**Children & Families Directorate**

**Performance and Quality Assurance Framework**

**April 2022**



# About this document

This document explains the governance and reporting arrangements to ensure oversight of performance and quality in respect of the Children & Families Directorate, comprising of children’s social care, early help services and education.

It sets out the key strategic plans in place to deliver improvements at council, directorate and service level and shows how this links together in order to deliver the best outcomes for children and young people, with clear communications links between key meetings.

This document should be read in conjunction with the Terms of Reference for the Performance Focus Group Meetings.

Contents

[2](#_Toc63865125)

[1 Performance and Quality Assurance Process – Key Delivery Plans at Corporate, Directorate and Service Level 3](#_Toc63865126)

[2 Performance and Quality Assurance Process – Governance and Reporting Arrangements 4](#_Toc63865127)

[3 Key Document Overview 5](#_Toc63865128)

[Appendix A - Action Plans Layout 6](#_Toc63865129)

# Performance and Quality Assurance Process – Key Delivery Plans at Corporate, Directorate and Service Level

Redcar & Cleveland Borough Council are committed to achieving the best outcomes for children and young people. Our improvement priorities and the actions we will take to make them happen are set out in a number of strategic documents starting with high level corporate priorities agreed by Cabinet, the broader priorities at Directorate level identified in the SEF which encompass all areas of practice and the more detailed actions which must take place to deliver this at service and team level. The improvement plan at each organisational level has an associated set of PIs, delivery of the measures and improvement actions is monitored through a framework of meetings as set out at section 2.



# Performance and Quality Assurance Process – Governance and Reporting Arrangements

There are robust governance arrangements around the delivery and monitoring of our performance, quality and service improvement priorities, as set out in the below flowchart. Performance, quality assurance and delivery of improvements is coordinated and monitored via the Performance Focus Groups, the monthly Quality Assurance Group and the extended DMT’s, with the Corporate Director for Children & Families providing the link between these meetings and the Executive Leadership Team in respect of our corporate priorities and performance indicators. More detail regarding the format and purpose of the performance and quality assurance groups is included in the Terms of Reference.



# 3 Key Document Overview

The below table lists the key documents identified at section two, providing a description and mechanism for how progress is measured. The Corporate Plan, Our Flourishing Future, identifies priorities and actions in relation to the Children and Families Directorate which are also captured in our Service Plan/Self-evaluation along with the key priorities identified at Directorate level. The SEF priorities are then further expanded upon in an action plan which also links to measures as appropriate. Each service manager has a service plan which includes all of the above (relevant to their service) but also other areas for improvement – these are further expanded upon in an underpinning action plan (with measures as appropriate).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Document name** | **Description** | **Owner/author** | **How its measured** | **How document is kept current** | **Comments** |
| Corporate Plan (Our Flourishing Future) | Council wide record of key priorities | EMT/ Michael Lyth | Corporate plan action plan | Updated annually by EMT and cabinet |  |
| Corporate Plan Action Plan | A record of how the priorities in the corporate plan will be delivered | EMT/ Michael Lyth |  |  |  |
| KPI Director Dashboard | A small selection of performance indicators that provide assurance to EMT | EMT/Michael Lyth | A spreadsheet in Teams is used to record results and is accessible to key staff in C&F and EMT | Results input each month – PI’s reviewed by EMT to confirm that they remain the most appropriate |  |
| C&F Service Improvement Plan/Self-evaluation | C&F key priorities (including those in the corporate plan) | DMT/AD Partnerships & performance & Anthea Henderson | Service Improvement/SEF Action Plan | Updated as appropriate after each Performance DMT by AD for QA and Strategic P&P ManagerFull review every 6 months (June and December) |  |
| Service Improvement/SEF action plan | A record of all actions needed to deliver the Service Improvement/SEF priorities  | AD Partnerships & Performance /Anthea Henderson | Current position recorded against each action at least quarterly  | Updated in line with changes to the SIP/SEF – created as a spreadsheet document to record quarterly updates –closed actions moved to the closed tab |  |
| Directorate Performance indicators | All PI’s that we measure at a director dashboard and department level (and that evidence success of the SIP/SEF action plan) | Michaela Bellas working with DMT and SMT members | Targets agreed with managers (where benchmarking possible this is also included | Results recorded in a PI spreadsheet at least quarterly (or annual if annual PI’s) – benchmarking to be updated at least annually. Targets to be reviewed at least annually  | To present to extended DMT quarterlyQA Group to include an annual meeting to review targets of PI’s (using benchmarking information if available) – January each year after data/intelligence team produce comparison infoQA group to review how quality PI’s will be measured |
| Service delivery Plan | A record of all priorities per service manager to include any Corporate Plan and SIP/SEF actions but also all of their own identified actions | Service Managers | Measured through associated action plan (below) | Discussed in SMT and in managers supervisions with their AD – updated annually but also quarterly as necessary with comments from performance DMT/focus gp 3)  | Service managers to develop their service plans in conjunction with their teams |
| Service Delivery Plan/ Action Plans | A record of all actions needed to deliver the priorities in the action plan (will include all actions from SIP/SEF and corporate plan specific to a service manager) | Service Managers with the Service Improvement Team | Current position recorded against each action at least quarterly | Updated in line with changes to the SIP/SEF and Service Plan – created as a spreadsheet document that has columns to record quarterly updates – once an action is closed it is moved to the closed tab on the spreadsheet | Actions include outcomes from peer views, inspections, audits etc |
| Service Performance Indicators | All Service level PI’s per service (note if they are included in the Directorate list there is no need to repeat) | Service Managers with the Service Improvement Team | Targets set by Service Managers for any Service PI’s and agreed with relevant ADS | Reported to SMT and discussed in supervision | Only specific lower level team ones that manager create will be reported on here |

# Appendix A - Action Plans Layout

This appendix provides a template for action plans and reporting to the performance focus groups including the Self Evaluation Framework document.

**SEF Action Plan**

|  |  |  |  | **Update (including RAG rating and direction of travel)** |  |
| --- | --- | --- | --- | --- | --- |
| **SEF Priority** | **Specific Action**  | **Manager responsible for delivering** | **Target Completion Date** | **Quarter 1 2021/22** | **Quarter 2 2021/22** | **Meeting name and date when action agreed as completed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |

**Service Plan Action Plan**

|  |  |  |  | **Update (including RAG rating and direction of travel)** |  |
| --- | --- | --- | --- | --- | --- |
| **Service Plan Priority** | **Specific Action**  | **Action identified from (i.e. peer review, etc)** | **Target Completion Date** | **Quarter 1 2021/22** | **Quarter 2 2021/22** | **Meeting name and date when action agreed as completed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |

**Focus Group 1 & 2 Template (for report to Performance DMT)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Priority** **Area** | **Action**  | **Update** | **RAG & D.O.T** | **Next steps** | **DMT response**  |
|  |  | . |  |  |   |

|  |  |  |
| --- | --- | --- |
| **What’s Working Well** | **How We Know (based on data, audits, inspections, feedback, compliments etc.)** | **Further actions** |
|  |  |  |
| **What we are worried about and why** | **How we know? (based on data, audits, inspection, complaints etc.)** | **What we are going to do about it** | **DMT response** |
|  |  |  |  |

|  |
| --- |
| **QA Activity** |
| **Description of QA activity undertaken this period** | **Date undertaken** | **Outcome and next steps** | **DMT response** |
|  |  |  |  |

**Template for Extended DMT’s (monthly timetable shown on page 2 above)**

|  |
| --- |
| **Information Governance - Data Breaches** |
| **Incident details** | **Date occurred** | **Officer/service involved** | **Resolution** |
|  |  |  |  |

|  |
| --- |
| **Health and Safety – Near Miss Incidents**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service**  | **Date**  | **Location** | **Details**  | **Remedial Actions**  | **Risk Rating**  | **Action**  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Customer Care** |

|  |
| --- |
| **Freedom of Information Requests** |
| A total of x Freedom of Information requests were received within this quarter, of which X were responded to within timescale. |
| **Complaints**  |
| A total number of X new complaints were received across the services within this quarter as follows:  |
| **No managed informally** | **No at Stage 1** | **No at Stage 2** | **No at Stage 3** | **Total**  | **Outcome** |
|  |  |  |  |  |  |
| A total of X complaints were **closed** within this quarter (some of which were received in Qx), details are as follows: |
| **No managed informally** | **No at Stage 1** | **% stage 1 responded to on time** | **No at Stage 2** | **% stage 2 responded to on time** | **No at Stage 3** | **% stage 3 responded to on time** | **Comments** |
|  |  |  |  |  |  |  |  |
| The outcome from closed complaints was as follows: |
| **Stage** | **Ref No** | **Outcome (upheld,** **not upheld, partially** **upheld)** | **Recommendations/Action Taken**  | **DMT response/next steps** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Ombudsman Complaints**  |
|  X Ombudsman Complaints received in this quarter.  |

|  |
| --- |
| **Compliments**  |
| A total of xx compliments were received from service users during this quarter relating to the following services:X relating to the Safeguarding teams, X relating to Early Help/Youth Services/Health visiting and School nursing, X relating to the MACH, X relating to CIOC and leaving care, X relating to (might set this out as a table).  |

|  |
| --- |
| **MP Requests**  |
| A total of x MP requests were received and dealt with[list services]X requests were responded to within the initial timescales of 10 working days. |

|  |  |
| --- | --- |
|  | **Participation Activities**  |
| **service** | **Details of activity** | **Date of activity**  | **Outcome**  | **Next steps (how this will impact practice)** |
| CP |  |  |  |  |

|  |
| --- |
| **People**  |

**Sickness Absence**

**Sickness Costs**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service** | **Service target\*** | **Average FTE**  | **FTE days lost - long term**  | **Average long term days lost**  | **FTE days lost - short term**  | **Average short term days lost**  | **FTE days lost - total**  | **Average total days lost**  | **Average of Full-time salary (£)** | **Average cost per day (£)** | **Cost of cumulative days lost** |
| **Education & Skills** |   |  |  |  |  |  |  |  |  |  |  |
| **Performance and Quality** |   |  |  |  |  |  |  |  |  |  |  |
| **Safeguarding and Early Help** |   |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |

**\* Target is still 2019/20**

**Sickness Absence Reviews**

The number of SAR’s completed and outstanding as at end of Quarter 2 are detailed in the following table:

|  |  |  |
| --- | --- | --- |
|  | **Number of SAR’s carried out in** **Quarter x** | **SAR’s outstanding as at the end of** **Quarter x** |
| Partnership & Prevention |  |  |
| Multi-Agency Children’s Hub |  |  |
| Social Work & Safeguarding  |  |  |
| Social Work & Professional Standards |  |  |
| **Add other services** |  |  |
| **Total** |  |  |

**Case Reviews**

X case review took place this quarter in X service

**Fixed Term Contracts (due to end in Quarter 2 and 3)**

**Social Work & Safeguarding**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **Contract Start** | **Fixed Term End** | **FTC****Reason** | **Pay scale** | **Pay Step** | **FTC in days due to end** | **Contract hours** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Disciplinary**

**Ongoing cases**

There are x/no ongoing disciplinary cases.

**Cases resolved during the Reporting Period**

X/No cases within reporting period.

**Employee Concerns**

There are X/no ongoing grievance cases.

**Appraisals**

The number of appraisals completed and outstanding as at end of Quarter X are detailed in the following table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Received an appraisal in the last 12 months** | **Not received an appraisal in the last 12 months** | **Not had an appraisal at all** | **Grand Total** |
| Partnership & Prevention  |  |  |  |  |
| Multi-Agency Children’s Hub |  |  |  |  |
| Social Work & Safeguarding (Inc CWD) |  |  |  |  |
| Social Work & Professional Standards |  |  |  |  |
| Add other services |  |  |  |  |
| **TOTAL** |  |  |  |  |

**Starters and Leavers**

|  |  |  |
| --- | --- | --- |
|  | **Number of Starters in Quarter X** | **Number of Leavers in Quarter X** |
| Partnership & Prevention |  |  |
| Multi-Agency Children’s Hub |  |  |
| Social Work & Safeguarding (Inc CWD) |  |  |
| Social Work & Professional Standards |  |  |
| Add other services |  |  |
| **Total** |  |  |

**Agency Spend**

|  |  |  |
| --- | --- | --- |
| **Job/Area of Work** | **Quarter X** | **Add date range (Inclusive)** |
|  | Hours | Bonus & Expenses (£) | Spend (£) | Hours | Bonus & Expenses (£) | Total Spend (£) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

**Overtime/Additional Hours Payments – Quarter X**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Overtime** | **Additional Hours** | **On Call Rota** | **Interim Honorarium** | **TOTAL** |
|  | **£** | **Hours** | **£** | **Hours** | **£** | **Hours** | **£** | **Hours** | **£** | **Hours** |
| Partnership & Prevention |  |  |  |  |  |  |  |  |  |  |
| Multi-Agency Children’s Hub |  |  |  |  |  |  |  |  |  |  |
| Social Work & Safeguarding  |  |  |  |  |  |  |  |  |  |  |
| Social Work & Professional Standards |  |  |  |  |  |  |  |  |  |  |
| Add other services |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **DMT Response** |
|  |

**Template for DMT**

|  |
| --- |
| **Money**  |

**Children & Families Directorate**

**Financial Report - as at Period x/QX 2020/21**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget manager** |  **Revised Budget to Date** |  **Actuals to date** | **Actual & Committed to Date** |  **Variance to Date** | **Base Budget** | **Latest Annual Budget** |  **Projected Outturn** |  **Variance** | **Covid Forecast** | **IT Outage Forecast** | **Abatement** | **Adjusted Variance** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Performance Indicators**

Full spreadsheet to be shared (spreadsheet indicates those that haven’t met target and need discussion – also to indicate whether they are managing director dashboard PI’s or SEF or service level and to indicate whether they are quality PI’s and need to be sampled)

Once a year review the annual reports data/intelligence produce (CIN and LA census) with comparator, national and NE comparisons