

Safeguarding, Quality, Impact & Practice

Haringey Children's Services Quality Assurance Framework

Control Version 1

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Introduction

Haringey Children Services and its partner agencies places children, young people, and their families at the heart of our vision to deliver quality services that will help improve and sustain better life outcomes. This Quality Assurance Framework establishes a whole systems approach to delivering a quality service to children and their families in Haringey.

Purpose

The purpose of this Quality Assurance Framework is to set out the mechanisms for how we review and improve our standard to deliver effective and quality services for the children and families in Haringey. It aims to provide the workforce and the management leadership teams with confidence that we are delivering good to outstanding quality services.

Haringey Quality Assurance Framework is underpinned by a set of overarching principles, priorities and standards which are continually being reviewed and updated in line with the drive to improve our services:



Aims.

Quality assurance is not an additional activity, but an integral part of everyday practice. It can help us ensure and evidence that children are being kept safe from harm and are protected. It helps improve outcomes for children and families we work with by identifying gaps and problems within practice and services offered. Crucially, it also helps us identify what interventions work for children and families and highlights good practice. It also assists the service and managers in ensuring staff are supported in carrying out their roles both safely and effectively as well as having the opportunity to learn from best practice.

The aim of the Quality Assurance Framework has a clear emphasis on measured outcomes and impact that contribute to:

- Children and Young People feel safer
- Children and Young People are healthier
- Children and Young People have an improved quality of life.
- Children and Young People are succeeding in their schooling.
- Strengthening families

Quality assurance activity also incorporates measuring the impact of service delivery. Therefore, it is necessary and important to utilise data to help inform us regarding the progress relating to a service or project, for instance looking at the number of child and family assessments completed. This includes data around how well this was done and whether completed within timescale. The outcomes & impact of service delivery are concerned with whether anyone is better off and if the identified needs have been met.

The combination of outcome and output data is key to understanding the impact of services. It is important that quality assurance is not solely a judgement on the quality of case work recording but a mechanism to test and assure the quality of relationship based social work practice through the range of activity outlined in this framework.

Governance

The Quality Assurance Framework is overseen by a senior leadership team who receive regular reports, data, and feedback regarding the services we provide to children, young people, and their families.

Quality assurance is also discussed at the quarterly Quality and Performance Network (QPN) meetings which involve the Director, Assistance Director, Heads of Service and Service Managers from across the Children and Young People's Service.

The Children's Improvement Board scrutinises and oversee the programme of work being carried out through the Service Improvement Plan and including the impact and quality of practice.

Lastly the Haringey Children Safeguarding Partnership has a crucial role in ensuring best practice is delivered effectively and efficiently to children in the local authority through partnership working.

Shared Accountability within a Quality Assurance Framework

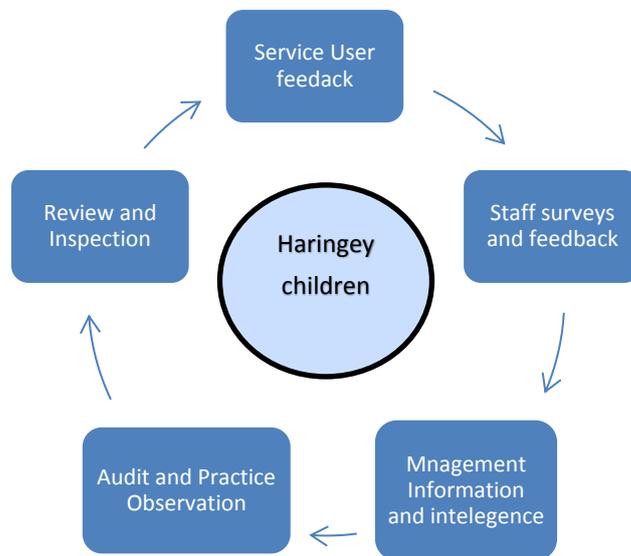
We recognise for the Quality Assurance framework to deliver such improvement; we require effective integration through partnership working with a variety of local agencies and voluntary

services. Through such strong partnership we can achieve delivering sustainable and high-quality services.

Crucially important to improving outcomes for children and young people and their families is the staff and managers who deliver effective and efficient quality services. This framework not only ensures the scrutiny of practice within organisations but cements and creates a culture of learning, support, and improvement.

The Quality Assurance Framework is the shared responsibility of all those who are accountable for delivering quality services to children and their families in Haringey. As such the Quality Assurance Framework is dependent on shared goals and objectives with partnership agencies.

It is important to recognise and acknowledge that any drive to deliver improved outcomes for children must run alongside the continued delivery of professional development, staff retention and effective leadership.



Haringey Quality Assurance Framework takes on board service users' feedback, audit themes, staff feedback, management information and intelligence, which are embedded into relevant learning and development programmes.

Early Help Services

Haringey Early Help 0-19 Service is delivered through Multi-Agency partnership with the aim of identifying the need to intervene early in the lives of children and young people to interrupt adverse

experiences and prevent them escalating through childhood. Through this partnership approach, resources are mobilised pro-actively to meet the identified needs of children and young people.

The focus of early intervention is the targeted delivery of services for a period of usually 3-6 months. The aim is to build resilience in families to improve their capacity to find solutions to resolve their own challenges and reduce the risk of statutory agency intervention.

The Early Help Service, quality assures the services it delivers through collection of case file data that provides a dashboard highlighting all the key outcomes for children and families. These are scrutinised by operational and senior managers monthly. The Early Help Service contributes to the Children Services monthly audit cycle.

The Performance Management and Quality Assurance Framework.

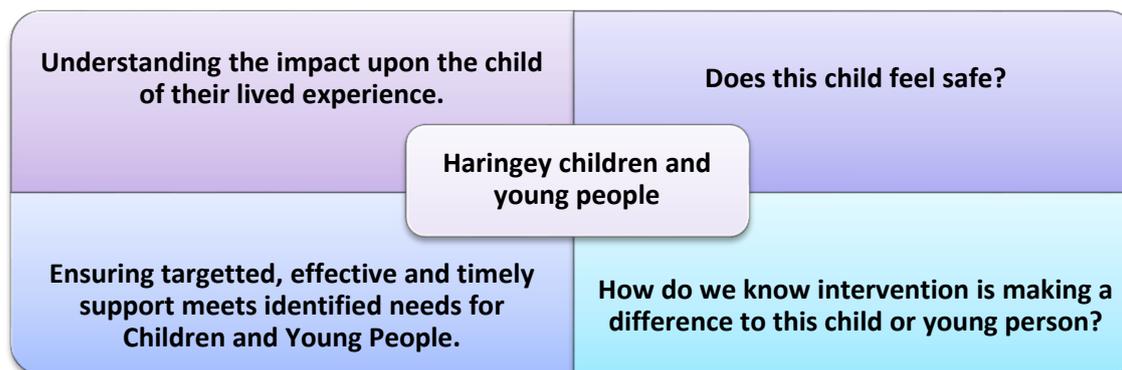
Good quality data allows us to recognise gaps, weaknesses and strengths when providing services to children and their families. We must ensure that our intelligence is reliable, that the data we use to manage our services is accurate and that we have robust systems. A combination of Performance Management and Quality Assurance enables Haringey to provide a platform to hold ourselves and our partners to account. The platform for collecting key data is through the Mosaic integrated records system.

This relationship helps us to analyse and learn about what works and where we need to develop and improve. Haringey has a suite of performance reports to assist benchmarking against both local and national key performance indicators, whilst highlighting areas of strengths and areas for development. Our Performance Improvement team maintains a data quality role and are responsible for submitting statutory returns on behalf of Children's Services. It also continues testing and assuring the quality of our data. Staff at all levels understand their role and contribute to keeping and maintaining standards and recording so we have high quality data.

The overview across the service is reported at the monthly Quality Performance Network (QPN) meeting which is chaired by the Director of Children's Services and has representation of senior managers from across the service. The schedule for the annual programme of audit across Children's Services is the responsibility of the QPN meeting. All those involved in the audit work are clear about their role and responsibilities.

Children Services Quality Assurance:

The Quality Assurance Service plays an important role in working to support and challenge practice through a range of lead roles and activities. It has a joint responsibility with Social Workers and managers to assess, challenge, analyse and ensure we know the answer to the following:



The Quality Assurance service undertakes a range of activities to meet the above goal. The Children's Services Quality Assurance team plays an important role in working to scrutinise, challenge and support practice through a range of means:

- Feedback from service users, Children and Young People, including ASPIRE and the Children in Care Council (CiCC).
- Audit activity both core & thematic
- Outcome and learning from complaints
- Planned and unannounced observations of practice
- Outcomes from Inspections
- Performance information
- Feedback from the Independent Reviewing Officers and Child Protection Advisors services.
- Serious Case Reviews & Internal Learning Reviews
- Practice Weeks
- Annual Report of the Local Safeguarding Board
- Feedback from Independent Reviewing Officer/Child Protection chairs
- Quarterly and Annual LADO Report

As a service our approach to quality assurance should be:

- **Child centred** – we will follow the journey of the child through our services.
- **Participative** - our quality assurance activity will be carried out in partnership with service users and professionals, from the student social workers to senior managers. Measuring quality is something done with, and by, service users and professionals rather than an exercise done to them. Everybody has a responsibility to quality assurance and everyone's views and feedback will be incorporated into service improvement.
- **Consultative** - a consultative approach encourages awareness of quality issues and ownership of the findings.
- **Transparent** – delivering clear messages about the purpose of audits and how they benefit the organisation and individuals should encourage openness and willingness to participate.
- **Outcome Focused**– the drive is to seek continually to improve performance and be able to measure the impact on outcomes for children and their families. It is not enough to

carry out quality assurance activity; the findings from all activity will drive service improvement and create better outcomes for our clients and workforce.

- **Ethical** – we will always endeavour to
 - Respect participants privacy and confidentiality.
 - Extend and develop our knowledge.
 - Use public resources in the most effective way possible.
 - Use the findings to create change, which leads to improved outcomes.

Principle Social Worker

The Principal Social Worker (PSW) role is fulfilled by the Head of Service for the Safeguarding, Quality, Improvement and Practice Service by taking a professional lead to support and advise about the quality of practice across Children's Services in Haringey. The role also promotes the development of knowledge and research to support frontline practice

Haringey Safeguarding Children Partnership

Haringey Safeguarding Children Partnership (HSCP) plays a key role in driving and delivering key elements of the children's improvement plan and the quality assurance framework between Children's Services and its partner agencies. Audit activity undertaken by the partnership includes a multi-agency practice learning week each autumn.

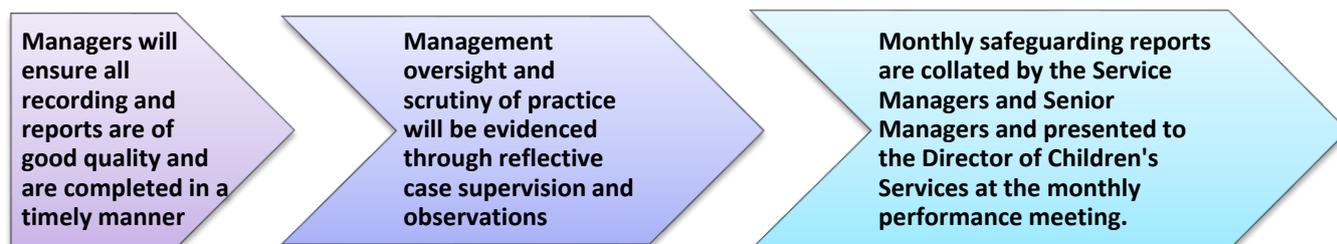
The HSCP has developed a quality assurance framework that compliments the audit activity carried out within Children's Services. The partnership promotes further scrutiny through its sub-group audit activity throughout the year. The statutory context to such audits is under Section 14 of the Children Act 2004 and subsequently Working Together to Safeguard Children 2018.

Practice Standards and Management Oversight

Haringey recognises the importance of agreed standards, procedures, and policies and how these define and underpin the core day to day business in delivering services to children, young people and their families.



A critical activity is the responsibility of managers to scrutinise practice to ensure that decisions are made in the interests of the child or young person. Managers are required to evidence supervision is reflective and to record key management decision with clear rationale.



Professional Learning and Development

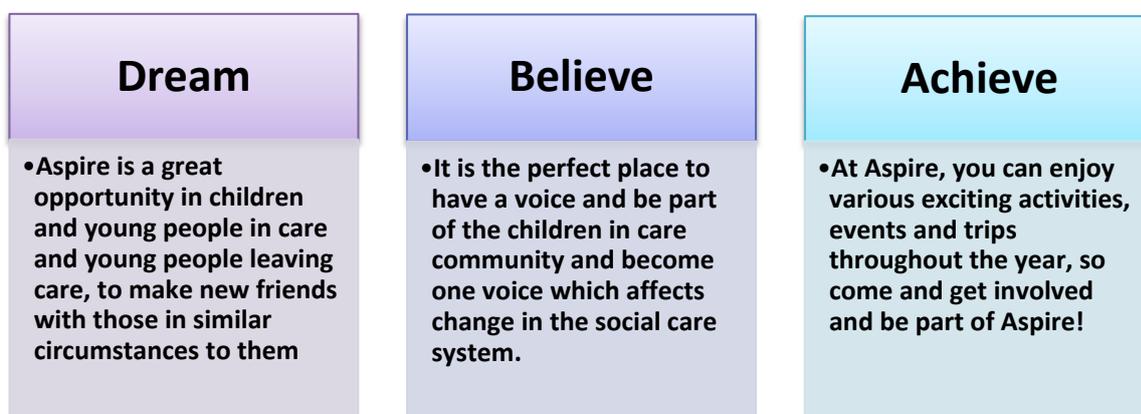
Haringey Workforce Development Strategy is designed to deliver on the Council's aim, to build a highly skilled workforce that is equipped to help residents stay safe, well, resilient and independent. Complimenting Haringey's vision for the workforce is the Children's Workforce Development Strategy, which is informed by the training needs analysis consultation and underpinned by the Learning and Development offer.

This activity has identified the following five priorities for children's services as follows:

- Recruitment and Retention
- Learning and Development
- Career Progression
- Management and Leadership
- Culture and values

Service User Feedback

Aspire is Haringey's Children in Care & Care Leavers Council, who meet regularly to discuss emerging trends/themes for Haringey Children in Care & Care Leavers whilst they are looked after by the local authority.



- ASPIRE'S aim is to have children and young people's voices heard and influence decisions to improve the services they receive from Haringey Corporate Parents.
- Children and young people are provided with participation documents to complete prior to their LAC reviews.
- MOMO provides a digital framework for young people to provide Feedback and contribute to their LAC plans
- Child Protection conferences collate feedback from both professional partner agencies and parents (as well as children and young people if appropriate).

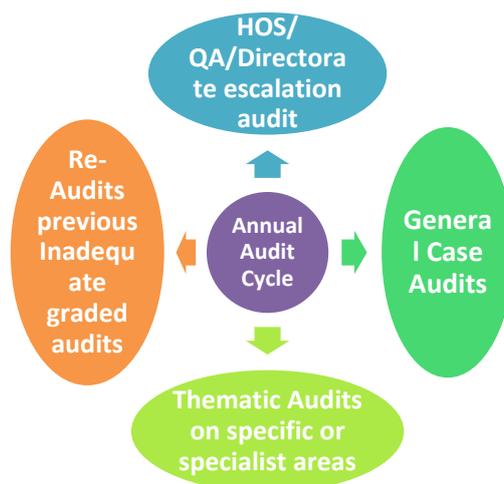
Practice Observation Week

Children's Services commissions a practice learning week annually, which involves staff throughout the organisation. Audit activity involves consultation directly with children, young people and their families with senior leaders during this process. The rich learning derived from this activity further informs the workforce development strategic response to enhance the leaning and development offer to staff. A summary report is presented to the Quality Performance Network meeting.

Case Audit Framework Guidance Notes

1. Introduction

- 1.1 The purpose of the case audit process is to support the raising of practice standards by providing the opportunity to reflect on practice and measure the effectiveness of the work being undertaken with children and their families who use the service. Whilst the audit process has a scrutiny role to evidence that practice is undertaken in line with the agreed standards, it is important to highlight that auditing also has a supportive and educative function, providing an opportunity for learning, that guards against complacency and embedding a culture of continuous improvement.
- 1.2 The process of auditing is a responsibility shared by all those who are accountable for the quality of practice within the organisation. It is on this basis that those auditing cases include Team Managers (from all service areas), and the Quality Assurance Service (CPC's, IRO's, LADO, Quality Assurance and Practice Improvement Team). This enables more audits to be completed, ensures more robust scrutiny of the quality and effectiveness of practice and facilitates the development of baselines for good practice across the services.
- 1.3 Additionally, monthly audits of the MASH service are completed by Senior Managers (Heads of Service) within Assessment and Safeguarding, Corporate Parenting and Early Help.
- 1.4 Re audits are completed monthly by Service Managers within MASH, Assessment and Safeguarding,, Corporate Parenting, Early Help, DCT and Quality Assurance.
- 1.5 The monthly case audit process will be complemented by themed audits, where the topic selected will be based upon recommendations from serious case reviews, issues arising from performance information, case audits or other sources such.
- 1.6 It is expected that the outcomes of audits, alongside other available performance information, is used in supervision and appraisal to support practitioners to improve the quality of their practice, and the delivery of good outcomes for children and their families in addition to tackling any issues in respect of poor performance. In addition, audits should inform team and service development and can reflect wider systemic issues which impacts on the service delivery.
- 1.7 The case audit process should not delay immediate action being taken to safeguard a child if a situation of imminent risk has been identified by the auditor/manager.
- 1.8 The audit process aims to achieve for practice in teams being more open to scrutiny, challenge and accountability, but it is important for this to be undertaken in the most positive way so that it can be heard and received as well as be acted upon in such a way that it leads to an improved service to children and their families.
- 1.9 The outcome of case audits will be collated in monthly, quarterly and annual reports and the findings and key themes will be shared with practitioners and managers through a variety of channels to include Managers Forum, practice forums, team meetings and service meetings.



Audit Tools

A range of audit templates have been developed to support audit activity, including Thematic tools for specific service areas or a generic tool for larger scale audits. The Quality Assurance Service reviews and support the development of any new audit tools, as required.

2. Monthly Audit Procedure

There are **12 audit cycles per calendar year** for all services:

- Assessment and Safeguarding: NRPF, Assessment and long-term safeguarding
- Corporate Parenting: Young People in Care, Young Adults Service, Court teams, Fostering service, Pose Order service, Carers/ Connected Persons and Special Guardians
- DCT
- Re audits of all of the above

- MASH ;

Other specialisms: PAUSE, HART project, Family Assessment, supervised contact, Child Protection Advisors, Independent Reviewing Officer's, Local Authority Designated Officer service and Virtual School will be subject to thematic audits periodically or will be integrated within other audit processes.

Each audit cycle generally runs from the first working day of the month to the last working day of the month. Audit allocations will be sent out to all relevant auditors, team manager and practitioners by the Quality Assurance and Practice Improvement Team.

There are two types of audits arranged during the year:

Case audits undertaken by ALL Team Managers, Child Protection Chairs, LADO, Independent Reviewing Officers and the Quality Assurance Team etc, as well as re-audits: These take place each month.

There will also be periodic Practice Week's as agreed by the Director of Children's Services. Usually these will be scheduled twice per year. When these occur, they will replace the monthly audit process for that month.

Audits cycle unless Practice Week is scheduled to occur:

Month	Type of Audit
April and May	Case audit and re-audit
June	Case audit and re-audit
July and August	Case audit and re-audit
September	Case audit and re-audit
October and November	Case audit and re-audit
December	Case audit and re-audit
January and February	Case audit and re-audit
March	Case audit and re-audit

- 2.1 **The audit process is outlined below is the same for all types of audits, case audits/ re audits as well as thematic audits.**
- 2.2 Please see **Appendix A: Audit and Re-Audit Cycle** for an overview of the expected audit/ re audit process.
- 2.3 The auditor has one **calendar month to complete the case audit** and improvement plan. The audit should cover the preceding 6 months of Children's Social Care's involvement (this might be shorter if the involvement of CSC started during this 6-month period). Evidence

should be provided to support the judgement grading awarded and should highlight areas of good practice. Each domain of the audit tool should be completed, where applicable, and auditors must provide sufficiently detailed comments throughout the audit report in order to explain their rationale for the grading given and ensure that qualitative data is available to inform the learning from audits. Auditors are expected to give gradings (for each applicable domain and overall) after having reviewed the child's/young person's/carer's Mosaic case file.

- 2.4 It is the **expectation that each auditor/re-auditor arranges to meet with the Practitioner** as part of the audit process to discuss their draft audit findings and engage in a reflective discussion with the practitioner in order to explore areas of practice strengths and areas requiring further focus. Any additional information obtained through this conversation needs to be noted on the audit report by the auditor. The auditor is expected to give another grading (for each applicable domain and overall) following this conversation with the practitioner.
- 2.5 In case of a second re-audit, it is the **expectation that the re-auditor arranges to meet with the Practitioner and Team Manager** as part of the re-audit process to discuss and to also enhance the Team Manager's understanding as to why things have not progressed as previously agreed
- 2.6 Following the conversation with the practitioner and having recorded such in the audit report, the auditor needs to **email the audit report to the Quality Assurance and Practice Improvement Team for the purpose of Quality Assurance**. The team will quality assure the report within one working day and advise of any necessary review/revision within the report. Following this, the auditor is to send the audit report to the practitioner and their Team Manager **before the auditor uploads the audit report onto Mosaic with the accompanying case note** (see 4. Example of accompanying case note for Mosaic). An alert needs to be sent to the allocated practitioner, Team Manager and CP Chair/ IRO (where relevant). An alert also needs to be sent to the Service Manager and Head of Service for audits graded inadequate and for re-audited cases where they have maintained the same grading as the original single case audit (that is, re-audits maintaining the same 'requiring improvement' or 'inadequate' grade as the main audit) or in circumstances where the audit has been downgraded.
- 2.7 As the audit period covers the 6 months preceding the audit date, it is possible that there was a change in practitioners and/or teams during that time. If the auditor identifies that the practice completed by the previous practitioner/team shows particular strengths or highlights areas of concern or requiring improvement, it is the expectation that the auditor will seek to feed these findings back to the relevant practitioner and team manager where possible.
- 2.8 Each case audit requires the auditor to determine a rating for the quality of practice in each domain as well as overall. **The gradings are as follows:**
- **Outstanding** - A service that significantly/consistently exceeds minimum requirements

- **Good** - A service that regularly exceeds minimum requirements
- **Requires Improvement** - A service that only meets minimum requirements
- **Inadequate** - A service that does not meet minimum requirements

2.9 Auditors are expected to refer to the **audit grading criteria document** (developed for all service areas). Practitioners and Team Managers receiving an audit report are expected to use this audit grading criteria when wishing to challenge an audit.

2.10 If **any immediate concerns** arise in respect of the child's safety during the course of the audit process then the auditor is responsible for ensuring that the Team Manager is notified as a matter of urgency, so that corrective action can be undertaken.

2.11 **Dispute Resolution Process:** In cases where there is a disagreement about the practice and findings and the auditor and the practitioner/ Team Manager do not agree with the grading, the following process should be followed:

<p>Informal; QA and Practice Improvement team to be kept informed by being copied into relevant email communications.</p>	<ul style="list-style-type: none"> ➤ Practitioner/Team Manager to prepare a written response (using the audit grading criteria) to the areas identified by the auditor that are being disagreed with, this to include rationale of disagreement and evidence of work undertaken to address the identified areas ➤ Practitioner and Team Manager to share the written response with the auditor and arrange a meeting within 5 working days ➤ Discussion between Auditor, Practitioner and Team Manager to seek resolution ➤ Discussion summary and outcome to be shared by Team Manager via email with the auditor and Quality Assurance and Practice Improvement Team within 2 working days: <ul style="list-style-type: none"> ✓ If resolved: final (amended) audit report to be emailed by the auditor to the Practitioner/Team Manager and Practice Improvement & Audit Team ✗ If unresolved: Formal process to be followed as outlined below
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Formal	<ul style="list-style-type: none"> ➤ Relevant audit report and Team Manager's rationale of disagreement, detailing the specific areas, to be emailed to the Quality Assurance and Practice Improvement Team. ➤ Quality Assurance and Practice Improvement Team to discuss with the Head of Service for Quality Assurance and Practice Improvement/PSW within 5 working days and agree on appropriate course of action (including reviewing and auditing the case file independently if appropriate) ➤ Quality Assurance and Practice Improvement Team to provide written response to the findings and points of disagreement to the Team Manager, Auditor and relevant Service Manager within 5 working days: <ul style="list-style-type: none"> ✓ If resolved: final audit report to be uploaded onto Mosaic by the auditor and to be used by QA and Practice Improvement Team as part of the monthly audit analysis ✗ If unresolved: dispute to be escalated by Service Manager to the relevant Head of Service to discuss with the Quality Assurance Head of Service/PSW within 5 working days <ul style="list-style-type: none"> ✓ If resolved: final audit report to be uploaded onto Mosaic by the auditor and to be used by Quality Assurance and Practice Improvement Team as part of the monthly audit analysis. ✗ If unresolved: in exceptional circumstances, dispute to be escalated to the Assistant Director who will consider to arrange for an independent view of the audit report (if appropriate) and findings to be taken.
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2.12 It is expected that all audits will be completed within the given timescale. Where an auditor is unable to complete the audit due to annual leave or sick leave, the expectation is for the auditor or their Service Manager to identify another member of staff within their service area to complete the audit.

2.13 Discussion of Audit Findings:

- For cases judged as inadequate and re-audits maintaining the same grade (re-audits maintaining the same 'requiring improvement' or 'inadequate' grade as the main audit) or downgraded, the expectation is that the Team Manager and Practitioner will discuss the audit findings and agree on smart actions on how the practice on the case will be improved and the identified concerns addressed; this is to be done within 5 working days upon receipt of the completed audit. It is the responsibility of the Team Manager and Practitioner to ensure that this is done.
- For cases judged as requiring improvement (in both single case audits and re-audits) the expectation is that a team manager and a practitioner to discuss the case within 10 working days upon receipt of the audit or re-audit to consider how a better service can be delivered to the child/family involved.
- Managers are expected to record their discussions within a supervision or management oversight case note. These will be reviewed by the QA and Practice

Improvement team and any issues around non-compliance will be escalated to the relevant Service Manager.

2.14 Escalation Process for re audits

- **Re audits that remain the same grading as the previous audit or are downgraded** need to be emailed to the allocated Practitioner, Team Manager and Service Manager; when uploaded on Mosaic, the alert also needs to be sent to the allocated Practitioner, Team Manager and Service Manager.
- It is the expectation that the Service Manager will follow up the discussion of audit findings and agreement on actions as part of the improvement plan with the Team Manager and Practitioner to monitor that appropriate actions are taken in a timely way.
- **Re audits that have been re audited before and still remain the same grading as the previous re audit or are downgraded**, will need to be emailed to the allocated Practitioner, Team Manager and Service Manager and will also need to be brought to the attention of the relevant Head of Service, Assistant Director.
- It is the expectation that the Head of Service will follow up the discussion of audit findings and agreement on actions as part of the improvement plan with the Team Manager and Practitioner to monitor that appropriate actions are taken in a timely way.

2.15 Escalation Process in relation to quality and non-completion of audit reports (relevant to case audits and peer audits)

- **Quality Assurance of completed audit reports:** completed audit reports received by the Audit and Practice Improvement Team are quality assured within a day and sent back to the auditor with clear details on areas that need reviewing, if relevant; auditors are asked to provide an amended report as soon as possible (and within 2-3 days); in acknowledgement that there are some occasions where a discussion with the auditor would be beneficial this will be offered by the Audit and Practice Improvement Team and it is expected for the amended audit report to be completed within 3-4 days; if amendments/improvements are not made or within the agreed timeframe, the matter will be raised with the Service Manager and/or Head of Service to speak to the individual and encourage the work to be completed appropriately. If this does not yield the intended outcome, the matter to be raised with the Assistant Director for that service.
- **Non Compliance of allocated audits:** if an audit has not been completed/ submitted by the auditor within timescale, the Audit and Practice Improvement Team will liaise with the auditor and their Service Manager and/or Head of Service combined regarding this and will seek a resolution going forwards to ensure this is not repeated in future. In future, if the same individual does not complete/submit an audit on time then the matter will be escalated to the Assistant Director of that service area.

2.16 Alert Process when concerns arise during the audit/ re audit process (relevant to case audits and re audits) in relation to the safety of a child: (see Appendix B)

3. Audit Grading guidance

See Audit Grading criteria documents that have been developed for audits specific for all service areas

- For cases held within Safeguarding, Corporate Parenting (looked after children) and DCT
- For care leavers held within the Young Adults Service
- For cases held within the Fostering Service

4. Example of case note accompanying a completed audit:

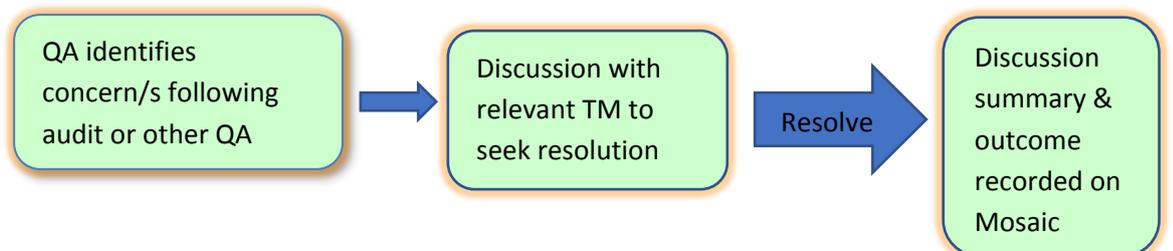
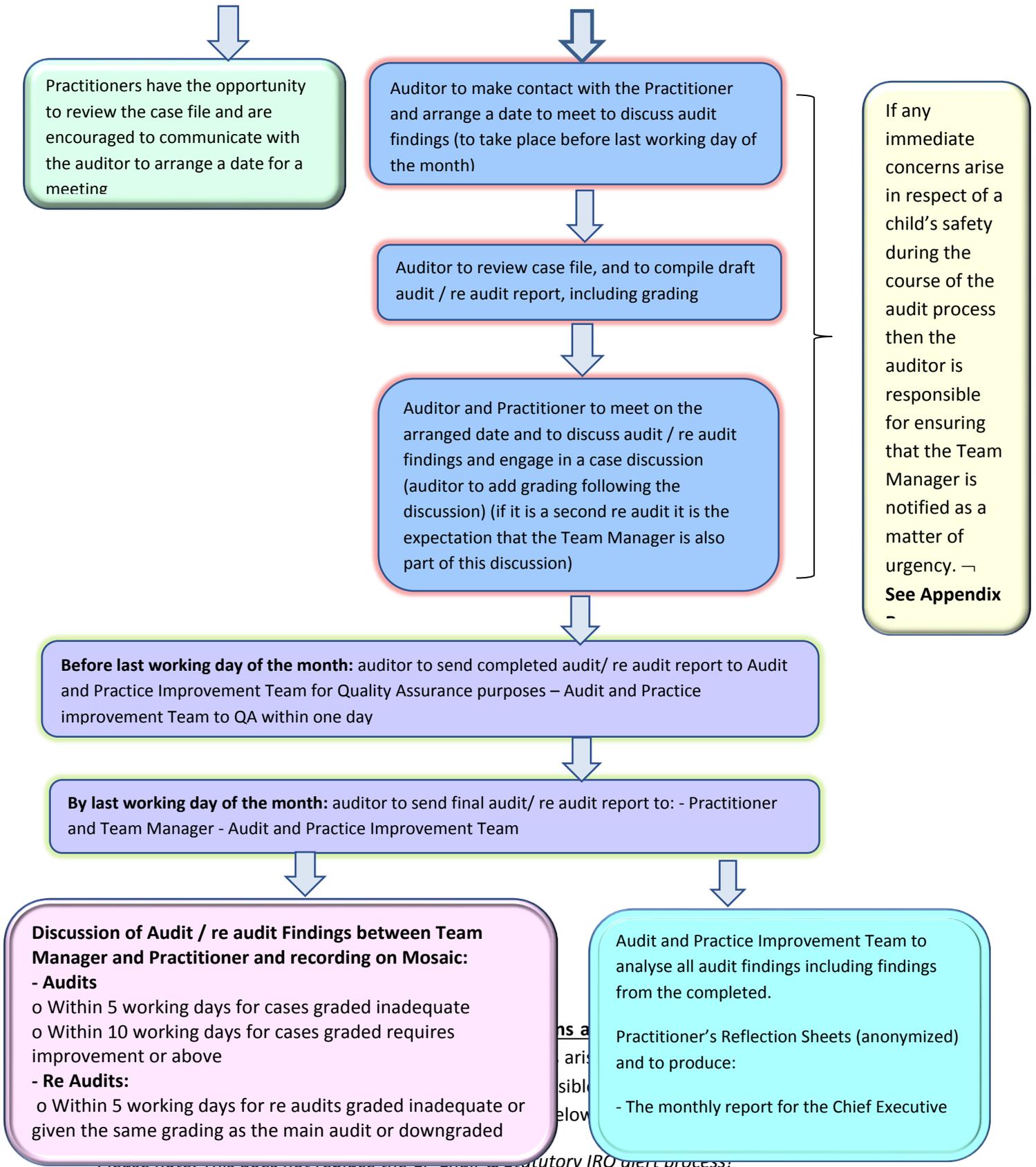
The screenshot shows a web-based form for creating a case note. The form has a navigation menu at the top with options: People, Organisations, Workers, Contracts, Reports, Tools, and Help. The main form fields are:

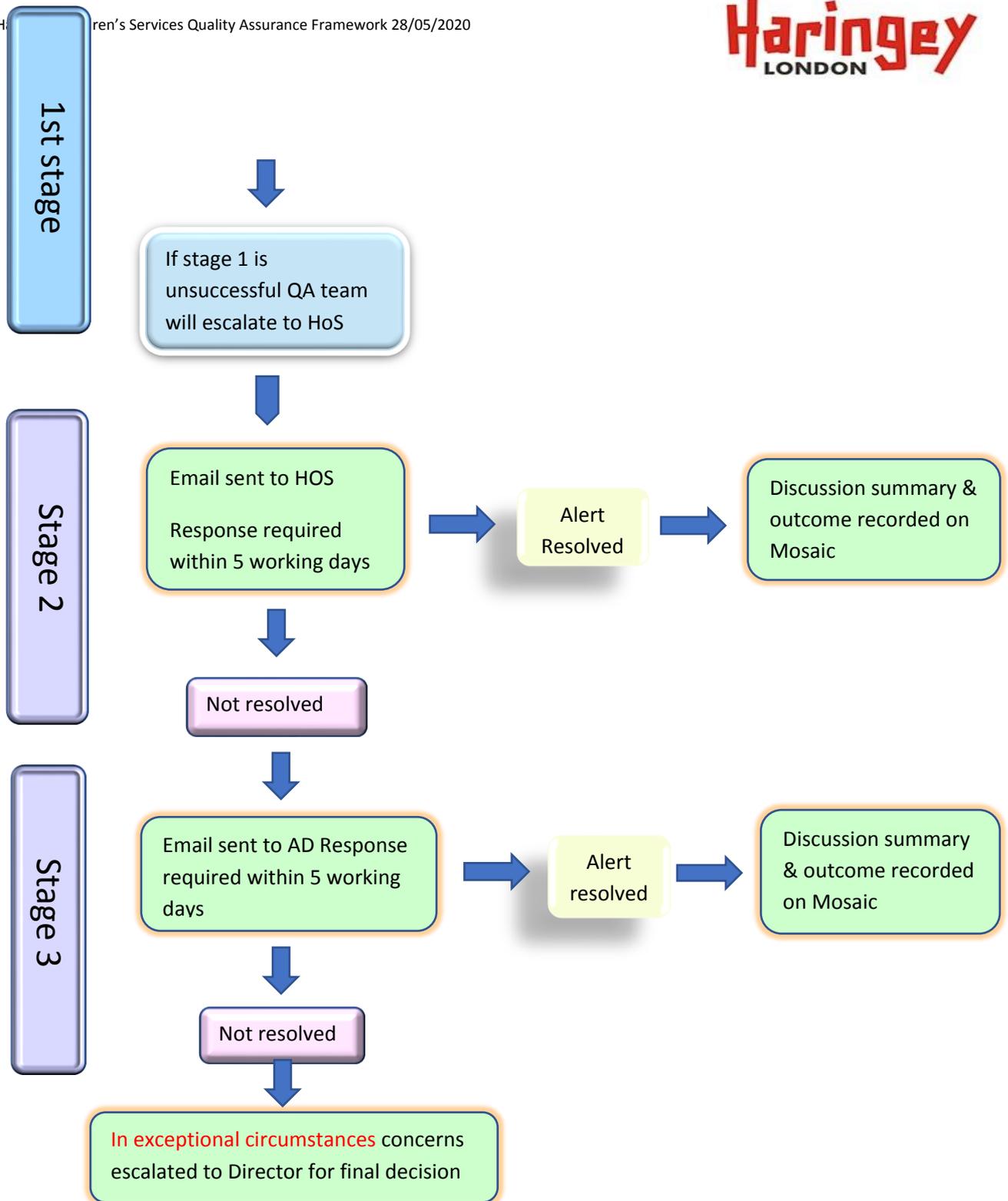
- Title (max. 100 characters) ***: June Audit
- Type of Note ***: Quality Assurance
- Date ***: 12/06/2018
- Time *** (Enter as 24 hour clock e.g. 15:30): 08:18
- Significant Event (will be included in Chronologies)
- Note ***:
 - audit completed as part of the June audit cycle
 - overall grading: good
 - please see documents for copy of audit report with actions identified for completion as part of the improvement plan
 - Mosaic alert sent to allocated practitioner, Team Manager and IRO/ CP Chair (Where relevant)

At the bottom of the form, there is a link: [Add Alert Recipients for this Case Note?](#) and four buttons: Save and Continue, Save and Close, Finish, and Cancel.

Appendix A: Flow Chart – Audit and Re –Audit Cycle

1st working day of the month:
Audit and Practice Improvement Team sends allocation list of audits and re audits to Auditors, Practitioners and Team Managers





Audit	Purpose	Method	Lead	Timescale	Outcome and action plan report to	Monitoring
Audit	To test the quality of practice	Monthly case file audits inclusive of individual case discussions with allocated practitioner supplemented with thematic audit testing key issues and hypothesis	Practice Improvement & Audit Service	Planned throughout the year (routine monthly & thematic)	Incorporated into quarterly audit findings	QPN
Practice Observations	To gain an understanding of the quality of practice of both practitioners and managers in addition to audit activity	Planned observations of front-line practice and of supervision. Unannounced observations of team meetings	Practice Improvement & Audit Service	Planned throughout the year	Incorporated into quarterly audit findings	QPN
Performance Information	To ensure all managers across the department have a good understanding of the performance of their areas of responsibility and the data to support their decision making	Monthly performance data and analysis provided for <ul style="list-style-type: none"> • Heads of Service & Service Managers • DMT • QPN • Scrutiny 	Senior Performance Analyst	Monthly	Improvement actions agreed through monitoring meetings	QPN & DMT
IRO's report to Service Manager	To provide the CSC Director: with qualitative & quantitative information on service performance in respect to children/young people in care.	Monthly monitoring of concerns Quarterly report on participation, performance monitoring and conflict resolution.	Head of Safeguarding, Quality, Improvement and Practice Service	Quarterly	Director, Children's Services via Annual report to QPN	QPN
Fostering IRO's report	To provide DMT with qualitative information on the in-house fostering provision	Quarterly and annual reports to DMT	Fostering IRO	Quarterly/Annually	QPN and Head of Placement and Resources	QPN

<p>Outcomes & Learning from complaints</p>	<p>To improve service delivery and outcomes for children and families as result of individual complaints</p>	<p>Learning from each stage 2 & 3 complaint cascaded to all team managers Analysed findings from all complaints reported to QPN & DMT</p>	<p>Social Care Complaints Manager</p>	<p>As they occur Quarterly</p>	<p>QPN</p>	<p>QPN</p>
<p>Outcome and learning from SCRs</p>	<p>To ensure learning from SCRs (including non WFSCRs) is incorporated into practice</p>	<p>Cascaded through the HSCP Monitoring of implementation of actions at DMT</p>	<p>Head of Strategic Partnerships</p>	<p>As they occur</p>	<p>Each service management team and DMT in line with established internal monitoring process for SCR's</p>	<p>DMT</p>
<p>Feedback from Children, Young People and their Families</p>	<p>To ensure the views of services users inform the way services are designed and delivered</p>	<p>Annual ASPIRE report (with quarterly reports) to capture views of all children and young people to inform service planning (detail of activity contained within the action plan) Children in Care Council meeting with Senior Officers and Corporate Parenting Board members on regular basis</p>	<p>ASPIRE Lead Practitioner ASPIRE manager</p>	<p>Quarterly/ Annually As required</p>	<p>DMT ad Head of Safeguarding, Quality Improvement and Practice</p>	<p>DMT & Corporate Parenting DMT & CiC Parenting</p>



<p>HSCP multi agency thematic audits activities</p>	<p>Multi agency overview of safeguarding arrangements and outcomes for children.</p>	<p>Themed case reviews carried out by the members of the HSCP</p>	<p>Head of Strategic Partnerships</p>	<p>As commissioned by HSCP</p>	<p>HSCP And service management teams</p>	<p>HSCP Service management teams DMT</p>
<p>Fostering Activity</p>	<p>Oversight of arrangements of quality and permanence</p>	<p>QA Reports</p>	<p>Panel Chair</p>	<p>Quarterly & Annually</p>	<p>CSC Director</p>	<p>DMT & Corporate Parenting Board</p>