

## Quality Assurance Framework

### 1. An introduction and overview by the Director of Children's Services (DCS) and the Assistant Director of Children and Young People Services

Professor Eileen Munro's "Review of child protection - A child-centred system" was published in May 2010 and made recommendations, largely accepted by the government, to make significant changes to the way in which services to children and their families are delivered and evaluated. This involves:

***"...moving from a system that has become over bureaucratized and focussed on compliance to one that values and develops professional expertise and is focussed on the safety and welfare of children and young people"***

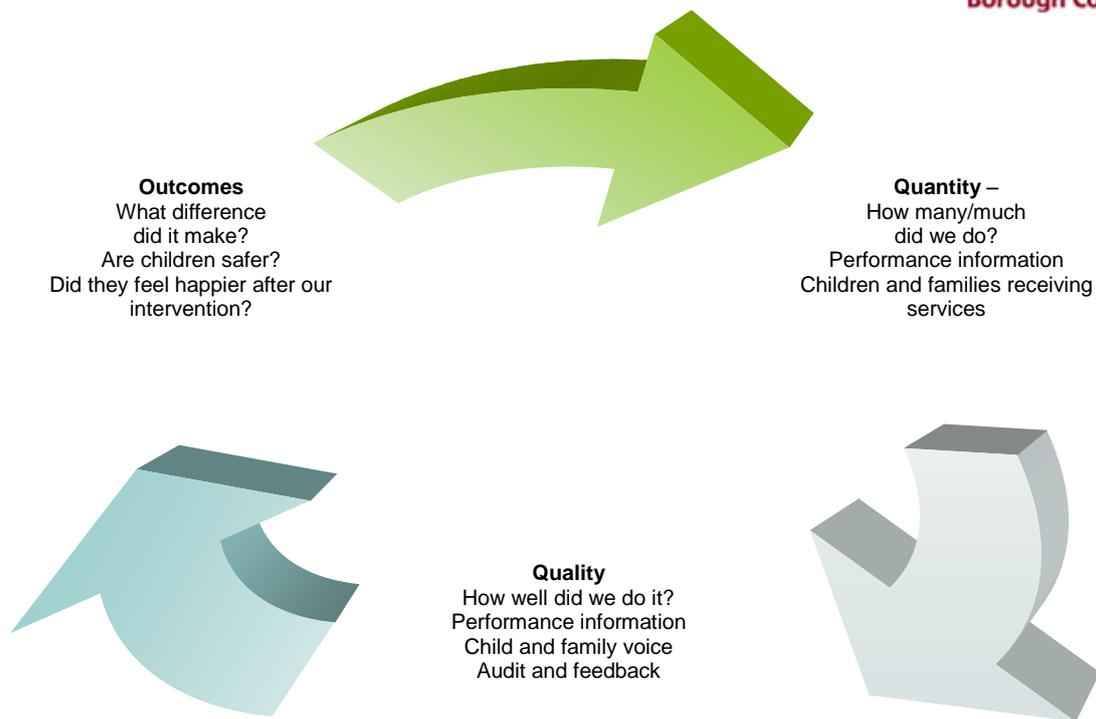
In summary, this means that instead of simply 'doing things right', (following procedures) the system needs to be focussed on doing the right thing. That means checking whether children and young people are being helped. This is now the focus of inspection and of the national performance framework, and the child's experience of the journey through our services in Slough needs to be fully understood and of the best quality possible.

Munro stresses that whole "system change" will be needed and this will take time to impact on practice and the experience of families. However, a strong quality assurance framework, which clearly sets out professional responsibilities and which is supported by critical thinking and reflective supervision and practice is crucial to making this transition.

"Quality" is the standard by which we measure success, and this is defined by national best practice, research and learning, and by local experience which reflects the views of children and young people who access our services. Our quality assurance framework therefore seeks to enable professionals to interrogate their practice and to continuously learn from what works for children, and what can be improved, and then supports practice change to make those improvements happen. This implies a cycle of continuous evaluation and Learning, and a dynamic framework which is owned by staff throughout the organisation.

This Quality Assurance Framework reflects the cycle below, and is simple to understand – it sets out the means by which all staff in the organisation can assess practice and monitor improvement so that we can move towards becoming a learning organisation as Munro intends. The framework is underpinned by a staff training and development programme and a professional supervision policy which focus on reflective and evidence based practice, together with the development of a range of practice tools to support confidence and effective professional judgement.

## Children, Young People and Families



### Keys to Success

The effective implementation of the Framework is dependent on how we ensure that staff and managers have the support and challenge required to aspire to the best quality service delivery and outcomes for the children, young people, and their families with whom we work. Partners and stakeholders will also form an important and vital role in developing the framework over time in order to serve the communities of Slough. The way we do things here will be grounded in best practice and efficient use of resources.

Quality Assurance should not be seen as continuous inspection but as a means for all staff to understand their responsibilities and to influence the monitoring and reviewing of our activity, and the achievement of best practice which meets the needs of all children, young people their families/ carers in line with our service objectives. The successful implementation of this framework is therefore dependent on:

- **ownership** – by all to ensure the framework is implemented and adhered to;
- **leadership and effective management** – corporate commitment from senior managers to Practice Managers and Consultant Practitioners who seek to engage all practitioners and partners in developing services;
- **staff skills and competencies** – understanding of the importance of quality and performance alongside high levels of robust professional practice;
- **working together across communities and with partners;**
- **Honest and open communication;** face-to-face discussions between those carrying out the quality assurance function and those carrying out the work with children and their families. Ensuring there is a clear understanding of issues, and staff being clear that their views are heard and appropriately represented.
- **Seeking and hearing feedback from children and young people and their families about their experience of our services**

Jane Wood  
 Director

Kitty Ferris  
 Assistant Director

## Children, Young People and Families

### 2. Implementing the Quality Assurance Framework

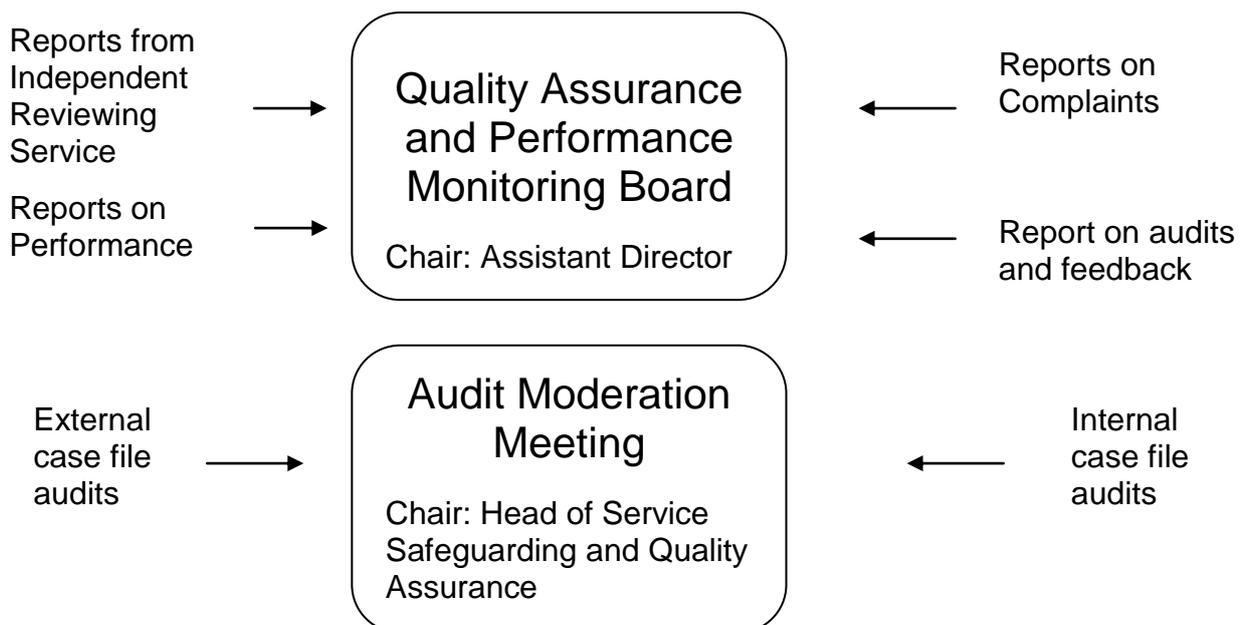
Whilst different individuals and teams will have responsibility for delivering the key elements of the Framework the oversight of the entire Framework will be the responsibility of the Assistant Director Children, Young People and Families Services and the Head of Service for Safeguarding and Quality Assurance, who will review the framework annually against local need and strategic direction. A formal report from the Head of Service will be regularly provided to the Assistant Director's Management Team. The Assistant Director will ensure appropriate consultation and formal feedback is provided to the Director of Children's Services, Members, and LCSB partners.

This process will set priorities and assist in implementing the systems for recording, monitoring, evaluating, and analysing both our performance and the quality of services we provide. In order for it to succeed, we will involve and share information with staff, service users, and stakeholders through regular consultation forums and feedback.

**It is important that quality assurance is seen as a part of our everyday practice and not seen as a one-off set of activities, it must be seen by all staff as 'business as usual' by being embedded within the culture of the department. Quality Assurance must therefore form part of service planning and delivery.**

In order to do this, the framework sets out the basis for a culture of shared accountability, responsibility, and ownership of quality assurance, from senior managers to front line staff.

The diagram below sets out the relationship between two new and important meetings that are referenced within the Framework. There is more information about all the activities that make up our Quality Assurance Framework in an associated "Questions and Answers" document: '**Activities which support sharing and learning from good practice**'.



### 3. Staff Responsibilities and Accountabilities

The table starts on the next page.

## QUALITY ASSURANCE FRAMEWORK December 2012

RESPONSIBILITY	Item and Frequency
<b>ASSISTANT DIRECTOR</b>	
Monitoring of Quality and Performance Report actions to be conducted through SMT, then translated into services and team plans delivering priorities from the Children’s Service Plan, which is informed by local need indicators such as consultation/feedback with partners, stakeholders and customers, contract reviews and service demand.	<b>High level “golden thread” plans monthly, quarterly and then annually.</b>
In consultation with the Director and the Performance Manager, produce a detailed action plan defining how the Safeguarding Improvement Plan is being progressed operationally. The Assistant Director in consultation with the Heads of Service will review the progress tasks/actions against the Improvement Plan.	<b>Improvement Plan report to the Safeguarding Improvement Board Project Team Meeting every six weeks</b>
Review the Slough Improvement Board Performance Scorecard which brings together performance measures for Referral and Assessment, Children in Need, Child Protection, Looked After Children, Adoption and Permanency, Audit, Resources, and Supervision. Reported to the Safeguarding Improvement Board and the Local safeguarding Children’s Board (LSCB).	<b>Scorecard reported to the Safeguarding Improvement Board Project Team, then the Improvement Board and the LSCB every six weeks</b>
Review information on Performance Indicators (PIs) and Financial (Budget and Cost) information provided by the Business Analysts and Finance Officers in consultation with the Heads of Service, with comments amended or added, and then formally approved by CYPFMT. SMT will subsequently review and approve.	<b>Monthly report of Performance Indicators and Budget/costs information from Business Analysts and Finance Officers to CYPFMT. Monthly reports and year-end report to SMT.</b>
Audit reports, Performance indicators (including Steady State, and Highlight (Comparator) Reports from teams), Complaints reports, QA and conflict resolution reports from the Safeguarding Unit, and QA reports from the Pan Berkshire Adoption and Fostering Panel Manager, to be scrutinised to triangulate recorded hard and soft data sets, which will inform judgements about the quality and efficiency of service delivery across Children’s Social Care.	<b>Quarterly meetings of the Quality and Performance Management Board, chaired by the Assistant Director. Monthly audit and performance reports, quarterly QA reports.</b>
Feedback to be sought from partners the judiciary and CAFCASS and reported back across the department (quarterly basis) to ensure that good practice is shared and promoted with areas for action identified then responded to.	<b>Partner, judiciary and CAFCASS feedback quarterly</b>
Twice yearly (March and July) Quality and Performance Workshop for all staff. An opportunity for up to 60 staff (a diagonal slice) at all levels and job roles within the Children and Families Department to come together to review progress and help plan the next steps to improve quality and performance.	<b>Twice yearly (March and July) Quality and Performance Workshop for all staff, introduced by the Chief Executive and addressed by the Director of Children’s Services</b>

<b>HEAD OF SERVICE SAFEGUARDING AND QUALITY ASSURANCE</b>	
Review Audit activity tools and associated case management review forms to ensure they remain relevant, standardised and fit for purpose.	<b>Review Audit tools Annually</b>
Analyse staff feedback surveys from all teams, and recommend action to ensure that morale remains high and staff are enabled to perform to the best of their abilities. Quarterly reports to CYPFMT and the Quality Assurance and Performance Monitoring Board.	<b>Staff feedback survey reports quarterly</b>
Identify updates and revisions required to TRI-X policy and procedures. Oversee the creation of Procedure Updates by Heads of Service, pending updates to Tri-x.	<b>New and amended Procedure Updates as and when. Tri-x six monthly updates</b>
To facilitate/arrange a practice update, procedure review and compliance activity monitoring group (the Quality Assurance and Performance Monitoring Board) to analyse performance and practice standards against local policy and expectations, and highlight any findings or exceptions formally to this meeting. Chaired by the Assistant Director.	<b>Quality Assurance and Performance Monitoring Board (QAPMB) meetings quarterly</b>
Ensure that formal Audit Moderation Meetings (thematic or random sample case selection) are held for selected managers to meet and progress audit activity using the audit tool. Chaired by the Head of Service Safeguarding and Quality Assurance.	<b>Monthly Audit Moderation Meeting</b>
Identify and collate themes from case file audits/reviews. Quarterly reports to CYPFMT and the Quality Assurance and Performance Monitoring Board.	<b>Themes from audits and reviews in monthly reports to teams, and quarterly reports to QAPMB meetings</b>
Ensure that individual actions from case audit/review activity are recorded on the case file and addressed with the allocated worker and manager.	<b>Individual action requirements as appropriate and within one week</b>
Review Social Care contributions to LCSB multi-agency practice audits (including the partner section 11 audit), and identify trends or themes. Reported regularly to the Audit Moderation meeting and the Quality Assurance and Performance Monitoring Board.	<b>LSCB contributions Quarterly/Annually as appropriate</b>
Review and collate Child Protection Conference Chairs and Independent Reviewing Officers QA reports and Practice Acknowledgement and Issue Resolution (PAIR process) notices - both key successes and areas for development from conferences and statutory reviews. Themes and trends to be formally recorded and reported to CYPFMT, The QAPMB, SMT and LCSB.	<b>CP Chairs and IRO QA reports and PAIR process notices, reported monthly, quarterly and annually as appropriate</b>

ALL HEADS OF SERVICE	
Supervise Practice Managers and retain an up-to-date staff supervision file as set out in the supervision policy.	<b>Supervision meetings with Practice Managers monthly</b>
Carry out staff appraisals and ensure that training and development needs are identified and passed to the HR department.	<b>Annual appraisals</b>
Review supervision records of Practice Managers for Social Workers in their teams to ensure that supervision is happening, and scrutinise random samples to ensure quality. Head of Service to take action where individual issues are identified. This should result in improved practice across teams and services and link to training needs analysis and workforce development. Provide monthly supervision numbers to the Quality Assurance Manager.	<b>Review of Practice Manager's supervision records (of Social Workers) as appropriate Supervision frequency numbers to the QA Manager at the end of each month</b>
Arrange Service Development Days. These will be the forum for Heads of Service to promote best practice within their area and to enable the sharing of experience across the staff group to build team identity, shared values and threshold understanding and application. Service Days are to include standing agenda item on good practice and share progress against departmental improvements.	<b>Service days annually (January)</b>
Review (with Practice Managers) Highlight reports of comparative performance data (across teams), and attend Steady State ICS Omissions and Inaccuracies meetings. Minutes of meetings will provide an overview of case related activity operationally with a requirement to cross reference data with ICS from practitioner through to Head of Service.	<b>Review fortnightly Highlight reports, and fortnightly minutes of Steady State meetings from MIS.</b>
Use a Case File Audit Tool to conduct sample file audits of one case each month. Feedback to be provided to the Practice Manager and Social Worker concerned and stored on the ICS case record. Copy to the Head of Service Safeguarding and Quality Assurance. Overview and themes to be reported to CYPFMT quarterly.	<b>1 case audit per month per Head of Service for CP and CIN, and LAC</b>
Attend a formal Audit Moderation Meetings (thematic or random sample case selection) for Heads of Service and selected Practice Managers and Consultant Practitioners to meet and progress audit activity using the audit tool. Chair: HOS safeguarding and QA.	<b>Monthly Audit Moderation Meeting</b>
Implement case file audit recommendations and actions required, and ensure they are linked with performance data.	<b>Audit results implemented and monitored as these arise</b>
Heads of Services to conduct audit of all team self-assessments against departmental priorities and to ensure agreed action for review and audit activities are embedded in Team Plans and Service Business Plans and that they reflect departmental priorities. The Golden Thread.	<b>Team Plans and Service Business Plans updated annually</b>

<b>PRACTICE MANAGERS</b>	
Provide professional supervision to practitioners and retain an up-to-date staff (supervision) file as required by the supervision policy. All supervision sessions will consider the application of the Risk Assessment Framework within sessions and ensure all children have a risk assessment, case summary and chronology relevant to their needs on file within the ICS system.	<b>Supervision meetings monthly for all staff</b>
Carry out staff appraisal and ensure that training and development needs are identified and passed to the HR department.	<b>Annual appraisals</b>
Complete the Case Management Supervision Tool (Manager's oversight and BRAG rating) to ensure that quality practice is developed and embedded, and to provide feedback to practitioners and senior managers.	<b>Supervision tool baseline completion by 30<sup>th</sup> November 2012, and quarterly after that</b>
Team Meetings to take place regularly, notes to be provided and filed and to evidence reflective practice discussion and feedback and to be held centrally.	<b>Team meetings fortnightly</b>
Arrange Team Development Days to include standing agenda item on good practice and share progress against departmental improvements.	<b>Team Days annually (July)</b>
Produce a Team Plan which incorporates self assessment and areas for improvement, actions resulting from quality reports and departmental and team performance targets	<b>Team Plan to be produced annually</b>
Participate in Service Development Days.	<b>Service Days annually (January)</b>
Highlight reports (comparative team data) and Steady State Reports (ICS accuracy) to be analysed and discussed with relevant staff to review casework detail (Qualitative and Quantitative) and cross reference with ICS data. Attend Steady State ICS (omissions and inaccuracies) meetings.	<b>Highlight reports Steady State cross referencing fortnightly, leading to improved performance</b>
Actively seek feedback from children and young people and their families and ensure that this is recorded on the case file	<b>Seek feedback from children and parents regularly</b>
Carry out file audits of 1 case each month, and review audits carried out by consultant practitioners within the team. These can be cases that are discussed in supervision or as the need arises.	<b>1 case audit per month per Practice Manager for CP and CIN, and LAC</b>
Participate in formal Audit Moderation meetings, contributing feedback on achievement of quality standards, if required.	<b>Audit Moderation meetings monthly</b>
Ensure the Complaints Co-ordinator is notified of all complements and complaints into the department.	<b>Complaints reported as and when received</b>
Attend professional training and development activities and report back on impact to your manager, colleagues and staff	<b>Professional training and development reported back as and when appropriate</b>
Access research and evidence on what works and incorporate into practice, discussing with colleagues and staff so that practice continually improves	<b>Access research and evidence of what works as and when appropriate</b>

<b>CONSULTANT PRACTITIONERS</b>	
Provide reflective case discussion opportunities to practitioners and ensure that these are reflected on the child's case file.	<b>Reflective case discussions as and when appropriate or when requested by the Practice Manager</b>
Highlight research and good practice for discussion in the team and at team meetings.	<b>Highlight research and good practice as and when appropriate or when requested by the Practice Manager</b>
Mentor and coach staff to ensure continuous practice development and provide input to staff appraisal and supervision.	<b>Mentor and coach staff as and when appropriate or when requested by the Practice Manager</b>
Actively seek feedback from children and young people and their families and ensure that this is recorded on the case file.	<b>Seek feedback from children and parents regularly</b>
Audit two case files across the team, providing a report on themes and issues, including good practice, to Practice Manager.	<b>2 case audits per month per Consultant Practitioner for CP and CIN, and LAC</b>
Participate in formal Audit Moderation meetings, contributing feedback on achievement of quality standards, if required.	<b>Audit Moderation meetings monthly</b>
Attend professional training and development activities and report back on impact to your manager, colleagues and staff.	<b>Professional training and development reported back as and when appropriate</b>
Access research and evidence on what works and incorporate into practice, discussing with colleagues and staff so that practice continually improves.	<b>Access research and evidence of what works as and when appropriate</b>
<b>FRONT LINE PRACTITIONERS AND SOCIAL WORKERS</b>	
Prepare for supervision as required in the supervision policy and ensure that case notes are up to date following each session.	<b>Supervision meetings monthly</b>
Participate in team meetings, raising case examples and using the opportunity for reflective practice in own caseload and across the team or service.	<b>Team meetings fortnightly</b>
Participate in Team Development Days and Service Development Days.	<b>Annual Team Days (July) and Annual Service Days (January)</b>
Actively seek feedback from children and young people and their families and ensure that this is recorded on the case file.	<b>Seek feedback from children and parents regularly</b>
Attend professional training and development activities and report back on impact to your manager and colleagues.	<b>Professional training and development reported back as and when appropriate</b>
Access research and evidence on what works and incorporate into practice, discussing with colleagues and managers so that practice continually improves	<b>Access research and evidence of what works as and when appropriate</b>

<b>PERFORMANCE MANAGER AND BUSINESS ANALYSTS</b>	
Monthly and Annual Performance Indicator information will be reviewed in consultation with the Assistant Director and Heads of Service, then formally approved by SMT.	<b>Performance Indicators monthly reports and annual reports</b>
ICS relationship to Tri-x procedures and templates requires regular updating, review, monitoring, and maintenance to ensure operational compliance and fitness for purpose.	<b>ICS/Tri-X updating regularly</b>
Provide cumulative and weekly compliance data sets to offer a Dashboard or Highlight Report approach to management information, reported first to Head of Service Safeguarding and Quality Assurance, then to all Heads of Service and Practice Managers. MIS in consultation with Heads of Service to conduct, and support practitioners, in benchmarking performance and practice against national trends and statistical neighbours to develop outcome focused best practice locally. Quarterly reporting of comparative and benchmarking performance to CYPFMT meetings.	<b>Dashboard/Highlights report weekly, and regular benchmarking activity. Quarterly reporting to (and attendance at) CYPFMT meetings.</b>
<b>COMMISSIONING TEAM</b>	
All service provision contracts to be reviewed against specification and outcome focused.	<b>Contract reviews every six months.</b>
Key quality issues from contract reviews to be included in the annual quality report	<b>Annual quality reports</b>
All externally commissioned services to be invited to participate in feedback about what we did well, and what we need to improve on. Soft data to be gathered and used to inform future service delivery.	<b>Annual learning from service reviews (quarterly meetings with providers)</b>
<b>HUMAN RESOURCES – WORKFORCE DEVELOPMENT</b>	
Workforce Development officer to conduct an annual review of completed Performance Appraisals and report to CYPFMT then SMT on their findings.	<b>Annual review of appraisals</b>
Workforce Development Team to work with all managers to ensure an induction programme for new workers is in place, and that identified training needs in relation to quality and performance improvements are incorporated and addressed in Departmental training plans	<b>Induction and training needs addressed as needed</b>
Workforce Development team to provide summary of all training undertaken by staff (skills audit and health check themes) setting out NQSW needs and minimum standards of support and practice .	<b>Summary of training undertaken and reported every month.</b>
Workforce Development team to update the recruitment and retention strategy in consultation with CYPFMT.	<b>Recruitment and retention strategy updated as and when needed</b>
<b>OTHER MANAGERS AND OFFICERS</b>	
Complaints Officer to provide quarterly report on Children Act complaints and Child Protection Conferences complaints to CYOFMT, then SMT then the Leadership Team on the volume and themes of complements and complaints.	<b>Complaints report quarterly</b>
Corporate Parenting Manager (Head of Service, Placements and resources) to review all End of Placement Reports on a quarterly basis then advise CYPFMT then SMT of findings and analysis of outcomes for children.	<b>Corporate Parenting report on ends of placements quarterly</b>

## Children, Young People and Families

Corporate Parenting Manager to report the outcomes and actions from Placement Support meetings to ensure action is taken immediately to avoid placement breakdown.	<b>Corporate Parenting action planning report as needed</b>
Corporate Parenting Manager to report action taken to avoid escalation of problems leading to placement breakdown. This analysis should also highlight areas of practice/ service delivery improvement that are required as well as highlighting good practice (i.e. what has worked well to help stabilise placements). Report to Head of Service Safeguarding and Quality Assurance.	<b>Corporate Parenting areas for improvement and good practice report quarterly</b>
Family Placement Team will seek to obtain the views of parents and carers, and children and young people within both the adoption and fostering services as part of the quality of service reviews as required by Fostering and Adoption Regulations.	<b>Feedback from parents and children regularly</b>