



Criminal Cases Review Commission

CASEWORK POLICY

Policy Title: **Quality Assurance Programme**

Reference: **CW-POL-11**

Version: **2.0**

Contents

Key Points.....	2
Definitions.....	2
1 Contextual Information.....	2
2 Overarching Purpose and Objectives.....	3
3 Quality Assurance Programme.....	4
Relevant CCRC Documents.....	9
Document Control.....	9

The CCRC’s Quality Statement

The CCRC is committed to achieving high-quality case reviews as quickly as possible. In order to achieve this, we operate under a Quality Management System; please see ‘Q-POL-01 CCRC Quality Policy’ for further information. Our policy documents are available on our website: www.ccrcc.gov.uk.

If you or someone you represent has difficulty accessing the internet then please contact us via 0300 456 2669 (calls charged at local rate) and we will send a hardcopy of the relevant policy free of charge.

This is a quality-controlled document. Significant changes from the last issue are in grey highlight: **like this**. Significant deletions are shown as: **[text deleted]**.

Introduction

This policy states the CCRC’s approach to Quality Assurance within the Casework Operations Directorate. The Quality Assurance programme covers the life of a case review from initial receipt, to the main review, the decision-making stage, and ending with post-decision activity.

OFFICIAL - Criminal Cases Review Commission		
Document Ref: CW-POL-11	Quality Assurance Programme	Date Issued: 30/10/2023
Page 1 of 9	Uncontrolled When Printed	Version: 2.0

Key Points

- 1) The work of the CCRC is mostly based on the use of professional judgement and experience to make decisions; there is no definitive standard by which the decision can be compared to ensure that a quality failing has not occurred.
- 2) The CCRC determines if a decision has been appropriately made within the context of all the relevant information available at the time.
- 3) The purpose of the Quality Assurance programme is to identify the existence of a quality failing, to enact a suitable response to correct the issue, and to maximize opportunities for continuous improvement to ensure the probability of a quality failing is minimised as much as possible.
- 4) The CCRC has a Quality Assurance programme comprised of nine different safeguards which include 15 separate quality assurance mechanisms (see [Section 3](#))

Definitions

Key Word	Meaning
CAT	Casework Administration Team
CJS	Criminal Justice System
CRM	Case Review Manager
GL	Group Leader
LRCC	Long-Running Cases Review Committee
QA	Quality Assurance
QMS	Quality Management System

Procedure

1 Contextual Information

- 1.1 The work of the CCRC is mostly based on the use of professional judgement and experience to make decisions. Those decisions are subject to public law principles, but the nature of this work makes it very difficult to state with any certainty that there is only one 'correct' decision. In other words, there is no definitive answer to which the decision can be compared to ensure that a quality failing has not occurred.

OFFICIAL - Criminal Cases Review Commission		
Document Ref: CW-POL-11	Quality Assurance Programme	Date Issued: 30/10/2023
Page 2 of 9	Uncontrolled When Printed	Version: 2.0

1.2 Within the CCRC, we can best determine the quality of our case reviews and decision-making by reference to our quality values¹ and our Key Performance Indicators.² In doing so, it is possible for the CCRC to determine if a decision has been appropriately made within the context of all the relevant information available at the time. The focus being on decision-making which is:

- a) Factually correct
- b) Logically and legally-sound
- c) Clearly reasoned
- d) Accurate,
- e) Timely and
- f) Represents the interests of justice.

2 Overarching Purpose and Objectives

2.1 The overarching purpose of the Quality Assurance (QA) programme is to maximize opportunities for continuous improvement. This enables the CCRC as an organisation to reflect on the actions that were taken, the decisions that were made, and the resultant outcomes. This in turn allows lessons to be learnt, improvement of processes, and enhancement of the organisation's knowledge, which are all a fundamental part of the CCRC's core ethos of continuous improvement.

2.2 The overarching objectives of the QA programme are to create an on-going mechanism allowing the CCRC to:

- 1) Objectively evaluate successes and shortcomings through introspection and a collaborative approach to quality assurance.
- 2) Learn from successes and mistakes by being honest and open with ourselves.
- 3) Continuously review and improve case review and training processes to ensure that staff and Commissioners:

¹ See 'Q-POL-01 Quality Policy' for further information.

² See 'CCRC-SD-03 Business Plan' (available at www.ccrc.gov.uk) for further information.

OFFICIAL - Criminal Cases Review Commission		
Document Ref: CW-POL-11	Quality Assurance Programme	Date Issued: 30/10/2023
Page 3 of 9	Uncontrolled When Printed	Version: 2.0

- a) Remain confident in their duties and have the necessary knowledge to do their role.
 - b) Are supported by having access to appropriate current guidance and effective working practices.
 - c) Conduct case reviews and decision-making within reasonably consistent parameters, appropriate to the case.
- 4) The above elements will enable the CCRC to sustain excellence in case reviews and decision-making by:
- a) Acting on opportunities to share knowledge, good practice, and ideas for improvement.
 - b) Committing to personnel development.
 - c) Continuous organisational learning.

2.3 Staff and Commissioners are provided with examples of good and bad practice as part of guidance and feedback designed to assist with their ongoing training and continuous professional development.

2.4 Emerging themes are also analysed and any opportunities for improvement are communicated to the wider Criminal Justice System (CJS) as and when appropriate to do so.

3 Quality Assurance Programme

3.1 The CCRC is aware of the important role it plays in ensuring potential miscarriages of justice are appropriately dealt with by the appeal courts. As such, the CCRC has the following programme in place to provide assurance to customers and the wider CJS:

1) Scrutiny during the review

Quality assurance begins when a case is under review. GLs meet regularly with CRMs at monthly 1:1s to discuss the progress of cases in the CRM's portfolio.³ It is good practice for CRMs to take stock of their cases in preparation for a monthly 1:1 and to make a note in the 'CW-F-01 Case Narrative' to record the outcome of the discussion with their GL.

³ See 'CW-SOP-04 Case Planning and Portfolio Management' for further information.

OFFICIAL - Criminal Cases Review Commission		
Document Ref: CW-POL-11	Quality Assurance Programme	Date Issued: 30/10/2023
Page 4 of 9	Uncontrolled When Printed	Version: 2.0

More formal scrutiny of cases takes place at three stages:⁴

- a) GLs dip sample a selection of cases that have been under review for more than 6 weeks to scrutinise the quality of the case plan and to check that it is fit for purpose (the case plan 'MOT').
- b) If the case is still under review 10 months after allocation, the GL will initiate the 10-month scrutiny process.
- c) Cases which have been under review for more than two years are scrutinised by the Long-Running Cases Review Committee (LRCC).⁵ This process allows for another layer of scrutiny and fresh thinking, and for additional support to be provided (if required) to ensure the case review remains effective and timely.

Where appropriate and necessary, cases can also undergo a peer-review via the Critical Friend Process.⁶

The purpose of the above scrutiny is to ensure the case review has been appropriately planned and the causes of potential undue delay are effectively dealt with to prevent the case taking a disproportionate length of time to conclude.

2) Further Submissions

The ability for the applicant and/or their representative to make further submissions if they feel the provisional decision of the CCRC is flawed.⁷

⁴ See 'CW-SOP-10 Case Scrutiny, Progress Reviews & Action Plans' for further information.

⁵ A sub-committee of the Board. Membership includes the Chief Executive Officer, the Casework Operations Director, and an Independent Non-Executive Director.

⁶ See 'CW-SOP-09 Critical Friend Process' for further information.

⁷ See 'CW-POL-08 Further Submissions' for further information. This will not always apply - the key factor is whether, during our review, we have obtained information that we have considered in our decision that was **not already** known to the applicant. This requires us to apply the principles in *Hickey & Others* [1995] 1 All ER 489. See 'CW-POL-04 Case Review Process' and 'CW-POL-19 Disclosure by the CCRC' for further information. It should also be noted that there is no limit on how many times a person can apply to the CCRC; if the opportunity to present further submissions is not provided, a new application can be made instead.

OFFICIAL - Criminal Cases Review Commission		
Document Ref: CW-POL-11	Quality Assurance Programme	Date Issued: 30/10/2023
Page 5 of 9	Uncontrolled When Printed	Version: 2.0

3) **Post Closure Correspondence**

Where an applicant or representative writes to the CCRC after a case is closed, the correspondence will be reviewed by one of the CRMs on the post-closure team (who was not involved in the original review) to determine whether it identifies any errors or omissions which require the case to be reopened. Where the case is not reopened, the correspondent is provided with advice about their options.

4) **Complaints Process**

The Customer Service Officer investigates complaints raised by applicants, and/or their representatives, or victims of crime in relation to the case review. If a complaint is upheld, then it may result in the case review being re-allocated to a new case worker or re-opened and/or an apology being issued.⁸

5) **Judicial Review**

As a public body, the CCRC can be subject to a judicial review whereby the Administrative Court reviews the decisions that we make. If a judicial review is conceded by, or upheld against, the CCRC, then it is likely to result in the case review being re-opened.⁹

6) **Dip Sampling**

Cases which have been closed without being referred to an appeal court (and the decision was made by a single decision-maker) are dip sampled at random every month.¹⁰ This dip sample scrutinises the entire case review process from receipt of application to the communication of the non-referral decision.¹¹ If deemed appropriate, it can result in a case review being re-opened.

7) **Lessons Learned Reviews**

The Head of Quality has authority to conduct a lessons learned review¹² of any case during a live review and/or once a case has been closed. This provides the CCRC with an opportunity to implement improvements.

⁸ See 'CW-POL-12 Complaints' for further information.

⁹ See 'CW-POL-13 Judicial Review' for further information.

¹⁰ In accordance with 'Q-SOP-05 Quality Assurance Checks'.

¹¹ Decisions which result in a) cases being referred, b) non-referrals made by a committee, or c) cases heard by the LRCC, are not dip sampled because the decision is debated by several people; further checks would be disproportionate. However, improvement opportunities are reported to the Head of Quality.

¹² In accordance with 'Q-SOP-05 Quality Assurance Checks'.

OFFICIAL - Criminal Cases Review Commission		
Document Ref: CW-POL-11	Quality Assurance Programme	Date Issued: 30/10/2023
Page 6 of 9	Uncontrolled When Printed	Version: 2.0

8) **Learning from Experience Forum**

The Head of Quality chairs the Learning from Experience Forum. Members of the group include the Customer Service Officer, In-House Counsel, and a representative from the CRMs dealing with post-closure correspondence. Collectively the group discusses quality failings and near-misses encompassing the above mechanisms of the Quality Assurance Programme. The group also feedback any lessons learned to the rest of the CCRC to promote continuous improvement and prevent recurrence of issues.¹³

9) **Quality Management System**

The Casework Directorate¹⁴ operates under an ISO 9001-compliant Quality Management System (QMS). This provides additional QA and management processes as follows:

a) Internal Quality Audits

Policies, operating procedures, work instructions, forms and logs relating to the activities undertaken by the Casework Directorate, and the operation of the QMS, are audited on a regular basis.¹⁵

b) Non-conformity and Corrective Action

A procedure which actively manages and responds to quality failings against the processes documented within the QMS. It also deals with actions which are designed to correct the root cause of the failure, prevent recurrence of the failure, and make improvements to the QMS and work practices.¹⁶

c) Management Review

An annual review of the effectiveness of the QMS and work procedures, taking into consideration the trends and data analysis of quality failings, audit findings and impact analysis of action effectiveness, over the previous year. This review is undertaken by the Head of Quality, and managers.¹⁷

¹³ See 'CW-TOR-01 Learning from Experience Forum' for further information.

¹⁴ Encompassing: Interns, CATs, CRMs, GLs, Commissioners, Investigations Team, and Legal Team [text deleted].

¹⁵ In accordance with 'Q-SOP-02 Internal Audits'. A "regular basis" is determined by applying a risk-based approach; it will therefore differ between documents. In any event, documents will be audited at least once every three years as per the ISO 9001:2015 certification lifecycle.

¹⁶ In accordance with 'Q-SOP-03 Non-conformance and PIC Actions'.

¹⁷ In accordance with 'Q-SOP-04 Management Review'.

OFFICIAL - Criminal Cases Review Commission		
Document Ref: CW-POL-11	Quality Assurance Programme	Date Issued: 30/10/2023
Page 7 of 9	Uncontrolled When Printed	Version: 2.0

d) Control of Externally Provided Services

A procedure governing the work completed by external providers on the CCRC's behalf, thus ensuring there is no adverse effect on the CCRC's delivery of services to our customers / service users.¹⁸

e) Training and Competency

A suite of bespoke training, on-going professional development, and competency testing to ensure staff and Commissioners are appropriately trained and competent to perform their duties.¹⁹

¹⁸ In accordance with 'Q-SOP-06 Control of Externally Provided Services'.

¹⁹ In accordance with 'Q-SOP-08 Training and Competency'.

OFFICIAL - Criminal Cases Review Commission		
Document Ref: CW-POL-11	Quality Assurance Programme	Date Issued: 30/10/2023
Page 8 of 9	Uncontrolled When Printed	Version: 2.0

Appendices

None

Relevant CCRC Documents

Q-POL-01	CCRC Quality Policy
CW-POL-04	Case Review Process
CW-POL-08	Further Submissions
CW-POL-12	Complaints
CW-POL-13	Judicial Review
CW-POL-19	Disclosure by the CCRC
CW-SOP-04	Case Planning and Portfolio Management
CW-SOP-09	Critical Friend Process
CW-SOP-10	Case Scrutiny, Progress Reviews & Action Plans
CW-TOR-01	Learning from Experience Forum
CW-F-01	Case Narrative
Q-SOP-02	Internal Audits
Q-SOP-03	Non-conformance and PIC Actions
Q-SOP-04	Management Review
Q-SOP-05	Quality Assurance Checks
Q-SOP-06	Control of Externally Provided Services (<i>being drafted</i>)
Q-SOP-08	Training and Competency (<i>being drafted</i>)
CCRC-SD-03	Business Plan

Case Law

R v Secretary of State for the Home Department ex parte Hickey & Others
(No.2) [1995] 1 All ER 489.

Document Control

Document author: Head of Quality

Issue authorised by: Casework Operations Director

Version History

Date Issued	Version	Brief Details of Change	DCR
15/07/2021	1.0	First Issue	21-04
30/10/2023	2.0	Amend: Key Point 4, 3.1 1), 9) a., Relevant Docs, Footnotes 7, 14, 15. New: 3.1 3) and 8), Footnotes 3, 4, 6, 13.	23-18

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OFFICIAL - Criminal Cases Review Commission		
Document Ref: CW-POL-11	Quality Assurance Programme	Date Issued: 30/10/2023
Page 9 of 9	Uncontrolled When Printed	Version: 2.0