WSA5 Q1- Question 1 – Quality Assurance Framework

The αrcc Quality assurance (QA) framework allows us to consider our strengths and weaknesses and continuously improve the quality of service delivery. Our Quality Assurance Framework will enable us to operate more effective and more efficient systems and procedures; deliver better quality services; improve communication with staff, volunteers and stakeholders, foster innovation and creative thinking enable new ways of working; and develop a learning organisation which improves over time. In accordance with the Services Agreement αrcc will work towards the formalisation of αrcc quality assurance framework by securing ISO9001 during Transition and Transformation

Quality Assurance Arrangement as per Schedule 9 paragraph 5.1

αrcc will implement a robust framework for quality assurance as a systematic way of establishing and maintaining quality improvement activities. αrcc will not limit quality assurance to internal processes, systems and staff but will be proactive in seeking out the views of offenders as a determinant of effective service delivery. The primary goal of our quality assurance framework is to improve quality of practice and outcomes for offenders to provide significant reductions in reoffending. It is not enough to just provide information about performance and thus, αrcc recognises that quality assurance must be strongly linked into effective mechanisms for achieving change and be able to demonstrate measurable improvements for offenders, their families and the wider communities in which they reside. At the heart of our approach is an understanding of those things that promote and encourage desistance from crime and make communities safer. We will therefore use the inspection outcomes used by HM Inspectorate of Probation (HMIP) to frame our quality assurance in conjunction with the arrangements as described in Schedule 9, paragraph 5.1. The five inspection outcomes used by HMIP are:

Outcome 1: Assisting sentencing
Outcome 2: Delivering the sentence of the court
Outcome 3: Reducing the likelihood of reoffending
Outcome 4: Protecting the public by minimising the risk of harm to others
Outcome 5: Delivering effective work for victims

This framework provides a benchmark against which we can measure and be measured against. It will also provide a common language for both the National Probation Service locally and the Community Rehabilitation Company, who will be jointly inspected by HMIP. For example, we will have joint working groups with the NPS locally to focus on the outcomes and themes within the outcomes such as the management of child safeguarding cases. The overall responsibility for quality assurance will lie with αrcc Operational Leads who will produce an annual Quality Development Plan. The CEO will also utilise the Audit framework in accordance with Schedule 15 to review Quality Assurance as required. The Operational Leads will develop the Quality Development Plan in collaboration with the Quality Development Group, who will meet quarterly to provide evidence of progress against the plan and feed this information into the Senior Management Team and where required or beneficial, to the Authority and local NPS. The group will comprise of cross grade staff with clear responsibilities for improving different aspects of quality. We have identified the following elements within each outcome that will be monitored; Operational delivery, Quality of information and data, Training and staff performance, Management and Leadership, Adherence to Contract and compliance, Supply Chain Management and Financial Integrity.
We have used Outcome 3 of our framework**:** Reducing the likelihood of re-offending to provide an example of activities undertaken. This is only a small representation of the QA activity for the purpose of illustration and does not provide a comprehensive list of QA related tasks.

Operational Delivery: αrcc managers will be responsible for ensuring the agreed quality standards for αrcc hubs and staff behaviour within the hubs are implemented. This will be done through observation of practice, staff supervision, peer learning groups and offender feedback. Each manager involved in operational delivery will provide a quarterly report of QA activities undertaken. The managers will also be responsible for ensuring that monthly audits of offender casework are undertaken.

Quality of Information: αrcc's performance improvement and data assurance Manager will be responsible for ensuring the staff intranet contains the most up to date process maps and quality standards. They will collate all of the performance information which will include where any elements of αrcc's delivery model is underperforming and where the quality of service delivery may be an issue. The performance improvement and data assurance Manager will compile all performance reports and ensure that these are distributed on a regular basis to the SMT, and as required by the Authority

Training: αrcc's Training Manager will be responsible for ensuring that staff's training needs are audited through the appraisal process and that new training needs are identified and incorporated into the annual Staff Development Plan. The Training Manager will report on progress against the training plan quarterly

Senior Management: αrcc's Senior Management Team will be responsible for ensuring the requisite number of staff are available to undertake the required tasks. The Operational Leads will report on staffing numbers against required numbers quarterly.

Adherence to Contract: αrcc will have a dedicated Commercial Director responsible for ensuring that all contractual requirements and performance targets are being delivered, for example, completion of an initial assessment and a sentence plan within five working days

Supply Chain: The performance improvement and Data Assurance Manager will be responsible for ensuring that all supply chain partners are meeting their contractual obligations and required performance outcomes, by analysing outcome data, offender and staff feedback and by completing observations on agencies attending αrcc hubs or delivering services in Through the Gate to ensure delivery against contract.

The delivery of αrcc's Accredited Programmes will be in full compliance of the robust Quality Assurance requirements of Audit and Accredited programmes manual approved by NOMS. We will also include the performance and assurance measures from Schedule 9 as part of the Quality Development Plan but with a particular focus on those measures directly linked to quality given the critical contribution which this has upon the outcomes required by the Authority and reduced reoffending. Each Quality Assurance measure will have a named owner, for example:

Measure	Description	Owner
PM 16	Quality of breach referral	Interface Team Manager
PM 17	Recall referral quality	Interface Team Manager
AM A	Quality of engagement with Allocated Persons	Operations Lead
AM B	SFO reviews	Operations Lead
AM D	Accredited programme quality	Interventions Manager
AM G	Risk escalation quality	Interface Team Manager

For example, the αrcc Interface Team have responsibility for the quality information that is required by the NPS. The operating model and processes require that all recalls, breaches and risk escalations will all be processed through the Interface Team. This will ensure a consistency of information and quality.

Vision for knowledge generation and the management and use of that knowledge

We recognise that core to achieving excellence is a competent and engaged workforce, supported by reliable and robust systems. From the outset and in establishing the αrcc

culture we will develop a learning environment that focuses upon staff's continuing professional development. We will use the staff appraisal process to undertake an annual audit of staff skills and training needs. The staff supervision process will require managers to review staff's development needs and report any training needs to arcs Training Manager and any organisational needs. arcc will adopt the Skills for Effective Engagement, Development and Supervision (SEEDS) framework recently rolled out by the MoJ which is shown to increase levels of engagement between offenders and staff. SEEDS will be central to operational delivery with the use of peer learning sets, observation of practice by managers and peers and the use of reflective methods in staff supervision to encourage development and integration of research into practice. Staff supervision through the SEEDS model will require managers use the action learning model so that staff are able to apply theoretical and research concepts to examples of real life probation practice.

We will establish a dedicated Research and Development (R&D) function that will review internal practice and development. The R & D function will ensure that practice is shaped by the most up to date, evidence based, and internationally recognised research that is shown to reduce reoffending. This function will not operate in an 'ivory tower' type model but will embed the relevance of the work through an Effective Practice Development Group comprised of Operational Managers and practitioners from each of arcc's 6 Outreach Teams and the Through the Gate Team. This group will then provide briefings to Managers and staff on the latest research and most up to date developments. The Effective Practice Development Group will also be the lead on Quality Development. To support the learning approach an electronic newsletter and staff bulletin board on the arcc intranet will be developed and circulated which keeps staff up to date with practice, process maps, quality standards, service developments, research and staff ideas for development.

Staff from the Probation staff mutual, have already established strong links with the newly established Probation Institute. The Institute is an independent centre of excellence for all those involved in probation and the provision of community rehabilitation work. It will ensure that the most up to date evidence and practice development is available as well as providing guidance on professional values. We will encourage staff to join the Institute and subsidise membership. We have spoken to the three Universities in the area (Durham, Sunderland and Teesside) and have begun to establish formal relationships and structures for the exchange of knowledge and knowledge management. For example, we have secured agreements in principle for the exchange of students through our service volunteer programme. Students from a variety of disciplines will bring their knowledge and expertise to the operation of our arcc hub centres and in turn be provided with opportunities for research that have a direct bearing upon the provision of rehabilitative services. We will develop a programme whereby the research and development function will take the learning from this research and formal dissertation to inform the work of the effective practice development group and in turn practice on the ground. We will also develop the more informal relationships that exist throughout the Probation staff mutual with institutions such as Queens University Belfast, the Institute of Criminology at Cambridge University, and through the knowledge network that is accessible through the Sir Winton Churchill Memorial Trust. In addition we will work with MOJ and NOMS to support research evaluation. Excellent practice will be rewarded through the establishment of an internal reward and recognition programme. We will continue to support the nomination of staff for local awards such as the NEPACS (North East Prison After Care Society) awards and national awards such as the Butler Trust, who celebrate outstanding dedication, skill and creativity on the part of those working in correctional settings across the UK. The effective exchange and management of knowledge will be a cornerstone of arcc's vision for continuous improvement.

Using inspection, audit and SFO review findings as a key source of practice improvement information

ɑrcc will as a provider of rehabilitative services welcome the findings of independent inspections such as HMI Probation and Prison, OFSTED, Domestic Homicide Reviews and Serious Case Reviews. The findings from Inspections will be disseminated throughout the organisation and each will have an Action Plan. The findings will also inform the Quality Development Plan. We will not wait to respond reactively to inspections such as Serious Case Reviews, which can take up to a three year timeframe, but will, as part of our whole learning approach, take the framework that the is used by the Inspectorate to assess the quality of ɑrcc services on an annual basis. For example, to assess the quality of ɑrcc offender management activity, we would evaluate a random sample of cases where children were involved with offenders against the assessment criteria used by the Inspectorate under the headings described earlier. The information from audits would be included as part of the middle managers quarterly report to the Quality Development Group. Feedback will also be provided to individual practitioners, good practice rewarded, and where more general themes emerge cascaded throughout the organisation via team meetings, Peer Group Learning, staff coaching and training and the ɑrcc intranet.

Where there is a Serious Further Offence (SFO), Domestic Homicide Review, Serious Case Review, Inspectorate reports and Safeguarding reviews, ɑrcc senior management will review the findings and the main points will be posted on the staff intranet. In addition the Quality Development Group and the Effective Practice Development Group will have the outcomes of all audits, SFO's etc as a standing agenda item. The discussion within these groups will then feed into the development of practice as with other learning as described earlier in the question.

Collect and make available the management information required in Schedule 20

ɑrcc will collect the management information as detailed in the eighteen areas of performance metrics contained in Schedule 20. The lead responsibility for collecting the management information will rest with the Corporate Directorship. The main methods for collection will be through nDelius and ɑrcc's Integrated Assessment System (Appendix 1 and 2). The design of the latter is informed by its ability to extract the required management information. The management information is collected continuously and in line with Schedule 20 will be provided to the Authority on a monthly basis. The management information will be provided 10 business days after the last business day of the month.

The Corporate Director will identify leads for each of the eighteen areas of performance metrics and develop comprehensive action plans to ensure the data is collected. The majority of the information will be collected by the Interface Team working with ɑrcc's Performance Improvement and data assurance Manager. The Interface Team provides a mix of operational and non-operational staff which allows for any queries around data to be verified quickly and accurately. The Interface team will monitor the completion rate for management information by team and where needed by individuals. The completion and accuracy of management information will be included in performance reports. Each month the Performance Improvement and data assurance Manager will provide a performance report for the whole organisation. The report will identify good performance and highlight any emerging trends or causes of concern in terms of performance or contract compliance. Should any areas be identified as underperforming then a Timely performance improvement plan will be enacted that is based upon an informed analysis of the issue. The performance report will also feed into Quality Development Group and inform the Quality Development Plan. To support performance and drawing from ɑrcc's capability in lean management, each team will have a visual depiction of performance displayed on Team Board's, as well as posted on the staff intranet for ease of reference , thus ensuring performance remains a 'live' issue.