

# Quality Assurance Audits

## Quarter 1 – Audit Overview Report

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### *Quality Practice Strategic Group*

The Quality Practice Strategic Group meets on a fortnightly basis and is made up of principal officers, managers, deputy managers, consultant social workers and quality assurance officers from across the directorate representing a wide range of teams. The primary aim of the group is to ensure that the Quality Assurance and Learning Framework (Appendix 1) is embedded and evidenced through practice and provides assurances to senior leaders on the quality of social care throughout the directorate.

Our guiding principles for embedding the framework are that:

1. Children, young people, adults, families and carers are at the heart of what we do. The focus of quality assurance must be on impact and outcomes for the child, young person or adult in their journey through our social work and safeguarding systems.
2. The approach to Quality Assurance will be underpinned by Restorative Practice, and a desire to examine and capture best practice. This means that QA activity is done “with” staff, rather than “to” or “for”, in ways that build relationships and are characterised by respecting each other’s perspectives, high expectations, high support and high challenge, to enable use to learn, improve and change.
3. Throughout the quality assurance processes the views of children, young people, adults, families and carers are integral to improving our services, we will where reasonable and practicable to do so, gain the voice of those who have received our services.
4. Our multi-agency and collaborative working with our partners, whether statutory or 3rd sector will be enriched and where practicable we will include them within our QA processes

### **Quality Assurance Activity Includes:**

- **Audits and dip sampling:** This is a core area of the framework in that regular audits or dip sampling is performed across the functions of the department to establish a baseline in practice and process, both qualitative and quantitative. These are completed either internally or on a multi-agency basis.
- **Learning Reviews:** Learning reviews are undertaken on cases/families identified by practitioners with the aim to try to understand why it made sense for people to do what they did – against the background of their physical and psychological work environment. A timeline is completed of the case which then facilitates a walkthrough of the timeline with practitioners involved to identify shared learning that can lead to changes in practice and process. The point of the review is not to assign blame or responsibility, but to learn: to learn to improve.

- **Case Studies:** Case studies are completed by practitioners and presented to the Quality Practice Strategic Group by the author with the aim being to highlight good practice, areas for development and learning that is cascaded across the directorate and overseen by the group.
- **Research:** The Quality Practice Strategic Group has oversight of all research undertaken both on an internal and external basis that is relevant to the directorate and coordinates the dissemination of key messages to the workforce in addition to any action plans
- **Performance Clinics:** All teams will run a structured review of quality assurance feedback and data every 6 months, through a “Performance Clinic” meeting with a range of senior leaders for shared learning. Teams will receive:
  - Performance Indicators for their team
  - Results from audits
  - Consultation data
  - Key practice issues arising from practice reviews
  - Learning from feedback, compliments and complaints
  - Feedback from practice observation

This report seeks to provide members with an overview of some of the quality assurance activity that has taken place during quarter 1 in 2021-22, and will highlight what is working well, what we can improve and next steps in relation to quality assurance. This report collates activity from across Social Services: Children and Young People Services, Adult Services, Youth Justice, Early Intervention Service and Hillside Secure Children’s Home and the work of the Quality Practice Strategic Group.

During this quarter the strategic group has had oversight of a number of key areas of work across the directorate. The group considered the actions emanating from child and adult practice reviews undertaken by the West Glamorgan Safeguarding Board, one of these was to review the use of chronologies, the findings from this request is outlined in the Audits and Dip Sampling Section below.

The first performance clinic was held with managers from the Dyffryn Community Children’s Team and their Principal Officer, qualitative and quantitative was provided and analysed by the group which also included the Quality, Practice and Performance Manager and the Specialist Teams & Performance Manager. Following the clinic being held an action plan was developed with the team for them to explore further such as assessments, frequency of supervisions, recording of information, outcome focussed plans, capturing the voice of the child/family and the recording of contacts. This plan will be subject to review on a quarterly basis and a further clinic at the six month point.

Two case studies were undertaken, one in Children’s Services (Dyffryn/SPOC) and one in Adult Services (Complex Disability). The Dyffryn/SPOC case was in relation to a potential Female Genital Mutilation case which is an issue that the department is infrequently presented with however the experience of managing a case of this nature gave opportunity to share the learning with the wider service. The Complex Disability case study was in relation to a child/adult that had transitioned through child disability to the complex disability team and focussed on the health of the individual and the complex support required. The complex disability team were able to share how relationships with the parents of the individual were strengthened and how person centred planning on a multi-agency basis were pivotal in achieving a successful outcome in the case. The study also highlighted what areas could be improved such as a transition policy and mental capacity training for all partners.

The Quality Practice Strategic Group also has oversight of the Children’s Rights Action Plan which was developed by the Children’s Rights Champions of the department with assistance from the Neath Port Talbot Children’s Rights Unit. This action plan describes how the department plans to take a “Children’s Rights Approach” through the five principles:

1. **Embedding the United Nations Rights of the Child** – Putting children’s rights at the core of planning and service delivery
2. **Equality and non-discriminatory** – Ensuring every child has an equal opportunity to be the best they can be
3. **Empowering Children** – Giving the children the knowledge and confidence to use their rights and hold organisations to account
4. **Participation** – Listen to children and take their views seriously
5. **Accountability** – Duty bearers should be held to account for how well they support children to access their rights

### ***Audits and Dip Sampling Activity***

Prior to any audit activity taking place an audit tool or dip sample tool is compiled to enable managers to draw out themes from their findings. Based on the findings of managers and of an analysis of the audit tool a report is compiled by the Quality, Performance and Practice Manager and shared through management meetings and cascaded through to staff. Any actions emanating from audit activity is collated on a master action plan and is tracked through the Quality Practice Strategic Group.

During this quarter we have reported on six thematic audits:

<b>Audit Theme</b>	<b>Cases Audited</b>	<b>Service</b>
<b>Chronology Dip Sample Audit</b> <i>The purpose of this mini-audit was to establish a baseline for how and when chronologies are currently used across the directorate including the quality of those evident.</i>	35	Children and Adult Services
<b>Multi-agency audit of Strategy Discussions/Meetings</b> <i>Commissioned by the West Glamorgan Safeguarding Board and Lead Safeguarding Officer for Neath Port Talbot it was agreed that a programme of multi-agency audit would take place on the quality of safeguarding processes against the new safeguarding procedures and in doing so this would also provide a baseline to establish how well the procedures had been embedded across practice</i>	13	Children and Adult Services
<b>Multi-agency Audit on Exploitation for JICPA Inspection</b> <i>This audit was required in preparation for the Joint Inspection on Exploitation, this involved partner agencies auditing the same seven cases tracked by the Inspectorate and to provide an analysis on what is working well and what can be improved in NPT</i>	7	Children Services Youth Justice and Early Intervention Service

Audit Theme	Cases Audited	Service		
<b>Incident Debrief Dip Sample</b> <i>Mini audit to establish a baseline on the quality of child debriefs undertaken following incidents in Hillside</i>	24	Hillside	Secure	Children's Home
<b>Risk Management Plans Dip Sample</b> <i>Mini audit to review risk management plans and to provide a baseline on the accuracy of information across documentation</i>	7	Hillside	Secure	Children's Home
<b>Key Working Audit</b> <i>Key working in Hillside provides a valuable opportunity to observe, identify and resolve any issues and ultimately developed a relationship with a young person. This audit was to review the quality and frequency of key working sessions in Hillside.</i>	16	Hillside	Secure	Children's Home

### ***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 Chronology Dip Sample Audit:**

- Most cases (33 out of 35) in Children's Services a chronology was found on the case file
- Significant events were captured within the chronologies (27 out of 33)
- Most chronologies were completed as part of general practice rather than being completed due to being in a specific arena e.g. court, which is indicative that it is not only being used when a case reaches a specific threshold

#### **In the Multi-agency audit of Strategy Discussions/Meetings:**

##### **Children's Services:**

- In all of the cases audited the initial strategy discussion was held within one working day of the decision to hold one, the majority of which were on the same day
- The proposed initial action along with details of who would be undertaking the action, including who will and what the child/family will be told were clear on the cases audited
- The Police hold an appropriately detailed account of the strategy discussions that had taken place with the local authority
- Children's Services strategy discussions and meetings detailed any immediate action that was required to safeguard the child
- Auditors report that all of the strategy discussions and meetings were held timely, in that strategy discussions took place within 1 day and strategy meetings were not delayed unnecessarily from the strategy discussion date
- All agencies in attendance at strategy discussions and meetings had the opportunity to share information on the child/family
- Actions arising from the strategy discussions and meetings were mostly clear with details of who was responsible for each action
- It was very clear in all but one of the cases audited the decision to proceed or not to Section 47 Enquiries, the one case did not provide any narrative around the decision on this but did complete the necessary boxes

- Auditors reflected that there was a good multi-agency approach to the strategy discussions and meetings which evidenced good information sharing and method in the discussions/meetings

#### **Adult Services:**

- The reporter of the concerns in the majority of cases outlined the reasons for the adult being defined as at risk as per Social Services and Wellbeing Act 2014 (Wales) and was clear about the abuse or neglect concerns and their foundation
- Auditors reported that there was good attendance at all the strategy meetings held by partner agencies with the exception of one meeting where Health should have been invited, or documented if they were unable to attend
- Police records of strategy discussions were comprehensive and clear to understand along with an investigation update
- Auditors reported that the safeguarding actions undertaken were justified, proportionate and empowered the adult at risk as far as possible
- Strategy discussions and meetings were held timely
- Actions, responsibility and timeframes were clear on strategy meetings as these were recorded in a formal template
- Auditors report a good multi-agency approach to adult at risk cases

#### **In the Multi-agency Audit on Exploitation Cases for JICPA Inspection:**

- There was good evidence of multi-agency working to support children at risk of exploitation
- Good communication on an operational and strategic level was evident
- The exploration of outcomes of the children was good through assessment and planning processes
- Evidence of “what matters” conversations taking place with children and their families
- Evidence of peer mapping on exploitation cases that considers their peer groups
- Good working between Children’s Services and Youth Justice and Early Intervention Workers
- Positive relationships between workers and children across NPT Services, e.g. support workers, Cynnydd (Education), Fostering, etc
- Voice of the child throughout case files, in particular on a child disability case where workers had to adapt their way of communicating to suit the needs of the child
- Good transition planning for children who would transfer to Adult Services
- Cases being assessed yearly or as and when need arises
- The commencement of triangulation meetings in some areas demonstrated strong multi-agency working
- Evidence of preventative work and direct work being carried out with children
- Internal learning on cases to inform practice and wider learning for Children’s Services

#### **In the Incident Debrief and Risk Management Plans Dip Sample:**

- All forms evidenced a debrief session completed with the young person following an incident
- All fields on the risk management formulation table contained a risk level and corresponding risk colour
- The rationale for the risk rating corresponded with the risk table in all of the risk management formulations

- It was clear who completed the risk management formulation and each one was signed and dated with a review date
- The additional needs risk document was fully completed and reflected the risk management formulation in all of the cases audited

#### **In the Key Working Audit:**

- In 14 out of the 16 (88%) key working sessions audited the objectives of the session was noted
- In 13 of the 14 (93%) key working sessions where the objectives of the session were noted, these were reflected with the detail of the document
- In 12 of the 16 (75%) of the key working sessions audited the aims were clearly identified, however there is room for improvement
- In all of the key working sessions auditors report that the staff member acted as a positive role model to the child
- In 81% (13/16) of the audits the session established and reinforced guidelines for behaviour
- Again 81% (13/16) of the audits evidenced that emotional, social and spiritual support was provided when needed and was reflected in the recording
- In 13 of the 16 (81%) audits undertaken the key working session reflected the voice of the child within the recording
- Overall auditors reported that in 11 of the 16 audits the quality of the recordings were excellent (1) or good (10)

#### *What will we improve?*

1. Chronology guidance and standards will be developed for both adult and children services practitioners that will set out the department's expectations in relation to the completion of a chronology, the format and what good looks like.	Chronology
2. Following the guidance and standards being completed training needs to be developed	Chronology
3. Managers to give consideration to inviting additional agencies to the strategy discussion as this was often limited to Social Services and Police, however there was good attendance of agencies in the strategy meetings held	Multi-agency audit of Strategy Discussions/Meetings
4. In one of the strategy discussions, it was identified that it would be beneficial for Barnardos to be invited to the strategy meeting, this did not appear to happen and would have been of benefit to the meeting	Multi-agency audit of Strategy Discussions/Meetings
5. Auditors highlighted that a few of the strategy discussion notes taken by Children's Services would have benefited from more context and more detailed information	Multi-agency audit of Strategy Discussions/Meetings
6. Further consideration to be given during the strategy discussions and meetings of the needs and safety of any other children or adults who may be at risk and in contact with the alleged abuser	Multi-agency audit of Strategy Discussions/Meetings
7. Timeframes for the completion of actions arising from the strategy discussions and meetings need to be established for each action identified as this was not evident on every one	Multi-agency audit of Strategy Discussions/Meetings
8. If appropriate, more discussion around how the child's wishes and feelings would be established could be documented on the strategy discussions and meetings	Multi-agency audit of Strategy Discussions/Meetings

9. The smooth handover of day time services to out of ours by having more consistency in language and process around strategy discussions	Multi-agency audit of Strategy Discussions/Meetings
10. The dates of birth of the children considered at the meeting needs to be included on the strategy discussion/meeting template	Multi-agency audit of Strategy Discussions/Meetings
11. Reporters (those making the referral to adult services) did not always clarify whether consent had been sought or did not always consider the mental capacity of the adult when making a report	Multi-agency audit of Strategy Discussions/Meetings
12. More evidence on the discussions held by Adult Services and the reporter on what the adult and others will be told and who will do it to be evident on the adult at risk paperwork	Multi-agency audit of Strategy Discussions/Meetings
13. More evidence is needed that the report maker received an outcome upon the decision being made in relation to the initial report	Multi-agency audit of Strategy Discussions/Meetings
14. More evidence of the adult at risk being given the opportunity, if appropriate, to be seen alone and at a minimum of every 4 weeks	Multi-agency audit of Strategy Discussions/Meetings
15. The recording of strategy discussions in Adult Services needs to be revisited as this should be a more formal record of the discussions that take place between agencies and not just part of the chronology of events/contact	Multi-agency audit of Strategy Discussions/Meetings
16. It was not clear to auditors how the adult at risk process links into the adults care and support plan	Multi-agency audit of Strategy Discussions/Meetings
17. The chronology of events is not date ordered it appears to be ordered by the date the entry was put on the system	Multi-agency audit of Strategy Discussions/Meetings
18. Further training on mental capacity for the child disability team	JICPA Exploitation
19. Increase awareness across the region on harm outside the family home	JICPA Exploitation
20. Prioritise targeted services to improve engagement with children	JICPA Exploitation
21. Develop a response across partners for missing person reports and return home interviews	JICPA Exploitation
22. Practitioners to fully explore the context and environmental impacts on children when analysing harm outside of the family home	JICPA Exploitation
23. Training to be provided to Hillside staff on completing debriefs with young people following any incidents which will provide a consistent approach	Hillside Debrief Dip Sample
24. Senior manager to review how risk management formulations are stored on the homes in Hillside	Hillside Risk Management Dip Sample
25. The frequency of key working sessions needs to be more consistent across all young people in Hillside, senior managers to provide direction to care staff	Hillside Key Working Audit
26. Not all basic information fields were completed, these were mostly the key worker name, case manager name and summary of previous session	Hillside Key Working Audit
27. Out of the 8 key working sessions where it was indicated that a further key working session was to be scheduled no date/time was indicated on the paperwork	Hillside Key Working Audit
28. Auditors identified room for improvement in the recording of 5 of 16 key working sessions	Hillside Key Working Audit
29. Key working staff to ensure that the aims of the session are clearly recorded as it provides a focus of the session, this would likely be predetermined	Hillside Key Working Audit

30. One of the auditors highlighted that a specific section on the strengths/positives of the child may be a good addition to the key working template	Hillside Key Working Audit
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### *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 and processes
- By direct feedback on individual cases to the responsible manager and 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 Quality Practice Strategic Group
- 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 learned?*

In this quarter we have reported on a number of audits and dip samples from across Children and Adult Services some of which was in conjunction with our multi-agency partners such as Police, Education and Health. The success of these audits in providing a holistic view on what is working well across the partnership and what we can improve will be a way forward in improving outcomes for children, families, individuals and their carers.

Ensuring quality assurance still plays a significant part in social care has been challenging through the COVID pandemic due to the pressures faced by teams, however with some subtle changes to the length and frequency of audits we have still been able to undertake this valuable aspect of continuous improvement across the directorate.

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 Managers and the workers involved, this is done either on a 1:1 basis or through group sessions.

### *Next Steps?*

Our 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. Any actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed, this allows us to monitor desired outcomes and progress. This gives a transparent view 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 appropriate teams within Social 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.

***Mel Weaver; Quality, Performance and Practice Manager***

# Neath Port Talbot's Children and Adult's Quality Assurance and Learning Framework

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## *Introduction*

This framework applies to all Children and Adult Services teams and services.

This framework will set out how Neath Port Talbot will learn from all activity completed to ensure that children, adults, families and carers are being supported in the right way at the right time, and understand what difference has been made. This framework sets out the approach and how learning is embedded and evidenced in practice.

**This Quality Assurance Framework (QAF):** provides a level of confidence about service delivery and the positive impact on children, adults, families and carers in Neath Port Talbot.

**Measuring impact is key** – What difference are Neath Port Talbot and its partners making? It is this reason that outcomes for individuals is at the heart of the Framework.

The Quality Assurance Framework includes capturing data to ensure standards are met and procedures are followed. However, these measures alone do not assure positive impact and there is a need to ask, "So what?"

### **Priorities**

The outcomes of children, young people, adults, families and carers are understood

Children young people, adults, families and carers are at the centre of delivery of the Quality Assurance Framework (QAF)

Embedding quality assurance is evidenced by doing with, not to or for children, young people, adults, families, carers and staff

We understand, challenge and improve the impact of our work

Our guiding principles for embedding the QAF are that:

1. Children, young people, adults, families and carers are at the heart of what we do. The focus of quality assurance must be on impact and outcomes for the child, young person or adult in their journey through our social work and safeguarding systems.
2. The approach to Quality Assurance will be underpinned by Restorative Practice, and a desire to examine and capture best practice. This means that QA activity is done "with" staff, rather than "to" or "for", in ways that build relationships and are characterised by respecting each other's perspectives, high expectations, high support and high challenge, to enable use to learn, improve and change.

3. Throughout the quality assurance processes the views of children, young people, adults, families and carers are integral to improving our services, we will where reasonable and practicable to do so, gain the voice of those who have received our services.
4. Our multi-agency and collaborative working with our partners, whether statutory or 3<sup>rd</sup> sector will be enriched and where practicable we will include them within our QA processes

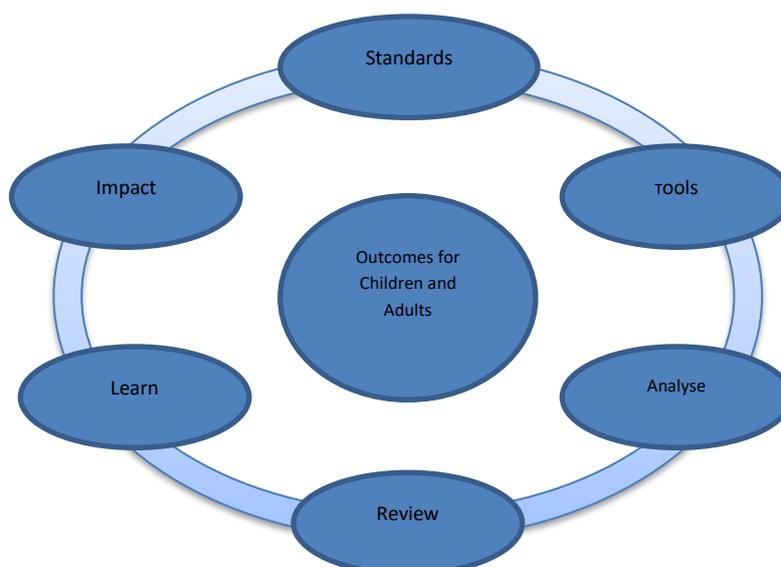
The framework takes into account the fundamental principles of the Social Services and Wellbeing Act (Wales) 2014 in that:

- **Voice and Control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve wellbeing
- **Prevention and Early Intervention** – Increasing preventative services within the community to minimise the escalation of critical need
- **Wellbeing** – Supporting people to achieve their own wellbeing and measuring the success of care and support
- **Co-production** – Encouraging individuals to become more involved in the design and delivery of services

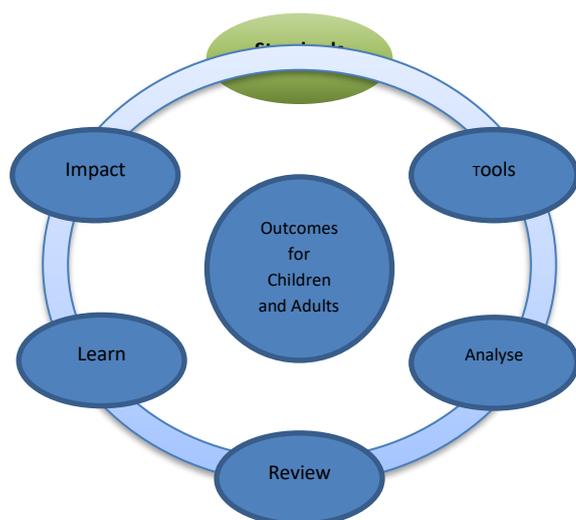
This framework will also consider the learning from case reviews across the region and UK wide i.e. Child and Adult practice reviews, Serious Case Reviews etc, in addition to any research undertaken on a regional or national level

There are six stages in the framework, each stage being proactive, to inform action and improve outcomes for children and adults which is at the heart of our work:

Standards	-	What standards are we aiming for?
Tools	-	How are we using a range of QA tools against those standards?
Analysis	-	What do the results of using those QA tools tell us?
Review	-	How well we are doing it, and is anybody better off?
Learn	-	What do we learn from this, to feedback into practice?
Impact	-	What are the outcomes for children, adults, families and carers?



## Standards



The standards below are rooted in discussions between social care managers within the Quality Performance Strategic Group. The views of individuals and the 3<sup>rd</sup> sector have also been gained through consultation sessions or sharing the framework. They are informed by statutory guidance and legislation and take into account the wellbeing objectives as set out in Neath Port Talbot's Corporate Plan 2019-2022.

They provide a single set of standards that apply across all services and that focus on *impact and outcomes for children and adults*.

The QA Framework starting point is being clear about “what good looks like”

Standards for Practice	Customer Service Standards
<p><b>Standard 1:</b> Ensuring a professional response from the initial referral to the closure of the case;</p> <p><b>Standard 2:</b> Providing clear direction, quality decision making and setting priorities in the service;</p> <p><b>Standard 3:</b> Ensuring the service users voice is heard and fully considered when implementing individual plans;</p> <p><b>Standard 4:</b> Scrutinising to ensure good quality recording, analysis of need and report writing;</p> <p><b>Standard 5:</b> Providing good quality supervision, annual appraisals and well organised staff and team meetings;</p> <p><b>Standard 6:</b> Making sure staff work within a supportive team culture, with good communications, routine commitment to rigorous professional practice with the necessary skills, competencies and capacities;</p> <p><b>Standard 7:</b> Demonstrating effective multiagency collaboration and working.</p>	<p>We will maintain customer service standards throughout our work:</p> <ul style="list-style-type: none"> <li>• Explain why we are working with you and your family/carer and what we can and cannot do.</li> <li>• Listen to you and take into account your wishes and feelings in everything we do</li> <li>• Take care to ensure that you understand what we are saying, by using clear and straightforward language, signing, picture boards or an interpreter if necessary</li> <li>• Do everything we say and when we say we will do it</li> <li>• Be on time for meetings and appointments</li> <li>• Meet with you regularly to explain what is happening</li> <li>• Keep your personal information safe and explain how we are going to use it</li> <li>• Try to answer any questions you have or find someone who can</li> </ul>

## Tools



Managers and Heads of Service will continue to complete case audits at their discretion, with their staff, so they understand the quality and impact of our work.

1. Regular, monthly audits about the child/adult's journey through our services (taking a sample)
2. Auditing on a theme, in relation to specific subjects e.g. supervision, plans, assessments, response to domestic abuse, neglect, self-neglect, financial abuse etc.
3. Multi-agency audits where professionals from our partner agencies will audit cases against the Wales Safeguarding Procedures

### Monthly Audit Tool and Method

The audit tool incorporates social work practice standards, but focusses on evidence, outcomes and impact for the child or adult. It will check particularly the journey and experience of the child or adult through services, that any rationale for decisions made on behalf of the child or adult is evident, the help offered is planned and purposeful in collaboration with child, family or adult and that improvement to the child or adult's life has pace and avoids drift.

Through this Framework, Quality Assurance of supervision and managerial oversight will also be strengthened.

Audits will be completed each month by two **Audit Groups** (Children and Adult). Cases will be selected randomly by the Quality, Performance and Practice Manager liaising where necessary with the Performance Management Team, themed in accordance with the annual audit programme, but always about the child and adult's experiences and outcomes. Audits will involve rigorous, thematically driven scrutiny of cases, checking for particular practice, outcomes and themes.

It is vital for the Quality, Practice and Performance Manager and the Principal Officer for Safeguarding and Quality Assurance to remain impartial throughout the process, therefore areas for improvement must be driven forward by practitioners across the department. This also ensure ownership of the quality assurance process is with practitioners.

**Audit Groups** comprise of a range of senior managers, principal officers, team/deputy managers and consultant social workers made up from the range of different teams. Audits can also take place with practitioners working with partner agencies to obtain their views and analysis on specific themes and interventions. Each month auditors will audit a small number of cases per team, within a 1 week window, working as individuals or with colleagues from within their team. The completed audits will be returned to the Quality, Performance and Practice Manager along with an overall themes sheet to be collated. All teams must be represented at each audit. Auditors will only scrutinise cases that they have not had allocated to them or they have been part of any decision making process. Each audit request received will be considered by the Quality Practice Strategic Group and consideration is given to obtaining the views of relevant stakeholders such as children, young people, parents, adults, carers and partner agencies to provide a holistic view of practice across the directorate.

Each month the Quality, Performance and Practice Manager will facilitate a Moderation and Improvement session with auditors to examine quality, outliers, analysis, themes, observations and any contributions to improved impact for children and adults. Moderation will in turn support learning, discussion and actions.

The auditing process will include systematically making sure that all staff have one case audited and one practice visit observed. Managers will be measure against audit competencies and have an observed supervision.

Audits will also take place in other services such as Hillside Secure Children's Home, Community Occupational Therapy, Fostering Service and Neath Port Talbot Youth Justice and both Children and Adult Early Intervention Services. These will be completed on a bi-monthly/quarterly basis and will be fed back through to the Quality, Practice and Performance Manager.

### **Audit Themes**

There will be an audit programme in place which will detail the theme of the audit to be undertaken on a monthly or quarterly basis depending on service area. Within this programme will be generic themes to audit such as plans, assessments and reviews, however the programme will be determined by the Quality Practice Strategic Group. Any requests made for an audit will be requested through the Quality, Practice and Performance Manager via an audit request form which will be logged in the audit request log. Any new requests for audit will be agreed, declined or deferred by the Quality Practice Strategic Group and feedback to the individual making the request.

### **Triangulation**

As our service users are at the heart of what we do the Quality Assurance Framework (QAF) Audit will include the views of children, adults, families and carers about their experience of receiving services and the impact our work has on their lives. Gaining views from staff and from our multi-agency partners will also be critical to informed judgements about good practice, barriers to progress and next steps.

- Monthly audits will include the auditor directly obtaining the child, adult, family or carer views, whenever it is practicable and appropriate to do so. This will be supported by the Engagement and Participation Team where possible.
- Where appropriate monthly audits will include reflections from the child or adult's social worker/lead professional about the work and impact on the individual.
- Our partner agencies views and collaboration in some of the audits will be sought wherever appropriate to do so.
- The QA framework will use information from our compliments and complaints system, feedback from key partners (e.g. health professionals and education settings via Peer Review; HR etc.) as well as safeguarding themes drawn from reports i.e. allegations of Professional abuse, whistle-blowing etc.

## **Staff Observation**

All staff will be observed to assess the quality of their practice in working with children, adults, families and carers and/or partner agencies. They will be observed by a manager/senior manager with experience in the area of practice being observed.

**Why:** Observation of staff in their everyday work is an important element of quality assuring professional practice. Observation of practice adds to a whole picture about the way that our workforce build relationships, maintain Honest, Open and Transparent (HOT) conversations, challenges and reframes on behalf of children, adults, families and carers. This will identify professional developmental needs and grow workforce confidence, direct feedback and autonomy.

**How:** All Team Managers (or Deputy/Consultant Practitioners where agreed) will:

- observe practice of newly qualified workers;
- observe the practice of experienced workers at least once every year;
- identify any workers within the team in need of support to improve performance;
- share observations with workers in reflective supervision sessions;
- negotiate individual action plans with workers as necessary;
- share completed observations with the Quality, Performance and Practice Manager.

*Ethical guidance:* During each observations of practice, the observer will be sensitive to the potential pressures on, and the apprehension of, children, young people, adults, families, carers and staff.

The observer will consider and discuss the appropriateness of each observation and whether they should observe all or part of the activity. Any observation will be with the explicit and informed consent of the children, adult, families and carers. The relevant practitioners will be asked to gain this consent. The observer will confirm the consent with the children, adult, families and carers. The observer will explain the purpose is to assess the effectiveness of help, care and protection, not to make judgements about them. After the observation of practice, the observer will aim to have a brief discussion with the child, adult, family or carer about their experience of the services received and their impact. The observer will also constructively critique the practitioner following observation.

The Quality, Performance and Practice Manager will have a key role in the audit process, analysis of findings, observations of practice and the mentoring of staff, to support applied learning and drive up practice standards. The Quality, Performance and Practice Manager will consider the findings of staff observation at least once per year, highlighting key learning points and identifying actions for workforce development.

## **Meeting Observation**

Key decision-making meetings will be observed through a programme led by senior managers within the service, to assure their effectiveness and pace. Observations will consider key factors such as governance, terms of reference, multi-agency collaboration, and the involvement of/impact on children, adults, families and carers.

**Why:** It is important to assess meetings in relation to the quality of shared working, decision making and actions which are implemented via in key meetings. These groups and processes are the driving force of the safeguarding system in Neath Port Talbot. It can helpfully inform multi-agency practice by feeding back findings to governance boards such as the West Glamorgan Safeguarding Board and the Social Care, Health and Wellbeing Scrutiny Committee and Cabinet Board of Neath Port Talbot. In some meetings it will also provide the opportunity for senior managers to view meetings in which children, young people, adults, families and carers participate in, and the impact of these meetings on them.

**How:**

- Heads of Service will observe key meetings twice per year;
- Heads of Service will complete a record of the observation and discuss this with the meeting Chair. A shared record of learning and actions will be agreed and recorded;
- Heads of Service will send a copy of the observation record to the Quality, Performance and Practice Manager;
- Directors will observe key meetings once per year, roles as above;
- Learning will be shared with partner agencies through the West Glamorgan Safeguarding Board.

The following meetings will be observed:

- Case Conferences (Initial and Review) - Child and Adult;
- Strategy discussion/meeting – Child and Adult;
- Core Group meetings;
- Child Protection Monitoring Visit;
- Looked After Child Review;
- Early Intervention Panel;
- Panels (Permanence, Complex Needs, Resource, Contextual Risk Panel, Legal Surgery, Resource Allocation Meeting etc.)
- MAPPAs – Multi Agency Public Protection Arrangements
- MARAC – Multi Agency Risk Assessment Conference
- Multi-disciplinary Team meetings
- Hospital Discharge meetings

- Best Interest Meeting
- Continual Healthcare meetings
- Review of Care and Support plan (Child and Adult)
- Initial planning meeting
- Review of Care and Support plan (Child and Adult)
- Team Around the Family (TAF) Meetings
- Team Meetings
- Community Meetings
- Hillside Handover Meetings
- Hillside Multi-disciplinary Team/Centre Briefing

**This list is not exhaustive and other meetings will also be subject to observation**

## Analysis



Each month, the **Quality Practice Strategic Group and relevant Practice Improvement Group** will meet to analyse challenge and improve performance data, learning from quality assurance activity and explore the data.

Children and Adult case files provide an invaluable perspective on practice. Effective audits can provide insight into the quality of recording, the quality of work, “change” for the child or adult, the quality of management oversight, support for the worker, evidence of effective multi-agency working and importantly, the views, experiences and outcomes for the child or adult.

Quarterly reports provided separately by the Conference and Review Service Team Manager (Children) and the Safeguarding and Quality Manager (Adult) will provide analysis of themes around good practice and escalations of concern, according to the distinct roles and responsibilities of these two teams. The impact of both services and the way in which Neath Port Talbot learns from/responds to their input will critically be examined.

**Completed Monthly/Bi-monthly/Quarterly Audit Tools**, corresponding themes sheets, social care worker questionnaire/conversation feedback and service user feedback will be collated and considered by the Quality, Performance and Practice Manager to inform overall findings with regards to the quality and impact of service provision to the child, adult, family and/or carer. The findings and conclusions will be discussed as part of the moderation carried out by the Audit Group, further discussed with Principal Officers and Heads of Service and will lead to learning and development and or an acknowledgement of good practice. Any training and learning needs identified will be shared with the Training Department for consideration when planning training across the directorate.

The **Quality Practice Strategic Group** meets monthly to analyse and amplify the findings from data, audit, staff feedback, escalations, children’s views, adult’s views, family views, carer views, compliments and complaints. Representation on this group from all areas across the directorate is mandatory to ensure that findings and recommendations from all areas are discussed, disseminated and actioned as appropriate. Relevant subgroups such as the Practice Improvement groups and Consultant Social Worker group will drive the wider changes through the service. Vital to this process are the views of children, young people, adults, families and carers, this will include learning from a range of consultations completed with the Engagement and Participation Team. Over time, the group will build ways to be inclusive of a wider demographic, for example including input from student social workers, partners, care staff and foster carers, as a rich source of learning and advice. This development underlines the commitment to ensure that the QA process is informed by those who are practicing – **“Doing with, not to or for”**.

A briefing for the Director of Social Services, Head of Service and Lead Member will be provided quarterly, including quantitative statistics and qualitative analysis on how practice is improving over the year and impacting upon outcomes for children and adults.

## Review



This key stage will make sure there are robust processes in place for turning the findings from audit analysis into reflection and improvement planning.

- **Aggregated findings** from monthly audits and dip sampled themed audits will be produced by the Quality, Performance and Practice Manager who will review them for headline themes and recommendations. This process will inform improvement planning to be progressed by Practice Improvement Group, Principal Officers, Team Managers, Consultant/Deputy Social Workers with oversight, support and challenge from Heads of Services
- The **Quality Practice Strategic Group**, chaired by the Principal Officer for Safeguarding and Quality Assurance, will review audit findings alongside performance data and all forms of service feedback available, to determine the learning and how this will be a) reported to the Senior Management Team, b) shared and embedded in practice or services and c) identify any training needs. Members of the Group include a range of managers from across all services. All teams must ensure that an appropriate representative with the relevant authority is present at the Quality Practice Strategic Group.
- All teams will run a structured review of quality assurance feedback and data every 6 months, through a **“Performance Clinic”** meeting with a range of senior leaders for shared learning. Teams will have received
  - Performance Indicators for their team
  - Results from audits
  - Consultation data
  - Key practice issues arising from practice reviews
  - Learning from feedback, compliments and complaints
  - Feedback from practice observation

The Team Manager will review the outcomes of the various pieces of quality assurance information above related to their team over the past six months, and in discussion with their team, agree key points to target. The Team Manager and their Principal Officer will discuss the reasons or causes for good and poor practice, negative and positive impact and next steps.

This will include:

- Identifying individuals who need additional support, direction, guidance and training

- A further learning session or two to engage the team itself in understanding and taking ownership of the practice problem and find solutions
  - Sharing exemplars of good practice within the team
  - Coaching input from Principal Officers and Consultant Social Workers
  - Identifying themes that need bringing to the attention of Senior Managers, other parts of the Council or partners to support practitioners (e.g. changes to procedures, guidance, resources, and training).
- All staff will continue to have an annual Appraisal. This takes the aims and priorities set out in the Corporate Improvement Plan and translates them into objectives and targets for individual staff members. This provides an opportunity to identify strengths and weaknesses in staff performance and provides a vehicle to address any concerns.
  - IRO's/Safeguarding Coordinators complete a "checklist" about each conference/review/meeting, about quality and impact of practice. Feedback will be given to the corresponding Team Manager for discussion in supervision, to ensure improved practice. This information is aggregated by the Conference and Review Service Team Manager/Safeguarding and Quality Manager for oversight and reported to the **Quality Practice Strategic Group** at quarterly intervals.
  - For cases that do not meet the criteria for a Child or Adult Practice Review or a Multi-Professional Practice Forum, but give rise to concern(s) i.e. a near miss etc., the manager will be expected to undertake a preliminary review of the concern/incident within seven days and submit a report outlining such to their respective Principal Officer and Principal Officer for Safeguarding and Quality Assurance. All reports will be shared with the Practice Quality Group who will consider how to elicit learning i.e. audit, full management review (such a review would follow a similar methodology to that drawn upon for a Child or Adult Practice Review) etc.
  - The legal department will provide a monthly summary of findings/recommendations/suggestions made following Care Proceedings to ensure themes may be captured and learning disseminated. The legal department will also provide regular updates from the legal world i.e. new case law etc.

## Learn



So that the framework is a reflective learning experience for practitioners, the Quality, Performance and Practice Manager will share the completed audits with team managers who will feed back the results of the audit, reflections and any actions required to practitioners.

This will be used for reflective discussion in supervision, to inform future practice and service provision. Audit outcomes will be tracked by the Quality, Performance and Practice Manager to ensure learning is happening.

Principal Officers will discuss the audit findings and reflective supervision sessions with their respective Team Manager, during the Team Manager's supervision. This will include discussing the impact of service delivery/planning for the child/adult, and agreeing what needs to happen next.

Principal Officers will take the lead in ensuring that learning from the various audit and quality assurance activity informs the workforce strategy and learning and development pathways for social care staff.

Themed findings from audit/outcomes for children, adults, families and carers will influence the Learning and Development Programme. In addition, they will be targeted to the team, area or whole service as necessary.

The Safeguarding and Quality Assurance Principal Officer will take the lead in ensuring that learning about the wider safeguarding system informs/is reflected in multiagency safeguarding training.

The Quality, Performance and Practice Manager will summarise monthly audit findings to be shared with the department through the Quality Practice Strategic Group, Children Services Management Group and Adult Services Management Group. A quarterly overview report will be shared with the Senior Management Team and relevant scrutiny committee on all audit and quality assurance activity, the purpose being to review any trends, any areas of practice that are good and those that require further development.

In addition,

- Learning from the views of individuals is integral to improving services for children, young people, adults, families and carers who have or are currently accessing and receiving information, advice and assistance from the department.

- Individual audit documentation and outcomes will be both discussed in supervision and used to demonstrate workers and managers learning and reflections, on the quality of decision making on cases.
- Registration of social care staff with Social Care Wales is contingent upon evidence of minimum learning requirements over a three year period. It requires managers to provide oversight and to sign off evidence of learning for each qualified worker for whom they are responsible.
- Principal Officers, Team Managers and Consultant Social Workers will use audit results to inform social care learning and development programmes (i.e. induction programme, workforce strategy).
- Cases celebrated as being exemplars of outstanding practice will be shared and promoted throughout the department, fed back into training and available to view on the Social Services Intranet pages.
- Learning from children, adults, families and carers through the case closure questionnaires and through any engagement and consultation sessions will be shared with the relevant Management Groups on a quarterly basis and circulated to all teams.
- The Quality, Performance and Practice Manager will provide bi-annual reports which identify trends and makes comparisons about the nature of complaints and compliments. A summary of these reports will also be shared with all Social Services staff, containing information about common themes and lessons from complaints, compliments and customer feedback.
- Learning from audits will be analysed with Training and Development, and where identified relevant training will be provided

***How does this Quality Assurance Framework link to wider assurance of practice and service development?***

Neath Port Talbot's Social Services Department will consider information provided from audits to inform and develop relevant plans, specifically:

- Social Services Key Priorities Action Plan for Children and Adult Services
- Hillside Development Plan
- Youth Justice and Early Intervention Service Improvement Plan
- West Glamorgan Safeguarding Board Business Plan, overseen by the West Glamorgan Safeguarding Board

The welfare of children and adults is everybody's business. For this reason, the Quality Assurance and Learning Framework sits alongside the West Glamorgan Safeguarding Board.

- The West Glamorgan Quality and Performance Monitoring sub group has oversight of multi-agency performance data and undertakes multi-agency audits, to inform multi-agency action.
- The West Glamorgan Practice Review management sub group has oversight of Practice reviews and the learning that follows.
- The Safeguarding Board will, at the request of the Local Authority, run a Restorative Practice Learning Circles with 'stuck' Child Protection cases, particularly those working with children who have been subject to a CP Plan for 15 months or more, or for a second or subsequent time.
- The Local Authority will from time to time be involved in external Peer Challenge reviews. This means working with another Local Authority, or other organisation external to Neath Port Talbot, to examine a specific area of practice or theme to help understand areas of strength and further development.

## Impact



Evidencing the impact of learning from audits will be central to ensuring audit makes a difference for children, adults, families and carers.

The Quality, Performance and Practice Manager will ensure it is recorded that the case has been audited and that any actions have been shared with the Team Manager to be completed. The completed audit tool will be stored on idocs and will be part of the child/adult's record and as an integral part of the worker's supervision.

An annual survey will also be developed for social care staff, to evidence the effectiveness of the audit programme, dissemination and embedding of learning and improvement to practice across teams.

Measuring quality is something done with, and by, service users and professionals rather than an exercise done to them. Mutual accountability for practice that has an impact on good and better outcomes for children and adults will be upheld through supervision discussions, reflective learning and through existing protocols.

To make sure the Framework is truly person centred, following the journey of the individual through our services, the impact on the Framework will be judged on the following factors:

- *Is all quality assurance activity being carried out in partnership with service users, multi-agency partners and professionals, from student social workers to senior managers?*
- *Are we continually seeking to improve performance and demonstrate the impact of help for children, adults, families and carers in improving their outcomes?*
- *Are the findings from all QA activity driving service improvement and creating better outcomes for our children, adults, families, carers and our workforce?*