



Quality Standards

Audit Framework
(Children)
July 2023

Practice Improvement and
Audit team



1. Introduction

- 1.1 The purpose of the audit process is to support the raising of practice standards by providing the opportunity to reflect on and measure the effectiveness of work undertaken with children and their families who use our service. Whilst the audit process has a scrutiny role to evidence practice is undertaken in line with agreed standards, it is important to highlight that auditing also has a supportive and educative function, providing an opportunity for learning, that guards against complacency and embedding a culture of continuous improvement.
- 1.2 The process of auditing is a responsibility shared by all those who are accountable for the quality of practice within the organisation. It is on this basis those auditing work include Team Managers (MASH, SFS, Corporate Parenting, Fostering & Adoption and SEND Service), and the Quality Assurance Service (CPC's, IRO's, Court work lead, Audit and Practice Improvement Team). This enables more audits to be completed, ensures greater scrutiny of the quality and effectiveness of practice, and facilitates the development of baselines for good practice across the services.
- 1.3 Additionally, monthly audits of the MASH service are completed by Senior Managers within Safeguarding and Quality Assurance.
- 1.4 Re audits are completed monthly by Senior Managers within SFS, Corporate Parenting, Fostering and Permanence and Quality Assurance.
- 1.5 Every third month Senior Managers will carry out a moderation activity.
- 1.6 The monthly audit process will be complemented by themed audits, where the topic selected will be based upon recommendations from serious case reviews, issues arising from performance information, audits, or other sources, as agreed, and requested by the senior management group.
- 1.7 It is expected the outcomes of audits, alongside other available performance information, is used by Team Managers in supervision and appraisal to support practitioners to improve the quality of their practice, and the delivery of good outcomes for children and their families and tackle any issues in respect of performance. Audits should inform team and service development and can reflect wider systemic issues which impacts on service delivery.
- 1.8 The audit process should not delay immediate action being taken to safeguard a child/ young person if a situation of imminent risk has been identified by the auditor/manager.
- 1.9 The audit process aims to achieve a culture that is open to scrutiny, challenge, and accountability, but it is important for this to be undertaken in the most positive way so that it can be heard and received as well as be acted upon in such a way that it leads to an improved service to children and their families.
- 1.10 The outcome of audits will be collated in monthly, quarterly, and annual reports and the findings and key themes will be shared with practitioners and managers through a variety of channels to include Managers Forum, practice forums, quarterly practice workshops, team meetings and service meetings.

2. Audit Procedure

There are **10 audit cycles per calendar year** for all services: (monthly, except for August and December)

- MASH
- Safeguarding: assessment and long-term safeguarding
- Corporate Parenting: Looked After Children, Care Experienced Young Adults, alternative carers (Foster Carers/ Connected Persons) and Adopters/ Special Guardians
- SEND (Special Educational Needs and Disability) Service
- Re audits of all of the above

Each audit cycle runs from the first working day of the month to the last working day of the month. Audit allocations will be sent to all relevant auditors, team manager and practitioners by the Audit and Practice Improvement Team.

There are three types of audits arranged during the year:

- **Audits undertaken by Team Managers, Child Protection Chairs, Independent Reviewing Officers, Practice Improvement and Audit Team, etc. as well as re audits:** these take place six times a year.
- **Peer audits undertaken by practitioners:** these take place twice a year:
- **Themed audits undertaken by relevant auditors** these take place twice a year

Month	Type of Audit	Re audit/Moderation
April	Audit and re audit	Re audits
May	Themed audit	Re audits
June	Peer Audit	Moderation by SLT
July	Audit and re audit	Re audits
September	Audit and re audit	Re audits
October	Themed audit	Moderation by SLT
November	Audit and re audit	Re audits
January	Audit and re audit	Re audits
February	Audit and re audit	Moderation by SLT
March	Peer audit	Re audits

- 2.1 **The audit process as outlined below is the same for both types of audits, monthly audits/ re audits as well as quarterly peer audits**
- 2.2 **Three times a year Senior Leadership Team carry out a moderation activity instead of reauditing activity**
- 2.3 Please see **Appendix A: Audit and Re-Audit Cycle** for an overview of the expected audit/ re audit process, including peer audits
- 2.4 Audit selection is made by the Audit and Practice Improvement team except in exceptional circumstances where it is agreed with the relevant Head of Service that an audit can be self-selected. This is agreed in exceptional circumstances only and the agreed workflow

followed. Please see **Appendix C: Workflow for self-selected audits in exceptional circumstances.**

- 2.5 The auditor has one **calendar month to complete the audit and improvement plan.** The audit should cover the preceding 6 months of Children's Social Care's involvement (this might be shorter if the involvement of CSC started during this 6-month period). Evidence should be provided to support the judgement grading awarded and should highlight areas of good practice. Where applicable, each domain of the audit tool should be completed, and auditors must provide sufficiently detailed comments throughout the audit report in order to explain their rationale for the grading given and ensure qualitative data is available to inform the learning. Auditors are asked to address each relevant aspect of the key lines of enquiry in each domain. Auditors are expected to give gradings (for each applicable domain and overall) after having reviewed the recording of the child/ young person/ carer on Mosaic.
- 2.6 It is the **expectation each auditor/ re auditor arranges to meet with the Practitioner** as part of the audit process to discuss their draft audit findings and engage in a reflective discussion with the practitioner in order to explore areas of practice strengths and areas requiring further focus. Any additional information obtained through this conversation needs to be noted on the audit report by the auditor. The auditor is expected to give another grading (for each applicable domain and overall) following this conversation with the practitioner.
- 2.7 Following the conversation with the practitioner and having recorded such in the audit report, the auditor needs to **email the audit report to the Audit and Practice Improvement Team for the purpose of Quality Assurance;** the team will aim to quality assure the report within one working day and advise of any necessary review/ revision within the report. Following this, the auditor is to send the audit report to the practitioner and their Team Manager **before uploading the audit report onto Mosaic with the accompanying note** (see 4. Example of accompanying note for Mosaic). An alert needs to be sent to the allocated practitioner, Team Manager and CP Chair/ IRO (where relevant) as well as to the Head of Service for audits graded inadequate and re-audits which will require a 2nd re-audit.
- 2.8 As the audit period covers the 6 months preceding the audit date, it is possible there has been a change in practitioners and/ or teams during that time. If the auditor identifies the practice completed by the previous practitioner/ team shows particular strengths or highlights areas of concern or requiring improvement, it is the expectation the auditor will feedback these findings to the relevant practitioner and team manager where possible.
- 2.9 Each audit requires the auditor to determine a rating for the quality of practice in each domain as well as overall. **The gradings are as follows:**
- **Outstanding** - A service that significantly exceeds minimum requirements
 - **Good** - A service that exceeds minimum requirements
 - **Requires Improvement** - A service that only meets minimum requirements

- **Inadequate** - A service that does not meet minimum requirements and there are concerns about the safety of a child/ young person and/ or there is no record available to evidence the intervention attempted

2.10 Auditors are expected to refer to the **audit grading criteria document** (developed for all service areas when grading each domain and overall to ensure consistency in the grading process. Equally, practitioners and Team Managers receiving an audit report are expected to use this audit grading criteria when wishing to challenge an audit.

2.11 If **any immediate concerns** arise in respect of the child's safety during the course of the audit process, the auditor is responsible for ensuring the relevant Team Manager is notified as a matter of urgency, so that corrective action can be undertaken.

2.12 **Dispute Resolution Process for audits:** Where there is a disagreement about the practice and findings and the auditor and the practitioner/ Team Manager do not agree with the grading, the following process should be followed:

Informal (Practice Improvement & Audit Team to be kept informed by being copied into relevant email communication)	<ul style="list-style-type: none"> ➤ Practitioner/ Team Manager to prepare a written response (using the audit grading criteria) to the areas identified by the auditor that are being disagreed with, include rationale of disagreement and evidence of work undertaken to address the identified areas ➤ Practitioner and Team Manager to share the written response with the auditor and arrange a meeting within 5 working days ➤ Discussion between Auditor, Practitioner and Team Manager to seek resolution ➤ Discussion summary and outcome to be shared by Team Manager via email with the auditor and Practice Improvement & Audit Team within 2 working days: <ul style="list-style-type: none"> ✓ If resolved: final (amended) audit report to be emailed by the auditor to the Practitioner/ Team Manager and Practice Improvement & Audit Team ✗ If unresolved: Formal process to be followed as outlined below
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Formal	<ul style="list-style-type: none"> ➤ Relevant audit report and Team Manager's rationale of disagreement, detailing the specific areas, to be emailed to the Practice Improvement & Audit Manager ➤ Practice Improvement & Audit Manager to discuss with the Head of Service for Practice Improvement/ PSW within 5 working days and agree on appropriate course of action (including reviewing and auditing the recordings independently) ➤ Practice Improvement & Audit Manager or Head of Service/ PSW to provide written response to the findings and points of disagreement to the Team Manager, Auditor and relevant Head of Service within 5 working days: <ul style="list-style-type: none"> ✓ If resolved: final audit report to be uploaded onto Mosaic by the auditor and to be used by the Practice Improvement & Audit Team as part of the monthly audit analysis ✗ If unresolved: dispute to be escalated by Head of Service/ PSW to Corporate Director/ Adult Care and Quality Standards and Corporate Director/ Children's Social Care to discuss within 5 working days <ul style="list-style-type: none"> ✓ If resolved: final audit report to be uploaded onto Mosaic by the auditor and to be used by the Practice Improvement & Audit Team as part of the monthly audit analysis ✗ If unresolved: in exceptional circumstances, dispute to be considered by the Corporate Director/ Quality Standards who will consider arranging for an independent review of the audit report and findings.
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2.13 **It is expected all audits will be completed within the given timescale.** Where an auditor is unable to complete the audit due to annual leave or sick leave, the expectation is for the auditor or their Head of Service to identify another member of staff within their service area to complete the audit.

2.14 **Discussion of Audit Findings (including peer audits):**

- For audits judged as Inadequate and work that requires re-auditing for a 2nd time, the expectation is the Team Manager and Practitioner will discuss the audit findings and agree on SMART actions on how the quality of practice will be improved and the identified concerns addressed; this is to be done within 5 working days upon receipt of the completed audit. It is the responsibility of the Team Manager and Practitioner to ensure that this is done. Whilst MASH audits are not sent for re-audit, any graded Inadequate will require appropriate attention/action by the Team Manager.
- For audits judged as requiring improvement (in both single audits and 1st re-audits) the expectation is a team manager and a social worker discuss the audit report within 10 working days upon receipt of the audit or re-audit to consider how a better service can be delivered to the child/family involved.
- Managers are expected to record their discussions within a supervision or management oversight note on Mosaic. These will be reviewed by the QA Audit Team and any issues

around non-compliance will be escalated to the relevant Head of Service. This applies to Peer audits as well, even though these are not graded, they will still include an Improvement Plan for discussion/follow up.

2.15 **Moderation activity**

- Every 3rd month the Senior Leadership Team will convene a moderation panel to review the audit findings and gradings awarded for previous audits.
- The audits for moderation will be randomly selected by the Practice Improvement and Audit team and sent in good time to moderators.
- Moderators will have 1 working month in which to complete the moderation process, record their findings and meet with the auditors.
- Moderators will provide written feedback (using the Moderation template) to the auditors and to the Practice Improvement and Audit team. The template will be uploaded on mosaic.
- The Practice Improvement and Audit team will include the findings from the Moderation Panel in their quarterly reports. Please see **Appendix D: workflow for Moderation Panels**.

2.16 **Escalation Process for re audits**

- **Re audits** need to be emailed to the allocated Practitioner and Team Manager. It should also be uploaded to Mosaic with an alert sent to the allocated Practitioner and Team Manager.

2.17 **Re audits that have been re audited before and still require further re audit to ensure progression** will need to be emailed to the allocated Practitioner, Team Manager and Head of Service and will also need to be brought to the attention of the Principal Social Worker. In instances of a **second re audit**, it is the **expectation the re auditor arranges to meet with the Practitioner and Team Manager** as part of the re audit process to discuss in order to enhance understanding as to why things have not progressed as previously agreed.

- It is the expectation the Head of Service will follow up the discussion of audit findings and agreement on actions as part of the improvement plan with the Team Manager and Practitioner to monitor that appropriate actions are taken in a timely way.
- If, at 2nd re-audit work has still not achieved required outcomes, this should be brought to the attention of the Head of Service, Assistant Director, and Director.

2.18 **Escalation Process in relation to quality and non-completion of audit reports (relevant to audits/ re audits and peer audits)**

Quality Assurance of completed audit reports: completed audit reports received by the Audit and Practice Improvement Team are aimed to be quality assured within a day and sent back to the auditor with clear details on areas that need reviewing, if relevant; auditors are asked to provide an amended report as soon as possible (and within 2-3 days); in acknowledgement that there are some occasions where a discussion with the auditor would be beneficial this will be offered by the Audit and Practice Improvement

Team and it is expected for the amended audit report to be completed within 3-4 days; if amendments/ improvements are not made at all or not within the agreed timeframe, the audit will not be accepted. The auditor will be asked to complete the audit in time for inclusion in the next audit cycle. Nb. They will still be allocated a new audit in the subsequent audit cycle.

Non-Compliance of allocated audits: non- completion of audits is reported to Heads of Service on a monthly basis for them to follow up.

2.19 **Alert Process when concerns arise during the audit/ re audit process (relevant to audits, re audits and peer audits) in relation to the safety of a child: (see Appendix B)**

3. Audit Grading guidance

There are Audit Grading criteria documents available that have been developed for audits specific for the following service areas

- For audits completed within Safeguarding, Corporate Parenting (looked after children) and SEND Service
- For care experienced young adults held within Corporate Parenting
- For audits completed within Fostering and Adoption

4. Example of Mosaic case note accompanying a completed audit

The screenshot shows a web-based form for creating a case note. The form has a blue header with navigation tabs: People, Organisations, Workers, Contracts, Reports, Tools, and Help. The main form area contains the following fields:

- Title (max. 100 characters) ***: A text input field containing "June Audit".
- Type of Note ***: A dropdown menu with "Quality Assurance" selected.
- Date ***: A date input field containing "12/06/2018" with a calendar icon.
- Time ***: A time input field containing "08:18" with a note "(Enter as 24 hour clock e.g. 15:30)".
- Significant Event (will be included in Chronologies)**: A checkbox that is currently unchecked.
- Note ***: A large text area containing the following text:
audit completed as part of the June audit cycle

overall grading: good

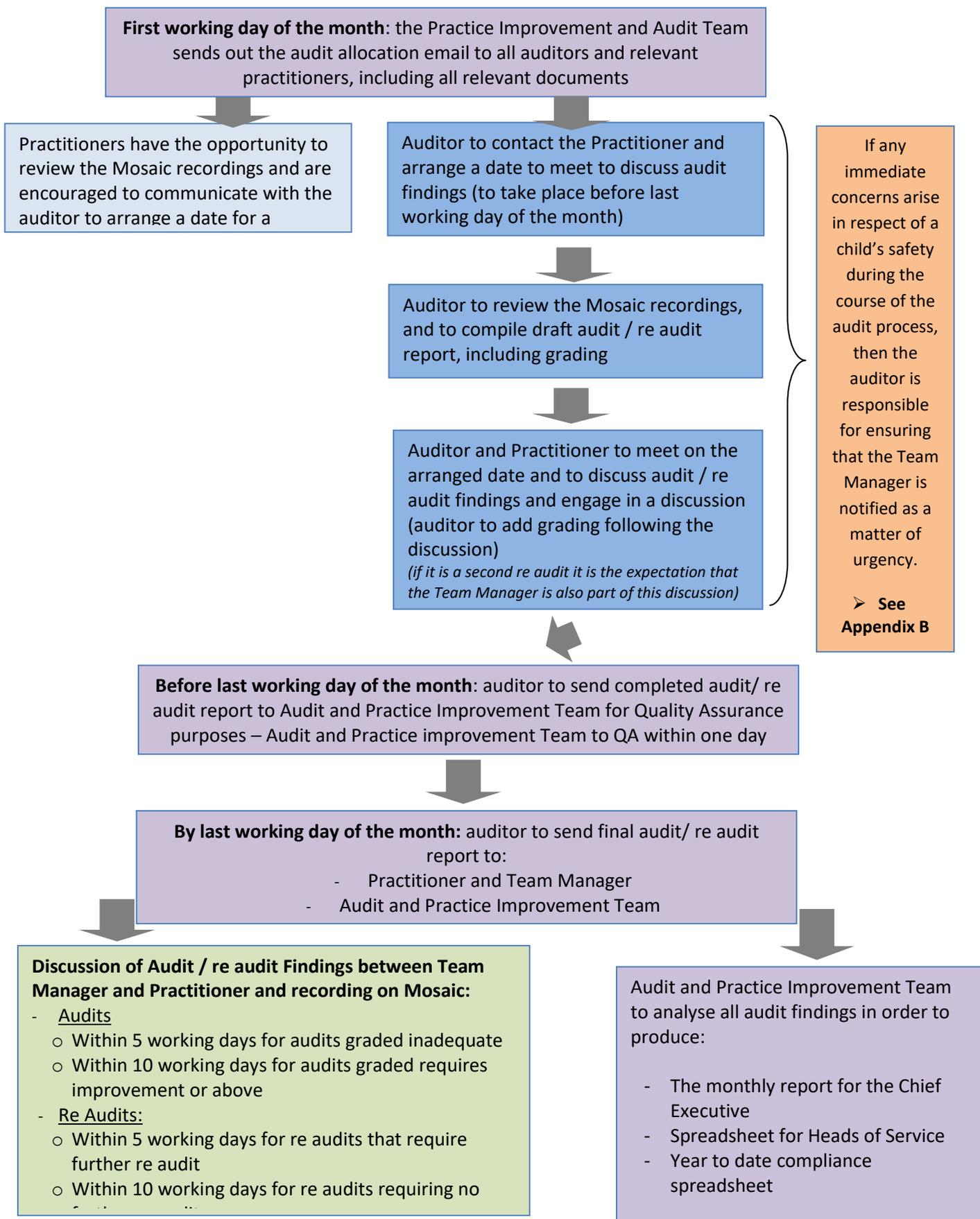
please see documents for copy of audit report with actions identified for completion as part of the improvement plan

Mosaic alert sent to allocated practitioner, Team Manager and IRO/ CP Chair (Where relevant)

Below the text area is a link: [Add Alert Recipients for this Case Note?](#)

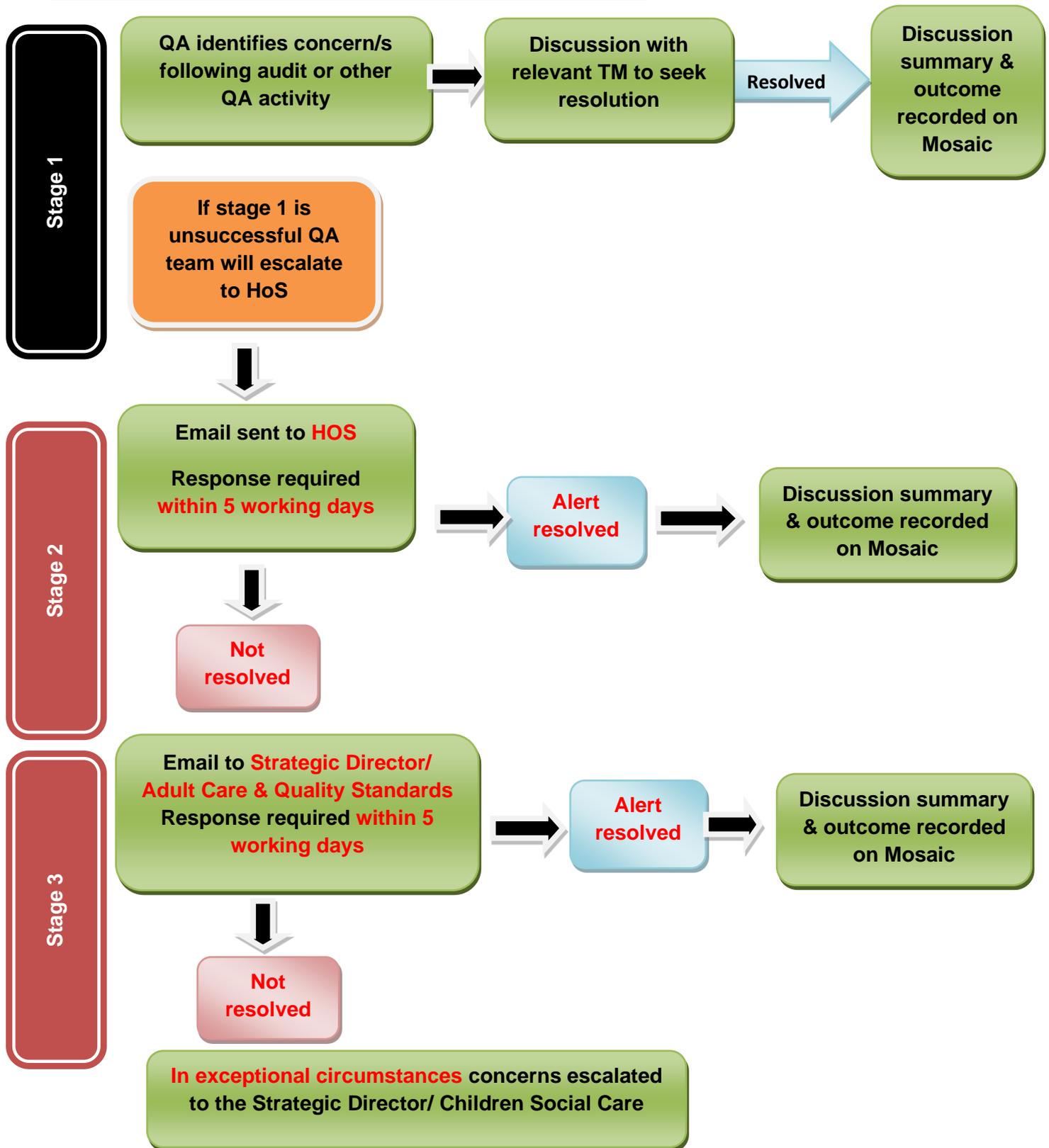
At the bottom right of the form are two buttons: "Save and Continue" and "Save and Close".

Appendix A: Flow Chart – Audit and Re –Audit Cycle (including peer audits)

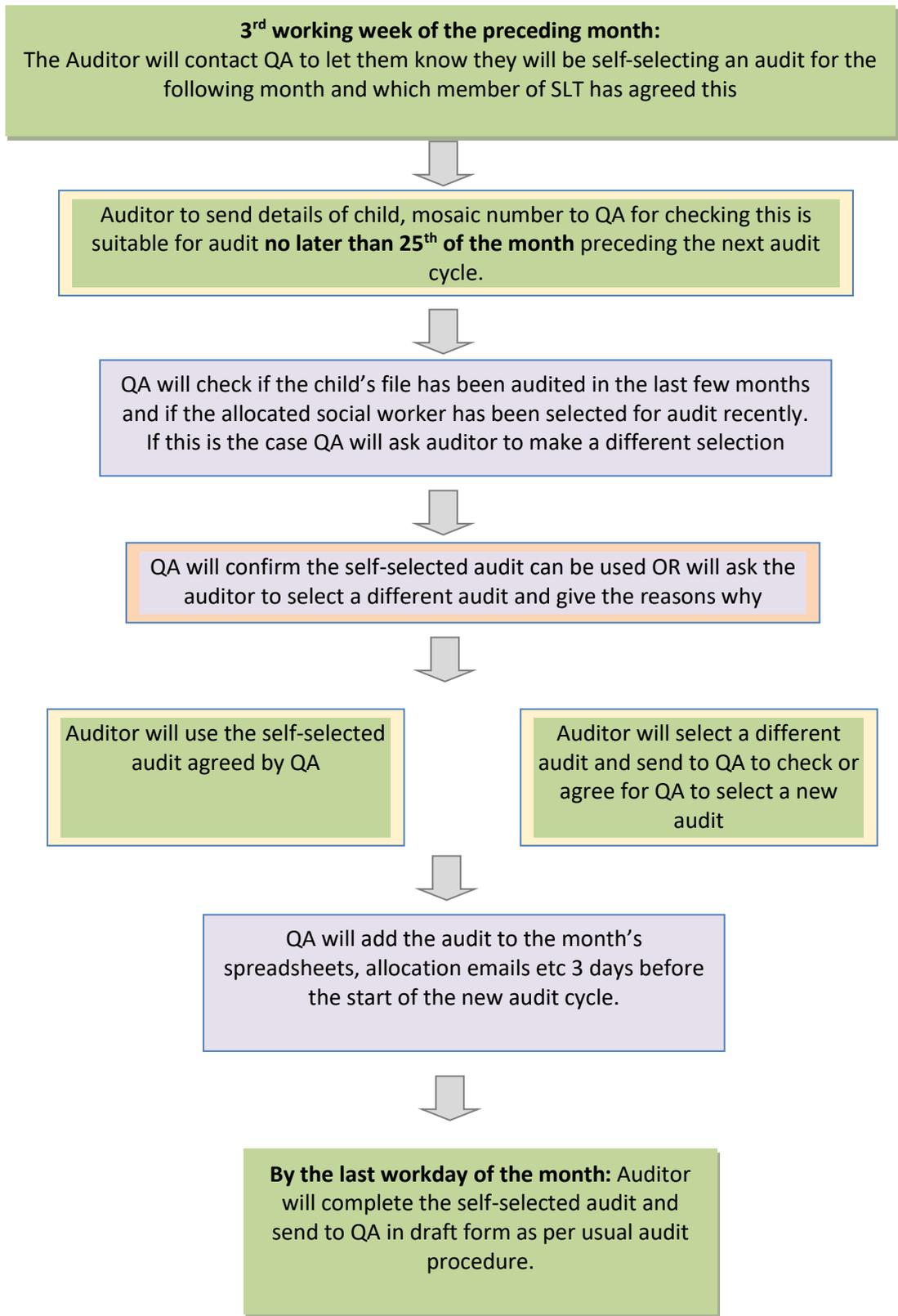


Appendix B: Flow Chart – Alert Process when concerns arise in respect of a child’s safety during the audit/ re-audit process: If any immediate concerns arise in respect of a child’s safety during the course of the audit process, then the auditor is responsible for ensuring that the Team Manager is notified as a matter of urgency, following the process below

Please note: This does not replace the CP Chair & Statutory IRO alert process!



Appendix C: Flow Chart – Workflow for self-selected audits in exceptional circumstances



Appendix D: Flow Chart – Workflow for Moderation Panels

