Nottingham City Youth Offending Team

Quality Assurance Framework

July 2012

Statement of YOT objectives

1 Introduction

The *Quality Assurance Framework* has been designed to support Nottingham City Youth Offending Team to identify effective and ineffective areas of practice. It has been designed to support the integrated cycle of assessment, planning, implementation and review. The cornerstone of the *Quality Assurance Framework* is self-assessment. It forms the basis of a strong process of self-evaluation across the system that will underpin priority-setting, business-planning and ongoing improvement. It is a powerful tool used to understand and articulate the issues that influence the focus and direction of a service.

2 Aims

Quality Assurance Framework is designed to:

- provide a consistent system for evaluating the evidence of effective practice across the YOT

- set performance improvement targets and prioritise improvement effort within the YOT

- facilitate continuing improvement in the work undertaken by the YOT

- listen and respond to the views of young people, their families and victims through exit surveys and other feedback processes such as complaints, identifying lessons to be learnt including LMRs

- identify trends and themes across the various teams within the YOT

- identify and disseminate excellent practice

- identify multi-agency involvement and impact

3 The Quality Assurance Framework for YOTs

The main components of the quality assurance framework are:

- young people, families and partner organisations are involved in the audit process

- the process and outcome of statutory YOT practice and procedures are assessed

- evidence for service improvement is identified

- standards derived from guidance are used

- managers, and staff in particular, are involved in the development of action plans from the audit findings

- action plans are developed that address systems preventing change and identify those responsible for service improvement

- re-audit is applied to ascertain whether improvements have been implemented.

- systems, structures and mechanisms are in place to monitor service developments once the quality assurance cycle has been completed

- peer auditing and tiered management auditing are developed

- self auditing is promoted, supported and encouraged

- high risk issues are identified and raised immediately with the relevant manager

However, the *Quality Assurance Framework* does not deliver improvement in itself. It should be an integral part of a wider commitment from all agencies and staff to improve the quality and effectiveness of all youth offending teams in the locality. The framework should be incorporated into the wider YOT performance framework, to provide a qualitative dimension to the performance assessment of the YOT's statutory activities.

The *Quality Assurance Framework* will assist the team to identify its strengths and its weaknesses, and develop a set of balanced and focused targets to work towards improving performance and practice. The framework will only deliver the best results where staff are motivated to undertake self-evaluations with rigour and accuracy, and are genuinely committed to further improving their services. At the core of framework is the commitment of the YOT to encourage a culture of reflective practice.

The key to an effective quality assurance process is the involvement of staff across all levels of the service and wider partnership. This often provides the most robust and accurate assessment and reaps the greatest rewards. It ensures that all services understand how effective practice relates to them and so sign up to delivering the improvement plan. It is up to strategic partnerships, YOT managers and practitioners to commit to the targets and plans, and to work towards achieving them.

This guide describes:

- the framework

- how it operates

- the tools and templates available to staff for completing self-assessments

4 The Quality Assurance Process

Figure 1 – YOT Quality Assurance Framework

The framework has been designed to link to national standards and local strategic plans for the YOT and the wider Children and Families' directorate. Figure 1, lists the activities, working practices and standards which underpin the quality assurance process for the YOT.

BEST PRACTICE & NATIONAL STANDARDS

- National guidance
- Legislation
- Inspection outcomes
- National performance indicators
- KEEP (Key elements of effective practice)

LOCAL STRATEGIC PLANS

- CYPP
- YOT Management Plans
- Team level planning

STAFF MANAGEMENT

- Staff Supervision,
- Appraisal, learning & development
- Practice observation

YOT OPERATIONAL MANAGEMENT

- YOT performance management framework
- Policies, procedures, & practice guidance
- User involvement & feedback

Figure 2, Summary of audit activities and tasks within the framework.

Figure 2 outlines the roles, tasks, frequency, purpose and accountabilities for the quality assurance process.

Role	QA Task	Frequency	Purpose	Audit Type	Accountable to
YOT Service Manager	Audit 2 YOT case files along with 2 YOT Case manager supervision files for the case managers concerned	Quarterly	Monitor case records, quality of assessment, planning, management analysis, decision-making, evidence of multi-disciplinary activity	Compliance	Head of Service
	Lead focus group and forum discussion with front-line staff on the progress made in improving quality across the YOT	Annually	To gather assurance about practice, service standards, and provide opportunity for front-line staff to air concerns. To encourage the wider ownership for effective practice. This group should cover all 4 audit methods as described in section 5.	Performance	Head of Service
	Monitor and scrutinise performance data. This should include: - - National Indicators - Local case level monitoring data	Weekly, Monthly, Quarterly	To monitor and scrutinise performance data	Performance	Head of Service
	Review the quarterly quality assurance reports and the findings from the annual audit day provided by Operational Managers and present a summary overview to the YOT Management Board	Quarterly	To monitor the general direction of travel in relation to quality of practice improvement and report directly to the Director of Family Community Teams	Compliance	Head of Service
	Hold Quality Review meeting with operational Managers	Quarterly	To provide a scrutiny process and governance	Performance	Head of Service

	and performance analyst for the YOT. This meeting can be attached to the YOT operational management meeting		structure to the quality assurance process. Ensure practice and quality issues are understood and addressed		
YOT Service Manager	Commission an annual review of the quality assurance framework	Annually	To examine a set of interrelated processes that work together to achieve a common goal.	System	Head of Service
YOT Operational Managers & Quality Assurance Manager	Audit 3 YOT case files.	Monthly	Monitor case records, quality of assessment, planning, management analysis, decision-making, evidence of multi-disciplinary activity Identify 'best practice' and share across all teams. This should include specific examples: - e.g. ASSET	Compliance	Service Manager
	Lead peer case audit day. An annual audit day planned across the YOT, which should involve a minimum of : • 1 Operational Manager • QA Manager • Workforce Development Lead • 6 case managers Then as a team each member will audit 2 case files each during that designated day.	Annually	Gather assurance about service standards and quality from a range of sources. This is about encouraging practitioners and case managers to take a roll in assessing quality of practice through a peer review process.	Compliance	Service Manager
YOT Operational	Provide commentary to support the case level	As required at management	Monitor case records, quality of	Performance	Service Manger

Managers	performance data provided by the YOT performance analyst	meetings	assessment, planning, management analysis, decision-making, evidence of multi-disciplinary activity		
	Conduct an observation of case managers for one of their supervisions with a young person	Annually	Monitor practice standards	Compliance	Service Manger
YOT Operational Managers	Provide a quality audit summary report and an action plan for improvement, with recommendations for the case, to the supervisee.	Quarterly	Ensure practice and quality issues are understood and addressed with clear accountabilities	Performance	Service Manager
YOT Quality Assurance Manager	Provide a quality audit summary report with outline findings and recommendations for the YOT. There should be an accompanying improvement plan which should be held as a master copy and updated each quarter which identifies new actions and actions completed. This should include monitoring the feedback and complaints of young people	Quarterly	Ensure practice and quality issues are understood and addressed with clear accountabilities	Performance	Service Manager
Workforce Development Team	Participate in peer case audit days	Annually	Gather assurance about service standards and quality from a range of sources. This is about encouraging practitioners and case managers to take a role in assessing quality of practice through a peer review process.	Compliance	YOT Quality Assurance Manager

YOT Operational Managers	Monitor service user feedback (key themes/	Quarterly	Monitor practice and extent to which individual / team	Performance	Service Manager

	Set objectives for case managers in relation to quality assurance	Annually	practice changes / develops	Compliance	Service Manager
YOT Case Managers	Raise awareness of practice issues during supervision sessions with team manager	Monthly – 6 weekly	Monitor practice and extent to which individual / team practice changes / develops	Process	YOT Operational Managers
	Identify areas of practice for further QA at supervision and at the annual quality forum conducted with the Service Manager	Monthly – 6 weekly		Process	YOT Operational Managers
	Complete actions on case within timescale and where this has not been possible evidence that this has been reported	Ad hoc		Compliance	YOT Operational Managers
	Identify contributions to improving quality of individual practice through the annual appraisal and personal development planning process	Annually		Process	YOT Operational Managers and QA Manager
YOT Performance Analyst	Provide the random case files for audit for the YOT Service manager and QA manager	Monthly	To support the quality assurance process	Process	Service Manager
	Provide a monthly report on cases audited by team managers for the YOT service manager	Monthly			Service Manager
	Provide the case level data set for operational and managers – data set to be provided at the YOT management meeting	Monthly		Compliance	Service Manager
	Undertake a data cleansing process quarterly through exception reporting with managers and ensure compliance with the councils data quality principles	Monthly		System	Service Manager
	Provide data on service user feedback to managers	Monthly		Compliance	Service Manager

5 The Quality Assurance Programme

The Quality Assurance programme will supplement case auditing undertaken by commissioned / internal and external auditors, and will be integrated into line management supervision and annual appraisal. The quality assurance programme will be carried out by managers, senior practitioners and case managers and those with a quality assurance function.

Timetabling of audits

The programme of audits should be integrated with the wider YOT performance management framework in order to ensure that the cycle of activities across both frameworks is effectively supporting the YOT management team to both manage performance and quality improvement and make timely decisions. Appendix 5 outlines a timetable of the key tasks to assist with programming staff time.

Recording of audits

A record of all cases audited will be held by the performance analyst but will be available to all staff on the YOT shared drive. The results of all audits will be recorded onto the template provided in appendix 3.

The folder will also hold:-

- copies of all recorded case audits including actions and issues raised through inspection of the supervision file
- all copies of the quarterly quality assurance reports provided by operational managers, a master template of the outstanding actions as well as the wider team improvement plan.
- all agendas and minutes associated with the quarterly quality and performance review held as part of the management meeting
- all performance datasets and copies of monthly exception reports
- all templates recording staff observations
- all reports on the annual peer review audit

Ownership of the Quality Assurance Programme

Managers across the YOT will be responsible for championing quality assurance standards, sharing examples of best practice and promoting continuous improvement through supervision and the annual appraisal process.

 Managers will be responsible for the quality, completeness and accuracy of the case records of staff in their teams, and for ensuring that all members of their team participate as required.

The YOT service manager will be responsible for ensuring that managers undertake and co-ordinate the required case audit activity and that quality improvement is made consistently and reported to the Director of Family Community Teams and the YOT Management Board.

Methods

Figure 3 - Overview - Combined quality assurance and performance management process flow
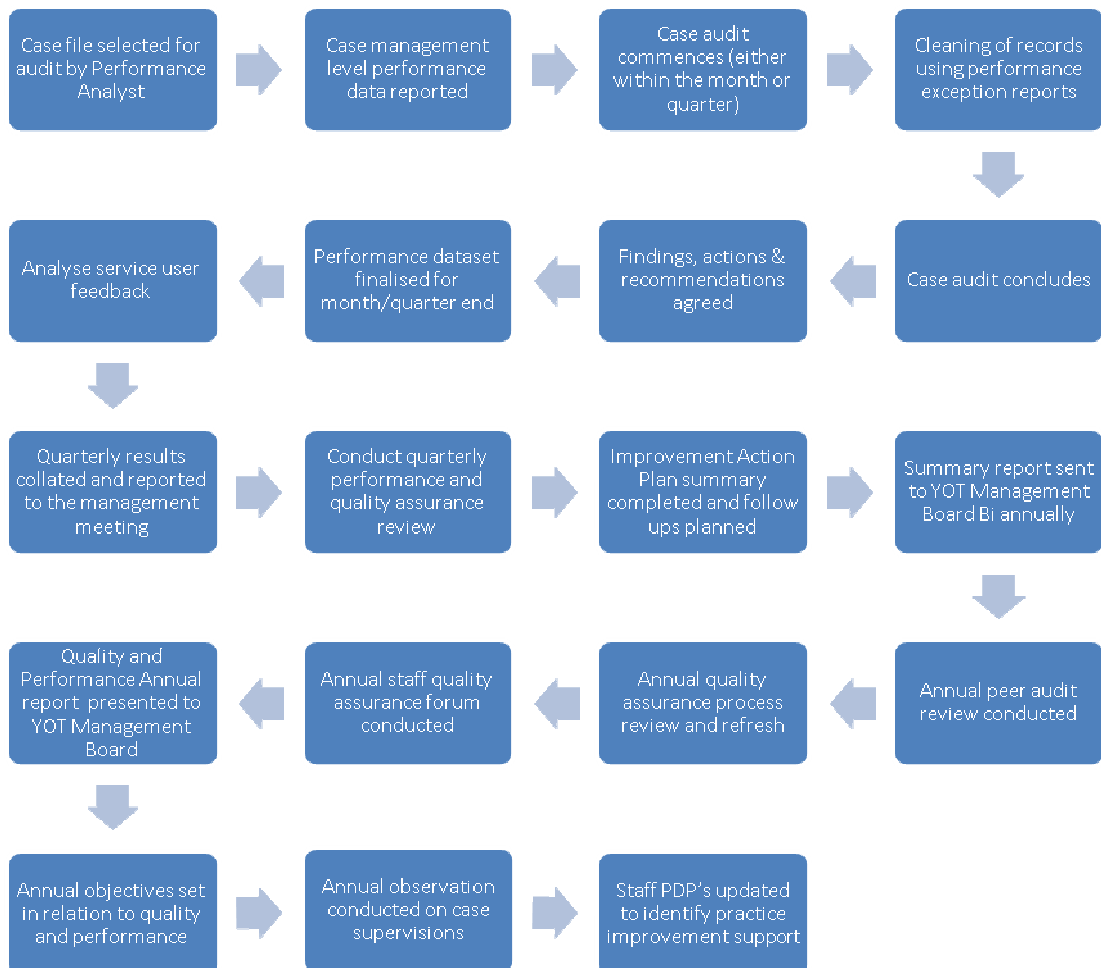
Audits will be the main methods used to assess and measure professional practice. A range of auditing methods will be used to assess the effectiveness and quality of processes and systems against agreed standards, the principle methods being: -

Compliance audits verify compliance to a set of policies, procedures, guidelines or standards. They should be undertaken on cases open for more than six weeks. Cases which are opened and closed within six weeks do not require a compliance audit. Initially, cases should be selected on the basis of length of time for which they have been open, and the oldest case without an existing compliance audit should be first, and so on.

Where it is identified that action is required to ensure the completeness of the case record this will be discussed during supervision and recorded on the case supervision record. This will allow for ongoing monitoring of the required action in future supervision sessions

9

Audits will be completed using the NOTTINGHAM CITY YOT Case Audit Tool (Appendix 3).

The YOT Performance Analyst should select the cases for audit. The dip sampling approach should be used to do this and a spreadsheet record of all cases selected should be kept.

Once selected at random the performance analyst will inform the relevant manager of the case selected for audit and a completion timescale for the audit to be undertaken. If the audit is not undertaken within the timescale this will be reported to the quality assurance review each quarter along with the reason for incompletion.

Once the NOTTINGHAM CITY YOT Case Audit Tool has been completed with the required actions, the team manager will identify any additional support or training needs for individuals, or groups of staff, in relation to the identified required actions. Timescales for completion of actions will be recorded and monitored through supervision. All actions from audits will be collated by the performance analyst and reported with the quarterly quality assurance report at the required review. Consistent difficulties in meeting particular standards should also be reported to the managers, regardless of the review process to ensure a timely response to issues.

Performance audits verify compliance with policies, procedures, guidelines, but also evaluate the effectiveness of the policies and procedures, and their suitability for achieving the organisation's objectives.

This type of audit will be used to determine to what extent policies, procedures and guidelines are informed by the views of young people, their families and the partners the YOT works with to reduce reoffending and improve the life chances of the young people involved.

Process audits examine a single process through several of its iterations.

These are audits that review the validity of the quality assurance process and identify areas for further review and refresh.

Undertaking an annual review of the framework will enable the YOT to develop the framework further and encourage the future involvement of frontline staff.

System audits examine a set of interrelated processes that work together to achieve a common goal.

System audits enable managers to assess how well the quality assurance framework is working across the system of youth justice. It is an opportunity to identify where aspects of quality can be improved in relation to partners involved in working directly with the young person. The framework should be one that integrates fully with the wider directorate and agencies across the locality. Auditing the views of fellow professionals can result in the improvement to practice quality and then more widely to the review of policies, procedures and guidelines.

Audits will in general, assess:-

- whether or not what ought to be happening is happening

- whether current practice meets required standards and procedures

- whether current practice follows published guidelines

- whether current evidence about good practice is being applied

In addition to the methods outlined above, the YOT have a number of processes and systems in place which routinely provide evidence of the quality of current professional practice and services.   For example:

- Viewpoint consultations (used for capturing the views on young people in relation to their involvement with the YOT) as well as those in relation to other professionals across the locality

- Complaints

- Case Management Reviews

Action Planning

Action planning is a process which will assist the YOT to focus its attention and decide what steps are needed to achieve particular goals in relation to quality of practice improvements. Appendix 6 contains an action planning template set against five outcomes which the team must set for itself in relation to what it wants to achieve in the coming year. Under each outcome the team should set its required improvement actions identified from the recent audits it has undertaken and continue to update the template following additional reviews. The action plan should be discussed at the quarterly review in which quality and performance is scrutinised and challenge takes place.

6 Appendix 1 – Audit Guidance May 2012

Auditing - ASSET

The Assessment section requires you to read and make a judgement on each Asset or Onset that took place in the lifetime of that Order / Intervention. There should be a start assessment and review. The quality of assessment should be based on the following

Check 1 - Each assessment should have all the evidence boxes completed (no blanks)

Check 2 - Scores and evidence should be consistent and where possible the score should be explained in the evidence.

Check 3 - Care History should always have the date of the CareFirst check and evidence that summarises any relevant history as well as the current situation known to Children's Social Care.

Check 4 - Each assessment should be a snap shot of the young person's current situation and should not be chronology of events, where information is added to the evidence box each time the assessment is reviewed/ re done.

Check 5 - Reviews should include progress the young person is making against all the risk factors as well as evidence where the young person's risk has increased. Reviews should be active reviews and not just be a copy of the last assessment.

Check 6 - The vulnerability evidence and risk of harm evidence should be completed in each assessment – there should be a clear link to any ROSH's and VMP completed. The Asset risk of harm and vulnerability section act as the initial screening for safeguarding and risk of harm on that young person's intervention.

Check 7 - Positive factors must be completed.

Judgements used currently are insufficient, sufficient, good and excellent. Each category can be explained in the following way

1. **Insufficient –** requires substantial improvement - where the evidence does not link up to the scoring, the assessment has not been reviewed in a timely manner, has been completed in a chronology style, there is no information in the care history box about the CareFirst check, vulnerability or risk of harm is not fully evidenced.

2. **Sufficient** – requires some improvement but most of the document meets a minimum requirement – the asset has been reviewed on time, the evidence and score are consistent, the care history box is evidenced with the CareFirst information and an up to date picture of social care involvement, risk of harm and vulnerability sections and positive factors are completed.

3. **Good** - requires moderate to minimum improvement - There is minimal improvement required in most areas, there are however sections of the Asset (no more than 3 or 4) requiring moderate improvement. There is clear concise explanations of Asset scores and how they relate to offending, scores are both logical and evidenced. While they

are logical in their conclusions, some of the writing could be clearer or the evidence boxes do not relate entirely to the yes /no boxes.

4. **Excellent** – there is minimal or no improvement required. When the assessment has all the evidence boxes fully completed with a relevant summary of previous issues and the current assessment evidence includes an explanation of the score, the evidence shows an assessment and analysis of the risk factors rather than just a description, the vulnerability and risk of harm sections are fully completed and also information to state if a further VMP or ROSH is needed

Auditing - Risk of Serious Harm

If the young person's behaviour poses a risk of serious harm to others then a ROSH should be completed. This should also be completed for those young people on Bail Supervision, Bail ISS and those Remanded into Custody.

Check 1 - The ROSH should include details of all the harm-related behaviour including previous offences and any behaviour which has caused harm or has the potential to cause harm, details of which might come from another agency.

Check 2 – Ensure that any previous violent offences have been included. All sections of the document must be completed and evidence offered, including information on the victim.

Check 3 - Review ROSHs must include any new incidents of harm and or offences to show whether the pattern of violence and harm is increasing, decreasing or remaining the same. If the 'future harm' section is ticked 'no' and the level is assessed as LOW there must be clear reasons evidenced and the auditor must agree with the author of the ROSH. The conclusion box must have clear evidence and an explanation of the reasons for the assessed level.

The auditor must agree with this judgement. (Please note that this is not an exhaustive list but must consider the following):

1. Insufficient – where the ROSH does not provide a comprehensive picture of the risks posed. There is no information to explain the reasons for the assessed level of risk. Reviews have not been completed on time.

2. Sufficient – all the behaviour and offences of harm related are evidenced and summarised, all the evidence relates to the questions asked, there are clear reasons given for the assessed level and the auditor agrees with this, the ROSH has been countersigned and the reviews have been completed on time and the victim's information have been included.

3. Good - when all the above has been completed, all potential areas of risk from the Asset have been identified and appropriately addressed and in addition, RNR (risk, need, responsivity) and diversity is overtly recognisable within the risk assessment.

4. Excellent - when all the above has been completed and there is analysis offered regarding previous, current and future risk as well as an analysis of the long term issues and assessment of patterns of behaviour and how that relates to future risk and potential future victims.

Check 4 – Ensure that there is a brief statement describing young person's harm-related behaviours

Check 5 - Make sure the RMP (risk management plan) is a record of the current actions taking place to manage the young person's risk to others. Victim safety should be addressed. It should be SMART and have specific actions detailing who is responsible, as well as timely reviews and be countersigned. There should be an avoidance of general / vague statements such as 'self esteem work' or 'anger management' instead there should be breakdown of how, when and who is delivering the work. This should be a working plan and not a statement of concerns.

Check 6 – The RMP should link with actions from the Risk Management Panel and or MAPPA and should include the work other agencies are doing to monitor or try and stop the young person from committing further harm. All actions should have start and end dates. Information sharing should be specific and include who the information is shared with, when it will be shared, how it will be shared (i.e. email, meetings or telephone) and how often it will be shared (weekly, monthly etc). It should also include actions to be taken should the risks increase. RMP's must be countersigned.

Auditing - Risk of Harm

Where a young person's behaviour poses a risk of harm to others, but does not fall into the definition of 'serious' harm, full consideration must still be given to addressing any 'lesser' risk factors within the assessment and the Asset screening completed. This should also be the case for all young people on Bail Supervision, Bail ISS and those Remanded into Custody.

Check 1 - The Asset should include details of all the harm-related behaviour including previous offences and any behaviour which has caused harm or has the potential to cause harm, details of which might come from another agency.

Check 2 – Ensure that any previous violent offences have been included. All sections of the document must be completed and evidence offered, including information on the victim.

Check 3 - Review Assets must include any new incidents of harm and or offences to show whether the pattern of harm-related behaviour is increasing, decreasing or remaining the same.

The auditor must agree with this judgement. (Please note that this is not an exhaustive list but must be consider the following):

1. Insufficient – where the Asset does not provide a comprehensive picture of the risks posed. There is no information to explain the reasons for the assessed outcome.

2. Sufficient – all the behaviour and harm-related offences are evidenced and summarised, there are clear reasons given for the assessed outcome and the auditor agrees with this, the reviews have been completed on time and the victim's information have been included.

3. Good - when all the above has been completed, all potential areas of risk from the Asset have been identified and appropriately addressed and in addition, RNR and diversity is overtly recognisable within the risk assessment.
4. Excellent - when all the above has been completed and there is analysis offered regarding previous, current and future risk as well as an analysis of the long term issues and assessment of patterns of behaviour and how that relates to future risk and potential future victims.

Check 4 – Ensure that there is a brief statement describing young person's harm-related behaviours.

Check 5 – Ensure RoH issues and victim safety are addressed in the Intervention Plan. It should be SMART and have specific actions detailing who is responsible for these.

Check 6 - Include the work other agencies are doing to monitor or try and stop the young person from committing harm.

Auditing - Vulnerability

Check 1 – Ensure that there is a brief statement describing young person's vulnerability issues

The first screening for vulnerability is the care history box on the assessment, which must record whether a CareFirst check was completed and the date.

Check 2 - The vulnerability part of the Asset/ Onset must be completed. If the vulnerability section is assessed as medium or above then a Vulnerability Management Plan (VMP) must be undertaken. The auditor must agree with the assessed level of vulnerability and the evidence offered.

Check 3 - The actions planned to manage the vulnerability must be recorded in the VMP. The VMP must also be countersigned, be SMART and include the specific actions of the case manager and other professionals. VMP's must be countersigned.

Check 4 - A sufficient VMP would have specific actions that address both external and internal controls, breakdown when, how and what actions will take place with start and end dates, have details of the referrals and when they will be made. Information sharing will include what information is shared, who it will be shared with, how it will be shared, (telephone, email or meetings) and how often (daily, weekly, monthly etc).

Auditing - Intervention Plan

Check 1 - The first check is to make sure there is an Intervention Plan on the system for this young person and this Order.

Check 2 - The objectives should relate to the issues raised on the Asset. The target should explain what work needs to be done and why. Vague statements such as 'victim awareness' should be avoided. It should identify how harm to the victim can be addressed including RJ or reparation. The plan should be SMART.

Check 3 - 'HOW' should be specific and have a breakdown of all the tasks including referrals, assessments, delivery and topics/ sessions covered with start and end dates.

Check 4 - Diversity should also be included in relation to how the diversity issues might impact on the running of the Order – this should also include learning styles where possible.

Check 5 - All the boxes should be completed and all the dates should be completed so it is clear when the plan is reviewed.

Check 6 – A planning meeting should have taken place where the young person agrees to the plan and signs a hard copy to show that the young person was actively involved in the planning process.

Check 7 - The Intervention Plan should also mention any risk of harm and or vulnerability issues that impact on the Order.

Check 8 - An Intervention Plan should be completed for all Community Penalties, YRO's and all licences

Check 7 - For an Intervention Plan to be judged as sufficient all of the above must be undertaken.

Check 8 - Referral Orders have a contract which should be on the system and should be completed on the correct template and should be SMART.

Check 9 - All other plans (eg substance misuse, gangs and IRS) should be saved on the system.

Check 10 - Other plans such as care plans, pathway plans, education plans etc should be available on the young person's file.

Auditing - Contacts and Recordings

Check 1 - The contacts should be recorded with an emphasis on the aims, methods, interventions, engagements and outcome. This ensures that the author has captured the impact of the work on the young person as well as the engagement and participation of the young person.

Check 2 - The contacts should reflect National Standards and the scaled approach and the agreed number of meetings as per the Intervention Plan.

Check 3 - Enforcement – contacts should reflect that appropriate action has been taken regarding missed appointments, including whether a compliance panel has been considered and / or breach action.

Check 4 - Contacts by all members of staff need to be read to demonstrate outcome, and that assessed need, risk of harm, vulnerability and risk of re-offending is being addressed effectively.

Check 5 - Referrals – the auditor must make a judgement on whether the correct referrals have been made, if relevant agencies have responded to the referral and presenting need,

and where necessary, if further actions have been taken by the case manager to ensure other agencies involvement.

Check 6 - The contacts must also show if the risk of harm and or vulnerability is being managed according to the actions on the RMP and VMP.

Active Reviews

Check 1 Review assets should include any impact of any interventions on the young person's level of risk of re-offending, risk of harm and vulnerability

Feedback and Action Points

When providing feedback you must ensure that:

- action points are specific. It is helpful if they are recorded in terms of priority. A deadline must be recorded and must be chased by the line manager.
- the results of the audit can be given in a specific meeting or as part of supervision. When the auditor is not the line manager a 3 way meeting should be held to give the feedback on the case and the actions. The deadlines must be agreed.
- the auditor must record on Careworks that the audit was completed
- Where possible, evidence of good practice should be highlighted to the case manager.

Appendix 2 – Procedure for dip sampling case files

Team managers will select cases from their own team for dip sampling. Team managers are expected to ensure all case holders are included in dip sampling to ensure equitable management and development of staff. All team members should have cases that are dip-sampled at least once every two months.

All cases selected for dip sampling by the service manager and QA manager will be done on a random basis. The exception to this will be where the YOT is conducting a series of themed dip testing or where there are recognised concerns regarding the performance of an individual or the management of a particular case.

Cases for themed dip testing will be randomly selected from a pre-determined sample of cases that fall within the theme criteria.

On occasions where a case comes into the random selection but has been dip-tested within the last 6 weeks, the performance analyst will be informed and a new case selected.

The audit tool (Appendix 3) will be used for all cases. For themed dip testing the same type of audit tool will be used, with some variations to the questions to ensure the specific themes are being targeted.

All files to be dip-tested will include a mixture of Referral Orders, YRO's and DTO's and selected to reflect the diversity of the YOT.

7 Appendix 3 – Nottingham City YOT Case Audit Tool Template Team ………………Date ……………

Case File Audit 2012

Name:	Age :	Ethnicity:	Case Manager:/auditor
Index Offence (s):			
Type of Order/ Licence:			
Social Services Status:			

Quality of Asset (likelihood of re-offending):	Asset scores:
Quality of Asset (likelihood of re-offending): **Overall was the Initial Asset - sufficient / insufficient / good or excellent?** **Highlight whether:** Timeliness, does it incorporate YP' views & parents where appropriate, uses all sources of info, scoring is proportionate, is it analytical, cover diversity issues) **Is the Asset actively reviewed in line with National Standards or at significant points? Highlight whether:** the review demonstrates changes in circumstances, progress or lack of progress on the Order, any further information?	Start: Review: End:

Assessment of YP engagement & learning styles: (Has YP's motivation to change, methods to effectively engage, and learning style been assessed)

Is the Quality of Vulnerability/Safeguarding Screening - Sufficient / insufficient / good or excellent?: (timely, accurate, uses all relevant sources of info, covers diversity issues)

Is the Quality of VMP - Sufficient / insufficient / good or excellent?: (timely, draw on range of info, clear in how safeguarding issues will be managed, involve interventions from external agencies where appropriate, be shared with & agreed by all who feature in it, stipulate SMART and outcome oriented actions, include protective factors with a view to consolidating these)

Is the Quality of ROSH/ROH Screening - Sufficient / insufficient / good or excellent?: (timely, accurate, using all relevant info)

Is the Quality of ROSH/ROH - Sufficient / insufficient / good or excellent?: (timely, accurate, drawing in all relevant info on current & past behaviours, risks to victim/potential victims, considers diversity issues)

Is the Quality of RMP - Sufficient / insufficient / good or excellent?: (comprehensive account of factors, clear timely actions to be taken by YOT, referrals to be completed with expected outcomes, arrangements for sharing information, contingency plans)

Is the Quality of Intervention Plan - Sufficient / insufficient / good or excellent?: (timeliness, addressing diversity issues, informed by appropriate assessments & plan i.e. RMP & VMP, gives clear shape/direction to the sentence, appropriate sequencing, meet the requirements of the sentence, takes into account other plans for example LAC/C)

Has the Intervention Plan been shared with YP?
Is the Delivery of Intervention Plan - Sufficient / insufficient / good or excellent? (sequenced according to RoH & LoR, timely, take account of diversity issues, adequately address criminogenic factors, conducts quality offence focused work)
Intervention Plans are actively reviewed in line with N/S and demonstrate progress?
Has the RMP been *actively* reviewed as appropriate?
Has the VMP been *actively* reviewed as appropriate?
Have purposeful HV's been carried out throughout the course of the sentence in accordance with level of RoH & Safeguarding issues?
Has all necessary immediate action been taken to safeguard and protect the YP?
Has all necessary immediate action been taken to safeguard and protect any other affected YP?
Have Panel Dates been held in line with N/S?
Did the victim attend the Panel?

Were the victims views represented at the Panel?
Enforcement: (number of FTAs, acceptable/unacceptable absences, breach action pursued appropriately)
MAPPA Cases: **Has the case been correctly identified as a MAPPA case?** **Was the MAPPA Level appropriate in this case?** **Was the referral to MAPPA timely?** **Have details of the ROSH & management been appropriately communicated to all** relevant staff & agencies?
Has there been appropriate Management Oversight of any RoH or safeguarding/vulnerability issues?
Outcomes: Has there been a reduction in criminogenic need? (should be evidenced in review of Asset) Have objectives in Intervention Plan been achieved? Does there appear to have been a reduction in:

a) Frequency of offending?

b) Seriousness of offending?

c) Are risk factors linked to safeguarding & vulnerability?

Are there plans in place to ensure that positive outcomes are sustainable?

Action Points for CM

Examples of Good Practice

8 Appendix 4 – Nottingham City YOT Observation audit Template Team

Case Manager	Auditor Team Manager/Senior Workforce Development Lead
Name of Young Person	DOB

Order / Programme (start and end dates) Start Date………………………………….. End Date…………………………………
Offence with dates
Has the session been planned? What evidence is there of this?
Feedback:
Does the intervention link to the objectives held within the intervention plan?
Feedback:

Is it responsive to diversity issues?
Feedback:
Is it responsive to the needs of the young person?
Feedback:
If there was a crisis or an urgent issue how was it dealt with?
Feedback:
Are the objectives of the session clearly outlined at the start of the session?
Feedback:
Does the case manager promote engagement, understanding and reflection?
Feedback:
What steps does the case manager take to review the session with the young person?
Feedback:

What goals are set for the next session?	
Feedback:	
Action Points (should be completed in order of priority)	**Date of completion**

9 Appendix 5 – Audit Timetable 2010-2011(Key milestones only)

Audit Task	Action to be led by	Period												
		Quarter 3			Quarter 4			Quarter 1			Quarter 2			
		Feb 2012	March 2012	April 2012	May 2012	June 2012	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	
Select random case files for audit period for the management team (Monthly and quarterly audits)	Performance Analyst				By end of 1st week of month			By end of 1st week of month			By end of 1st week of month		
Provide the case level data set	Performance Analyst	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month	By end of the 3rd week of the month
Provide exception reports for data cleansing	Performance Analyst	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month	By end of the 1st week of the month

Task	Responsible	1	2	3	4	5	6	7	8	9	10	11	12
Conduct case file and supervision file audit s	Service Manager	By end of 3rd week of month											
	Managers	By end of 3rd week of month											
Review and scrutinise performance data for the YOT	YOT Management Meeting	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month	By end of 4th week of the month
Review the quarterly quality assurance reports and findings from the annual audit day	YOT Management Meeting (Quality assurance specifically to be discussed at each 4th meeting) & YJB Management Board				By end of 4th week of month				By end of 4th week of month			By end of 4th week of month	
Conduct a staff quality assurance forum	Service Manager												By end of 4th week of the month

Task	Responsible	1	2	3	4	5	6	7	8	9	10	11	12
Conduct an annual review of the quality assurance framework and report back to YOT management board	To be agreed by Service Manager												By end of 4th week of the month
Conduct Annual team audit day	Team Managers & Quality Assurance Lead										By end of 4th week of month		
Prepare a quarterly quality assurance progress report	Quality Assurance Lead Manager												
Conduct observations on case managers	YOT Managers	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month	By end of 3rd week of the month
Set objectives for staff in relation to quality assurance as part of the annual appraisal cycle	YOT Managers									By end of 3rd week of the month			
Conduct an annual data quality spot check audit across YOT data	Performance Analyst												By end of 3rd week of the month

10 Appendix 6 – Action Planning Improvement Template

(Q & A Lead Managers)

Outcome 1:				
Objective (s)	Activities	Completion date	Lead officer	Progress
Outcome 2:				
Objective (s)	Activities	Completion date	Lead officer	Progress

Outcome 3:				
Objective (s)	Activities	Completion date	Lead officer	Progress
Outcome 4:				
Objective (s)	Activities	Completion date	Lead officer	Progress

Outcome 5:				
Objective (s)	Activities	Completion date	Lead officer	Progress

Outcome 6:				
Objective (s)	Activities	Completion date	Lead officer	Progress