

**Time and Date**

11.00 am on Friday, 26th January, 2018

Place

Committee Room 2 - Council House

Public Business

1. **Apologies**
2. **Declaration of Interest**
3. **Minutes** (Pages 3 - 8)
 - a) To agree the minutes of the meeting held on 5th October, 2017
 - b) Matters Arising
4. **Workforce Development Strategy and Practice Quality Assurance in Adult Social Care 2017-2019** (Pages 9 - 44)

Report of the Deputy Chief Executive (People)
5. **Outstanding Issues**

There are no Outstanding Issues
6. **Any Other Items of Public Business**

Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved.

Private Business

Nil

Martin Yardley, Executive Director, Place, Council House Coventry

Thursday, 18 January 2018

Note: The person to contact about the agenda and documents for this meeting is Michelle Rose Tel: 024 7683 3111 Email: michelle.rose@coventry.gov.uk

Membership: Councillors F Abbott (Cabinet Member)

By invitation Councillors T Mayer (Shadow Cabinet Member)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting
OR if you would like this information in another format or
language please contact us.

Michelle Rose

Tel: 024 7683 3111 Email: michelle.rose@coventry.gov.uk

Coventry City Council
Minutes of the Meeting of Cabinet Member for Adult Services held at 10.00 am on
Thursday, 5 October 2017

Present:

Members: Councillor F Abbott (Cabinet Member)
 Councillor T Mayer (Shadow Cabinet Member)

Employees (by Directorate):

People A Errington, P Fahy, S C Lam, P McConnell, J Reading,

Place M Rose

Public Business

10. Declarations of Interest

There were no Disclosable Pecuniary Interests.

11. Minutes

The minutes of the meeting held on 6th April, 2017 were agreed and signed as a true record.

12. Exclusion of Press and Public

RESOLVED that the Cabinet Member for Adult Services agrees to exclude the press and public under Sections 100(A)(4) of the Local Government Act 1972 relating to the private report in minute 18 below headed “Money Management Support – Direct Payment Support Services” on the grounds that the report involves the likely disclosure of information defined in Paragraph 3 of Schedule 12A of the Act, as it contains information relating to the financial affairs of a particular person (including the authority holding that information) and in all circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

13. Adult Social Care Complaints and Representations Annual Report 2016/17

The Cabinet Member considered a report of the Deputy Chief Executive (People) regarding the adult social care complaints and representations during 2016/17. Adult Services had a statutory duty arising from the Local Authority Social Services and National Health Services Complaints Regulations 2009, to provide a system for receiving complaints and representations from people who use its services, or those acting on behalf of users. There was also a duty under the regulations to produce and publish an annual report. Appended to the report was the Adult Social Care Complaints and representations annual report 2016-17 and the People Directorate and Social Care Complaints Handling Guidance.

The report set out the details of the complaints and representations across Coventry's adult services in 2016/17. It highlighted the service improvements and learning from feedback and included information on future developments in complaint handling and reporting.

The Cabinet Member for Adult Services and the Shadow Cabinet Member discussed the following with officers:

- Complaints and outcomes
- Complaints as a percentage of case loads
- Learning
- Use of technology
- Compliments
- Surveys
- Benchmarking

The Cabinet Member requested that the next annual report provide more detail about changes made following complaints.

RESOLVED that the Cabinet Member note the Council's performance in relation to complaints and representations in adult social care in 2016/17 and agree to the publication as this is a legal requirement.

14. **Adult Social Care Annual Report 2016/17 (Local Account)**

Further to minute 2/16 the Cabinet Member considered a report of the Deputy Chief Executive (People) regarding the Adult Social Care Annual Report 2016/17 (Local Account) which described the performance of Adult Social Care and the progress made against the priorities for the year and specifically considered examples of the operational activities to support service users and carers under the ten themes of the Adult Social Care Vision. The report had been considered by the Health and Social Care Scrutiny Board (5) on the 13th September 2017 (their minute 11/17 refers) and a briefing note of the Members and Elections Team Manager was attached to the report.

Although there was not a statutory requirement to produce an annual report, it was considered good practice as it provided an opportunity to be open and transparent about the successes and challenges facing Adult Social Care and to show what was being done to improve outcomes for those that come into contact with Adult Social Care. The production of an annual report was part of the Local Government Association's (LGA) approach to Sector Led Improvement, launched in 2011. This approach was launched following the removal of national targets and assessments for Adult Social Care.

The production of the 2016/17 report had drawn on the pool of feedback and information that was gathered over the year from a range of sources including social care staff, Partnership Boards, Adult Social Care Stakeholder Reference Group, providers and people that had been in contact with Adult Social Care. As a departure from previous years this report was aligned around the Adult Social Care values and principles as a mechanism of demonstrating what the Council were doing in practice to deliver what we sign up to strategically.

Additionally the feedback on readability and content from previous years had been noted and as a result the 2016/17 Annual Report was once again in a shorter format.

The Cabinet Member for Adult Services and the Shadow Cabinet Member discussed with officers the following:

- The useful scrutiny consideration
- Benchmarking
- Useful Case studies which evidence the difference made with support provided

RESOLVED that the Cabinet Member:

- 1) Consider comments from the Health and Social Care Scrutiny Board (5)**
- 2) Approve the Adult Social Care Annual Report 2016/17 (Local Account)**

15. Money Management Support - Direct Payment Support Services

The Cabinet Member considered a report of the Deputy Chief Executive (People) regarding money management support and direct payment support services.

A corresponding private report which detailed confidential aspects of the proposals was also submitted to the meeting for consideration.

The underlying principle of self-directed support was the development of a culture supported by the tools that enable people to take greater control of their lives and the support they receive so that they can make decisions and manage their own care and support arrangements and manage risks. This put people at the centre of assessing their own needs and tailoring their own support.

Direct Payments enabled people to have control over spending their personal budgets and facilitated a greater degree of choice, than would otherwise be available, in how their support was delivered. This could be achieved through employing one or more personal assistants or through spending all or part of a personal budget with an agency who supply support workers to assist with meeting social care eligible needs.

People were able to access a range of support services to assist with the administration of direct payments. Currently this support was almost exclusively provided through a single contract with an annual spend of approximately £250k. This current contract would expire on 31 March 2018.

The most recent peer challenge of Adult Social Care completed in 2016 recommended that options for Direct Payments support be considered especially in relation to choice of provision. On reviewing the arrangements currently in place in Coventry was identified that, although only one provider was used, they offered a range of money management support options and this provided choice within one organisation. This range included:

- Direct Payment Support Service
- Direct Payment Audit
- Third Party Supported Accounts

- Payroll Service
- Promoting Financial Independence
- Peer Group Support (quarterly)
- Suitable Person
- Appointeeship
- Deputyship - (Through Application to the Court)
- Individual Service Funds
- Personal Assistant without employer liability

In setting a future direction for the arrangement of direct payment support services Coventry Adult Social Care sought comparable information and views from other authorities in the region, some of which was obtained through a recent regional workshop which formed a consensus view that offering a range of direct payment support organisations in itself produced no tangible benefits for people accessing these services and results in a potential dis-economy of scale.

Section 1.5 in the report noted that, as opposed to considering whether to engage more direct payment support organisations, work was undertaken to identify what further improvements and diversification of support could be obtained from continuing to contract with a single provider. As a result of this work a number of improvements for future provision in the City had been identified. These included:

- Further development of the Personal Assistants market with improved focus on growing the market place, access, recruitment and training. This would result in more Personal Assistants which would offer more options, innovation and greater choice locally. Personal Assistants would benefit from training, accreditation and support.
- Development of a personal health budgets offer for the provision of continuing health care. These budgets could then be used flexibly and creatively to achieve a patient's health and well-being outcomes.
- A programme of promotional activities aimed at improving the take up of Direct Payments, Suitable Person Service, Individual Service Funds and Personal Health Budgets which would result in more people taking control over the care and support they received, more personalised services and improved outcomes
- Sub regional commissioning as a solution for exceptional cases to be explored, such as a Personal Assistant (PA) service where a provider takes on the role of being the employer where someone lacks capacity. This would enable greater flexibility of care and support.
- Change in contract terms and conditions to include sub-contracting which would allow Direct Payment customers to select a support provider of their own choice should they so choose
- Customer satisfaction surveys to be developed further to capture feedback to enhance the operating model and improve the services that people access

This report sought approval for a new contract and service specification for 2 years including provision for subcontracting to alternative providers where the main provider was not the person's preferred choice. The opportunities of this preferred option were that costs could be contained, simplicity, offers choice, minimal back office costs, greater negotiation leverage, maximise operational headroom within financial envelope, supports the development of personal health budgets offer enabling continuity for citizens. The risk was that operating through one main

provider could limit choice as sub-contracting arrangements are only viable should organisations be willing and able to act as a sub-contractor

Alternatively the report explored Option 2, which was not recommended, to establish a framework to allow a range of providers in the market place that individuals could purchase from. The opportunities of this option were a greater choice of provider. The risk was that this approach may increase costs overall as economies of scale would not be realised. In addition, a greater range of providers in itself does not result in a greater degree of choice as support offers can be very similar between organisations.

The report also explored a third option , which was also not recommended which was to not contract for Direct Payment support and offer individuals a set amount of money within their personal budgets, which they could use to purchase a service from within the market place outside of contracted provision. The opportunities were more choice and autonomy for service users. The risks were a limited market and the ability to purchase an appropriate support service would be limited, thereby reducing the attractiveness of direct payments. Risks associated with no contractual governance and the resulting lack of assurance as to standard of service would create further risks.

The Cabinet Member for Adult Services and the Shadow Cabinet Member discussed with officers the options, the peer review and the process for service users.

RESOLVED that the Cabinet Member:

- 1) **Following the outcome of a review of the service and alternative Direct Payment Support arrangements, to support a series of improvements as described in section 1.5**
- 2) **Approve a new contract and service specification for 2 years including provision for subcontracting to alternative providers where the main provider is not the person's preferred choice.**

16. **Outstanding Issues**

There were no outstanding issues to report.

17. **Any Other Items of Public Business**

There were no other items of public business.

18. **Money Management Support - Direct Payment Support Services**

Further to Minute 15 above, the Cabinet Member for Adult Services considered a private report of the Deputy Chief Executive (People) that set out the confidential aspects of the money management support and direct payment support services report.

RESOLVED that the Cabinet Member:

- 1) **Following the outcome of a review of the service, and alternative Direct Payment Support arrangements, to support a series of improvements as described in section 1.5**
 - 2) **Approve a new contract and service specification with the organisation detailed in the report submitted, for 2 years including provision for subcontracting to alternative providers where the main provider is not the person's preferred choice.**
19. **Any other items of private business which the Chair decides to take as matters of urgency because of the special circumstances involved.**

There were no other items of private business.

(Meeting closed at 10.55 am)

Cabinet Member

26th January 2018

Name of Cabinet Member:

Cabinet Member for Adult Services – Councillor F. Abbott

Director Approving Submission of the Report:

Executive Director, People

Ward(s) affected:

All

Title:

Workforce Development Strategy and Practice Quality Assurance in Adult Social Care 2017-2019

Is this a key decision?

No.

This concerns an internal Workforce Development Strategy and linked Practice Quality Assurance Framework for Adult Social Care and no recommendations are made that have significant financial or service implications.

Executive Summary:

Workforce development is a key element of providing a good quality Adult Social Care service, both in respect of ensuring staff have the skills and learning opportunities to operate in an evolving social care environment and ensuring that staff working in the service are able to respond to the challenges they face. Linked to this a Practice Quality Assurance framework is key to understanding practice standards and supporting staff to improve and learn where required.

The Adult Services Workforce Strategy 2017-2019 outlines current national and local demographics, adult social care activity and an overview of the current adult services workforce. It is intended to provide a framework for Adult Social Care to ensure its workforce is skilled, stable, motivated and committed to delivering its objectives and that we are achieving positive outcomes for people in Coventry within the resources available.

The Adult Services Practice Quality Assurance Framework has been produced which describes our approach to the quality assurance of practice. There is no statutory requirements to produce, establish and operate quality assurance frameworks specifically for adult social care. However, the Care Act 2014 and the Mental Capacity Act 2005 and their respective statutory Guidance, set clear expectations for adult social care practice and enhancing the way we work with customers and carers is at the heart of the Care Act 2014.

Both of these documents are covered in one report as the Practice Quality Assurance Framework is integral to the delivery of the objectives contained in the Workforce Development Strategy.

Recommendations:

Cabinet Member is asked to approve the Adult Services Workforce Development Strategy 2017-2019 and Practice Quality Assurance Framework

List of Appendices included:

Appendix One Adult Services Workforce Development Strategy 2017-2019
Appendix Two Practice Quality Assurance Framework

Background papers:

None

Has it been or will it be considered by Scrutiny?

No although this report has not been considered by Scrutiny the Health and Social Care Scrutiny Board (5) considered the topic at its meeting on 18th October 2017 and received copies of the appendices to this report. No specific comments leading to any amendments.

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

Report title: Workforce Development Strategy and Practice Quality Assurance in Adult Social Care 2017-2019

1. Context (or background)

- 1.1 The Adult Services Workforce Strategy 2017-2019 was conceived out of a need to support the implementation of the vision and principles for Adult Social Care and outline the key workforce challenges for Adult Services over the next two years. The Strategy compliments Coventry City Council's Workforce Strategy 'Agile, digitally capable and committed workforce to Coventry People' 2017-2020.
- 1.2 The Adult Services Workforce Strategy 2017-2019 outlines current national and local demographics, adult social care activity and an overview of the current adult services workforce. It is intended to provide a framework for Adult Social Care to ensure its workforce is skilled, stable, motivated and committed to delivering its objectives and that we are achieving positive outcomes for people in Coventry within the resources available.
- 1.3 The development and subsequent delivery of the strategy is overseen by an Adult Services Workforce Development Board chaired by the Director of Adult Services.
- 1.4 The strategy outlines the workforce priorities for the next two years, which includes a priority to enhance leadership, management and supervision to support practice development. A key activity in support of achieving this priority has been to implement a revised practice quality assurance framework which includes a process for annual organisational health checks.
- 1.5 An Adult Services Practice Quality Assurance Framework has been produced which describes our approach to the quality assurance of practice. There is no statutory requirements to produce, establish and operate quality assurance frameworks specifically for adult social care. However, the Care Act 2014 and the Mental Capacity Act 2005 and the respective supporting statutory Guidance, set clear expectations for adult social care practice and enhancing the way we work with customers and carers is at the heart of the Care Act 2014.
- 1.6 This Practice Quality Assurance Framework builds on previous casework audits and develops the approach to focus on self-assessment and quality assessment methods at social work and occupational therapy practitioner level. By applying the framework we expect to be able to achieve greater consistency and accountability in the quality of the service we provide and put the right support and challenge in place to improve practice.
- 1.7 The specific audit components are in two key areas, those to be owned and delivered by practitioners and their line managers and those that are delivered at an organisational level. The elements relating to practitioner and their first line managers are audits concerning staff supervision, practice standards and observation of practice. The elements at an organisational level include audits concerning national professional standards, caseload and workload, thematic practice reviews and an annual health check process. The findings from quality assurance will be collated, with compliance and key themes forming part of quarterly 'Quality Report'. This is to ensure clear governance reporting and oversight of social care quality and improvement.

2. Options considered and recommended proposal

- 2.1 A Workforce Development Strategy and Practice Quality Assurance Framework provides the opportunity to demonstrate how Adult Social Care ensures staff have the skills and learning opportunities and understand practice standards, supporting staff to improve practice where required. It is therefore recommended that the Adult Services Workforce Development Strategy 2017-2019 and Practice Quality Assurance Framework are endorsed by Cabinet Member (Adult Services).

3. Consultation undertaken

- 3.1 The Workforce Development Strategy for Adult Social Care was not subject to specific consultation. The Practice Quality Assurance Framework has been subject to surveying and feedback from front line staff in its production in order to ensure it is relevant and useable both by managers and staff.

4. Timetable for implementing this decision

- 4.1 Once approved, the Workforce Development Strategy will be published on the Council's internet pages.

5. Comments from the Director of Finance and Corporate Services

- 5.1 Financial implications

There are no direct financial implications arising from the production of the Workforce Development Strategy and a Practice Quality Assurance Framework.

- 5.2 Legal implications

There are no direct legal implications arising from the publication of the Workforce Development Strategy. It is hoped however that its introduction will assist the City Council in ensuring that its statutory responsibilities under the Care Act 2014 and the Mental Capacity Act 2005 are being met effectively.

6. Other Implications

- 6.1 **How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?**

This Workforce Development Strategy and Practice Quality Assurance Framework demonstrates a commitment to ensuring the workforce is supported to provide a good quality Adult Social Care, maintaining and improving outcomes for the population of Coventry. This contributes to the Council's objectives of citizens living longer, healthier, independent lives and contributes to the priorities in the Council Plan to protect the city's most vulnerable people.

- 6.2 **How is risk being managed?**

A range of risks are presented in the delivery of Adult Social Care services which are managed through the directorate and corporate risk registers.

6.3 What is the impact on the organisation?

The Workforce Development Strategy and Practice Development Strategy support the workforce in providing a good quality Adult Social Care service.

6.4 Equalities / EIA

An Equalities Impact Assessment is not appropriate for this report. Equality Impact Assessments have been built into the development and delivery of work within Adult Social Care. There has been a continued drive to embed equality and diversity within operational practice, commissioning plans and performance monitoring.

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

There are no direct impacts for partner organisations. The Workforce Development Strategy and Practice Quality Assurance Framework supports the development of the Council's workforce.

Report author(s):

Name and job title:

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Directorate:

People

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Enquiries should be directed to the above people.

Contributor/approver name	Title	Directorate	Date doc sent out	Date response received or approved
Contributors:				
Andrew Errington	Principle Social Worker	People	04/01/2018	04/01/2018
Names of approvers for submission: (Officers and Members)				
Ewan Dewar	Finance Manager	Place	04/01/2018	09/01/2018
Janice White	Team Leader, Legal Services	Place	04/01/2018	09/01/2018
Pete Fahy	Director of Adult Services	People	04/01/2018	12/0/2018
Councillor F. Abbott	Cabinet Member (Adult Services)		17/01/2018	17/01/2018

This report is published on the Council's website:

www.coventry.gov.uk/meetings

Appendices

Adult Services Workforce Development Strategy 2017-2019
Practice Quality Assurance Framework

Adult Services Workforce Development Strategy

2017 - 2019



Coventry City Council

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Introduction

The way social care is provided and arranged is changing. These changes affect both the adults in receipt of social care support and the staff employed to provide or arrange it.

'Agile, digitally capable and committed to Coventry people' - Coventry City Council's Workforce Strategy 2017-2020 identifies the following priorities;

- Planning for the future helping the workforce meets the challenges of a fast-moving public sector environment
- Supporting the workforce with every employee proud of the job they do and the organisation they work for
- Enabling the workforce to have the digital skills and confidence to apply technology
- Transforming with the best possible leadership and management at every level of the organisation

Adult Social Care is part of the People Directorate at Coventry City Council. The People Directorate vision is to 'work in partnership to improve the life chances of all and protect the most vulnerable'

Achieving the vision for adult social care 'enabling people in most need to live independent and fulfilled lives with stronger networks and personalised support' will require a committed workforce, one which is skilled, stable and motivated to delivering excellent services.

The aim of this Workforce Strategy is to provide a framework for developing the workforce so that it is effective, appropriately skilled, and resilient enough to respond to the significant challenges it currently faces.

This Strategy will continue to grow and develop alongside changes from national and local government and from the needs within the sector. For the purpose of this strategy 'social care workforce' refers to local authority staff.

Demographics and adult social care activity

National and local demographics

National population demographics show us that the workforce to deliver social care will need to grow in the next few years and beyond:

- For the first time in our history there are more people over 65 than under 16;
- By 2025 the number of people over 85 will rise from 1.055m to 2.959m;
- By 2025 there will be 21.2% more people in England aged over 65;
- The number of people with long term conditions will rise by 3m to 18m;
- The number of people with dementia is expected to double over the next 30 years;

Understanding potential demand for Adult Social Care is important in understanding what is required to meet the changing needs of our population. Other key publications such as the Joint Strategic Needs Assessment (JSNA) helps identify future need, which is generally driven by a large number of factors, including an ageing population.

The total population of Coventry in 2015 was 336,900 expected to rise to 376,800 by 2025 a rise of 11.8% higher than the national average of 7%

We can expect a general increase in the age of the population, particularly those aged over 75 by 26.8% but by 2030 but 61.1% of the Coventry population will be aged 18-64 (higher than national proportion of 58.4%).

Coventry will see further 'higher' than the national average increases in these areas between 2015 and 2025;

18 to 64	Coventry	212,700	232,000	9.1%
18 to 64	Moderate Physical Disability	15,035	16,624	10.6%
18 to 64	Serious Physical Disability	4,193	4,711	12.4%
65+	Dementia	3,585	4,503	25.6%
65+	Limiting long term illness (activities limited a lot)	13,595	16,227	19.4%

Adult social care activity

The number of requests for support from new clients has remained relatively static over 2015/16 although the number of people supported during the year has increased between 2014/15 and 2015/16. There has been an increase this year in the numbers of people receiving long term support to 5115.

We know that people are living longer and with more complex health and social care needs and long term conditions. This will present demands for specialised care and support skills and create a demand for a workforce that can be responsive to these changing patterns of delivery.

We can expect a general increase in the age of the population, particularly those aged over 75 (+9.8% by 2020).

Levels of deprivation in the city, although improving, remain relatively high.

Workforce Information

Adult Social Care Workforce in the West Midlands

Extracts from Adult social care sector and workforce - Skills for Care (2016)

- 165,000 adult social care jobs in West Midlands
- 12,400 statutory local authority jobs
- Selected job roles - 1,800 SWs
- Average social care worker is 42 years old

Information taken from Skills for Care's 'The adult social care sector and workforce in West Midlands 2016' report and uses workforce estimates based on data from the National Minimum Data Set for Social Care (NMDS-SC).

Coventry workforce

Between 2013 and 2017 the size of the City Council workforce in Adult Social Care has decreased. There were 1354 workers on 31 July 2013, 1222 on 31 July 2014, 1029 on 31 August 2015 and as of 31 March 2017, there were a total of 945 employees employed by the City Council in Adult Social Care. This workforce reduction has contributed to the continuing reduced spend as staffing is a major cost in the delivery of Adult Social Care. It is recognised that many more people work in Adult Social Care outside of the City Council, employed in private, voluntary or third sector organisations. The national minimum data set (NMDS), the tool used to assess the overall size of the workforce estimates that 8,000 people are employed in the delivery of Adult Social Care in Coventry.

Summary of Adult social care workforce (at 31 March 2017)

Total Number Posts **1022** (includes 77 vacant posts)

Total Number Employees **945**

Gender

141 Male

804 Female

Ethnicity

9 Other ethnic group

12 Asian/Asian British

69 Mixed multiple ethnic groups

73 Black/African/Caribbean/Black British

190 Not declared/unknown/blank

669 White

Disability

2 Prefer not to say

11 Disabled with Reasonable Adjustment

30 Disabled

138 Not declared

764 Not disabled

Contract

288 Full time

432 Part time

225 Casual

279 Permanent

359 Permanent

9 Fixed Term (Temp)

73 Fixed Term (Temp)

Age Profile

24 up to 24

112 25-34

179 35-44

330 45-54

266 55-64

34 65+

Length of Service Bands

0 to 2 years 141

2 to 5 years 122

5 to 10 years 147

10 to 20 years 338

20 Years and over 197

Total 945

Job Role Analysis

NB. Based on jobs specified as Social Worker type roles, OT and OT Assistants excludes Services

172

Job Type	Grade	No'ees
Senior Practitioner/Approved Mental Health Professional	GRD8	23
Social Worker	GRD7	61
Social Worker	GRD6	21
Community Case Worker	GRD5	39
OT	GRD7	19
OT Assistant	GRD4	9

**National and Local Drivers**

Financial - Nationally the demand for Adult Social Care Services is increasing

Legislation - The social care reforms of the Care Act from 1 April 2015 have widened the responsibilities of the local authority

Integrated Workforce - In addition to these responsibilities, the Care Act requires Local Authorities to focus on integration, cooperation and partnerships with Health and work in partnership with a range of organisations

Transformation - Councils have been faced with delivering savings programmes to meet the unprecedented challenges of reduced funding, demographic and inflationary pressures

Increased agility and smarter working - Continuing to work agilely and make full use of digital technology

Key areas of development for Adult Social Care

- Using technology to make it easier for people to find out about Adult Social Care
- Supporting people to meet their outcomes at the earliest opportunity, being preventative and proactive
- Improve the quality of life for people with learning and physical disabilities and people with autism and their families
- Focusing on the quality of practice and the workforce
- Developing the market for key support services
- Supporting community resilience

Looking ahead - Workforce Development Challenges

- Current workforce and workforce profiling
- Workforce and local labour market planning
- Learning and development planning
- Leadership and management capacity
- Recruitment and retention
- Professional development and developing a learning culture
- Effective workload management
- Practice quality assurance
- Workforce Health and Wellbeing
- Agile working and making use of digital technology

Workforce priorities 2017-2019

- To enhance our recruitment and retention of Social Workers, Occupational Therapists and Social Care Staff
- To ensure the workforce can meet its legislative, regulatory, service requirements and organisational objectives.
- To train and offer workforce development opportunities to develop skills, knowledge and values of staff
- To enhance leadership, management and supervision to support practice development

Delivery of the strategy and monitoring progress

An Adult Services Workforce Strategy Board has been established to oversee the development and implementation of this strategy. Annual Plans will be developed to deliver on our workforce priorities.



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**Adult Services
Practice Quality Assurance Framework
September 2017**

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Introduction

Coventry City Council through its values and priorities is committed to delivering the best quality support for residents and families who have care or support needs, within the resources available. These are not just City Council resources but the resources available to the individual through their own families, friends, networks and other resources.

The purpose of this framework is to describe our Adult Services Practice Quality Assurance Framework and its components. The Framework forms part of the overall People Directorate performance management system and provides the overall setting within which our staff operate on a day-to-day basis according to the policies and guidance the City Council have developed to help them meet the care and support needs of people with care and support needs, and carers. Performance monitoring as outlined in this document will assure, evidence and improve the social care service we provide to residents and families in Coventry.

Aims and Objectives of the Framework

The aim of the Framework will be achieved through the following objectives. They are:

- To apply quality standards across Adult Services
- To take a consistent approach to how we monitor and evaluate quality
- To implement clear and robust governance arrangements for quality assurance
- To celebrate good practice and success
- To take action to support quality improvements when necessary
- To contribute to organisational learning

Adult Services seeks to develop a culture of openness and equality that empowers all social care staff to make professional judgements within a supportive environment. This includes proactive participation in quality assurance activities and frameworks.

Whatever their role or base, our aim is for social care staff to uphold best practice across health and social care and that all staff, regardless of qualification, are supported by policy and practice guidance to support application of statutory social care functions and practice, stored in the online [Adult Policies, Procedures and Practice Resource](#).

There are also a number of professions within Adult Services with specific registration requirements. For Social Workers and Occupational Therapists, these are described and regulated by the Health and Care Professions Council (HCPC). This framework does not replace or undermine the requirement for staff to maintain and comply with specific registrations where they exist.

Capturing evidence on how we are achieving positive outcomes for service users and carers is important. This can include examples of good practice, innovative working practice, improvements to services, user involvement in developments or decision making, and users' views about services. A 'storyboard' has been developed to allow anyone to submit an example of best practice and grow our evidence bank www.coventry.gov.uk/storyboardform.

Quality Assurance and its Value

Quality assurance in Adult Social Care can be described as:

‘Collection of ways in which we learn, improve and comply with legal, contractual and professional standards. As with all businesses, social care is at its best when people with care and support needs get the services and products they want and which do the things needed’.

Four levels of quality assurance can be identified:

- Ensuring safety - ‘Staff who provide care and support do not harm people with care and support needs and know how to provide a safe service and recognise and report neglect, exploitation and abuse’
- Complying with standards - ‘Registered services meet essential standards of quality and safety and staff meet professional and training standards’
- Improving quality - ‘Staff know what a good service looks like, know their role and value its importance’
- Learning about what works - ‘The service culture is one that encourages learning from mistakes and staff are able to make professional judgements’

Strategic Briefing, Quality Assurance, Research in Practice for Adults (2016).

Our Approach to Quality Assurance

The Adult Social Care Management Team (ASCMT) provides strategic leadership, oversight, scrutiny of professional and organisational performance systems and financial effectiveness in Adult Services.

This Team provides formal assurance to quality assurance processes, overseeing and agreeing any professional and organisational activity in response to performance management, improvement and quality assurance of service delivery.

The Team meets monthly and is chaired by the Director of Adult Services, with strategic and operational leads in attendance.

The findings from quality assurance will be collated, with compliance and key themes presented to the ASCMT on a quarterly basis. The findings will also form part of the Annual Account for Adult Social Care and used to supplement other information on the performance of Adult Social Care.

Our Quality Assurance Methods

This Practice Quality Assurance Framework will focus on self-assessment and quality assessment methods at social work and occupational therapy practitioner level. By applying the framework we will be able to achieve greater consistency and accountability in the quality of the service we provide and put the right support and challenge in place to improve practice.

The specific audit components are in two key areas, those to be owned and delivered by practitioners and their line managers and those that are delivered at an organisational level.

The elements relating to practitioner and their first line managers are:

- Staff Supervision audit
- Practice standards audit
- Practice observation

The elements to be led at an organisational level are:

- National Professional standards audit
- Caseload and workload audit
- Annual Health Check process
- Thematic practice reviews

Practice Quality Assurance Framework at a practitioner level

Staff Supervision Audit

Supervision should provide an opportunity for the worker to reflect on practice. It should provide support in complex work and decision-making and consider the professional development of the worker and the development of the wider service.

Within social care organisations, it is a fundamental performance management tool, the meeting point between professional and managerial systems and the bridge between the employee and the agency.

Supervision audit focuses on the nature, extent and quality of supervision carried out by any supervisor within the City Councils Adult Social Care Supervision Guidance. It ensures staff are guided and supported properly in relation to workload, casework and their personal professional development needs.

The aim of the audit is to ensure that all staff receives supervision at regular intervals and that the professional supervision of social care staff provides supportive challenge to their thinking and reasoning in relation to particular cases, in line with the individual's competence and responsibilities.

As part of the quality assurance to ensure guidance is being adhered to, the supervisor's line manager/supervisor or their representative will audit a random sample of supervision records (Appendix 1).

This will take place annually with audit activity spread over year and the requirement is to include at least one supervision record from each of the staff members supervised by a specific supervisor.

The audit leads will be line managers of supervisors.

Practice Standards Audit

This is a process in which the journey of the adult in relation to the current case holder's intervention is mapped in discussion with social workers, occupational therapists and social care professionals, within a reflective environment. The approach focuses on outcomes as well as the quality of record keeping. It will help the Adult Services to celebrate outstanding

social work, occupational therapy and social care practice as well as identify gaps and learning.

The aim of the audit is to assess and improve the quality of social work, occupational therapy and social care practice providing social workers, occupational therapists and social care staff with an opportunity to reflect on their practice, identify actions and develop professional competencies to improve their work.

A revised set of standards will be introduced for social work and social care staff, utilising a regionally agreed audit tool utilised as part of West Midlands Local Authority Peer Challenge approaches (Appendix 2).

For Therapy Services an internally designed audit tool will be used (Appendix 3).

Supervisors will be required to carry out audits, twice a year, in conjunction with social work, occupational therapists and social care staff; whom will be expected to evidence good practice and their rationale relating to key decisions on a particular case. This reflective audit will take as part of supervision at an agreed date/time and therefore does not require a separate session to be set up.

The audit lead will be the operational supervisor.

Practice Observation

Observation is embedded with qualifying education and post qualifying learning and development, it is a legitimate and recognised element of learning and therefore should continue throughout a career.

The aim is to ensure that all social care staff have appropriate practice observation in order to identify strengths and development needs.

On one occasion a year supervisors will be expected to observe the practice of each of those whom they supervise.

Practice will be observed by:

- Listening in on a telephone conversation with the person with care and support needs or carer, and;
- Accompanying the supervisee on a visit to the person with care and support needs or carer, or;
- Observing the supervisee at a meeting with the person with care and support needs or carer and others

The findings from this practice observation will be shared and discussed in the next supervision session, and accounted for in the supervision record and used for part of the annual assessment against the behaviour framework.

The views of the supervisee should be sought following these observations and a copy of those views and the direct observation record will be kept on the person's supervision file to inform their learning and development (Appendix 4).

The audit lead will be operational supervisors.

Practice Quality Assurance Framework at an organisational level

National Professional Standards (Social Workers and Occupational Therapy) Audits

The National Standards for Employers of Social Workers are standards, which set out the shared core expectations of employers which will enable social workers in all employment settings to work effectively.

These expectations are being incorporated within self-regulation and improvement frameworks for public services and used by service regulators (Ofsted, CQC). All employers providing a social work service should establish a monitoring system by which they can assess their organisational performance against these nationally agreed standards, set a process for review and, where necessary, outline their plans for improvement. Employers should ensure that their systems, structures and processes promote equality and do not discriminate against any employee.

The Department of Health and the Chief Social Worker for Adults in England have commissioned a self-assessment and action planning guide for Mental Health Services 'How are we doing, a self-assessment and improvement resource'. It is intended to enable organisations that manage and/or employ mental health social workers to self-evaluate whether they are providing the conditions for excellent practice – and to plan and deliver actions for improvement where needed.

The Professional Standards for Occupational Therapy practice (produced by College of OT on behalf of British Association of OT) describe a level of practice that the Association expects its members to abide by, and believe all occupational therapists should follow. Although primarily for occupational therapy personnel working in practice settings, they are applicable, with some interpretation, to others who have an occupational therapy background but now use their skills in different areas of work, for example, in education or consultancy; also those in a generic setting or in a role with a generic title. Maintaining these standards will ensure that practitioners meet the requirements to remain registered with the Health & Care Professions Council (HCPC).

Self-assessment audits will be undertaken against these National Professional Standards on an annual basis using a representative approach including the involvement and perspectives of front line staff and managers.

The audit lead will be the Adults Principal Social Worker.

Caseload and Workload Audit

Good caseload management and supervision processes are critical to maintaining effective practice. We need to ensure, and be able to demonstrate, that staff are maintaining caseloads of suitable sizes and complexities and are taking positive and proactive action to move cases on and resolve issues.

The National Standards for Employers of Social Workers in England, Standard 2 'Safe Workloads and case allocation' recognises the importance of this in protecting employees

and service users from the harm caused by excessive workloads, long waiting lists and unallocated cases.

The aim of the audit is to improve understanding of current caseload levels and activity undertaken with these caseloads.

Individual caseloads of each worker will be subject to ongoing monitoring through the established processes of supervision, this will seek to establish a parity of workload and activity to go alongside the qualitative measure of standards.

A regular annual organisational audit will be undertaken to identify the average caseloads for social workers and social care professionals in the organisation. Information on caseloads and activity will be drawn from Care Director.

This is in keeping with the National Standards for employers of social workers which require organisations to publish information about average caseloads for social workers in the organisation.

The audit lead will be the Adults Principal Social Worker with involvement from Heads of Service and General Managers.

Annual Health Check

The Social Work Task Force Report challenges social work employers to be part of a listening organisation. As part of their work programme, the Social Work Task Force recommended a 'National Standard for Employers' defined as "the development of a clear national standard for the support social workers should expect from their employers in order to do their jobs effectively" and provided a framework for helping employers and practitioners to assess the 'health' of their organisation which focused on the following areas:

- Effective workload management
- Proactive workflow management
- Having the right tools to do the job
- A healthy workplace
- Effective service delivery

An annual health check process will be undertaken as a self-assessment against the 5 areas, identify current strengths and plans to tackle areas for improvement.

A Health check process will include an online staff survey, focus groups (Appendix 5) and analysis of organisational intelligence on key areas.

The Health Check would include social workers, occupational therapists and social care professionals. The focus groups would discuss the following areas:

- Social care and social work practice and challenges
- Supervision and appraisal
- Learning and development – local authority and self-directed
- Career pathways and opportunities within the organisation
- Culture, organisational support and the voice of social care and social work
- Role and impact of the Principal Social Worker

The audit lead will be the Adults Principal Social Worker.

Thematic Practice Reviews

Certain areas of social care practice are sometimes identified for closer monitoring and review of current practice. Thematic practice reviews focus on these practice areas. The aim of these audits will be to explore the quality of practice relating to a specific area and as required improve and develop practice.

An annual cycle of themes for practice review will be produced. This will include up to four themed areas over the course of a twelve month period.

Themes will be informed by practice issues identified through a range of quality assurance activity and early warning systems such as recommendations arising from incidents, safeguarding adult's reviews; emerging issues identified from audit; complaints processes; Local Government Ombudsman or performance indicators. However each year a focus of audits will ensure coverage of personalisation and safeguarding practice.

Background documents evidencing policy and where possible, any existing evaluations of practice in relation to the thematic area will inform the review.

A thematic review group will be convened and will design the methodology for the review dependent on the thematic area and objectives of the review. This will usually include an element of auditing in discussion with case holders and could utilise practice standards audit tools. It could also involve facilitating some focus groups, work shadowing care staff and involvement of service users/carer representatives.

Themed practice proposals must be produced for each themed audit and the review group will be responsible for producing an analysis report:

- Key stages of a thematic practice review
- Scope, agree methodology and objectives
- Research, evaluate and investigation
- Report, recommend and propose

The audit lead will primarily be the Adults Principal Social Worker but audits can be led by other functions, for example, the quality assurance activity of Adult Safeguarding Boards could also count as a thematic review.

Implementation of the Framework

Audit methods will be deployed across the year. The annual audit plan is designed to ensure the most effective and efficient use of managerial, practitioner time and audit resources (Appendix 6).

The findings from quality assurance will be collated, with compliance and key themes presented to the ASCMT on a quarterly basis.

The requirement of staff in respect is as follows:

Front line staff

- To contribute to the quality assurance agenda via engaging with audit activity and making practice improvements

Operational managers/supervisors/Principal Social Worker

- Ensure that the required audits are undertaken in accordance with schedule and requirements
- Identify successes, areas for improvement and lessons learned within their service
- Identification of themes for review and support to the thematic review processes

Senior Leadership or Management Teams

- Consider the evidence from audit activity and ensure planned actions and timescales are implemented and result in quality improvements
- Share good practice, success and lessons learned
- Escalation of risks and issues relating to social care quality
- Identification of themes for review and support to the thematic review processes
- Ensure that the required audits are undertaken in accordance with schedule and requirements
- Identification of themes for review and support to the thematic review processes

Monitoring Our Progress

The Framework will be monitored by the Practice Development Forum, a bi monthly practice meeting chaired by the Adults Principal Social Worker. The Forum will consider and learning from quality assurance and propose any amendments or changes to the Practice Quality Assurance Framework.

Progress against delivering the framework will be monitored by the Director of Adult Services and form part of the Adult Social Care annual account. Specific themes identified will be used to celebrate good practice where it exists and inform development plans for further improvement.

Monitoring will include customer feedback and take steps to ensure that the standards reflect people's priorities on quality.

The Framework will be formally reviewed and updated annually by the Adults Principal Social Worker in conjunction with the Practice Development Forum. It should engage people with care and support needs to improve the Framework and quality standards. The review process may include the following:

- Mapping of current quality assurance practice in the service i.e. what is taking place and what is not against the proposed quality assurance schedule set out within this document
- A consultation with front line workers and managers on the value of the current quality assurance processes in relation to the how practice has been improved as a direct result; user-friendliness of the processes; drawbacks, barriers and limitations

Outcomes from the Practice Quality Assurance Framework will be reported formally on a quarterly basis to the Adults Social Care Management Team and included in the Adults Principal Social Workers annual report identifying:

- Any recurrent themes arising from the audit processes
- Any issues of concern arising from the audit processes
- Comment on the organisation's approach to practice and practice improvement
- Evidence that demonstrates social care and social work practice is making a difference to people lives
- Comment on the quality of social care and social work practice and experience for service users
- Comment on the distinctiveness of social care and social work (reflective, evaluative and dynamic) and how this is evident in practice

References and Supporting Documents

- Strategic Briefing, Quality Assurance, Research in Practice for Adults 2016
- Workforce Development SCIE Guide 38 Social care governance: a workbook based on practice in England 2011
- National Standards for Employers of Social Workers in England, Local Government Association May 2014
- Professional Standards for OT practice (produced by College of OT on behalf of British Association of OT) 2011
- How are we doing? A self-assessment and improvement resource to help social care and health organisations develop the role and practice of social workers in mental health, Department of Health January 2016

Appendix 1

Staff Supervision Audit

Name of Auditor	
Name of Supervisor	
Date of Audit	

Questions	Yes	Partly	No	Comments (if required)
Is there an up to date supervision agreement in place?				
Has supervision been held at the required frequency?				
Are the supervision records stored securely?				
Are case decisions being recorded on the case record?				
Have required observations taken place?				
Is there evidence that case records are being checked for quality of recording				
Do supervision records demonstrate critical reflection and constructive challenge?				
Is good practice being recognised?				
Is poor practice and performance being challenged appropriately?				
Have a variety of learning and development opportunities been identified and pursued?				
Are there progress checks towards appraisal objectives? (plus registration and CPD if appropriate)				

General Comments

Are there any actions arising from this audit? (including arrangements for feedback)

Subjects comments	
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Auditor's signature	
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Appendix 2

Adult Services Practice Standards Audit

Date of Audit	
Allocated Worker	
Case Identifier	
Name of Auditor	

1. Is the record coherent and the person's story and circumstances clear to understand? Is the case recording up to date?	
2. Is there evidence that the need for advocacy has been considered, and if appropriate offered?	
3. Does the assessment promote and reflect that the person's health and well-being has been considered, and that it is based on a strengths based approach?	
4. Does the care and support plan reflect personalised approaches and does it outline that the interventions are supporting the person to live the life they want, focusing on outcomes?	
5. Is there evidence that the person has been fully involved in the assessment, decision making and care and support planning?	
6. Is there evidence of relationship building as part of a range of direct social work and social care interventions?	
7. Does the assessment provide a sound analysis of risk and detail how this is going to be managed?	
8. Is there evidence that family members, carers and significant others have been involved in the assessment process, decision making and care and support planning?	
9. To what extent does the case file demonstrate that the intervention is based upon evidence-based practice?	

10. In safeguarding cases, have concerns and risks been fully considered and managed, and is there evidence of the 'Making Safeguarding Personal' approach?
11. Is there evidence of the use of legislation and social work interventions to empower the person e.g., DoLS, Mental Capacity Act, Mental Health Act and the Care Act (Safeguarding)? Have mental capacity assessments been undertaken?
12. To what extent are issues of equality and diversity demonstrated in the case file?
13. To what extent does the case file demonstrate dignity and respect?
14. What is your impression of the allocated worker's timeliness and responsiveness to the individual?
15. Is there evidence of evaluation, reflective and analytical thinking within the case file?
16. Is there a continuity of support where cases have been transferred from one team to another or from one worker to another?
17. Is there evidence of effective multi-agency working and appropriate contributions by partners to planning and service delivery?
18. Is there evidence of a rationale of decision making and advice being sought and effective management oversight?
19. What was really good about this case?
20. Action plan following the practice standards audit (if applicable). Have areas of development/learning needs been identified? What action needs to be taken to address these? Is there a clear way to deliver these actions? Are there any other outstanding issues?

Appendix 3

Therapy Services Practice Standards Audit

Date of Audit	
Allocated Worker	
Case Identifier	
Name of Auditor	

1. Is the record coherent and the person and circumstances clear to understand? Is the case recording up to date?	
2. Does the assessment demonstrate the inter-relationship between occupation and health and wellbeing:- assessing occupational needs; facilitating occupational performance; analysing and prioritising these with the person?	
3. Do the actions and next steps reflect client centred personalised approaches and does it outline that the interventions are supporting the person to live the life they want, focusing on their outcomes?	
4. Is there evidence that the person has been fully involved in the assessment, decision making and support planning?	
5. Is there evidence of a therapeutic relationship building as part of a range of interventions?	
6. Does the assessment provide a sound analysis of risk and detail how this is going to be managed?	

7. Is there evidence that there is a focus on preventative measures to promote well-being and independence?
8. Is there evidence that family members, carers and significant others have been involved in the assessment process, decision making and action support planning?
9. To what extent does the case file demonstrate that the intervention is based upon evidence-based practice, taking account of most efficient and effective interventions?
10. Has safeguarding concerns and risks been fully considered and managed?
11. Is there evidence that practice and rationale has been guided by well-being and prevention principles in the appliance of legislative duties under Housing Grants, Construction and Regenerate Act 1996?
12. To what extent are issues of equality and diversity demonstrated in the case file?
13. To what extent does the case file demonstrate dignity and respect?
14. What is your impression of the allocated worker's timeliness and responsiveness to the individual?
15. Is there evidence of evaluation, reflective and analytical thinking within the case file?

16. Is there a continuity of support where cases have been transferred from one team to another or from one worker to another?
17. Is there evidence of effective multi-agency working and appropriate contributions by partners to planning and service delivery?
18. Is there evidence of a rational of decision making and advice being sought and effective management oversight?
19. What was really good about this case?
20. Action plan following the practice standards audit (if applicable). Have areas of development/learning needs been identified? What action needs to be taken to address these? Are there any other outstanding issues?

Appendix 4

Adult Services Practice Observation Template

Name of Worker	
Name and Role of Observer	
Date and Setting of Observation	

Part 1

Worker completes boxes one and two before observation

1. Brief background to observed contact between yourself and those in need of care and support.

2. Planning for intervention <ul style="list-style-type: none">The worker and observer plan the observation, agree and clarify the role of the observer during the intervention – how will they be introduced and under what circumstances.

Worker completes box three after observation

3. Reflections on the observed practice

Worker completes box four after reading the observer's report

4. Critical reflection and professional development <ul style="list-style-type: none">Have you identified any specific areas for further development? How do you intend to address these? What support do you need?

Worker Signature	
Date	

Part 2

Observer completes after the practice observation

1. Assessment of the workers capability demonstrated in the observation of practice

Observer completes after the practice observation

2. Action plan following the direct observation (if applicable) <ul style="list-style-type: none">• Have areas of development/learning needs been identified? What action needs to be taken to address these? Are there any other outstanding issues?
Feedback from people in need of care and support (if applicable)
<ul style="list-style-type: none">▪ It is the responsibility of the worker and observer to ensure that the person is given the opportunity to comment on the workers capabilities and to be offered feedback about the workers and assessor's own assessment. It is important that in all circumstances the worker considers the issues of consent and mental capacity.▪ More information about gathering feedback from people who need care and support following direct observations of practice can be found as part of the Skills for Care website, please refer to tool six under www.skillsforcare.org.uk/Gatheringfeedback

Observer's Signature	
Date	

Appendix 5

Adult Services Health Check – Focus Group Questions

Effective workload management

1. How fairly is work allocated in your team?
2. Tell me about how you manage the tasks/demands of your caseload and who helps with this?
3. Do you approach others to assist you in work, if so who?
4. Do you have any recommendations for change in relation to how work is allocated and how you are supported to meet the demands of your caseload?

Proactive workflow management

5. We are interested in your views about the adults experience in our service from the case being opened to it leaving your part of the service or being closed. Think about cases where everything flowed well, what enabled this to happen?
6. Think about cases where it did not flow well, what caused this?

Having the right tools to do the job

7. Social workers, Occupational Therapists and social care professionals need a variety of tools to practice effectively, for example: access to IT; translators; legal advisors; research material, office space and equipment; transport; commissioned services and management advice. Tell me about the tools you have at your disposal to assist with your work?
8. What are the good things about the tools you currently use? How could these be improved?
9. Do you have the right knowledge and skills to do your job (thinking about skills as well as access to appropriate information?) If not, what are the gaps and how might you work to improve on these areas?
10. Do you feel that you are able to use your knowledge and skills?

A Healthy Workplace

11. What helps you achieve good outcomes at work?
12. What helps staff resilience at work?
13. Tell me about your experiences of supervision.
14. What difference does the supervision you receive make to <ul style="list-style-type: none">- Your work?- Your professional development? And you?
15. Do you have any recommendations for change in relation to the supervision?

Approach to Practice

16. How far do you agree with the following statement on a scale of 1 - 10? "I take responsibility for trying to find solutions to problems in my work"
17. How far do you agree with the following statement on a scale of 1 – 10? "I reflect on my practice and the decisions I have made, and consider what I could have done differently"
18. Have you done any of the following as a result of reflecting on your own practice? <ul style="list-style-type: none">- I have improved my organisational skills- I have improved my time management skills- I have improved my communication skills- I have improved my interpersonal skills- I have improved how I make decisions- I have not made any changes
19. How do you learn from findings from compliments, comments and complaints?
20. I have seen and understand the National Standards for Employers of Social Workers?
21. I have seen and understand the Professional Standards for Occupational Therapy practice
22. I have seen and understand the self-assessment and improvement resource to help social care and health organisations develop the role and practice of social workers in mental health

Appendix 6

Annual Audit Plan

Timing	Who	Activity	How is it done?	Outcome
Annually	Line Managers of supervisors	Staff Supervision Audit	Review of supervision records	Supervision is effective and held at agreed intervals
Bi-annually	Supervisors	Practice Standards Audit	Supervisor in conjunction with staff member / case holder	Quality of practice subject to reflection and review
Annually	Supervisors	Practice Observation Audit	Supervisor shadowing a live activity or intervention	To identify good practice and improvements. Supervisors have insight into live practice.
Annually (Quarter 3 Oct – Dec)	Team & Service Managers, Adults Principal Social Worker and Practice Development Forum	National Professional Standards Audits	Focus group activity, self-assessment against standards and improvement planning	Endorsed self-assessment, shared awareness and adherence to national standards with shape best practice
Annually (Quarter 3 Oct – Dec)	Team & Service Managers and Adults Principal Social Worker	Caseload and Workload Audit	Team level caseload collection and analysis	Effective caseload management, with caseloads at an appropriate and safe levels
Annually (Quarter 4 Jan – Mar)	Front line staff, Team & Service Managers and Adults Principal Social Worker	Health Check	Self-assessment including an online staff survey, focus groups and analysis of organisational intelligence on key areas	Endorsed self-assessment, shared awareness and current strengths identified and plans to tackle areas for improvement
Quarterly	Team & Service Managers and Adults Principal Social Worker	Thematic Practice Reviews	Convened thematic review group with designed methodology for the review dependent on the area and objectives of the review	Quality of practice reviewed and improvement plans developed

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