POSITIVE FUTURES

ACHIEVING DREAMS. TRANSFORMING LIVES.

Name of Framework:	Quality Management Framework
Lead Person:	Corporate Services Director
Next Review Date:	17.01.27

Change Record

Issue Date	Nature of Change	Ratified by	Date ratified
09.02.15	New framework	SLT	10.11.14
04.01.18	Removal of key points and minor wording changes; reporting in relation to the Annual Business Plan moved to the Corporate Plan section from the Performance Report section; reference to quality audits removed and replaced by reference to Quality Management Visits (QMVs) and Annual Quality Reviews (AQRs); reference to staff and volunteer engagement amended; removal of calendar of quality milestones and reference to EFQM	MD	02.01.18
19.10.20	Addendum developed for Children's Residential Services (CRSs); new guidance added regarding Independent Visitor arrangements in CRSs; JCC also referenced as H&S Consultative Committee	ED	19.10.20
17.01.24	Framework updated and extended to all-Ireland; additional guidance on specific service processes and templates developed.	Directors	20.11.23
01.07.24	References added to partnership working and Partnership Principles	Directors	15.05.24

Quality Management Framework

Aims

To:
- Outline our Quality Framework which guides the delivery of high-quality services for the people we support.
- Ensure the delivery of high-quality services through a range of measures including the monitoring of quality and performance, the collation of information, and compliance with legal and regulatory requirements.

Policy Statement

We are committed to providing excellent support to every person we support in Northern Ireland and Ireland. Our services include both regulated[1] and non-regulated services, and this Framework provides an overview of all the quality assurance measures in place, for relevant services, to ensure compliance with relevant regulations and standards, and for all services and support departments, compliance with our internal quality expectations. This Framework outlines **what** is important to us and **how** we assess quality to ensure we meet both external and internal quality requirements.

1. What is important to us?

Our Framework includes 8 main 'drivers' for improving quality, our:

- **Values** and focus on kindness[2] in everything we do
- **Person-centred culture** and approaches
- **Engagement** and **partnership** with the people we support, staff, volunteers and all key stakeholders[3]
- Commitment to keep everyone **safe** from harm and encourage positive risk taking, where appropriate
- Commitment to achieving **positive outcomes**
- Inclusive and effective **leadership**

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[1] In Ireland, these are referred to as designated centres.
[2] Kindness Leadership Network: Commitment to Kindness and Department of Health Code of Conduct for Health and Social Service Providers
[3] All to be referenced as 'key stakeholders' throughout the document

- **Good governance** including:
  - A focus on **compliance** in relation to legal, regulatory and contractual requirements
  - **Continuous improvement** and learning as a learning organisation
- Effective **quality processes and systems**.

See Appendix 1 for an outline of our Quality Management Framework and more detail on the drivers for improving quality.

2. How do we assess quality?

Our Framework is consistent with, and incorporates elements of:
- NI and Ireland best practice models and guidance in relation to promoting quality and continuous learning[4]
- Regulation and Quality Improvement Authority (RQIA) and Health Information and Quality Authority (HIQA) Quality Frameworks, see Appendix 2.

We have:
- **Robust governance arrangements** to ensure the effective oversight of quality of support and continuous improvement (an overview of our governance arrangements is provided in Appendix 3)
- A range of **quality assurance processes** to gather information from multiple sources to check, review, assess and report on the quality of support (an overview of our quality assurance processes is provided in Appendix 4).

Using our quality assurance processes, we:
- **Observe** e.g. through regular monitoring visits and direct observation, engagement with the people we support and staff, and ensuring managers are visible 'on the ground'
- **Listen** e.g. 'everyday' engagement and conversations with the people we support, staff and other key stakeholders, and regular surveys (e.g. Annual Consultation Exercise with the people we support, use of our What People Think process to collate ongoing stakeholder feedback plus other key stakeholder and staff surveys).

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[4] Including: REACH Support for Living - Paradigm; PHA Standards Assessment Tool; HSE Quality Framework; Person-centred Supports and Outcomes - National Disability Authority; Department of Health Code of Conduct for Health and Social Service Providers, Partnership Principles and Positive Futures - a Working Book towards becoming a Person Centred Organisation

- **Measure** e.g. collating, analysing and reporting on key data (such as outcomes for the people we support, data relating to core metrics such as incidents, safeguarding issues, medication errors, and staffing metrics including vacancies, retention and agency usage).
- **Take action** e.g. service / departmental action / improvement plans, action plans linked to risk assessments and risk registers, internal and external audits, Annual Consultation Exercise, staff surveys, Annual Training Needs Analysis, organisational learning reviews and external benchmarking.

Who the Policy applies to

All staff	✓
Staff in specific services (list relevant services)	
Volunteers	✓
Trustees	✓
Contractors	

Related Documents

Procedures

| Guidance |
|---|
| Quality Management Framework Guidance (summary of internal monitoring and auditing systems) Quality Management Framework Easy Read |

Management Briefings

Forms / Templates

How has this Policy been informed by staff, volunteers and the people we support?

People we support	
JCC / Staff	✓
Departmental / Operational Managers	✓
Directors	✓
Other (please list)	✓ Advisory Board

Appendix 1
Our Quality Management Framework – what is important to us to ensure high quality support for every person we support?
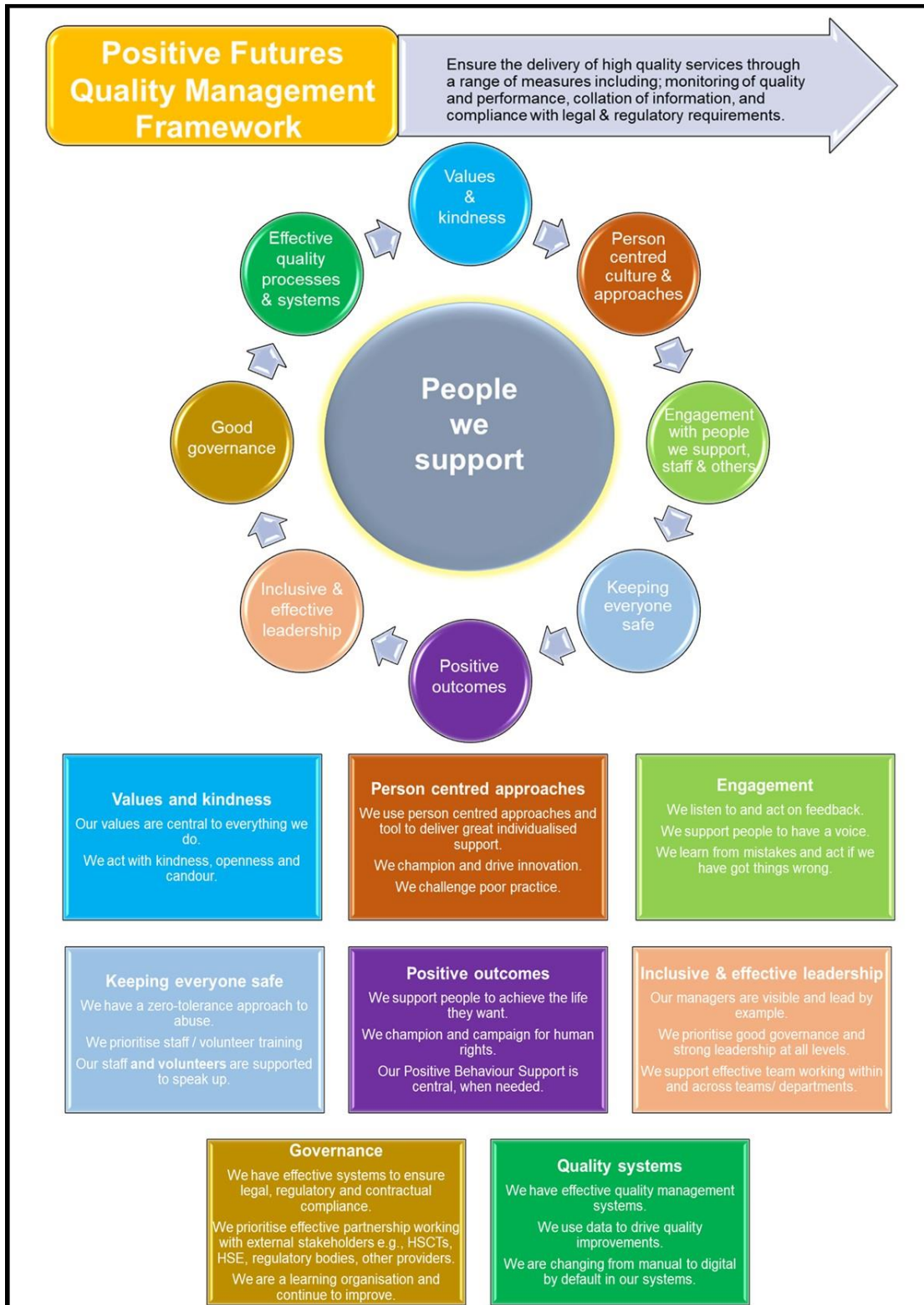
Each of the 'drivers' for our Quality Management Framework is outlined below:

Our values and focus on kindness

What this means:
- All staff, volunteers (including trustees) have a shared understanding of our **values,** and act in line with these **values** at all times.
- All new staff and volunteers are supported to understand our **values** and how to work in line with these **values**.
- **Decisions** – all decisions are informed by our values.
- Our **Code of Conduct** outlines our expectations of all staff and volunteers to act in line with our values and have respect for others.
- We act with **kindness and candour**. This means we are open about things that are not working or have gone wrong, and we say 'sorry' when needed and make changes to address the issue.

Our person-centred culture and approaches

This means we:
- Use **person centred approaches and tools** to make sure our staff know how to best to support a person.
- Use person centred approaches and tools to support individual staff and staff teams to do the **best possible job**.
- **Challenge poor practice** where we see it.
- Champion and drive **innovation** in relation to person centred support.
- Find **creative, person centred solutions** to problems and challenges.

Our engagement – with all key stakeholders

This means we:
- **Listen to and value** feedback from key stakeholders (including engagement with staff via our Joint Consultative Committee (JCC), and with the people we support through our Advisory Board).
- Work in **partnership** with key stakeholders.
- Take **action** based on feedback we receive.
- Support the people we support to make **informed choices**.
- Ensure that the people we support and families understand how to make a **complaint** if needed and that we take action to make things better.

Our commitment to keep everyone safe from harm and encourage positive risk taking, where appropriate

This means we:
- Have a **zero-tolerance** approach to any form of abuse.
- Have **effective approaches** to keep the people we support, our staff and volunteers safe.
- Complete **regular checks** to ensure that our approaches work.
- Make **changes** if our checks highlight something is not working.
- Encourage and support our staff and volunteers to **speak up** if something is not right.
- Complete **learning reviews** to inform and improve our approaches when things go wrong or when there are significant challenges.

Our commitment to achieving positive outcomes

This means we:
- Support people we support to set their own **goals** in life and help them achieve these **goals and dreams** (see Appendix 5a-b).
- Promote **health and wellbeing** for both the people we support and staff.
- Measure and report on the **outcomes** that people we support achieve.
- Collect and assess data on how our support and work **makes a difference** to people's lives and our communities (e.g. service, project and grant outcomes).
- Support our staff in terms of **personal and professional learning** and **career progression**.
- Provide **coaching and mentoring** to support staff to develop new skills and build confidence.
- Work in **collaboration** with other organisations to share **best practice** and new, **innovative** and **sustainable** ways of working that are good for people and our planet.
- **Champion** and **campaign for change** to ensure that people's **human rights** are protected and promoted.

Inclusive and effective leadership

This means we:
- Provide a range of **training and support** for all managers, directors and trustees.
- Expect managers to **lead by example** and **engage positively** with their staff teams to promote quality and continuous improvements.
- Expect managers to be **visible and accessible** to the people we support, staff and volunteers.
- Set clear **objectives** and **performance expectations** for all managers and staff.
- Actively promote **career progression** and **succession planning**.
- Promote effective leadership and **interdepartmental team working**.

Good governance

This means we have effective systems (see Appendix 3 for a summary of our governance arrangements) to:
- Review, audit, and report on **governance arrangements**.
- Review and maintain our **policies** to reflect current legislation and best practice.
- Manage **risks** in line with our Risk Management policies.
- Ensure our regulated (NI) and registered (IRL) services are **compliant** with all **regulatory requirements**.
- Monitor **NI contract** and **IRL service arrangement compliance**.
- Share learning from **internal and external audits, inspections and best practice** guidance.
- Conduct, and disseminate learning from, **learning reviews** where required to inform organisational learning.

Our effective quality processes and systems for a learning organisation

This means, we:

- Have agreed **corporate priorities** and objectives to drive improvement and positive organisational change.
- Have **standardised and effective systems** in our services and support departments that provide effective support to services.
- Use **internal** monitoring and auditing systems and **external** auditing processes to measure quality (see Appendix 4 for detail of monitoring and auditing systems).
- Use **evidence and data** to inform our improvement work.
- Measure what is **important** and what will inform improvements.
- Promote **effective cross departmental and team working** to aid consistency and avoid 'silo' working.

Appendix 2
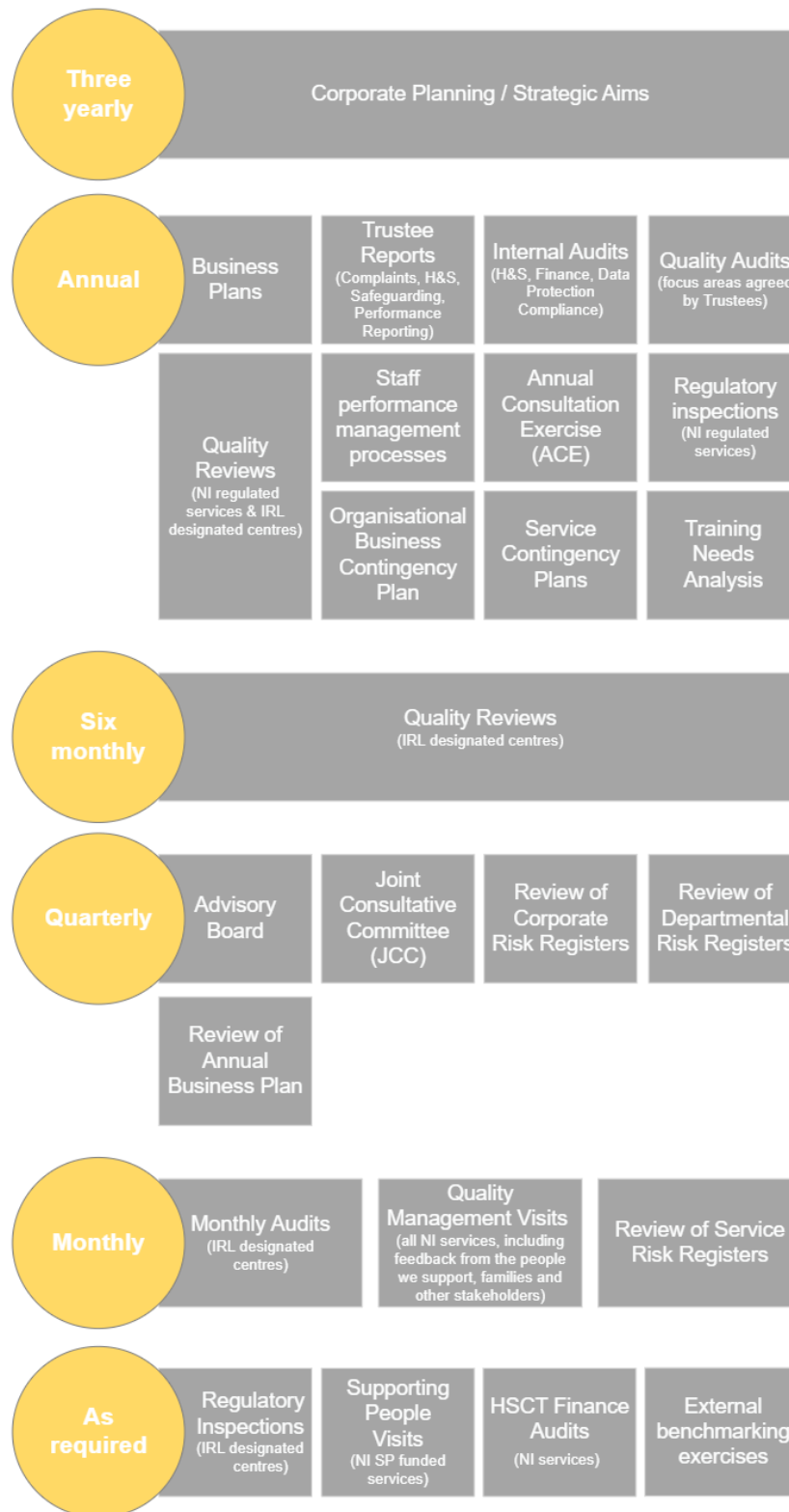## RQIA & HIQA Quality Frameworks

Appendix 3
Overview of our governance arrangements[5]

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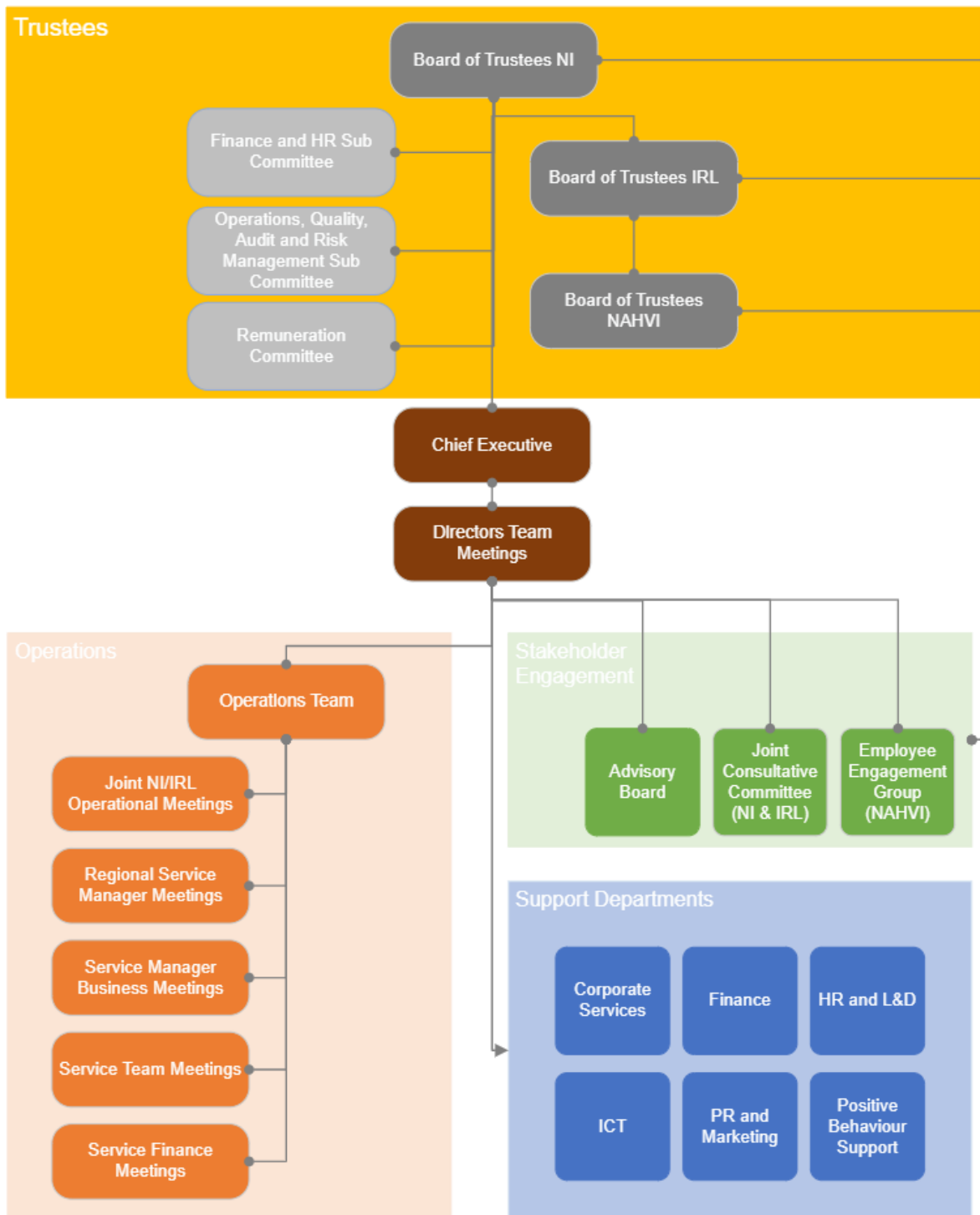
[5] All Trustee, JCC and Advisory Board meetings have a Terms of Reference outlining purpose, frequency, and review arrangements.

Appendix 4
Summary of our corporate planning and quality assurance processes

Three yearly	Corporate Planning / Strategic Aims		

Annual	Business Plans	Trustee Reports (Complaints, H&S, Safeguarding, Performance Reporting)	Internal Audits (H&S, Finance, Data Protection Compliance)	Quality Audits (focus areas agreed by Trustees)
	Quality Reviews (NI regulated services & IRL designated centres)	Staff performance management processes	Annual Consultation Exercise (ACE)	Regulatory inspections (NI regulated services)
		Organisational Business Contingency Plan	Service Contingency Plans	Training Needs Analysis

Six monthly	Quality Reviews (IRL designated centres)		

Quarterly	Advisory Board	Joint Consultative Committee (JCC)	Review of Corporate Risk Registers	Review of Departmental Risk Registers
	Review of Annual Business Plan			

Monthly	Monthly Audits (IRL designated centres)	Quality Management Visits (all NI services, including feedback from the people we support, families and other stakeholders)	Review of Service Risk Registers

As required	Regulatory Inspections (IRL designated centres)	Supporting People Visits (NI SP funded services)	HSCT Finance Audits (NI services)	External benchmarking exercises

Corporate Plan and Strategic Aims

Positive Futures develops a Corporate Plan every 3 years with the people we support, families and key stakeholders. This is subject to changes in the external environment. The Corporate Plan includes key Strategic Aims.

The Directors' Team develop and agree an Annual Business Plan to progress the Strategic Aims. Quarterly reporting to Trustees regarding progress against the Annual Business plan is completed.

Performance Management

The performance of individual staff contributes to achieving our Strategic Aims. The Person Centred Supervision Policy and Performance Management and Development Policy outline how staff are supported in their roles to perform at a high standard and to achieve agreed objectives. Standard performance management objectives (linked to the Annual Business Plan) are set for all staff (in addition to personal objectives).

Internal Audits

All services are audited in terms of finance and health and safety on a minimum annual basis.

Quality Management Visits (QMVs), Annual Quality Reviews (AQRs) (NI) and Annual Monitoring Visit (IRL) Reports

All regulated services have QMVs and an Annual Quality Review (NI) / Annual Monitoring Visit (IRL) Report in line with regulatory requirements.

Annual Consultation Exercise

An Annual Consultation Exercise (ACE) is conducted to gain feedback from all key stakeholders. ACE findings are used to inform organisational and service developments.

Annual Training Needs Analysis

An annual Training Needs Analysis is completed to audit and forward plan in terms of learning needs across departments, services and teams.

Staff and Volunteer Engagement

Staff are consulted via the Joint Consultative Committee (JCC)[6] which incorporates the Health and Safety Consultative Committee. Feedback from volunteers is sought as per the processes outlined in "Volunteering in Positive Futures – A Handbook for Staff". Surveys to explore specific issues from staff and/or volunteer perspectives are used when required. Feedback gained from these surveys is used to inform organisational and service development.

Complaints

Complaints are managed as per the Complaints Policy and Procedure. The number of complaints is reported by the Executive Director to Directors, the Chief Executive and Trustees on a quarterly basis.

In addition to our Complaints Policy, we collate stakeholder feedback (including 'lower level' concerns that are not managed via the Complaints Policy) from a variety of sources to inform service and organisational improvement.

Annual Trustee Reports

The following are completed to report on key quality areas:
- Complaints
- Safeguarding
- Performance Data Reports
- Health and Safety.

External regulators

In NI:
- The Regulation and Quality Improvement Authority (RQIA) inspects each regulated supported living and shared lives service as a minimum once per

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[6] For NAHVI, this is the Staff Engagement Group.

year. RQIA inspects the short break service as a minimum twice per year. RQIA inspections check compliance with relevant regulations and standards.

- Supporting People (SP) completes Validation Visits to services which provide SP funded housing support.
- Both RQIA and SP produce reports following each inspection or visit, making recommendations and requirements as required.
- Health and Social Care Trusts also carry out finance audits in relation to management of the finances of the people we support.

In Ireland, Health Information and Quality Authority (HIQA) inspect designated centres on a regular basis (both announced and unannounced inspections) to ensure compliance with the requirements set out by the Health Act 2007 (see HIQA Regulation Handbook and HIQA Inspection Guidance for further detail) and national standards.

Benchmarking Quality

We complete internal and external benchmarking exercises of our work against external standards, for example, internal audits that provide comparative data between our services and, in relation to benchmarking against external standards, comparison of outcomes from regulatory inspections across organisations.

Links with Key Organisational Forums

In relation to maintaining and promoting quality, advice and feedback will be sought as required from key organisational forums, such as the Advisory Board and Joint Consultative Committee.
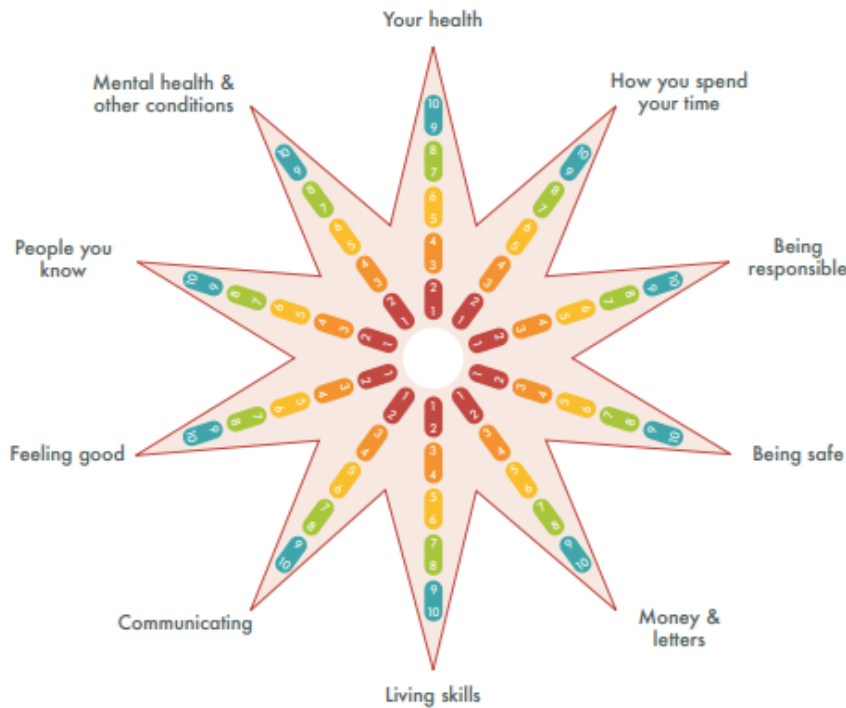
Appendix 5a
Person centred approach to achieving outcomes
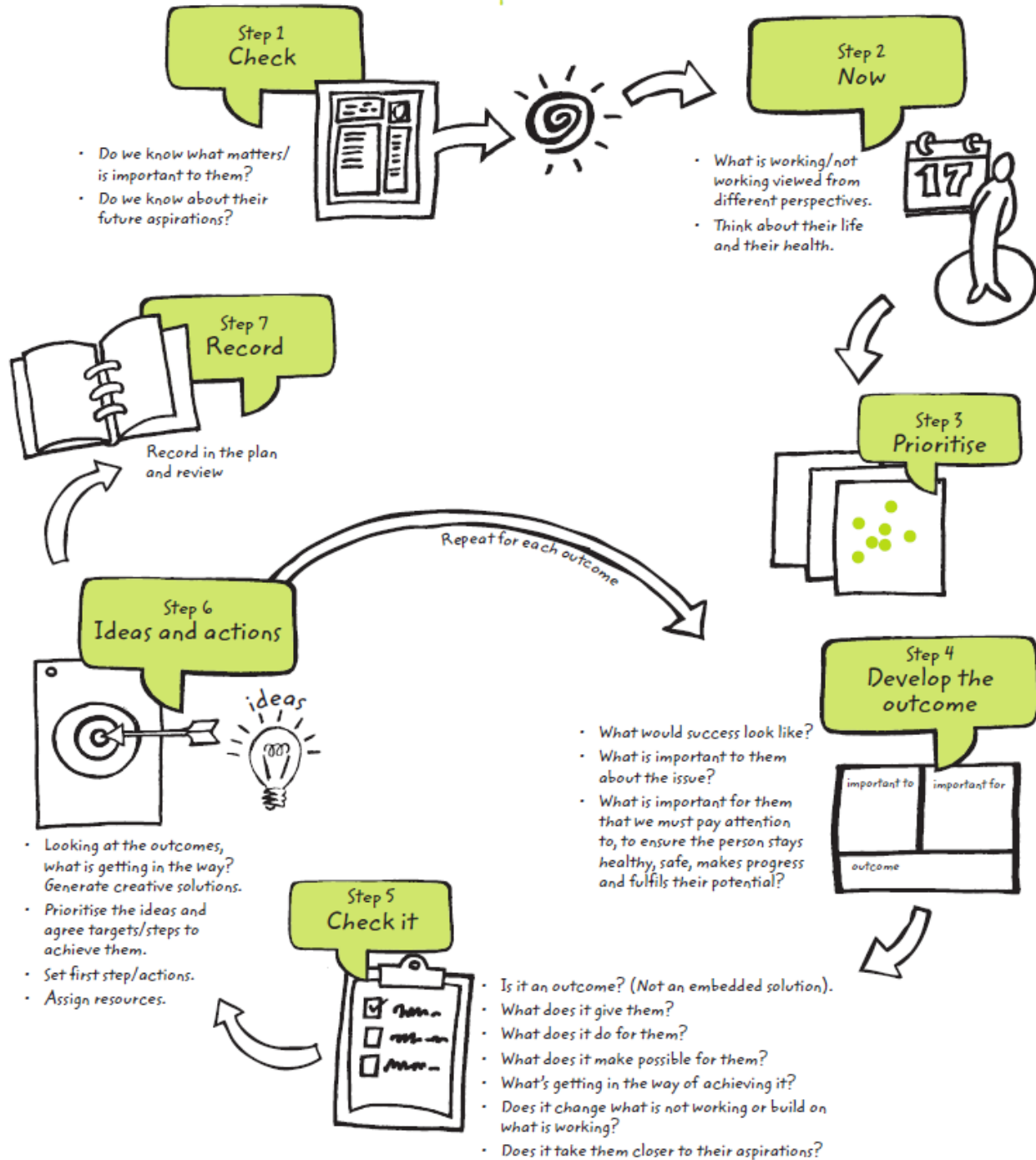
Appendix 5b
Use of Outcomes Star to track, monitor and report on people's outcomes

9-10
It is right for me
(maintaining)

7- 8
It is more how I like it
(enabling)

5 - 6
It is ok
(stable and managing)

3 - 4
It is difficult but I am
getting help (stabilising)

1- 2
It is not working
(assessing)