



## THE MAZE GROUP CIC

### Quality Assurance Policy

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**Version: 2.0**

#### Policy Approval

<b>Author</b>	Business Manager
<b>Approved by</b>	Board of Directors
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#### Issue and Revision Log

Issue	Date Issued	Date for Review	Notes
1.0	May 2025	May 2027	
2.0	April 2026	April 2028	Rewritten at request of SNEE ICB

This policy supports compliance with the NHS Standard Contract 2025/26 (relevant clauses: SC13, SC16, SC24, SC35, GC14).

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## 1. Purpose

This policy outlines The MAZE Group CIC's ("MAZE") commitment to delivering high-quality, safe, inclusive, and effective services. It defines the principles, governance structures, and processes used to ensure continuous improvement and accountability.

This policy supports compliance with relevant legislation, regulatory standards, and, where applicable, the NHS Standard Contract (including SC13, SC16, SC24, SC35, and GC14).

## 2. Scope

This policy applies to all services, programmes, staff members (including trustees, contractors and volunteers), and stakeholders involved in the planning, delivery, or evaluation of MAZE's work.

## 3. Objectives

The objectives of this policy are to:

- Ensure services consistently meet the needs of beneficiaries and stakeholders
- Maintain compliance with regulatory, funding, and contractual requirements
- Embed a culture of continuous learning and improvement
- Monitor and improve service quality through measurable outcomes
- Strengthen accountability and governance across all levels of the organisation
- Ensure learning from incidents, complaints, and feedback informs service development

Where services support children and families, quality assurance will include CYP-specific outcomes, such as emotional wellbeing, parental confidence, accessibility of support, and the child or young person's experience of safety, participation and inclusion.

## 4. Commitment to Quality

MAZE is committed to:

- Delivering services that are safe, inclusive, effective, and accessible
- Monitoring service performance and user outcomes regularly
- Acting on feedback from service users, staff, and partners
- Ensuring staff are appropriately trained, supported, and supervised
- Complying with safeguarding requirements, legislation, and best practice
- Operating transparently and promoting a culture of openness and learning

Quality assurance for CYP services will align with the expectations of *Working Together to Safeguard Children 2023* and the *SEND Code of Practice 2015*, ensuring our work supports early help, multi-agency collaboration and improved outcomes for children with SEND.

## 5. Duty of Candour

MAZE is committed to operating in line with the statutory Duty of Candour as set out in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where a notifiable safety incident occurs, we will:

- inform the affected person (or their representative) as soon as reasonably practicable, in person wherever possible
- provide a clear and truthful account of what is known about the incident
- offer a sincere apology
- explain what further enquiries or investigations will take place
- provide a written follow-up including the details of the incident and any actions taken

A notifiable safety incident is defined as an unintended or unexpected incident that has resulted in, or could result in, moderate or severe harm to a person receiving services.

We will:

- keep a written record of all Duty of Candour notifications and communications

- ensure learning from incidents is shared and embedded through our governance processes
- link Duty of Candour processes with complaints, incident reporting, and safeguarding procedures where appropriate

## **6. Roles and Responsibilities**

### **Board of Directors**

- Provide strategic oversight of quality and governance
- Ensure accountability for quality performance
- Review regular quality and performance reports

### **Executive Director**

- Lead implementation of this policy
- Ensure systems are in place to monitor and improve quality
- Report on quality performance to the Board

### **Business Manager**

- Coordinate quality assurance processes
- Oversee audits, reporting, and compliance
- Ensure learning from incidents and complaints is embedded

### **Team Leaders / Managers**

- Monitor day-to-day service quality
- Supervise staff and support performance development
- Report on KPIs, incidents, and improvement actions

### **All Staff, Contractors and Volunteers**

- Deliver services in line with organisational standards
- Participate in training and quality processes
- Report concerns, incidents, or risks promptly

## **7. Quality Assurance Processes**

The organisation maintains a structured approach to quality assurance through:

### **Service Standards**

- Defined standards for each service area
- Clear expectations for delivery and outcomes

### **Policies and Procedures**

- Up-to-date documentation to guide consistent practice
- Regular review to reflect legislative and contractual changes

### **Feedback Mechanisms**

- Service user surveys
- Complaints and compliments
- Focus groups and informal feedback

### **Complaints and Learning**

- Integration of complaints data into quality monitoring
- Identification of trends and areas for improvement
- Implementation of learning actions and service changes

### **Internal Audits**

- Scheduled audits and peer reviews
- Compliance checks against organisational and contractual requirements

### **Staff Training and Supervision**

- Ongoing professional development (CPD)
- Regular supervision and appraisal processes

### **Performance Monitoring**

- Use of KPIs, targets, and outcome measures
- Regular review of performance data

### **Incident Reporting**

- Clear processes for reporting incidents, risks, and concerns
- Investigation and documentation of incidents
- Application of Duty of Candour where required

### **Reporting and Assurance**

- Monthly or quarterly internal performance reviews
- Regular reporting to senior leadership and Board
- Reporting to commissioners and funders where required

## **8. Continuous Improvement**

MAZE promotes a culture of continuous improvement through:

- Structured improvement plans with defined actions, owners, and timelines
- Learning from audits, incidents, complaints, and feedback
- Regular review of service design and delivery
- Use of data and evidence to inform decision-making

## **9. Counter Fraud, Bribery and Corruption**

MAZE is committed to preventing, detecting, and responding to fraud, bribery, and corruption. We maintain counter-fraud arrangements aligned with national best practice, including the requirements of the NHS Counter Fraud Authority (NHSCFA), where applicable.

We will:

- Take all reasonable steps to minimise the risk of fraud, bribery, and corruption within the organisation
- Ensure staff, trustees, contractors and volunteers understand their responsibilities to prevent and report fraud
- Promote a culture of honesty, transparency, and accountability

### **Reporting and Investigation**

Any suspected fraud, bribery, or corruption will be reported promptly through appropriate channels

Where applicable, reports will be made to the Local Counter Fraud Specialist (LCFS) and/or the NHS Counter Fraud Authority (NHSCFA)

All concerns will be taken seriously and investigated in line with relevant procedures

### **Cooperation and Compliance**

The organisation will cooperate fully with any counter-fraud investigations or reviews conducted by commissioners, auditors, or the NHSCFA

We will permit reasonable access to information and systems for the purposes of preventing, detecting, or investigating fraud

We will implement any reasonable recommendations or required modifications arising from counter-fraud reviews or investigations

### **Governance and Oversight**

Counter-fraud risks will be considered as part of organisational risk management and governance processes

Learning from incidents will be incorporated into quality improvement and internal controls

## **10. Complaints and Appeals**

MAZE operates a separate Complaints Policy aligned with relevant legislation and best practice.

We will:

- Ensure complaints are handled fairly, transparently, and promptly
- Learn from complaints and integrate findings into service improvement
- Provide clear escalation routes, including external review where applicable
- Make information accessible in different formats and provide support where needed

## **11. Safeguarding**

Safeguarding responsibilities are governed by MAZE's Safeguarding Policy and embedded through our supervision, training and assurance frameworks.

## **12. Governance and Review**

- This policy will be reviewed every two years or earlier if required
- Reviews will consider changes in legislation, contractual requirements, and organisational learning
- Staff and stakeholders will be consulted as part of the review process
- Quality performance will be monitored through regular governance and reporting structures

MAZE will maintain high standards of data quality to support accurate reporting, performance monitoring and safeguarding responsibilities. This includes ensuring data is accurate, timely and stored securely in accordance with the Data Protection Act 2018, UK GDPR and NHS information governance requirements.