|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  | | --- | | Adult Social Care Quality Assurance e-newsletter 7 | | |  |  | | --- | --- | | |  | | --- | |  | | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Hello all! Welcome to the seventh quality assurance e-newsletter, the purpose of which is to support everyone in Adult Social Care (ASC) - from frontline practitioners to leads and managers – and give an insight into the current work to develop our quality assurance approach.    We also aim to consider and reflect on the impact of this work for ASC and those drawing on care and support and to open dialogue/opportunities to get involved.    “What Matters” to those who draw on care and support, can only be achieved fully if we ensure that **“Quality Matters”.**    **Second external Mental Health audits**  Belinda Oates has carried out her “Beyond Auditing” across the Mental Health Teams.  Senior Management Team (SMT) and the Quality Action Group (QAG) are considering recommendations and building these into the Mental Health Action Plan.  Belinda will be completing further audits in August 2023 focusing on ASC waiting lists. This audit will consider how waiting lists are managed in relation to management oversight and risk management and the impact on people waiting for service. | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | KEY MESSAGES – QUALITY ACTION GROUP (QAG) | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | The Quality Improvement Steering Group (QIG) has been meeting since April and we have reflected on how “language matters”. It matters to the people who not only draw on care and support but also our workforce.    The word ‘improvement’ carries many negative connotations and does not support a strength-based approach.    We also value the importance of not only understanding the quality of our service but taking proactive and systemic action together.    For these reasons, the group decided to rename the Quality Improvement Steering Group to **Quality Action Group (QAG).** This better encompasses our commitment to collective action to support ASC to build on strengths and strive for excellence.    A **Quality Action Plan** is now in development and will focus on how ASC can meet the outcome statements as listed below, which~~,~~ were developed by people who draw on care and support. We should measure ourselves against these outcomes to tell us if we are succeeding. | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | SUPERVISION MATTERS | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Supervision is an integral function to support the delivery of high-quality services. It is therefore important for us to understand the quality of supervision and how effective it is in supporting our practice.    Supervision surveys have been completed historically, however, there have not been any over the last couple of years.    Therefore, the QAG will be developing two surveys, one for supervisors and one for supervisees, to help us to capture a snapshot of supervision across ASC.    The survey results will help us to:   * to see if ASC supervision policies and procedures are being implemented in practice * understand how supervision is experienced by the staff and if it is helpful to their practice and professional development * capture best practice examples and areas of strength to build on * consider any support, training, and development our supervisors may need * give staff an opportunity to anonymously comment and make suggestions about the supervision process * use the findings to feed into the Quality Action Plan     You will notice we ask you about your ethnicity and other protected characteristics. This is to be able to see any similarities or differences between responses from our Black, Asian and minority ethnic staff and white staff, people of different sexualities and/or gender identities. You can choose not to respond to these questions if you prefer.    The surveys will be anonymous and take around 5 to 10 minutes to complete. It is not mandatory, but we welcome as many responses as possible get to a wide range of views from across ASC. | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | MANAGEMENT INFORMATION DASHBOARD | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | We finally have a full complement of data analysts, which means we now have capacity to start developing a performance management dashboard.    **What is a management information dashboard?**    We will be developing a dashboard for practitioners, which can also be viewed at the management level.    This will include basic information such as a practitioner’s caseload, incoming, current and future workflow steps, and length of workflow steps have been open. This is designed to support a practitioner with managing workloads and allocations of cases.    The information on the dashboard is pulled from mosaic and having this information in one place will help us to trace back data quality issues in mosaic, for example, cases no longer needing to be assigned to a practitioner or a step that needs reassigning.  There will also be a functionality to pull data from other data sets such as housing, so for example a practitioner could see if a person they are supporting is in rent arrears.    **Next steps**    ASC waiting lists is an area of focus, to ensure that people are getting the right support when they need it. The data team are therefore starting this project by developing a way of capturing waiting lists on mosaic which can then be pulled through onto the dashboard. This will help us to have a more robust and accurate picture of a number of people who are waiting, what they are waiting for, how long they have been waiting, and any associated risks.    Having this information in one place which is accessible, can help us to have a stronger grip of the waiting lists and support us to make more informed and consistent decisions at delivery, operational and strategic levels.    The data team will be working with one neighbour team to develop and test out the waiting list dashboard function over the coming weeks. | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | ASC OUTCOMES SURVEY | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Adult Social Care commissioned an external survey company to contact people who draw on care and support. We received 172 survey responses, a response rate of 21%.    Given the demographic and nature of those who draw on Adult Social Care, this should be considered a success and should imply that theresults are statistically robust.    I will be delivering an open house on Tuesday, 4 July at 2pm where I will be sharing the findings and next steps of the outcome survey in more detail.    **KEY MESSAGES**  Overall, based on the analysis of all the survey data, the key positive observations are:   * People mainly reported feeling safe in their community and in their own homes. * More people reported being more active and living healthier  than in the last survey. * People mainly reported good communication with ASC and involvement in their support.     Overall respondents felt that since their contact with Adult Social Care, they were concerned around:   * Having the right support at the time that they needed it and having enough support to do what they wanted. * Not feeling connected within their local community or their social circles.     There are some significant differences in the responses based on ethnicity, age, gender, location, and the type of support people need along with how they receive their social care.   * White respondents were less likely to report feeling connected in their community or to feel included in their support. * Women were less likely than men to report that they felt that they got the right support when they needed or enough support to do what they wanted. * Older respondents were less likely to report that they had had more social contacts or that they felt that their ASC contact would do what they said they would. * Respondents with a disability were more likely to report more negative experiences than those without a disability.     **NEXT STEPS**    The report findings have been shared with the Supporting People Connecting Communities Board and the Quality Action Group, to consider priorities and action plans. To address gaps in the survey responses in relation to sexuality and gender identity and from carers, those with learning disabilities and/or autism and people who receive direct payments. | | | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | I hope this e-newsletter continues to provide useful information about Quality Assurance in ASC.  If anyone has any questions or suggestions, please do reach out to me, Roisin Harper, our ASC Quality Assurance Lead, your head of service or your manager.  With best wishes,  Jamie Spencer  Head of Insight, Quality and Financial Services | | | | |