SOCIAL CARE, HEALTH AND WELL BEING CABINET BOARD

REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES – A. THOMAS

8th March 2018

SECTION C – MATTER FOR MONITORING

WARD(S) AFFECTED: ALL

CHILDREN AND YOUNG PEOPLE SERVICES – 3RD QUARTER (2017-18) PERFORMANCE REPORT

Purpose of Report

The purpose of the attached documentation is to advise Members of Performance Management Information within Children and Young People Services (CYPS), for the 3rd Quarter Period (April 2017 – December 2017); the Monthly Key Priority Indicator Information (December 2017) and Complaints Data (April 2017 – December 2017).

Executive Summary

This report provides an outline of performance against a set of statutory Welsh Government Performance Indicators for CYPS, which were introduced as part of the Social Services and Well-Being (Wales) Act 2014. In addition, this report also outlines performance against the CYPS Key Performance Indicators, which were agreed by Members at the Children, Young People and Education (CYPE) Committee on 28th July 2016.

Background

1. Following agreement by Members at CYPE on 28th July 2016, the Quarterly Performance Monitoring Report has been devised to enable Members to monitor and challenge specific areas of performance within CYPS. The report also takes into account a change in reporting obligations to Welsh Government in terms of the statutory performance indicators.

Financial Impact

2. Not applicable.

Equality Impact Assessment

3. None Required

Workforce Impacts

4. Not applicable

Legal Impacts

5. This progress report is prepared under:

   i) Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".

   ii) Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

Risk Management

6. Not applicable

Consultation

7. No requirement to consult

Recommendations

8. Members monitor performance contained within this report

Reasons for Proposed Decision

9. Matter for monitoring. No decision required

Implementation of Decision

10. Not Applicable

List of Appendices

11.

Section 1 - Performance Management Information within Children and Young People Services for the Period (April 2017– December 2017).

Section 2 – Monthly Key Priority Performance Indicator Information (position as at December 2017)

Section 3 – Complaints and Compliments Data (April 2017 – December 2017)

Section 4 – Child Protection Registration & De-Registration Data (1st January 2017 – 31st December 2017)

Section 5 – Overview of Quarter 3 Quality Assurance Audits (October 2017 – December 2017)

List of Background Papers

None

Officer Contact

David Harding - Performance Management Team
Telephone: 01639 685942
Email: d.harding@npt.gov.uk

Section 1: Quarterly Performance Management Data and Performance Key

2017-2018 – Quarter 3 Performance (1st April 2017 – 31st December 2017)

Note: The following references are included in the table. Explanations for these are as follows:

(PAM) Public Accountability Measures – a revised set of national indicators for 2017/18. Following feedback from authorities the revised performance measurement framework was ratified at the Welsh Local Government Association (WLGA) Council on 31 March 2017. These measures provide an overview of local government performance and how it contributes to the national well-being goals. This information is required and reported nationally, validated, and published annually.

All Wales - The data shown in this column is the figure calculated using the base data supplied by all authorities for 2016/2017 i.e. an overall performance indicator value for Wales.

(Local) Local Performance Indicator set by the Council and also includes former national data sets (such as former National Strategic Indicators or Service Improvement Data – SID's) that continue to be collected and reported locally.

	Performance Key
☺	Maximum Performance
↑	Performance has improved
↔	Performance has been maintained
V	Performance is within 5% of previous year's performance
↓	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator.
–	No comparable data (data not suitable for comparison / no data available for comparison)
	No All Wales data available for comparison.

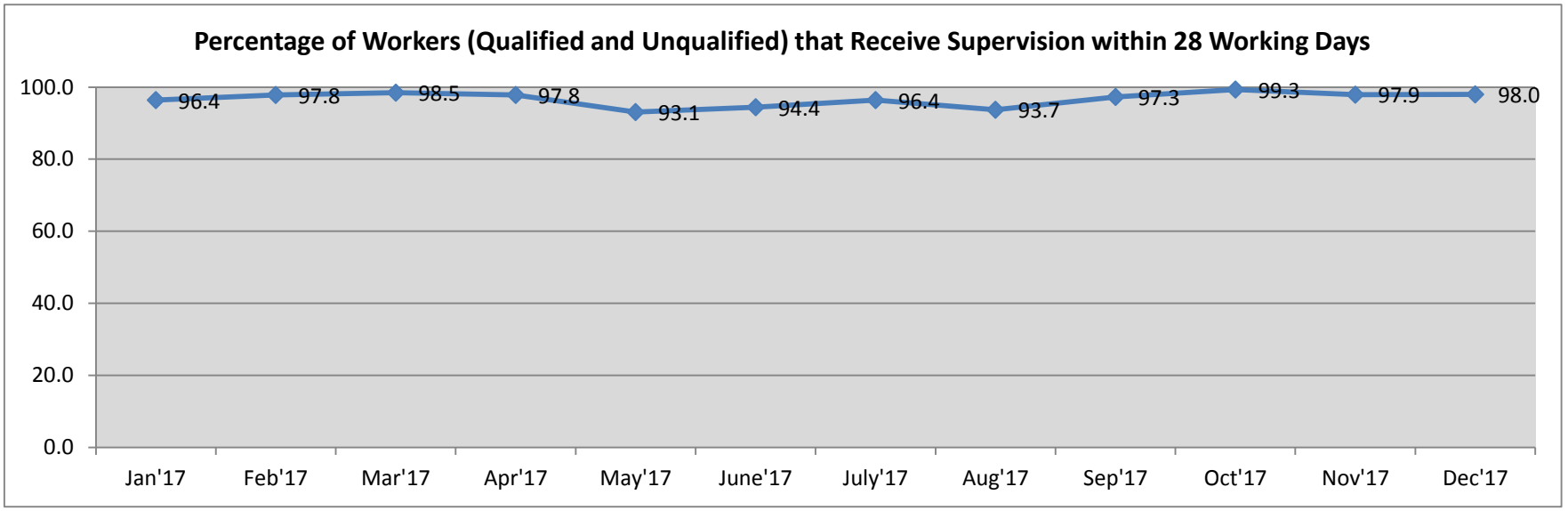
Social Care – Children's Services

No	PI Reference	PI Description	2015/16 Actual	2016/17 Actual	All Wales 2016/17	Quarter 3 2016/17	Quarter 3 2017/18	Direction of Improvement
1	**PI 24**	The percentage of assessments completed for children within 42 days from point of referral	n/a - new	97.6% (1197 out of 1226)	**90.8%**	98.9% (871 out of 881)	97.8% (4225 out of 4322)	**v**
2	**PI 25**	The percentage of children supported to live with their family	n/a - new	60.9% (598 out of 982)	**69.2%**	64.2% (629 out of 979)	62.7% (626 out of 998)	**v**
3	**PI 26**	The percentage of Looked After Children returned home from care during the year	n/a - new	14.8% (78 out of 527)	**13.6%**	**Reported Annually (Populated by WG)**		—
4	**PI 27**	The percentage of re-registrations of children on the local authority Child Protection Register	n/a - new	7.8% (18 out of 230)	**6.3%**	5.3% (9 out of 169)	6.2% (11 out of 177)	**v**
5	**PI 28**	The average length of time (in days) for all children who were on the Child Protection Register during the year	n/a - new	233.1 days	**245.1 days**	212 days	288.3 days	↓
		This PI is subject to regular fluctuation, as all children will remain on the Child Protection Register for as long as is deemed necessary by a Multi-Agency Panel.						
6	**PI 29a**	The percentage of children achieving the core subject indicators at key stage 2	n/a - new	59.2% (29 out of 49)	**56.5%**	**Reported Annually (Populated by WG)**		—
7	**PI29b**	The percentage of children achieving the core subject indicators at key stage 4	n/a - new	17.5% (10 out of 57)	**14.2%**	**Reported Annually (Populated by WG)**		—
8	**PI 30**	The percentage of children seen by a dentist within 3 months of becoming looked after	n/a - new	8.8% (3 out 34)	**59.4%**	**Reported Annually**		—
9	**PI 31**	The percentage of Looked After Children at 31st March registered with a GP within 10 working days of the start of their placement	99.3%	99.5% (183 out of 184)	**91.7%**	**Reported Annually**		—

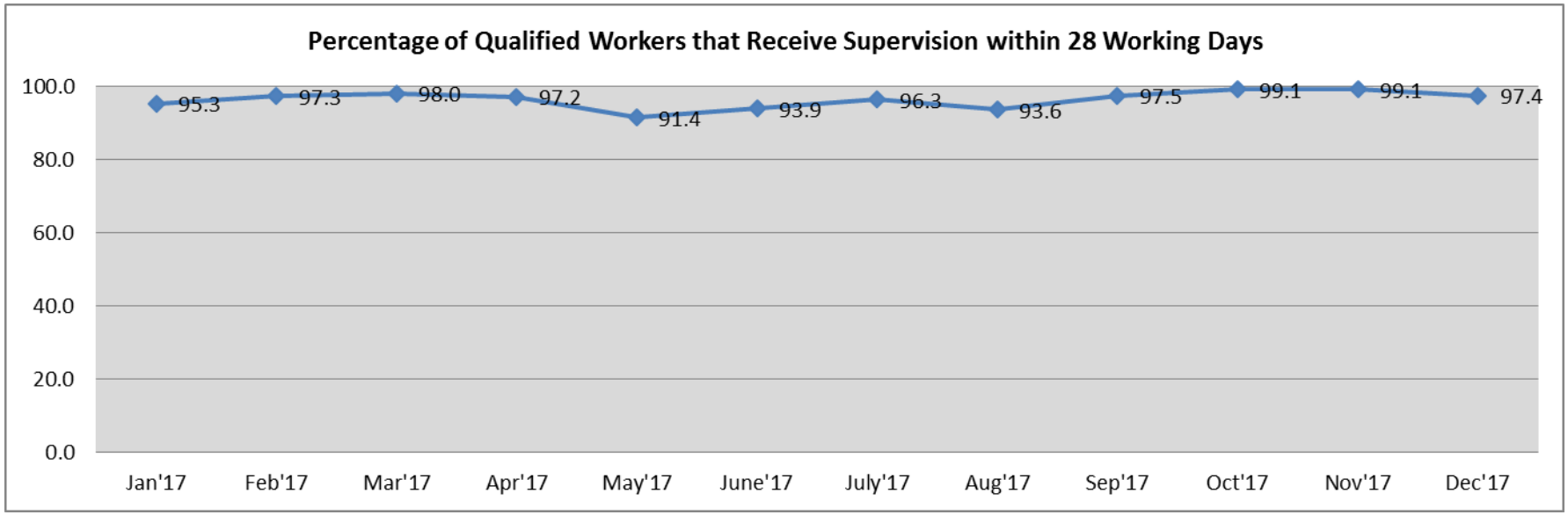
10	**PI 32**	The percentage of children looked after at 31 March who has experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.	9.4%	10.2% (22 out of 215)	**12.7%**	**Reported Annually**	—
11	**PI 33** (PAM)	The percentage of children looked after on 31 March who has had three or more placements during the year.	8.8%	4.4% (17 out of 384)	**9.8%**	**Reported Annually (Populated by WG)**	—
12a	**PI 34**	The percentage of all care leavers who are in education, training or employment continuously for 12 months after leaving care	n/a - new	63.0% (29 out of 46)	**52.4%**	**Reported Annually**	—
12b	**PI 34**	The percentage of all care leavers who are in education, training or employment continuously for 24 months after leaving care	n/a - new	44.8% (13 out of 29)	**47.1%**	**Reported Annually**	
13	**PI 35**	The percentage of care leavers who have experienced homelessness during the year	n/a - new	1.1% (3 out of 271)	**10.6%**	**Reported Annually**	—

Section 2 - Key Priority Performance Indicators (December 2017)

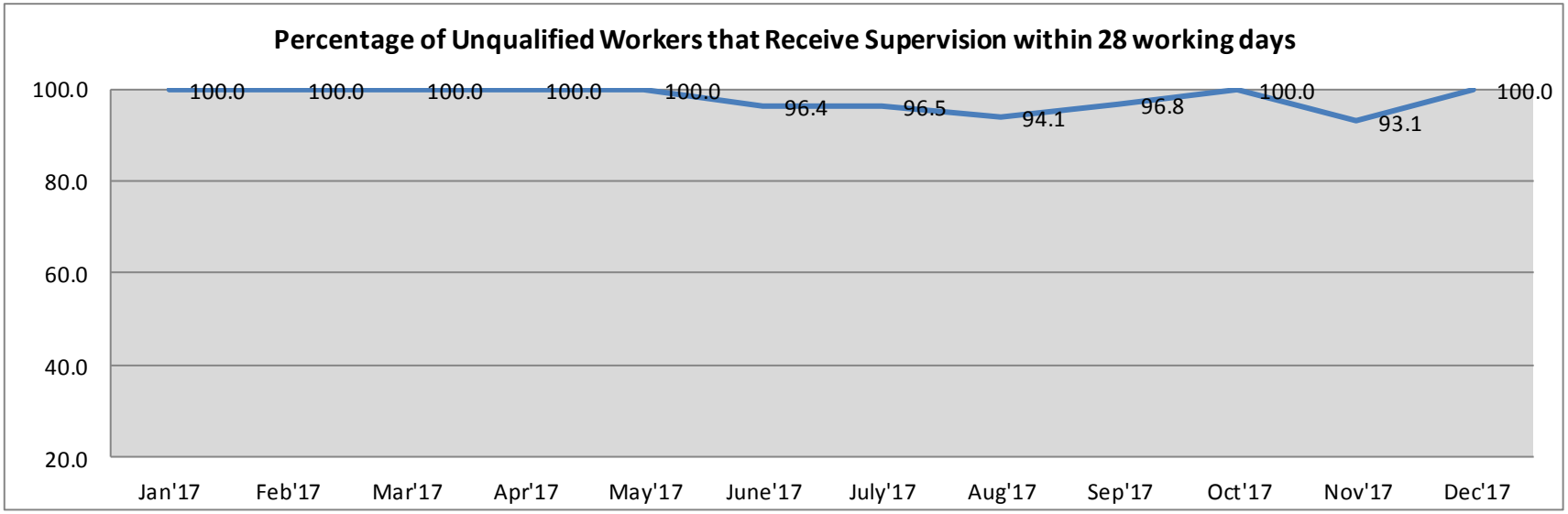
- **Priority Indicator 1 – Staff Supervision Rates**



	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Performance Indicator/Measure	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**
The % of Qualified and Unqualified Workers that receive Supervision within 28 working days	**96.4**	**97.8**	**98.5**	**97.8**	**93.1**	**94.4**	**96.4**	**93.7**	**97.3**	**99.3**	**97.9**	**98.0**
Number of workers due Supervision	**140**	**139**	**134**	**135**	**145**	**142**	**138**	**144**	**152**	**147**	**142**	**148**
Of which, were undertaken in 28 working days	**135**	**136**	**132**	**132**	**135**	**134**	**133**	**135**	**148**	**146**	**139**	**145**



	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Performance Indicator/Measure	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**
The percentage of Qualified Workers that receive Supervision within 28 working days	**95.3**	**97.3**	**98**	**97.2**	**91.4**	**93.9**	**96.3**	**93.6**	**97.5**	**99.1**	**99.1**	**97.4**
Number of workers due Supervision	**107**	**110**	**98**	**107**	**116**	**114**	**109**	**110**	**121**	**116**	**113**	**117**
Of which, were undertaken in 28 working days	**102**	**107**	**101**	**104**	**106**	**107**	**105**	**103**	**118**	**115**	**112**	**114**



	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Performance Indicator/Measure	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**	**Actual**
The percentage of Unqualified Workers that receive Supervision within 28 working days	**100**	**100**	**100**	**100**	**100**	**96.4**	**96.5**	**94.1**	**96.8**	**100**	**93.1**	**100**
Number of workers due Supervision	**33**	**29**	**31**	**28**	**29**	**28**	**29**	**34**	**31**	**31**	**29**	**31**
Of which, were undertaken in 28 working days	**33**	**29**	**31**	**28**	**29**	**27**	**28**	**32**	**30**	**31**	**27**	**31**

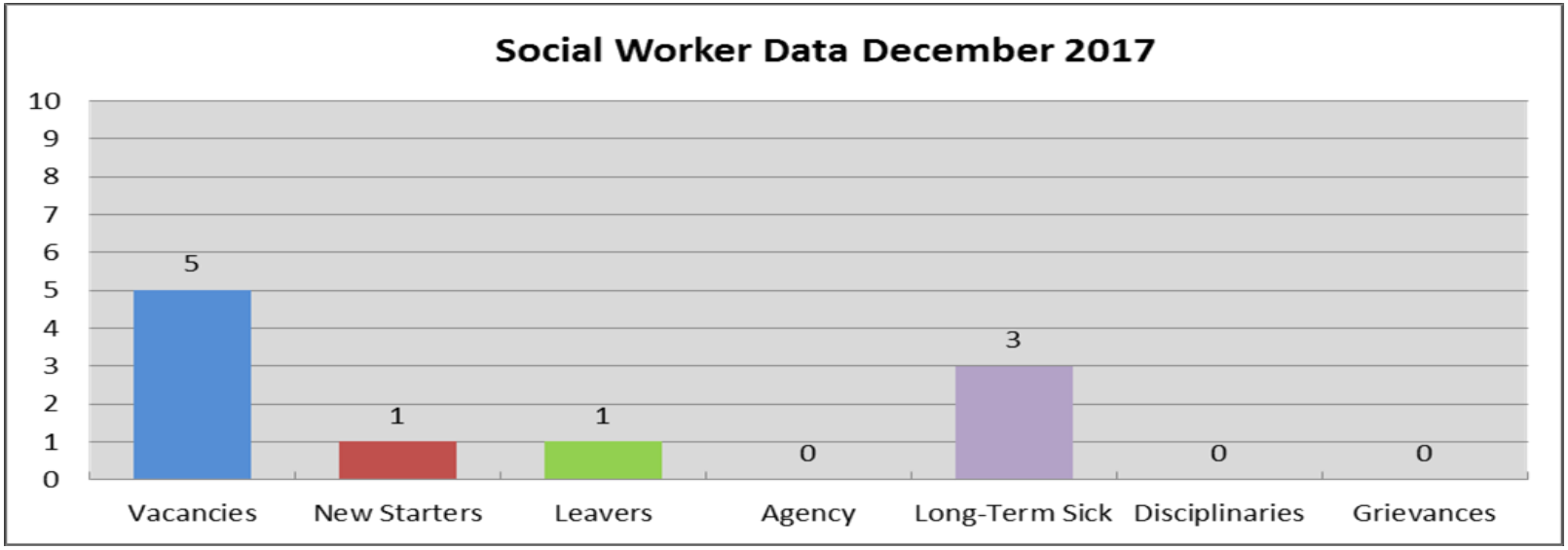
- **Priority Indicator 2 – Average Number of Cases held by Qualified Workers across the Service**

As at 31st December 2017	Workers, including Deputy Team Managers					
Team	**Available Hours**	**FTE Equivalent**	**Team Caseload**	**Highest Worker Caseload**	**Lowest Worker Caseload**	**Average Caseload per Worker**
Cwrt Sart	284.0	**7.7**	95.0	14	5	**12.4**
Disability Team	495.5	**13.4**	202.0	22	5	**15.1**
LAC Team	419.0	**11.3**	169.0	17	7	**14.9**
Llangatwg	374.0	**10.1**	139.0	19	1	**13.8**
Sandfields	363.0	**9.8**	97.0	15	6	**9.9**
Route 16	271.0	**7.3**	42.0	10	3	**5.7**
Dyffryn	321.0	**8.7**	106.0	17	4	**12.2**
Intake	380.0	**10.3**	131.0	22	2	**12.8**
Totals	**2,907.50**	**78.6**	**981.00**			
Average Caseload - CYPS				**17.0**	**4.1**	**12.5**

Please Note:

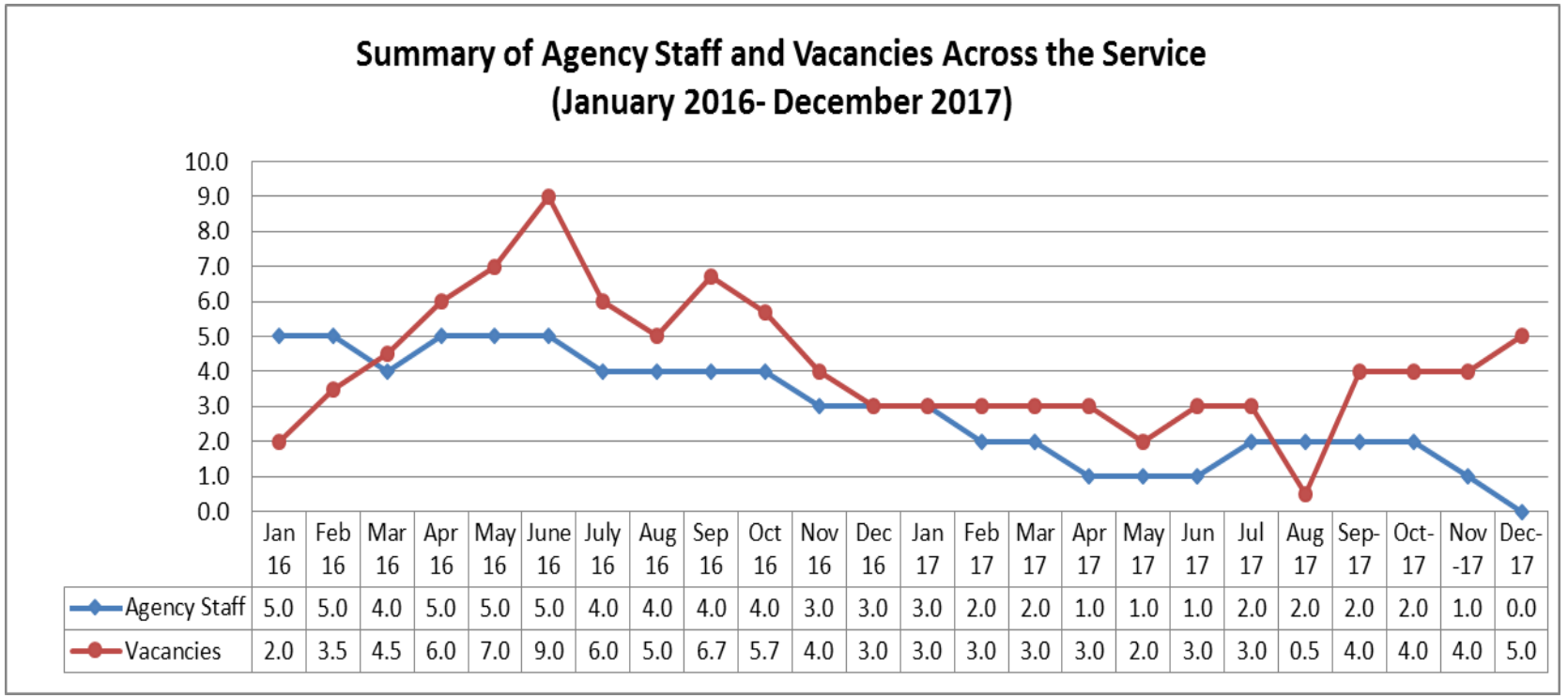
1. The above figures include cases held by Deputy Team Managers and Part-Time Workers.
2. The '*Available Hours'* do not include staff absences e.g. Sickness, Maternity, Placement, unless cover is being provided.

- **Priority Indicator 3 – The Number of Social Worker Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinaries and Grievances across the Service**



	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
Vacancies		1	4					5
New Starters					1			1
Leavers			1					1
Agency					0			0
Long-Term Sick			3					3
Disciplinaries								0
Grievances								0

Summary of Agency Staff and Vacancies across the Service

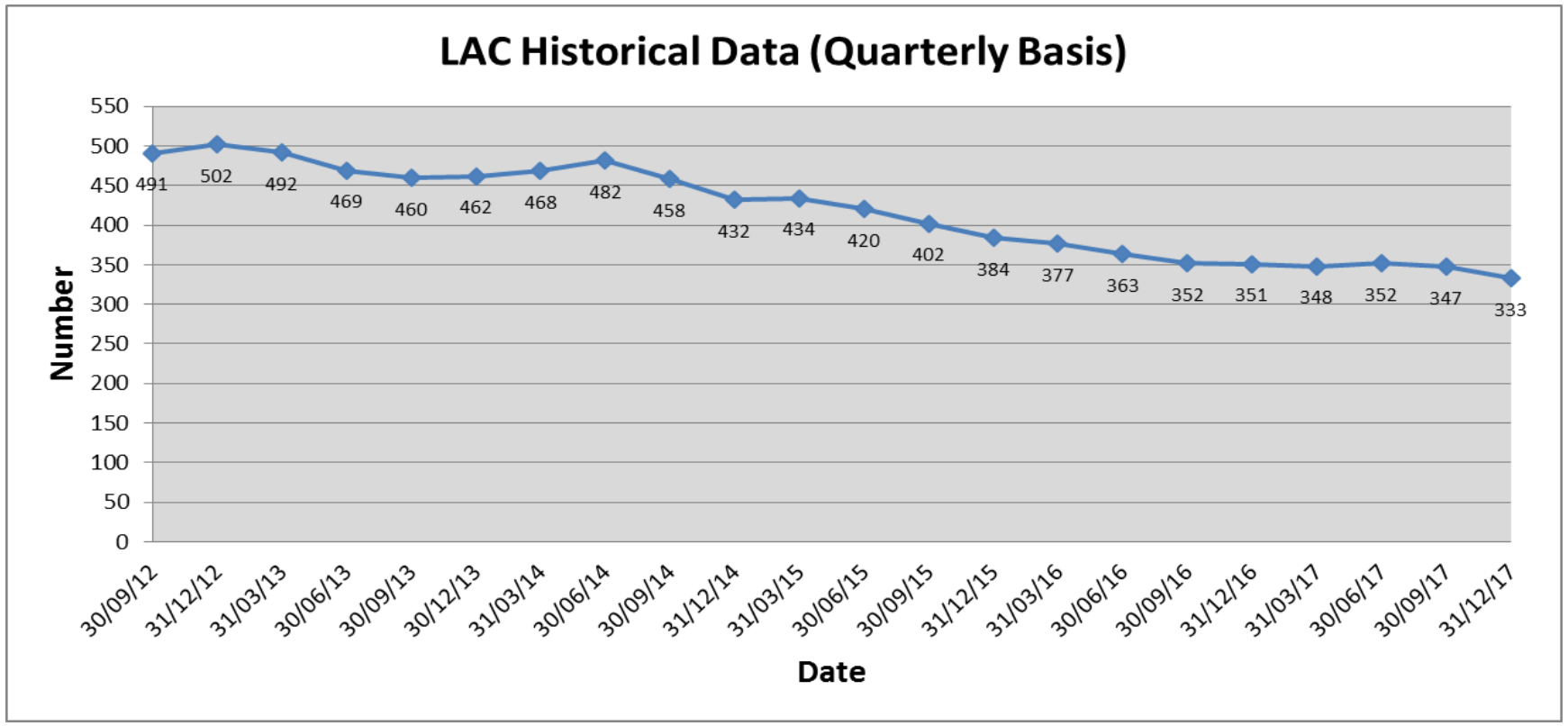


	Jan 16	Feb 16	Mar 16	Apr 16	May 16	June 16	July 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep-17	Oct-17	Nov -17	Dec-17
Agency Staff	5.0	5.0	4.0	5.0	5.0	5.0	4.0	4.0	4.0	4.0	3.0	3.0	3.0	2.0	2.0	1.0	1.0	1.0	2.0	2.0	2.0	2.0	1.0	0.0
Vacancies	2.0	3.5	4.5	6.0	7.0	9.0	6.0	5.0	6.7	5.7	4.0	3.0	3.0	3.0	3.0	3.0	2.0	3.0	3.0	0.5	4.0	4.0	4.0	5.0

- **Priority Indicator 4 – Thematic reports on the findings of Case file Audits (reported quarterly)**

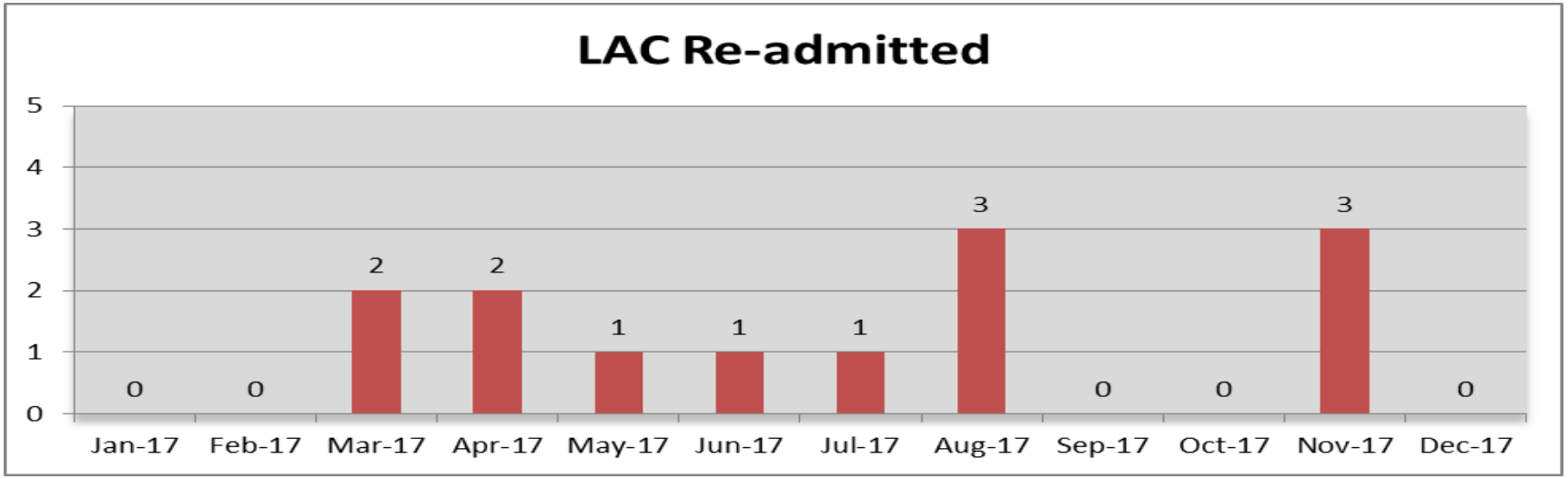
  There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Children and Young People Services. A summary of the Audit activity undertaken during the period 1st October – 31st December 2017 is provided in **Section 4** of this report.

- **Priority Indicator 5 – Number of Looked After Children (Quarterly)**



LAC as at 31/01/2018 = *329*

- **Priority Indicator 6 – The Number of children who have been discharged from care and subsequently re-admitted within a 12 month period.**



Date	Number Re-admitted
January 2017	0
February 2017	0
March 2017	2
April 2017	2
May 2017	1
June 2017	1
July 2017	1
August 2017	3
September 2017	0
October 2017	0
November 2017	3
December 2017	0

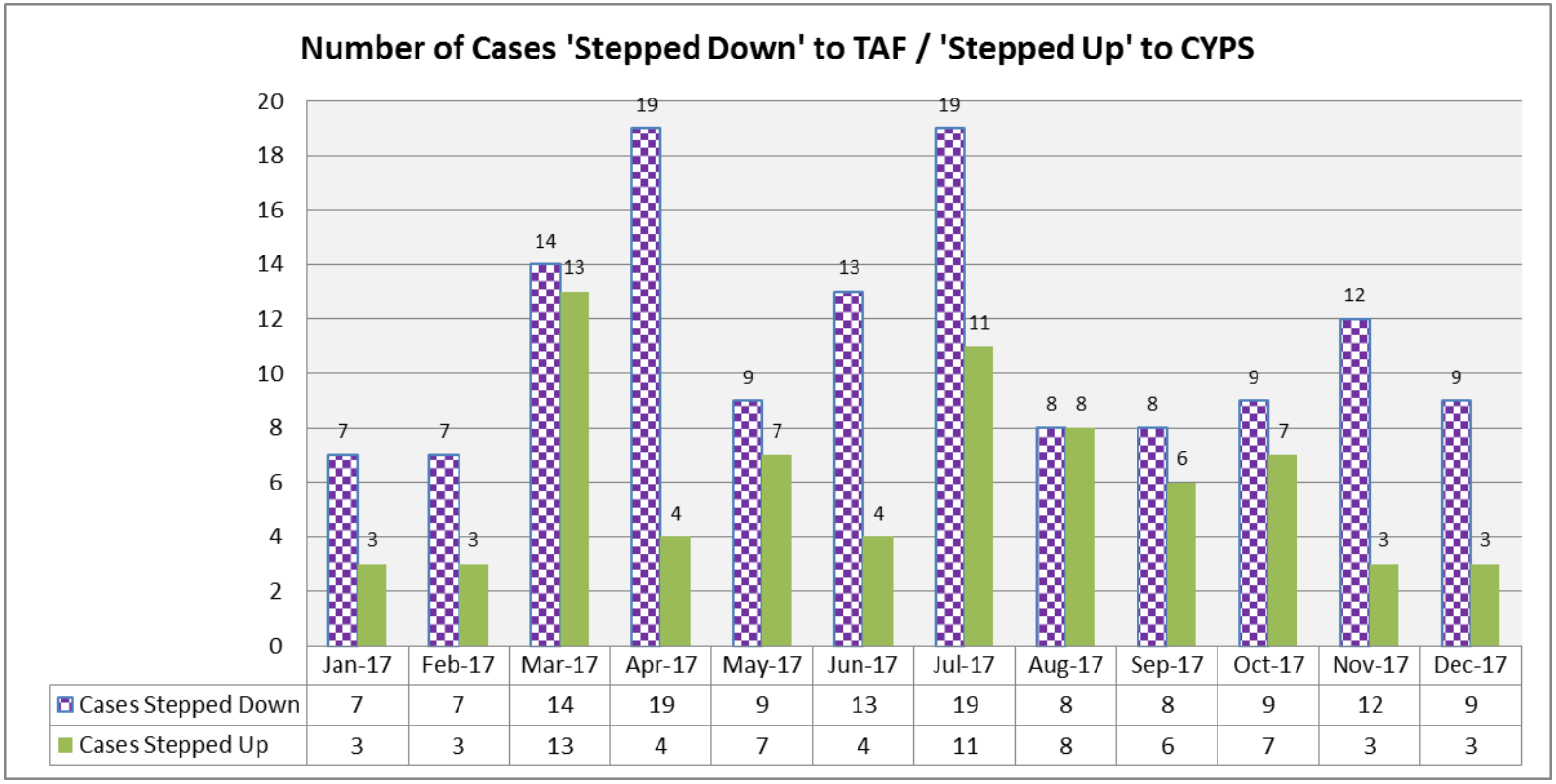
November 2017

Child “A” had originally entered into care as a result of a serious assault against Child ’A’s mother and was subsequently arrested on 21/05/17. In-light of this offence and being subject to a 12 month Referral Order for a previous assault on an adult male with a knife**,** Child “A” remained on remand until the court date (14/06/17). This had led to a short period in care and then being discharged into custody as a result of being sentenced to a 12 month Detention and Training Order, including a custodial element. However, following the conclusion of the custodial element on the 14/11/17, Child “A” was re-admitted into care with the approval of Principal Officer and Head of Service as a result of not having any appropriate family members to reside with and taking into account significant risks of recidivism.

Child “B” was re-admitted on an emergency basis on Tuesday 14th November. This followed increased acrimony between Child “B” and the child’s mother and a subsequent arrest for criminal damage towards the mother’s property. Child “B” returned home on Monday 20th November as the agreement from Head of Service at this time was that intensive work was needed with the family to rehabilitate the child at home and prevent admission into long term foster care.

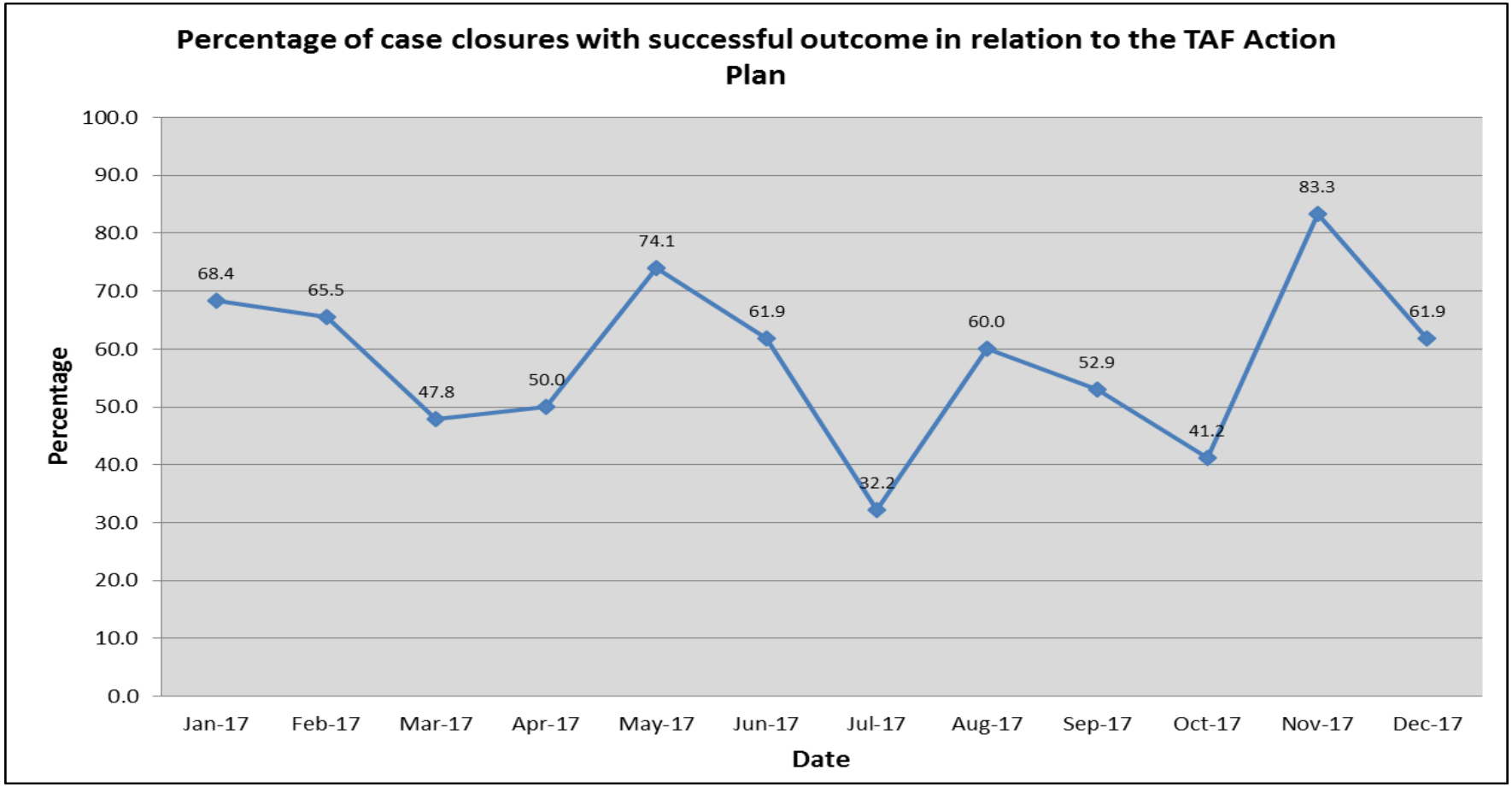
Child “C” has been Fostered on a friends and family arrangement since 4 years of age until an SGO was granted in May 2016. Child “C” has behavioral difficulties and the family needed some space after an incident within the home. Child “C” was placed overnight in foster care and returned home the following day.

- **Priority Indicator 7 – The Number of Cases 'Stepped Down / Stepped Up' between Team Around the Family (TAF) and CYPS**



	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Cases Stepped Down	7	7	14	19	9	13	19	8	8	9	12	9
Cases Stepped Up	3	3	13	4	7	4	11	8	6	7	3	3

- **Priority Indicator 8 – The percentage of Team Around the Family cases that were closed due to the achievement of a successful outcome in relation to the plan: –**



Section 3: Compliments and Complaints – Social Services, Health & Housing – Children's Services ONLY

2017-2018 – Quarter 3 (1st April 2017 – 31st December 2017) – Cumulative data

	Performance Key
↑	Improvement : Reduction in Complaints / Increase in Compliments
↔	No change in the number of Complaints / Compliments
v	Increase in Complaints but within 5% / Reduction in Compliments but within 5% of previous year.
↓	Increase in Complaints by 5% or more / Reduction in Compliments by 5% or more of previous year.

No	PI Description	Full Year 2016/17	Quarter 3 2016/17	Quarter 3 2017/18	Direction of Improvement
1	**Total Complaints - Stage 1**	**19**	**15**	**18**	↓
	a - Complaints - Stage 1 upheld	**7**	**5**	**3**	
	b - Complaints - Stage 1 not upheld	**4**	**3**	**4**	
	c - Complaints - Stage 1 partially upheld	**2**	**2**	**2**	
	d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	**6**	**5**	**9**	

No	PI Description	Full Year 2016/17	Quarter 3 2016/17	Quarter 3 2017/18	Direction of Improvement
2	**Total Complaints - Stage 2**	**2**	**1**	**2**	↓
	a - Complaints - Stage 2 upheld	**0**	**0**	**0**	
	b - Complaints - Stage 2 not upheld	**1**	**1**	**1**	
	c- Complaints - Stage 2 partially upheld	**1**	**0**	**0**	
3	**Total - Ombudsman investigations**	**0**	**0**	**0**	↔
	a - Complaints - Ombudsman investigations upheld	-	-	-	
	b - Complaints - Ombudsman investigations not upheld	-	-	-	
4	**Number of Compliments**	**23**	**19**	**10**	↓

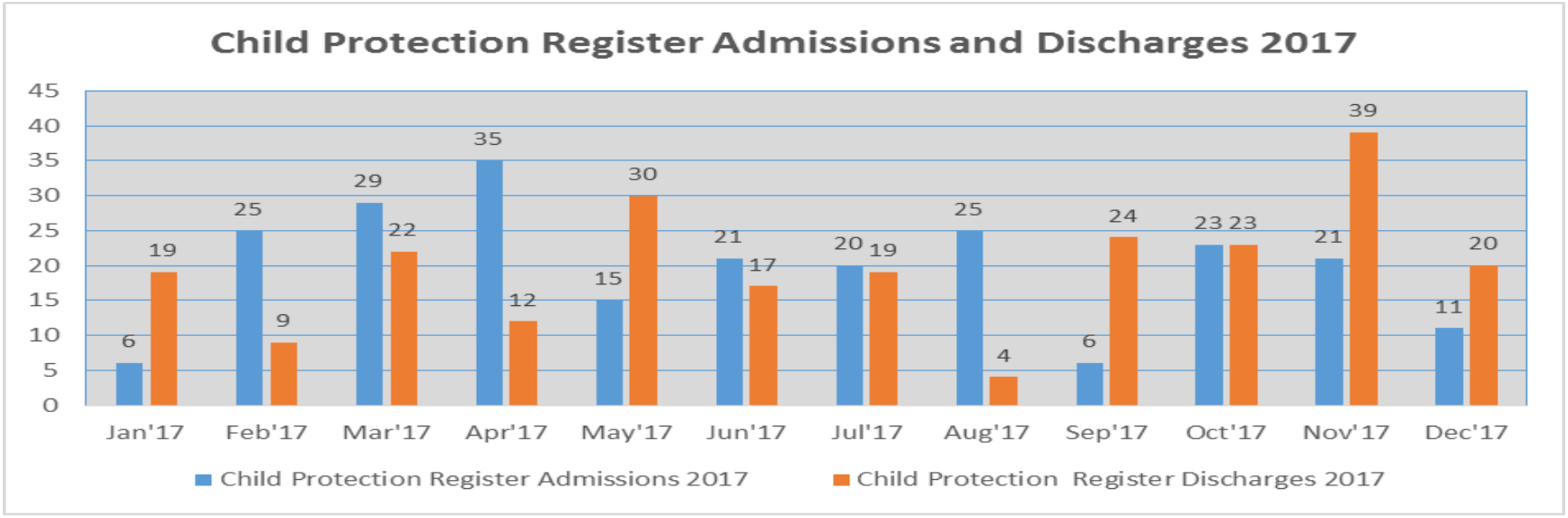
Narrative

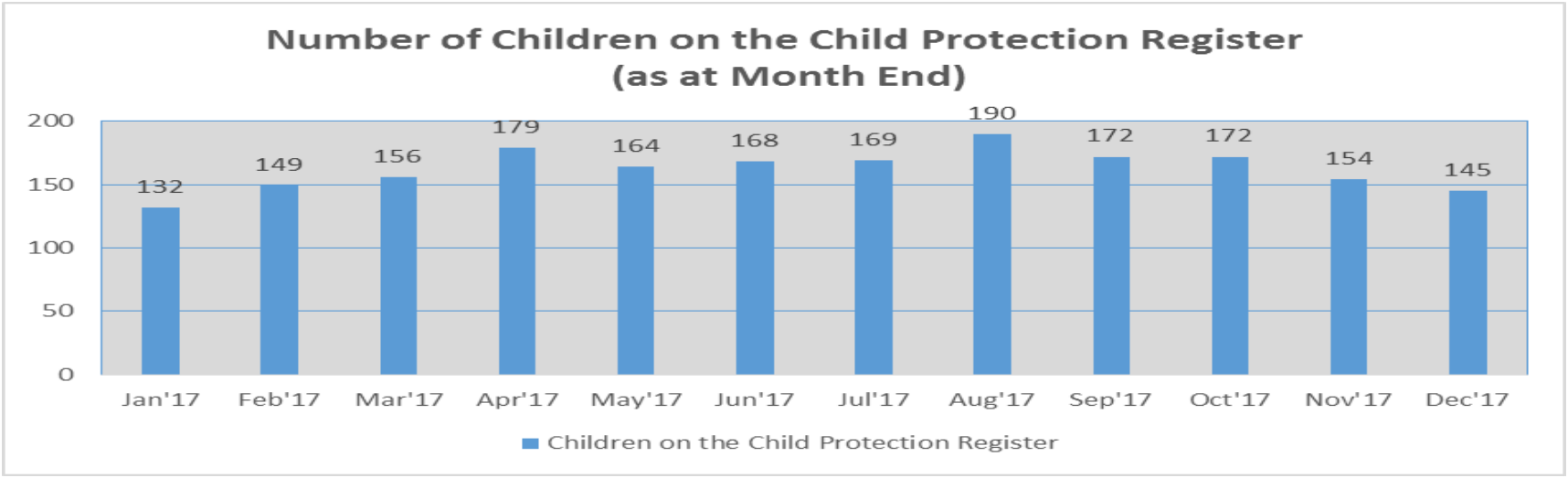
Stage 1 – the number of complaints received during the 3rd quarter 2017/18 (when compared to 2016/17) have seen a slight increase from **15** to **18**. The Service continues to prioritise resolution at a local level; however this is not always achievable or appropriate and formal process is followed. The Complaints Team will continue to monitor future quarters to ascertain any trends.

Stage 2 – similarly, there has been an increase from **1** to **2** at Stage 2 during the first three quarters; despite the strong emphasis on a speedier resolution at 'local' and 'Stage 1' levels this is not always possible.

Compliments – the number of compliments have seen a **decrease**, the Complaints Team will continue to raise the profile for the need to report such incidences of praise and thanks.

Section 4: Child Protection Registration / De-Registration Data (1st January 2017 – 31st December 2017)





Section 5: Quality Assurance Audit Overview Report (1st October 2017 – 31st December 2017)

Quality Assurance Audits
Quarter 3 – Audit Overview Report

Quality Assurance Audits

Quality Assurance Audits take place on a monthly basis within Children and Young People Services. This report gives an overview of the thematic audits undertaken in quarter 3, what is working well, what we will improve and by what methods.

An audit sub group meets weekly to monitor progress and create thematic audit tools for use each month. Each tool devised is circulated and ratified at the Children's Services Managers Group prior to audits being completed. Audit days take place once a month in the Quays IT room with team managers collectively auditing and analysing the themes arising.

Audits Completed

During this quarter there have been four thematic audits completed:

Audit Theme	Month Completed	Cases Audited
Assessments	Oct 2017	51
Supervision Audits – Principal Officer	Oct 2017	20
One contact in a 6 month period with no further action outcome	Nov 2017	80
Multiple contacts received all with no further action outcome	Dec 2017	42

What are we doing well?

We've identified through the audit process what is working well and have highlighted many good working practices evident across the Social Services IT System.

In the CYPS Assessment Audit we found that:

- In 82% of the cases audited the reason for assessment is concise and not a repetition of the referral
- In 82% of the cases audited where it was appropriate to do so, the child/young person was seen alone as part of the assessment
- We evidenced in 85% of the cases audited the dates the child/young person was seen during the course of the assessment
- We evidenced in 92% of the cases audited the dates that parents/carers/other family members were seen, with 72% of assessments including the views parents
- Auditors felt that in 89% of the cases audited the assessment was child/young person centred
- In 92% of the cases audited there was consistency in the names referred to in the assessment e.g. Mrs Jones, Claire, Mum – all same person (not alternating between each one)
- In 81% of the cases audited the assessment was evidence based and not relied solely on being self-reported by a parent
- In 88% of the cases audited there was a clear analysis from the social worker along with use of the risk analysis tool
- In 92% of the cases audited the team manager comments were clearly recorded
- In over three quarters of the cases audited appropriate priority risks and strengths were identified in relation to the personal outcomes identified

In the Supervision Audit – Principal Officer:

- All supervision notes were being stored safely and securely by team managers
- 80% of staff files across Children and Adults Services that were audited had a supervision agreement on file dated within 12 months
- In three quarters of the supervision files each part of the personal supervision section was completed with clear actions identified
- 80% of the staff files audited the supervision records were signed by both the supervisor and the supervisee
- Regular supervisions are taking place across the service and has provided good management oversight although there were some isolated examples of supervisions not being held within 28 days without clear explanation in the supervision document
- In 85% of the cases audited there is a balance of cases reflective of the staff member's experience
- In 90% of the Children Services staff supervision files the supervision report was included with the supervision notes
- In 75% of the cases audited the relevant case supervisions were included as part of the file
- In 75% of the cases audited there was discussion around the plan in line with outcomes identified

In the "one contact in a 6 month period with no further action outcome" audit we found that:

- 96% of the decisions made were made within 24hrs of receiving the contact (excl. weekends)
- All decisions were entered on the system within 24 hrs of the decision being made (excl. weekends)
- The managers decision making was clearly recorded in 90% of the contacts received
- Neath Port Talbot Social Services index checks were evident on all the cases audited.
- Auditors felt that there was good contact with partner agencies to aid in the decision making

- The volume of letters being sent to parents requesting them to contact the department has significantly decreased from the previous audit
- Auditors felt that proportionate decisions were made in the majority of cases and overall the thresholds were of a consistent standard.

In the "multiple contacts received all with no further action outcome" audit we found that:

- The decision making was clearly recorded on the third and subsequent contacts in 95% of the cases audited
- It was clear in over two thirds of the cases audited who undertook the actions/enquiries, this was highlighted as an area to improve in the previous audit
- Auditors felt there was good evidence of enquiries being undertaken to assist in the decision making process
- Auditors felt that contacts were being logged and counted as a contact appropriately in over three quarters of the cases audited

What will we improve?

1. We will ensure that we evidence the use of any tools, instruments or scales that were used during the course of an assessment

2. We will revise and standardise the information given to families at the start of an assessment being undertaken

3. We will ensure that all assessments are completed within 42 working days

4. Genograms and consent forms will be more evident on the system

5. We will ensure that the system records who has undertaken index checks on contacts coming into the Single Point of Contact Team

6. Ensure that in all cases where it is appropriate, the referrer of a contact is notified in writing of the decision/outcome

7. We will review how contacts are logged on the system so that we avoid counting contacts as no further action if they do not meet the criteria as being an appropriate contact

8. We will consider in the Quality Assurance Group if we need to audit a cohort of cases such as those submitted on the SPOC referral form as there was a high number of PPN's included in the contact audit, these are not submitted on the referral form so is difficult to audit how effective the referral form is

9. We will continue to drive on with the unification of the two supervision policies to have an

integrated approach to supervising staff across Children and Adult Services

10. We will ensure there is a fair balance of personal supervision and case specific supervision

11. We will improve on the reflection of previous actions highlighted in supervision sessions

12. Personal/Plan outcomes will be discussed routinely in supervision sessions

13. We will ensure that for cases that we receive multiple contacts on within 12 months, the decision making clearly references that it is the third or more contact received and the rationale for not opening at each juncture

How will we do this?

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where new processes have been introduced
- By direct feedback on individual cases to the responsible team manager and case worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Practice Improvement Group which is attended by a representative from all teams
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

What have we learnt?

In this third quarter we have identified clear areas in each of the audit themes that we will improve, work is being undertaken to achieve this and will be guided by the Quality Assurance Group. The Quality Assurance Group is responsible for allocating lead officers to complete actions and for reviewing the progress of these actions. We have evidenced in the completed audit tools on individual cases good working practices and embedded principles throughout the service.

Overall in the assessments audit the quality and content of the assessments were of a very good standard, enabling the reader of the assessments to get a good understanding of the reason for assessment and the decision making. The majority of assessments were clearly child centred and were focussed on priority risks and

strengths in relation to the identified outcomes. However we were also able to highlight areas that we will improve to raise the standard of the assessments even higher as in some of the cases it was clear that the use of tools, instruments and scales were being used but not always recorded within the assessment.

What was pleasing about the "one contact in a 6 month period with no further action outcome" audit was that almost every decision was made within 24hrs of receiving the contact and all were recorded on the system within 24hrs of the decision being made. There was also clear manager decision making in the majority of the cases audited, giving the reader a good understanding of why the contact was not progressing further, screening managers were making proportionate decisions on the contacts received. The audit did highlight the volume of Police Notifications coming through which may not necessarily need to be counted as a contact, this has an effect on some of the audit tool questions as they are not applicable in relation to PPN's, such as letter to referrer, consent, essential information and evidence on referral of child/young person views, etc.

In the supervision audit undertaken by principal officers we have good evidence that supervision is taking place consistently, staff have a balance of cases reflective of their experience and both supervisor and supervisee were following the correct supervision process. A new supervision policy has been devised emanating from the previous audit recommendations which will unify the two previous policies, this will be in place in early 2018.

In the "multiple contacts received all with no further action outcome" audit we have demonstrated again that the decision making on the contacts was clearly recorded on the third and subsequent contacts in almost all of the cases audited, and it was clear there were thorough and detailed enquiries being undertaken by the Single Point of Contact Team. Due to the high volume of Police Notifications received as mentioned above, this does impact on some of the audit questions as they are more relevant to those received on the referral form, therefore we will consider if we need to audit referrals received on the referral form in a subsequent audit.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved in the case, this is done either on a 1:1 basis or through group sessions.

Next Steps?

Our effective auditing process is identifying key themes on good practice and areas we will improve, post audit we have mechanisms in place for following through on actions identified. Actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed at each Quality Assurance Group, this allows us to monitor desired outcomes and progress. This gives a transparent view on the service, what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the teams within Children and Young People Services, this provides staff with information on good practice and areas for improvement and it also provides a visual tool for staff that can be referenced in the everyday tasks completed. There is a Team Manager and Performance Management Group that meets bi-weekly, part of this group's remit is to focus on audit actions that are ratified in the Quality Assurance Group, this is a succinct process which is currently working well to proactively drive forward changes. As the audit process is well established across Children and Young People Services, the Quality Assurance Group will also be taking forward lessons learned from other sources such as the citizen survey, staff survey and complaints/compliments received.

Quality and Audit Coordinator – Mel Weaver