responsible for quality assurance. Ensuring that all work is undertaken within set timescales and legal and policy requirements is a shared and individual responsibility as is undertaking work to the standard expected by both national and local guidance and expectations.



3.2. The Quality Assurance Framework is based around assuring ourselves that we meet the key service standards. Above all everyone needs to be able to answer the following questions:

- What is life like for children and young people
- What difference are we going to make to that situation to support achievement of positive outcomes?

3.3. There are a number of key plans, processes and factors that contribute to and integrate with the Quality Assurance Framework:

- Children and Young People's Plan and associated aims and principles
- Workforce capacity – sickness and vacancy levels, stability of the workforce, use of agency workers etc
- Workforce development – induction, training, development, mentoring, supervision and appraisal
- Corporate initiatives and the work of other council departments
- LSCB Performance & Quality Framework
- Policies, procedures and guidance
- Performance management arrangements
- Service Standards
- Quality assurance methods and components
- Risk management processes
- Internal audit

3.4. Components of the Quality Assurance Framework

3.4.1. A range of quality assurance methods and reporting processes will be in place to assist staff in ensuring that we deliver high quality services to all children and families that have a real impact on their lives. In order to ensure the successful delivery of this range of quality assurance arrangements it is important to have a QA Manager in post to both support the coordination and administration of the overall QA process and to collate the findings of the various methods of evaluating quality.

3.4.2. Findings from regular elements of the quality assurance framework (e.g. case file audits) need to be cross referenced to the relevant Performance Indicators contained within the social care monthly performance book with relevant information added to the analysis section for each indicator.

3.4.3. **All quality assurance information will be collated and reported on a quarterly basis to the Leicester City Children's Improvement Board, Lead Members, and Scrutiny and shared throughout the department.** The reports will have a number of themes focusing on the child's experience, compliance with key standards and the quality of activity to improve their life chances and outcomes. Information and findings from the range of quality assurance activity will be collated and cross referenced to show progress in addressing the key questions:

- What is life like for children and young people?
- What is the quality and timeliness of our intervention, assessment and care planning?
- How well do agencies work together to improve outcomes for children?
- How well do we address issues of equality and diversity?
- What difference have we made to their situation and outcomes?
- What action is needed to further improve services?

4. Case file audits

4.1. Case file audits should be the cornerstone of the QA process – a systematic and ongoing litmus test on how well services are being provided and whether they are making an impact. A case file audit tool linked to the new children's services standards and Ofsted priorities and grade descriptors has been developed by two temporary Quality Assurance Managers who will continue to lead on this aspect until the appointment of a QA Manager.

Case file audits within the CIN and LAC social work services will be undertaken in line with guidance which includes a checklist of what to look for in a good service. While the focus of the audits is to evaluate recent practice it is usually necessary to examine the past year of practice to gain a context. Wherever possible social work case file audits will be conducted by managers, alongside the allocated social worker, using an agreed proforma. Similarly managers within early help, fostering, adoption and residential services will conduct audits in line with relevant guidance and legal requirements.

4.2. The Case file audit process will be coordinated by a Quality Assurance Manager responsible for quality assurance and cover a range of themes during the year.

4.3. The Audits will need to be conducted by managers at every level of the division as shown in the following table and in line with agreed service plans:

Case File Auditing and Observation of Practice

Social Care, Early Help & Resi TMs	IROs and Independent Chairs	CIN, LAC, Early Help Service Managers	Safeguarding & QA Unit Service Managers	Heads of Service	Strategic Director and Divisional Director	Assistant Mayor and Lead Member for Children's Services
CIN, LAC, Fostering, Adoption, CFST, 1 case file a month in own service Early Help 1 cases per cluster Residential 1 case file per quarter At least 1 observation per month	1 case per month every 2 months – to be the same case as audited by an operational TM Compare Findings and analysis TM's (LADO & Safeguarding Services) to undertake relevant audits	Oversee auditing by TMs Quality Assure audits undertaken in their service Audit of 1 case per alternate month in own service At least one observation visit each alternate month in own service area Quarterly monitoring and validation visits (EH Targeted only)	Audits of the work of IROs Quality Assure work of Independent Chairs At least one observation every alternate month 1 Audit of the work of the LADO	Quality Assure of 2 cases per month from own service area Full Audits of at least 2 cases every quarter Case tracking a number of cases allocated by Divisional Director At least one observation every alternate month An 'inspection' of own services every quarter	Full Audits of at least 1 case every quarter Case tracking 1 case allocated ½ day with social worker early help worker on visits every quarter Observe conference/ review every quarter Observe DAS/ EHDAS Visit Children's homes and other settings	- Visits to front line services including those for early help, child protection and looked after children

4.4. The implementation of the requirements set out in the above table will be phased during 2016 and overseen by the QA Manager who will moderate and collate the findings – see paragraph 4.6

4.5. In addition to case file audits, Directors and Heads of Service will undertake real-time case tracking as part of day to day practice where they will audit various aspects of a child's journey as that stage is completed (eg: assessment, care plan, review)

4.6. Outcomes from the case file audit process will be as follows:

- Feedback to the social worker and their manager of any immediate concerns
- Completion of the case file audit form for monitoring purposes
- A summary of the findings of each audit and any actions required to be sent to the social worker and team manager and added to the case file record within 48 hours.
- Submission of the Audit forms to the QA Manager within 5 days. The QA Manager will moderate the audits to ensure consistency of practice
- Collation of findings/required actions by the QA Manager into a monthly report for the relevant Head of Service to follow up. Actions will be tracked by the QA Manager
- Inclusion of findings in the monthly Performance Book as appropriate
- Identification of issues that would benefit from a themed or deep dive audit
- Inclusion and cross referencing of findings within the Quarterly Quality Assurance report for elected members which will also be shared with the wider staff group for discussion in team meetings.

5. Themed Audits

5.1. Themed and/or "deep dive" audits will be commissioned by the Divisional Director taking account of the requests from the LCCIB, Corporate Parenting Forum Panel, LSCB and Heads of Service . A programme of themed audits should be determined on an annual basis but with the capacity to respond to urgent issues. All such audits will be reported separately

but also be included in the Quarterly QA Report.

- 5.2. Wherever possible themed audits should be conducted jointly by staff from across relevant service areas – e.g. CIN, LAC, Early Years and the Safeguarding Unit.
- 5.3. In addition individual service areas can conduct themed audits to investigate particular issues pertinent to the work of the team. Any such audits need to be agreed by the relevant service manager and reported to the Head of Service.

6. Multi-agency audits

- 6.1. The council will participate in, and learn from, relevant multi-agency audits commissioned by LSCB, Early Help Strategy Board and other representative groups. Findings from such Multi-agency case file audits (MACFA) will be included in the Quarterly QA reports. See section 15 on the LSCB for more details.

7. Safeguarding Unit Quality Assurance work

- 7.1. The safeguarding and QA unit plays a key role in quality assuring the work of children's services. Independent Reviewing Officers and Independent Chairs are in a unique position to observe and assess the quality of case planning and assessment work carried out by the wider department and partner agencies. Members of the SG unit will also undertake case file audits as outlined in the table at 4.3 and observation of practice as detailed in 10.2.
- 7.2. The unit will undertake a monthly collation of the outcomes of exceptions reporting - serious concerns notifications from the IRO service and alerts from Independent chairs which will provide useful information on themes and practice issues. All such concerns are also fed back immediately to the relevant team manager for action.
- 7.3. The unit will also provide quarterly reports on the findings and themes arising out of collation and reporting of review and conference monitoring forms completed by IROs and Independent Chairs after all such meetings.
- 7.4. The unit will undertake and report on themed audits for example: pre-birth case conferences, LADO cases, the journey of the child and "the voice of the child" in planning forums.
- 7.5. The use of "Critical Message" cards within the unit and LSCB ensures key issues of quality are identified and addressed
- 7.6. The Head of service and service managers in the Safeguarding Unit should address any immediate concerns through line management arrangements. The Head of service will ensure that quality assurance meetings are held on a bi monthly basis with service managers from CIN and LAC to explore findings from any relevant case file audits and IRO/Independent chair monitoring.
- 7.7. A key component of the units work is that of the complaints service. Learning from complaints an important aspect of the QA Framework and is detailed in section 13.
- 7.8. The Head of Service of the Safeguarding Unit is the key link with the LSCB and also chairs LSCB audits, oversees the work of the LSCB manager and team and ensures that the work of the council is fully integrated with that of the LSCB and the Corporate Parenting Board.

8. Case Supervision

- 8.1. Case supervision is carried out on a regular basis by all operational team managers and comments and decisions on each case should be recorded at intervals in line with the supervision policy.

9. Dip sampling

- 9.1. Team managers should ensure that they sample a proportion of the teams' cases each month examining a particular theme identified by the Head of Service – single assessment, reviews etc. Service Managers should monitor supervision practice and outcomes.

10. Direct Observation of Practice

- 10.1. Team managers are expected to observe the practice of every team member at least twice a year, one of which should involve accompanying the social worker on a home visit. The other observation should be around the preparation and attendance at a case conference or review and include obtaining feedback from the child and their family.
- 10.2. Service Managers and Heads of Service will undertake an observation or shadowing visit every alternate month from either within or outside of their service area. All observation visits by SMs and HoS will be written up using the QA form and accompanying guidance on “what good looks like”.
- 10.3. The observation of practice recording tool should be used to record evidence during practice observations within 5 days and should be fed back to the relevant worker and service manager, added to the case file and collated by the QA Manager as part of the quarterly QA report. The reports of the observation should include an overall judgement on the quality and effectiveness of the practice observed with any required actions being identified. All required actions will need to be followed up by the QA Manager and relevant HoS.
- 10.4. Heads of Service and the Divisional Director will undertake unannounced visits of EH, DAS, CIN, CP and LAC services on a quarterly basis. The visits will be recorded using the appropriate form and sent to the QA Manager and relevant service managers.

11. Service user feedback and participation

- 11.1. A clear framework and guidance for obtaining service user feedback will be developed in line with the LSCB's Engagement and Participation Strategy for Children and Young People. This approach needs to ensure that the views of children and families are captured at critical stages in their journey through our services – initial contact/referral, end of assessment, reviews and case closure.
- 11.2. Compliments and grumbles are received by the Complaints Manager and/or individual services with learning identified and improvements made.
- 11.3. Service user feedback is obtained by the IRO and independent chair service and various aspects of early help and specialist services
- 11.4. Findings from all such surveys, and questionnaires, compliments and grumbles along with feedback from and the Children in Care council needs to be included within the quarterly quality assurance framework

12. Staffing

- 12.1. Feedback on the impact of training, staff development and practice workshops will be collated on a quarterly basis.
- 12.2. The outcomes of an annual staff survey will also be reported within the quality assurance process.
- 12.3. The Strategic Director and Divisional Director will meet regularly with the Frontline group to facilitate consultation and feedback.

13. Learning from statutory complaints (Social Care)

- 13.1. A procedure is in place to ensure that:
- All complaints are investigated and responded to the complainant within set timescales (noncompliance or missed deadlines to be reported to the relevant Head of Service and followed up immediately)
 - The manager responsible for investigating the complaint should identify any learning or potential learning from the complaint and advise both their Head of service and the Complaints Manager accordingly through the relevant form.
 - All complaint outcomes and identified learning will be collated and reviewed by the Complaints Manager to see if there are any themes or trends emerging or if any aspect has a wider relevance (e.g. do the findings of a single complaint prompt the need for a wider or deeper look at the issue and/or cross referencing with other QA findings? Does the council need to reconsider any aspect of its current policy?)
 - The complaints manager makes recommendations to the Divisional Director on any additional work required (e.g. a themes audit) in relation to the conclusions arising out of above
 - Inclusion of findings and recommendation in the quarterly QA report

14. Quality assurance of children's homes

- 14.1. Findings arising out of reports of Regulation 44 visits to children's homes and Regulation 45 reviews (Children's Homes Regulations 2015) will be collated alongside Ofsted inspection reports. These will enable both themes and findings to be identified, cross referenced to other quality assurance information and included in alternate quarterly QA Reports.

15. LSCB Performance and Quality framework

- 15.1. It is essential that the Framework is fully integrated with that of the LSCB so that the two performance and quality frameworks complement and inform each other. Work is ongoing to ensure that this aim is fulfilled as both frameworks are implemented.
- 15.2. The LSCB Performance and Quality framework has been developed with all partners to examine performance of all agencies in relation to children's safeguarding based on an agreed set of indicators (including those contributed by children's social care and early help). The council will provide performance data on a quarterly basis to the LSCB.
- 15.3. The LSCB framework also covers quality assurance processes which include
- multi-agency audits (MACFAs)
 - multi-agency themed audits (e.g. Neglect)
 - The Engagement and Participation Strategy for Children and Young People
 - Section 11 reports on the safeguarding arrangements within contracted services
 - Lessons learnt from serious case reviews

- Feedback from the Early Help Strategy Board
- Feedback from the Family Courts and Cafcass
- Cross referencing of performance and quality assurance information or feedback from all agencies

16. External feedback and validation from Ofsted regulatory inspections of children's homes and peer challenge will be taken account of in each quarter

17. Additional Feedback from the LAC service

17.1. The Placement Commissioning Service will undertake quality assurance visits to children placed in external provision, (both foster care and residential care and also including Care Leavers). Outcomes will be collated on a quarterly basis for inclusion in the QA report

17.2. Feedback from Adoption and Fostering Panels

18. Young Advisers

18.1. An area for consideration and development is the use of young inspectors to monitor the quality of services. They are regularly used within Early Help services for:

- a) Recruitment
- b) Training
- c) Mystery Shopping
- d) Consultation

18.2 Reports should be discussed at SDMT to evaluate findings and improve practice.

19. A quarterly Quality Assurance report and associated meetings

19.1. As outlined in paragraph 3.4.2, the quarterly QA report will bring together, evaluate, cross reference and analyse all relevant performance and quality assurance information and also draw on relevant information and challenge from the following:

- The City Mayor, Assistant City Mayor and Executive
- CYP Scrutiny Commission
- Corporate Parenting Panel
- Regional Peer challenge and data sharing – East Midlands Directors Group etc

19.2. Quality Assurance and performance meetings involving heads of service and service managers and chaired by the Divisional Director will take place on a quarterly basis to critically assess the findings of the quarterly reports and plan next steps and actions to address outstanding issues.

20. Implementation Timetable

20.1. The timeline for the implementation of the framework is as follows:

- Final Framework agreed in July 2015 and implemented in a phased way from September 2015.
- First Quarterly QA report to cover the period July 2015 to end of September 2015 to be presented to LCCIB and the Council in November 2015
- Evidence from the quarterly QA reports to be made available to the LSCB from December 2015 onwards
- Review of the Framework in December 2015 and revised framework agreed by LCCIB in January 2016
- Ongoing quarterly reports, covering the range of Quality Assurance activity and taking account of the outcomes of the review, will be in place from 2016.
- The 2nd Quarterly QA report, covering the period October to December 2015, will be presented to the LCCIB and Council in February 2016.
- The Framework to be reviewed on an annual basis

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Performance Information and Quality Assurance Advisor

January 2016 (updated April 2017)

Updated April 2017

Updated sections are:

Diagram in 4.3

Point 10.2