

## 1. Introduction

1.1 Leeds City Council CYPSC is committed to providing a high quality, dependable service for children, young people and their families. In order to achieve the highest possible standards of service delivery we aim to keep the child at the centre, ensure services are delivered to nationally agreed standards and meet our performance targets.

1.2 This document sets out the Children and Young People's Social Care Quality Assurance Framework (QAF). The QAF is a way of evaluating services from known and new sources, to capture the information in a systematic way and to bring about changes from this learning. The QAF process will contribute to service improvement and evidence the way that this is achieved. The QAF complements and supplements the Performance Management Framework, so ensuring the thorough use of Performance and Quality Assurance to improve service delivery.

1.3 The QAF is a mechanism by which we identify the key priorities for children's social care services. This framework sets out the way in which CYPSC will review quality assurance issues, ensure priorities are met, and identify problem areas.

1.4 Providing quality assurance is the business of everyone who works for CYPSC and is therefore the thread which links all our work. It needs support and ownership within areas and clusters so that a quality assurance culture is embedded across the service. Two tables of responsibilities have been drafted. *Please refer to [Appendix A – Key Roles and Responsibilities of Staff in Quality Assurance](#) and also [Appendix B Quality Assurance Framework by Service](#).*

1.5 The Performance and Quality Assurance Team will perform a monitoring role of the quality assurance activity carried out by the relevant services within CYPSC.

## 2.0 Aims

2.1 The aims of the QAF are to:

- Enhance outcomes for Leeds children and families through improving professional practice and the quality of service delivery.
- Link training and development to finding of audits, projects and the emerging action plans.
- Communicate effectively to management and staff within CYPSC the outcomes from audits and associated practice recommendations.

### **3. The Quality Assurance Framework**

- 3.1.** Continuous service improvement must be the core of this QAF. Its purpose is to inform, mitigate risk, provide benchmarking checks, help prioritise future improvement and embed within CYPSC a culture of quality assurance. The QAF aims to ensure that excellent quality assurance processes back up the "...establishment of high quality operational procedures with strict compliance, good record keeping and clear risk assessed decision making..." (Leeds Children's Services Priority Improvement Plan).
- 3.2.** The QAF will focus on elements of children's social care policy and operational practice. Auditing will be supported by relevant research and service evaluation. Evidence will be gathered and measured against statutory and regulatory standards, national and local performance standards and good practice.
- 3.3.** Consultation and participation is vital in shaping a safe and effective service. Leeds CYPSC will listen effectively and respond appropriately to children, families and social care staff. We will actively involve children, young people and their families in the planning, delivery and evaluation of services.
- 3.4.** The principle focus of the QAF are the key areas of practice which:
- Deliver outcomes which impact on the CYPSC performance.
  - Reflect thresholds for timely and safe intervention.
  - Evidence delay in timely outcomes for children subject to Child in Need, Protection or LAC plans.
  - Identify and disseminate excellent practice.
  - Identify multi-agency involvement and impact.
  - Identify trends and themes across teams.
  - Listen and respond to the voice of children, young people and their families, identifying lessons to be learned.
  - Evidence best practice towards focussed outcomes delivered by cost effective services.
  - Require risk assessment and management.
- 3.5.** The Quality Assurance Framework will ensure that:
- Children, families and partner organisations are involved in quality assurance activity.
  - The process and outcome of social work practice and procedures are assessed.
  - The standards used are derived from statute, procedures and guidance.
  - Appropriate sample sizes deliver results which are credible and re-audit is applied to ascertain whether improvements have been implemented.

- Social Care staff at all levels are involved in the development of action plans.
- Peered auditing and tiered management auditing are developed. Self auditing is prompted and supported.
- Once the quality assurance cycle has been completed, systems, structures and mechanisms are in place to monitor service developments.
- High risk issues are identified and raised confidentially and immediately with relevant line managers.

#### 4. Methods

Consultation, participation, feedback and continuous improvement are intrinsic to effective quality assurance. An important element in the service planning process is the consistent monitoring of performance targets and indicators to measure success and identify areas for improvement. Children's social care policies and procedures set out practice standards which are audited to identify any problem practice issues so that corrective action can be taken to improve practice and prevent reoccurrence. The main methods to be used within the QAF are:

- Supervision and appraisal
- Observation
- Customer feedback
- Auditing
- Service/project evaluation
- Research.
- Regular reporting by individual service areas

##### 4.1. Supervision and Appraisal

Supervision and Appraisal are key quality assurance and performance and delivery tools. Line Managers up to the Director of Children's Services should ensure that they are aware of the quality of service provided by the supervisee. This should include considerations and analysis of relevant performance data. For example Team Managers should have at their disposal data detailing the achievement of assessments within timescales or number of Looked After Children with the required Health Needs Assessments on the supervisee's caseload. In addition, information from audits, observations and customer feedback will be considered and addressed. Development and training plans should reflect workers' requirements and information from these sources.

#### 4.2. Observation

The professional practice of all Social Workers, Social Work Assistants, Personal Advisors, Advanced Practitioners, Fostering and Adoption staff and Safeguarding and Reviewing staff will be observed by their line manager at least annually. This observation should be a key staff development tool.

#### 4.3. Auditing

Audits will assess and measure professional practice. A range of audit methods will be used to assess the effectiveness and quality of processes and systems against agreed standards. These are:

- Compliance audits which verify conformance to a set of policies, procedures, guidelines or standards. These also evaluate the effectiveness of the policies and procedures and their suitability for achieving CYPSC objectives.
- Process audits which examine a single process throughout several cycles.
- System audits which examine a set of interrelated processes that work together to achieve a common goal.

The audits will assess:

- Whether or not what is happening ought to be happening.
- Whether current practice meets required standards and procedures and follows published guidelines.
- Whether current evidence about good practice is being applied.

The Case File Audit Framework is included as part of the QAF. All case file audits will ensure the quality of professional practice and compliance with procedures. All case file audits will be discussed and recorded in supervision. The required corrective actions will be recorded on the child's electronic case file.

All types of audit activity will be reported back to the Performance and Quality Assurance Manager who will monitor and report to the Senior Leadership Team. More detailed analysis will be provided to the Senior Leadership Team by those co-ordinating service specific audit activity.

#### 4.4. Evaluation of services or projects

Evaluation judges a service's performance by providing a systematic assessment of its aims, objectives, activities, outputs, outcomes and costs. It determines the impact of the service or project by asking questions about:

- How and why – the aims of the service or project.
- For whom – stakeholders.

- Under what conditions – it has had or not had the desired effect or outcomes through meeting expressed aims and objectives.

Evaluation:

- Will be designed through an audit framework.
- May provide cost and/or benefit information on a service.
- Will use both qualitative and quantitative data to explore activities and issues.
- May identify both strengths and weaknesses of a service.
- May include elements of research.

#### 4.5. Research

Research will involve testing or investigating issues related to service provision and may take into account the views, experiences and opinion of service users in a systematic way.

#### 4.6. Other monitoring methods

In addition to the above described methods, the Performance and Quality Assurance Team along with other teams throughout CYPSC have a number of processes and systems in place which routinely provide evidence of the quality of current professional practice and services. These are incorporated into the QAF, for example:

- The Safeguarding and Reviewing Team.
- The Complaints Team.
- Serious Case Reviews.
- Service Improvement Team (projects).

### 5. Training

Quality assurance of training for social care staff will be reported within the Quality Assurance Framework.

### 6. Equality issues

The quality assurance work conducted by the Equality Improvement Board (regarding equality and diversity issues) will also be reported within this Quality Assurance Framework.

Each service area will incorporate all aspects of equality and diversity within their quality assurance reporting.

## 7. Quality Assurance Programme

A quarterly Quality Assurance Management Programme will be drawn up. An example of a Quality Assurance Programme format can be viewed in **Appendix C**.

## 8. The Quality Assurance Framework Process

New requests for methods of Quality Assurance will be agreed by SLT. Work which requires quality assuring will be subject to a brief outline paper setting out:

- The service to be audited.
- The reasons for the audit.
- The methodology to be used.
- Who will perform the audit, the analysis and to whom this will be reported.
- Timescale, analysis, findings and reporting.

## 9. Expectations of Services

- SLT will develop action plans which the Performance and Quality Assurance Team will be responsible for monitoring.
- Specific service areas will be responsible for completing the quality assurance tasks required within the action plans and for reporting back on it.
- The Performance and Quality Assurance Team will regularly enquire and prompt specific services regarding the progress being made in respect of the quality assurance tasks required of them.

## 10. Report Template

The template for reporting on audit findings is set out in **Appendix D** Audit Report Template.

## 11. Action Plans

Action plans will be drafted on the completion of a piece of quality assurance work. The template for doing this is set out in **Appendix E** Action Plan for Completed Audits/Projects.

**12. Timetable**

There will be a regular (quarterly) cycle of reporting to SLT in order that they can be kept updated on QA work and outcomes and consider any new or additional QA work which may be required.

**13. Review and Revision**

The QAF will be reviewed annually during the second quarter of each year.

Sue Collier  
Principal Performance and Quality Assurance Officer  
16.05.2011.

### Appendix A Key Roles and Responsibilities of Staff in Quality Assurance

	<b>Social Workers and Social Work Assistants should demonstrate:</b>	<b>Frequency / where</b>
1	A clear understanding of operational objectives and standards.	During supervision
2	Compliance with procedures.	Ongoing
3	Evidence of seeking feedback from service users, including the distribution of customer feedback surveys.	ESCR activity recordings
4	That feedback from service users is recorded and acted upon.	Ongoing
5	Commitment to meeting standards and improving performance.	Ongoing
6	Critical evaluation of their work at the point of case closure.	On Case Closure
7	That case files records are appropriately maintained.	Ongoing and before case transfer.
	<b>Advanced Social Work Practitioners should:</b>	
	Demonstrate points 1-7 as above and also:	
8	Mentor, coach and advise newly qualified and less experienced social workers/staff.	Ongoing
9	Support Team Managers in ensuring case work is appropriately planned, critically evaluated and reviewed.	Ongoing
10	Line Manage and supervise Social Work Assistants, Trainee or Student Social Workers and newly qualified Social Workers	In accordance with supervision policy guidelines.
11	Provide direction/development in the consistent application of thresholds.	Ongoing
12	Support the embedding of excellent practice across the city.	Ongoing
13	Lead and participate in training and development activities as necessary to ensure up to date knowledge and skills to meet national standards.	In accordance with staff development plans.
14	Be proactive in employee development activities including regular supervision and appraisal to ensure up to date skills and continuous professional development.	In accordance with supervision and appraisal policy guidelines.
	<b>Team Managers should demonstrate:</b>	
	In addition to points 1-14:	
15	The provision of advice about clarity of objectives and standards.	Ongoing.
16	Commitment to enable staff to meet standards and improve performance	Ongoing
17	Continuous auditing, formally and informally, of the quality of work in teams.	In accordance with the Case File Audit Framework.
18	Evidence of monitoring that standards are being met.	Ongoing
19	Evidence of resolving and reporting complaints made by Service Users.	As required.
20	Evidence of identifying and dealing with problems at an early stage.	As required.
21	Continuity of case planning if allocated workers change.	Immediately at point of case holder end date.
22	Observation of the practice of each team member at least annually during the undertaking of work with a child or family member.	Annually.

23	Supervision of staff in line with supervision procedures.	In accordance with supervision policy guidelines.
24	That staff development plans are tracked and progressed through supervision sessions.	In accordance with supervision and appraisal policy guidelines.
25	Quality Assurance of reports and assessments conducted by Team Members.	In accordance with procedure for each assessment or report type.
	<b>Service Delivery Managers are responsible for:</b>	
26	Helping Team Managers to resolve problems in meeting objectives and standards as required.	Ongoing. During Supervision.
27	Continuously auditing, formally and informally, the quality of work in teams.	In accordance with the Case File Audit Framework.
28	"Spot checking" files if they are concerned about vulnerable areas/issues.	As required.
29	Giving prompt feedback to Team Managers and Teams.	Ongoing.
30	Ensuring that staff within their area fulfil their roles in the Quality Assurance Framework.	Ongoing.
31	Discussing findings in supervision with Team Managers; highlight trends and issues.	Ongoing. In accordance with supervision policy guidelines.
32	Ensuring that any obstacles to providing quality services are dealt with promptly and that action plans to resolve problems are implemented.	As required.
33	Reporting strengths and areas for development to their Line Manager/SLT.	As necessary
34	Reporting strengths and areas for development to their Line Manager/SLT.	As necessary
	<b>Heads of Service Delivery are responsible for:</b>	
35	Ensuring that information from quality assurance reports is collated promptly and considered carefully on a regular basis.	As required by individual reports.
36	Acting early to rectify problems getting in the way of service provision or quality assurance systems.	Ongoing.
37	Undertaking audit activity as agreed.	In accordance with the Case File Audit Framework.
38	Reporting to the Chief Officer, CYPSC and Director of Children's Services.	As directed.
39	Incorporating information from reports into budget and service planning.	Continuous.
40	Being responsive to further Government/OFSTED directives to ensure that CYPSC continues to meet the requirements of statute and guidance.	Continuous.

	<b>Independent Reviewing Officers (LAC) are responsible for:</b>	
41	Providing “arms length” quality control of Looked After Children work.	Ongoing, particularly during and immediately after LAC reviews.
42	Ensuring that at least minimum standards of practice are delivered to Looked After children.	Continuous.
43	Reporting any serious concerns promptly to Team Managers; Service Delivery Managers, and to Heads of Service Delivery where concerns continue.	As required.
44	Giving prompt feedback to staff, including updated Care Plans.	In accordance with the IRO (LAC) quality assurance framework.
45	Meeting the quality assurance requirements for reviewing of LAC.	In accordance with the IRO (LAC) quality assurance framework.
46	Actively involving children, young people and their families in the LAC review process.	Before, during and after LAC reviews.
47	Case file auditing.	In accordance with the Case File Audit Framework.
	<b>Independent Reviewing Officers (Safeguarding) are responsible for:</b>	
48	Ensuring that minimum standards of practice in relation to children subject to Child Protection Plans are met.	In accordance with Child Protection Procedures.
49	Case file auditing.	In accordance with the Case File Audit Framework.
50	Prompt reporting of serious concerns to Team Managers; SDM's, and to Heads of Service Delivery where concerns continue.	As required.
51	Giving prompt feedback to staff, including CP conference and review conference reports.	In accordance with the Case File Audit Framework.
52	Meeting quality assurance requirements for Child Protection conferencing.	In accordance with the Case File Audit Framework.
53	Actively involving children, young people and their families in the child protection conference process.	Before, during and after LAC reviews.
	<b>The Quality Assurance Manager will:</b>	
54	Review the Quality Assurance Framework.	Annually
55	Report to the Senior Leadership Team on quality assurance activity.	Quarterly
56	Have oversight of external/independent audits.	In accordance with the Case File Audit Framework.
57	Advise managers on quality assurance activity.	Continuous.

**Appendix B Quality Assurance Framework by Service**

<b>Service</b>	<b>Activity</b>	<b>Method</b>	<b>Reporting</b>	<b>Updates</b>
<ul style="list-style-type: none"> <li>• Performance and Quality Assurance Team.</li> <li>• Service Delivery Managers.</li> <li>• Team Managers.</li> </ul>	<ul style="list-style-type: none"> <li>• Case File Audit Framework.</li> <li>• Supervision.</li> <li>• Specific themes.</li> <li>• Practice observation.</li> <li>• Private Fostering Arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Programme of audits using audit tools.</li> <li>• Collation by PQA Team.</li> <li>• Ensuring procedures are adhered to.</li> <li>• Internal audits checked for action by Line manager.</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly reporting by PQA team to SLT.</li> </ul>	
<ul style="list-style-type: none"> <li>• Child Protection Conferencing.</li> </ul>	<ul style="list-style-type: none"> <li>• Timeliness of conference/ reviews.</li> <li>• Re-registrations/ CP Plans over two years.</li> <li>• Reports produced in timely manner.</li> <li>• Reports sent to parents.</li> <li>• Children's wishes ascertained.</li> <li>• Multi-agency attendance.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional information and action plans where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly reporting.</li> </ul>	
<ul style="list-style-type: none"> <li>• LAC Reviews.</li> </ul>	<ul style="list-style-type: none"> <li>• Timeliness of reviews.</li> <li>• Children's participation.</li> <li>• Progress of care plans.</li> <li>• HNA's.</li> <li>• Dental checks.</li> <li>• PEPs.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional information and action plans where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly reporting.</li> </ul>	
<ul style="list-style-type: none"> <li>• Foster carer reviews.</li> </ul>	<ul style="list-style-type: none"> <li>• Foster carer agreements in place and appropriate.</li> <li>• LAC HNA's.</li> <li>• LAC Dental checks.</li> <li>• LAC PEP's</li> </ul>	<ul style="list-style-type: none"> <li>• Information collated at each review.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual summary report (March).</li> </ul>	

Service	Activity	Method	Reporting	Updates
<ul style="list-style-type: none"> <li>Regulation 33 visits.</li> </ul>	<ul style="list-style-type: none"> <li>Range of issues from residential care.</li> <li>Capture views of young people, parents and staff.</li> </ul>	<ul style="list-style-type: none"> <li>Specific strengths and challenges collated following visits.</li> </ul>	<ul style="list-style-type: none"> <li>Annual summary report (March).</li> </ul>	
<ul style="list-style-type: none"> <li>Complaints Service.</li> <li>Children's Rights Service.</li> </ul>	<ul style="list-style-type: none"> <li>Capture children's views and respond.</li> </ul>	<ul style="list-style-type: none"> <li>Currently responded to on individual basis only. Capture general issues and amend/develop practice as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Master action plan (March).</li> </ul>	
<ul style="list-style-type: none"> <li>Individual Management Reports for Serious Case Reviews.</li> </ul>	<ul style="list-style-type: none"> <li>In-depth review following serious incident.</li> </ul>	<ul style="list-style-type: none"> <li>Collate all CYPSC Individual Management Reviews (IMR's) and ensure achievement against actions.</li> </ul>	<ul style="list-style-type: none"> <li>Individual Management Reports</li> <li>Action plans</li> </ul>	
<ul style="list-style-type: none"> <li>Legal proceedings.</li> </ul>	<ul style="list-style-type: none"> <li>Papers prepared for court hearings.</li> </ul>	<ul style="list-style-type: none"> <li>Reporting by Legal Dept on compliance and quality.</li> </ul>	<ul style="list-style-type: none"> <li>Annual report.</li> </ul>	

**APPENDIX C. Example of a quarterly Quality Assurance Programme format.**

<b>Audit Project</b>	<b>Date of audit</b>	<b>Frequency of audit</b>	<b>Officer managing the audit</b>	<b>Notes</b>
<b>Research projects</b>	<b>Date of project</b>	<b>Frequency of project</b>	<b>Officer managing the project</b>	<b>Notes</b>
<b>Evaluation projects</b>	<b>Date of evaluation</b>	<b>Frequency of evaluation</b>	<b>Officer managing the evaluation</b>	<b>Notes</b>

**Appendix D Audit Report Template.**

<b>1</b>	<b>Introduction or background</b>
	Insert Text
<b>2.</b>	<b>The Scope</b>
	Insert Text
<b>3.</b>	<b>Methodology</b>
	Insert Text
<b>4</b>	<b>The Cohort</b>
	Insert Text
<b>5</b>	<b>Findings</b>
	Insert Text
<b>6</b>	<b>Conclusions and or Recommendations</b>
	Insert Text

**Appendix E Action Plan for completed Audits/Projects.**

<b>Title</b>	<b>Action to be taken</b>	<b>Action taken to date</b>	<b>Responsible Officer</b>	<b>Date completed</b>	<b>Action approved by</b>