

1. Quality Assurance Framework

1.1. MTCnovo's approach to assuring quality delivery

1.1.1.1 We will use effective processes to assure quality delivery of the Services, and promote practice improvement. Our Quality Management System processes will ensure quality, manage risk and drive continuous improvement in service delivery, for the benefit of the Authority, stakeholders, service users and the communities we will serve. Continuous improvement is part of our culture, with quality and innovation at the core of reducing costs and reoffending.

1.2. Quality assurance arrangement

1.2.1.1 MTCnovo operates an end-user approach to quality. Our Quality Management System forms part of our overall BSI-certified Integrated Management System (IMS), which we use to provide quality control and assurance across all accounts. We have used the IMS to plan and document all the processes and procedures that will deliver continuous improvement in the Allocated Person's journey from court, through their prison sentence or court order, to rehabilitation or breach. We will test and refine these systems during the Mobilisation Phase, particularly at the interfaces with the NPS and our supply chain partners. We will develop elements of our systems with the NPS to ensure compatibility and synchronicity of access to information, and the co-location of staff will ensure the systems operate effectively. Figure 1 shows how our processes flow to create our intended Allocated Person journey.

1.2.1.2 Our Head of Quality and Assurance at each CRC will sit outside operational line management, reporting to the CRC Director, and linking to other CRCs for the purposes of benchmarking. The Head of Quality and Assurance will provide internal critical challenge and analysis, data assurance and overseeing compliance with the Quality Assurance Framework described in Figure 2. External critical challenge will be derived through external audit and inspections and case reviews (eg Serious Further Offence or Domestic Homicide Review processes) as well as feedback from Allocated Persons, partners and the community.

1.2.1.3 We have mapped the Authority's required management information, as set out in Schedule 20, and will make the information available to the Authority as required. We will also collect additional data for our own requirements, particularly to evaluate our segmentation plans. Our procedures will support our strategy to provide value for money through delivery of effective services to victims, Allocated Persons and communities, with continuous improvement and investment. We expect that our services and supply chain will develop and evolve throughout the contract term to reflect changing knowledge and evidence, stakeholder expectations and requirements, and operational and business drivers.

1.2.1.4 We have selected partners who have achieved validated and recognised quality awards; examples include Thames Valley Partnership's accreditation through the recently launched Restorative Services Quality Mark and The Manchester College's QAA and Dyslexia accreditations. We will expect all deliverers of rehabilitation services to either hold or achieve recognised accreditations during the first year of the Contract. We will take a similar approach to the providers of mentoring or volunteer services, expecting them to have a recognised quality mark and to offer volunteers scope for attaining a qualification themselves.

1.2.1.5 We are aware that most of the Probation Trusts have achieved four or five star rankings under the EFQM. We will build on those achievements during the Transition Phase and Mobilisation Phase with a view to benchmarking our performance in each CRC, and benchmarking across CRCs to identify best in class processes and performance.

1.2.1.6 We will deliver accredited programmes in accordance with the quality assurance requirements of CSAAP, and will seek recognition for any programme that we aim to introduce or test within the CRC. Where we are implementing new non-CSAAP programmes or Rehabilitation Activity Requirements, we will seek independent evaluation through our relationships with Kingston and Sheffield Hallam Universities. The Manchester College will support us in developing appropriate accreditation options.

1.2.1.7 We will implement mechanisms to improve performance by gathering feedback from:

- Allocated Persons - using the SEEDS User Questionnaire available electronically at locations and remotely, as well as specific feedback to meet accredited programme requirements
- Sentencers - through our planned interactive bench handbook
- Criminal Justice partners – through court user and Local Criminal Justice Board forums, and participation in improvement projects
- Supply chain partners and co-commissioners – through Service Level Agreement reviews
- NPS – to review the allocation, risk escalation, victim contact and enforcement procedures, and shared premises experience
- Our staff – through staff engagement surveys, staff suggestion schemes and individual feedback about their work and training through supervision and performance reviews.

1.2.1.8 We will self-deliver the majority of the services, giving us greater control over the standards achieved. However, we will also deliver through our Tier 2 partners who have specialist expertise and experience, and through Tier 3 providers identified to deliver local solutions that support our rehabilitation ambition.

1.2.1.9 We will monitor subcontractor performance against Services Agreement standards, and review performance during operational planning and review meetings (with feedback from Allocated Persons), monthly and quarterly performance reviews and periodic audits. We will use consistent auditing processes which will enable transparent analysis and output comparisons.

1.2.1.10 We are committed to working with our partners and suppliers to help them achieve the necessary quality improvements to their services when required. We will review their performance through audit and monitoring at Contract level, and will instigate improvement plans whenever poor performance is identified. We will review locally the relationship aspects that impact on delivery of a joined-up experience for Allocated Persons. We will expect partner and supplier involvement in inspections and will share outcomes so that they can learn and improve their delivery.

1.2.1.11 Our team of full-time health, safety, environmental and quality professionals will conduct a programme of regular comprehensive internal audits. While these have general applicability, we will concentrate on Community Payback operations affecting safety, tool use, skill acquisition and workplace risk assessments.

1.2.1.12 MTC applies a rigorous approach to quality auditing of operational culture and leadership, focusing on user engagement and pro-social attitudes by staff. We will seek to adopt this approach within the CRC, and with our colleagues within Resettlement Prisons, by implementing a new audit tool which is based on this well tested approach.

1.3. Collecting management information, generating knowledge and using it to improve practice

1.3.1.1 Our approach to knowledge generation means that all practitioners within our delivery model will take responsibility for recording, analysing and understanding the context and content of the work they do. This will apply equally to staff working within our Operations Centre, those supporting and supervising Allocated Persons and those providing rehabilitation services, including supply chain partners. We will also ensure critical challenge and external validation of our work.

1.3.1.2 We will collect data whenever our delivery team is in contact with an Allocated Person. Initially, we will make use of existing systems, and will map data sources into our Lean process maps. All data collection will be automated once we move to our new approach to case management using our ICT solution. Our Operations Centre will be responsible for ensuring all data is collected, is complete and is up to date, and for reporting this data for analysis and action.

1.3.1.3 We will supply the Authority with all the management information specified in Schedule 20. We will analyse our activity on a day-by-day basis, and identify trends and patterns in staff actions and Allocated Person responses in real time. Once our new, dynamic case management system is operational, all delivery partners will have the ability to access data about the Allocated Persons they are working with as needed. We will maintain a full record of our data and provide it to the Authority in accordance with Clause 39.1(d) on a monthly basis, within ten Business Days after the last day of the applicable month.

1.3.1.4 We will guarantee the accuracy of the management information data we provide for each item listed in Part 2 of Schedule 20. Data will be generated in nDelius or other applications as the Authority requests from time to time in accordance with Clause 39, and stored in accordance with Clause 39. We will apply the same definitions as those in the schedule or with the meaning as defined in the CJA. We will work with the Authority to facilitate all audit processes and will supply on request any additional data required by the Authority within agreed timescales.

1.3.1.5 We will collect and analyse our information about Allocated Persons so that this data contributes to the needs assessments undertaken by health commissioners and service providers, eg female genital mutilation, domestic abuse or antisocial behaviour.

1.3.1.6 We note that rates of reduced reoffending will not be available in the first two years of the Contract. We are therefore developing a suite of proxy measures to provide interim indications towards that goal, while also monitoring staff and partner compliance with our expectations. For example, we will monitor trends in engagement in the first month of required contact by the Responsible Officer, team and cohort, as early engagement is vital for successful outcomes. We will also track engagement with rehabilitation interventions, which will provide an indication of Allocated Persons' motivation.

1.3.1.7 Our approach to segmenting Allocated Persons is distinctive and critical. We will compare engagement and take-up of rehabilitative options between cohorts in real time. We will expect to see an increase in Mental Health Treatment Requirements because of our emphasis on that cohort and a take up of RARs, as they become part of the sentencing landscape. We will make specific provision for female Allocated Persons to ensure they feel safe and supported.

1.3.1.8 We will publish a newsletter about promising and emerging findings to our staff and partners, so they feel part of the services improvements we are developing, and are part of a staff 'community of learning'. We believe that learning from disappointments and failures is as important as demonstrating success, and we will acknowledge weaker areas of our service delivery and work to promote practice improvement over time. We will ensure information on assurance is made available to sentencers and the community, to ensure their confidence in the CRC.

1.3.1.9 Our commitment to knowledge generation is demonstrated by our partnerships with Sheffield Hallam University and Kingston University, which will provide external critical challenge. They already fulfil this role in our UK testing of the new programmes we are adopting from the US, notably Moral Reconciliation Therapy and the Women's programmes.

1.4. Using inspection, audit and SFO findings as a source for practice improvement

1.4.1.1 The line manager of the Responsible Officer of the Allocated Person who has committed the offence will carry out Serious Further Offence (SFO) Reviews in the first instance, in accordance with the SFO procedure. Any immediate issues identified from the review will be made known immediately to the Head of Quality and Assurance for action, and the Authority will be informed. The review will be quality assured by a second manager who is outside the direct reporting route, to ensure critical examination of the case.

1.4.1.2 The results of the review and any Authority feedback, on the review or the management of the case, will be added to the SFO Learning Log and disseminated to our staff. The log will be owned and reviewed every quarter by the CRC Head of Quality and Assurance. The learning will be fed into our policies and procedures, and integrated into practice through line management and the practice quality staff, supported by enhanced training where required. The application of that learning will then be tested and audited for impact and application by the practice quality staff. In some circumstances, MTCNovo staff will need to contribute to investigations, notably where there is an SFO or the death of an individual subject to supervision. We note the impact that such cases can have on the confidence of individual staff members. We will support our staff on such occasions to play their full part, and explain their decisions and actions, by identifying a 'mentor' from the practice quality staff.

1.4.1.3 We will take the same approach in the event of our staff being involved in an SFO Review. We will support them through the process of investigation, while securing their file and

records for examination, and then help them to appreciate any part they may have played, by action or inaction, in what occurred. We will develop a learning and improvement plan with them as required. We will take the same approach in the event of a Serious Case Review relating to any of our Allocated Persons, or a Domestic Homicide Review.

1.4.1.4 We believe that assurance on the quality of service delivery should go beyond rigorous staff supervision and oversight of cases by line managers. We will therefore appoint a number of practice quality staff at operational level whose role will be split between acting as Responsible Officers, and being responsible for quality practice development within their units, cohorts and CRCs. They will provide advice and consultation to less experienced staff, support trainees, and participate in internal inspections, audits and reviews. They will be responsible for integrating the latest learning into operational practice, and identifying training needs.

1.4.1.5 At a corporate and CRC level, we will designate the Head of Quality and Assurance's team as 'knowledge champions', who will be responsible for reviewing all research and evaluations in the criminal justice and allied fields in conjunction with the MTC Institute; and examining HMI Prisons and HMI Probation reports and cross-CJS inspections and the reports and recommendations from the Prisons and Probation Ombudsman. They will disseminate the findings to operational staff and managers. We will benchmark the findings against each of our CRCs, so that learning is applied to practice. The local practice quality staff will form a broader community of quality practice developers. We will maintain a parallel system of learning logs, based on a risk matrix, to ensure learning is applied. We will develop a protocol for sharing knowledge with other CRCs, including our competitors, where such knowledge relates to reducing reoffending and protecting the public.

1.4.1.6 MTC's BIONIC (Believe It Or Not I Care) approach to user engagement will be embraced and applied by our staff and our partners. We will develop audit tools to assess this, as a community version of the existing MTC audit tool. We will use the SEEDS offender questionnaire and previous trust feedback as a benchmark to assess impact. Recent research has demonstrated the enhanced competence and confidence gained by staff through the SEEDS programme. This qualitative approach will enhance and balance the management information we collect. More informally, we will publicise our 'Moans and Groans' initiative, to encourage Allocated Persons to raise concerns through an early and informal mechanism, see WSA 5.2 paragraph 2.3.1.10).

1.4.1.7 Staff will be able raise concerns and suggestions about practice improvement in a variety of ways, including our staff suggestion scheme, the annual engagement survey and ongoing supervision and performance review sessions. We are committed to transparency, and will provide a whistleblowing procedure for staff who do not feel able to make their concerns known in person.

1.4.1.8 We are committed to developing talent and continuous learning for all staff. We will invest in ongoing training, and rigorously audit and review the content, quality and application of that training in the workplace.

1.4.1.9 We will build on our strong relations with our partners to encourage skills transfer between our staff and those of our partners, such as drug and alcohol assessments, and a shared approach to training and development. This will reinforce our development of a shared culture of engagement, with Allocated Persons and partners building on MTC's BIONIC approach.

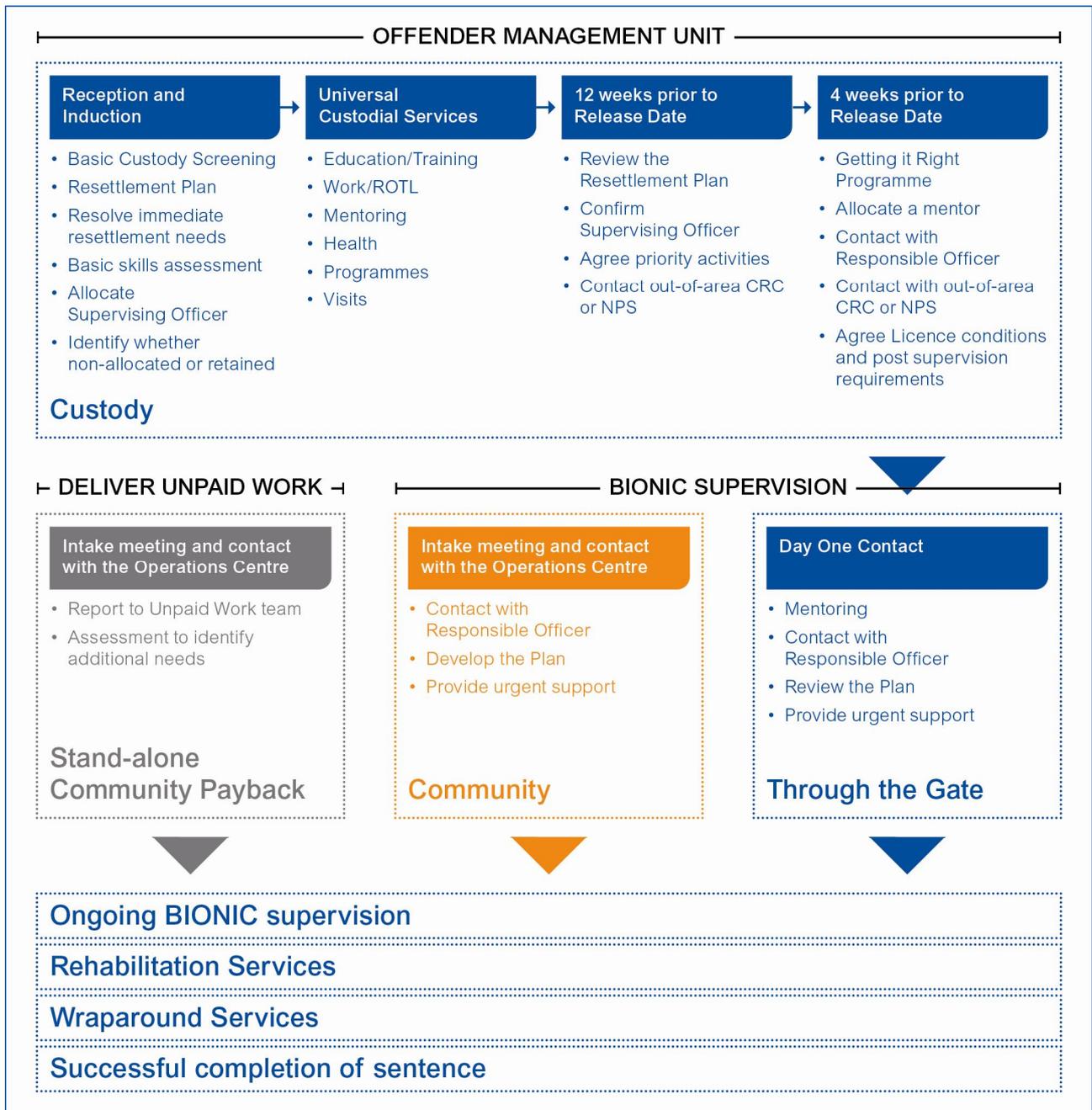


Figure 1: Our processes will ensure each Allocated Person follows a structured journey

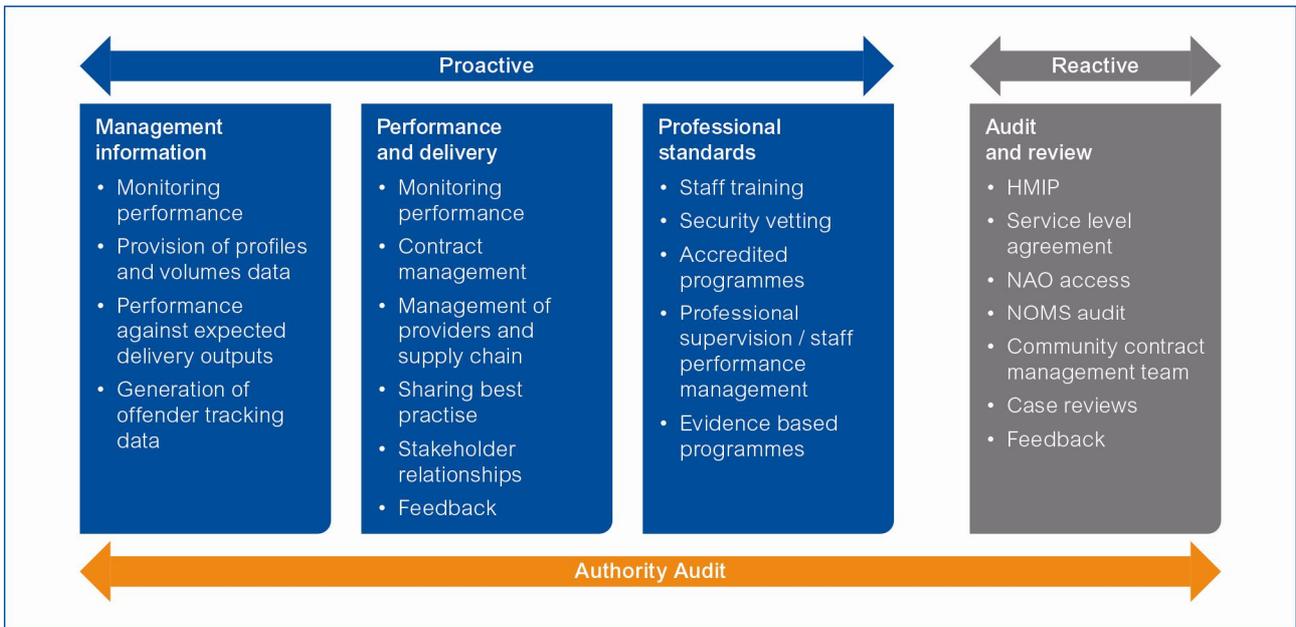


Figure 2: The Head of Quality and Assurance at each CRC will drive compliance with the Quality Assurance Framework