**Quality Assurance Update**

**Date Completed:**

**Please select below which Quarter the information relates to:**

|  |  |
| --- | --- |
| **Quarter 1: April – June**  |  |
| **Quarter 2: July – September**  |  |
| **Quarter 3: October – December** |  |
| **Quarter 4: January - March** |  |

**Purpose: To help ensure findings and themes from audit and quality assurance activity are shared and that learning and development opportunities are identified and addressed ensuring Children's Services continues on its improvement journey.**

**Please ensure audits are undertaken in line with the Quality Assurance Framework and Policy.**

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| **Name:** |  | **Service Area:** |  |
| **Please provide details of any quality assurance activity undertaken in the past quarter within your service area.**  |
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| **From the activity completed please advise whether any reports and/or action plans were produced and whether these have been shared with the Quality and Standards Team? *(If not shared please ensure that the report is shared or that findings are detailed below. This is to ensure that wider learning can be identified and addressed).*** |
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| **Please provide an overview of the themes/learning identified from the activity/report detailed above. Please also provide dates when this was shared at the team meeting and how many attendees.** *(****This is to ensure that wider learning can be identified and addressed).*** |
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| **Please provide details of disseminated QA activity from the QA Board, when and how this has been shared with your team?**  |
| ***(eg Complaints Report from October QA Board share at team meeting 29.10.19)*** |
| **Please advise if there are any other audit or quality assurance activities planned for the next quarter?** |
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| **Have Group Learning/Workshop events occurred within your locality? If so, please detail when these occurred and what the themes were. Please also advise whether the Practice Advisors were involved?**  |
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| **Please include below the ways in which you have obtained stakeholder feedback (if any) during this quarter and how you have used/plan to use this feedback to improve services and practice:** |
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