**Children’s Services**

**Quality Assurance and Performance Panel**

**Summary Report Template**

|  |  |
| --- | --- |
| **Title of Report** |  |
| **Date of Report** |  |
| **Service/Area** |  |
| **Month (the report relates to)** |  |
| **Author** |  |

|  |  |
| --- | --- |
| **What did we do?**  |  |
| **How much did we do?** |  |
| **What did it tell us?**  |  |
| **What difference has it made?** |  |
| **What do we want to improve?** |  |
| **Where are we now? How do we rate ourselves?** |  |
| **How do we get to outstanding?** |   |
| **What do we need to get there?** |  |