ORGANISATIONAL GOVERNANCE POLICY

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ORGANISATIONAL GOVERNANCE
POLICY AND PROCEDURE

Purpose

Quality covers everything we do to give the people we support, their families and Commissioners, the services they require in the most efficient, effective and consistent way.

This policy defines our approach to achieving organisational governance and quality through supporting and involving people at all levels, developing systems based on best practice and continually improving the services we offer.

Policy Statement

Autism Hampshire is committed to delivering safe high-quality autism-focussed services in a timely, efficient and effective manner to people we serve, their families and others who have an interest in supporting people on the autism spectrum. We see quality as the whole organisation working together and with others to ensure that we do the right things in the right way.

Legislation, Regulation and Standards

Within Autism Hampshire, we will strive to comply with relevant legislation, regulations and standards that prescribe how we should manage different aspects of the organisation including employment, health and safety, corporate governance, accounting and service provision.

To facilitate this, we will maintain a list of the mandatory requirements and other nationally recognised standards and guidance that we have adopted as good practice, regularly checking our compliance with these and implementing changes as necessary.

Who is Responsible?

The **Board of Trustees** is responsible for overall governance of the organisation; approving the organisation's aims, structure and strategic direction and monitoring the effectiveness of Autism Hampshire Services.

The **Chief Executive Officer** has overall responsibility for the governance and quality assurance within the organisation; approving this Quality Assurance Policy, setting annual service objectives, approving strategies, action plan and allocating resources and reviewing overall performance KPI's.

The Governance of the Organisation is led by the Chief Executive Officer and Board of Trustees who together are responsible for: -

- Championing innovation and best practice internally and with other organisations

- Determining the nature and meaning of quality assurance within the Organisation and the structure of the Quality Assurance Systems defined in this Policy

- Developing annual organisational objectives for the development, implementation, monitoring and improvement of the services and systems managed by Autism Hampshire

- Recommending the adoption of new and/or modified standards and procedures

- Reviewing the performance of the Quality Assurance System and contractual KPI's

- Communicating plans, developments and concerns to staff, the people we serve, and other stakeholders and seeking their feedback

- Ensuring the continual development of our services and systems are implemented

- Identifying and training staff and others in quality assurance tools and techniques

- Assisting managers, staff and others to undertake quality assurance activities

Senior Managers are responsible for:

- Quality assurance activities are co-ordinated within their areas

- Quality assurance is embedded within their ~~units~~/department including monitoring performance

- Staff have appropriate training and access to achieve best practice and ensure effective governance

- Audits are undertaken to monitor compliance with legislation, regulations and standards by the Quality Manager reporting findings to the CEO

- The effectiveness of the procedures and standards are regularly reviewed by the SMT

Line Managers are responsible for ensuring that:

- Quality assurance is embedded within their site/department; setting objectives, monitoring performance and ensuring organisational policies and procedures are adhered to

- Ensuring staff have appropriate training to achieve First Class Service Provision

- Audits are undertaken to monitor compliance with legislation, regulations and standards

- Notifying their line manager of any issues and suggestions to improve practice

The Quality Manager is responsible for:

- Assisting managers and staff in their area to develop, implement and regularly review their local practices in line with organisational policies and procedures

- Contributing to the development and review of the overall quality assurance and governance systems

- Conducting regular Quality Audits to feedback to the CEO and to ensure progress is made in all aspects of the service.

- Working with managers to ensure CQC compliance.

- Undertake investigations and or reviews as appropriate.

All staff are responsible for:

- Understanding and complying with the defined policies, procedures and standards of Autism Hampshire

- Discussing any policies, procedures or standards that are not clear with their line manager or the Quality Manager

- Raising any suggestions for improvement they may have with their line manager, Quality Manager or CEO

- Participating in quality assurance and improvement activities

Seven Principles of success

The Charity Code Governance Code represents a standard of good governance practice which Autism Hampshire aspires to, these principles are:

Principle 1: Organisational purpose

The board is clear about the charity's aims and ensures that these are being delivered effectively and sustainably.

Principle 2: Leadership

Every charity is headed by an effective board that provides strategic leadership in line with the charity's aims and values

Principle 3: Integrity

The board acts with integrity, adopting values and creating a culture which helps achieve the organisation's charitable purposes. The board is aware of the importance of the public's confidence and trust in charities, and trustees undertake their duties accordingly.

Principle 4: Decision making, risk and control

The board makes sure that its decision-making processes are informed, rigorous and timely, and that effective delegation, control and risk-assessment, and management systems are set up and monitored.

Principle 5: Board effectiveness

The board works as an effective team, using the appropriate balance of skills, experience, backgrounds and knowledge to make informed decisions.

Principle 6: Diversity

The board's approach to diversity supports its effectiveness, leadership and decision making.
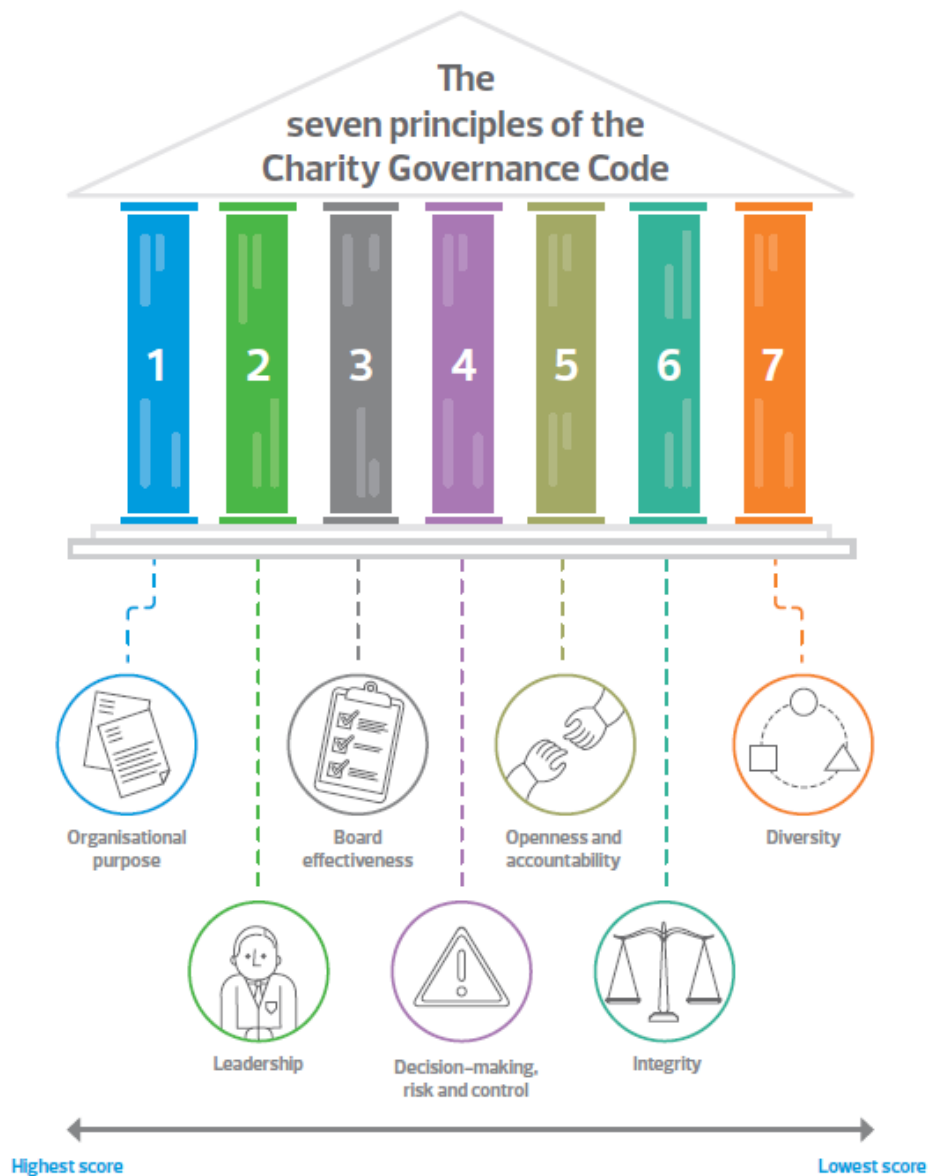
Principle 7: Openness and accountability

The board leads the organisation in being transparent and accountable. The charity is open in its work, unless there is good reason for it not to be

The diagram below sets out the seven principles

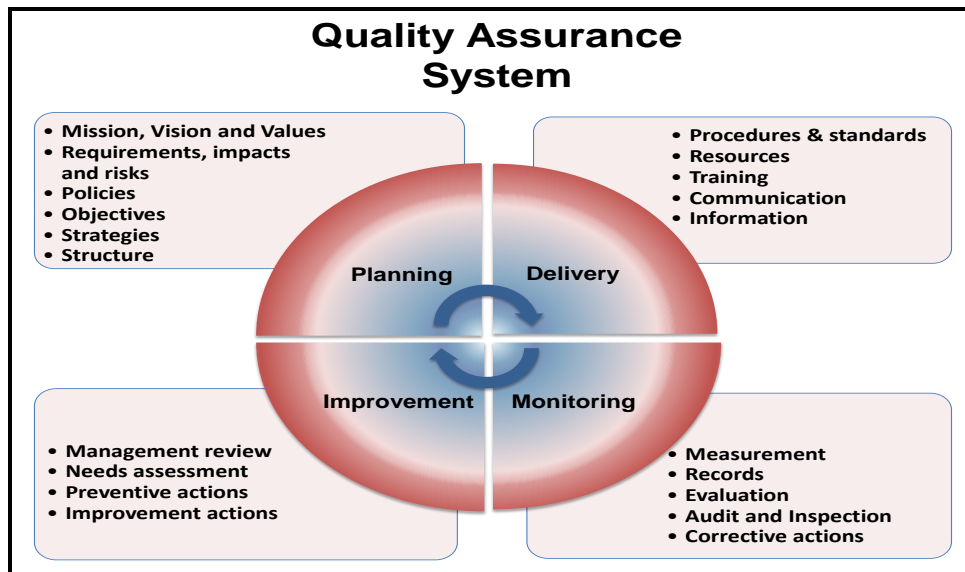Decoding the Charity Governance Code

Seven pillars of success

The seven principles below are the basis of the Governance Code. How can charities ensure that they are complying with each of the Code's seven equally important principles, and what are the benefits of doing so?

The
seven principles of the
Charity Governance Code

1 2 3 4 5 6 7

Organisational purpose

Board effectiveness

Openness and accountability

Diversity

Leadership

Decision-making, risk and control

Integrity

Highest score — Lowest score

Quality Assurance System

The organisational governance / quality assurance system is based on the continual improvement of the 'Cycle of Plan' to Deliver, Monitor and Improve.

Quality Assurance System

Planning
- Mission, Vision and Values
- Requirements, impacts and risks
- Policies
- Objectives
- Strategies
- Structure

Delivery
- Procedures & standards
- Resources
- Training
- Communication
- Information

Improvement
- Management review
- Needs assessment
- Preventive actions
- Improvement actions

Monitoring
- Measurement
- Records
- Evaluation
- Audit and Inspection
- Corrective actions

The system itself is continually evolving under the direction of the Governance Committee.

The Organisation is governed by a Board of Trustees who oversee the Strategy, Risk Management, Health and Safety, Practice Development, and Governance of the organisation and adherence to Autism Hampshire's mission, vision, values, policies and procedures.

The Board and SMT identify and manage risks to the Organisation in line with the Charity Commission's guidance on risk management and effective governance.

As an inclusive organisation we regularly consult with the people we serve, their families, staff and others, to incorporate their needs, wants and aspirations into plans for service provision. We identify and manage individual needs and wants through an Individual Support Framework which incorporates the preparation, implementation, regular monitoring and review of communication, learning and support plans including Person Centred Planning and Annual Reviews.

We consult with staff on the development and management of services at team meetings and develop our approaches to ensure wider consultation with parent support groups, staff and other stakeholders.

Delivery

Our staff are provided with the appropriate training, support, procedures and standards they need to enable them to deliver consistent and appropriate services.

We have defined policies and procedures and standards for both service delivery and management of our services which include:

- service specific practices to ensure effective and appropriate support services

- staff management procedures to ensure the competence of our staff to undertake the work assigned to them

- health and safety procedures to ensure the wellbeing of the people we serve, staff and others

- fundraising and resource management procedures to ensure that adequate finances, materials and facilities are available and used appropriately

- communication procedures to ensure GDPR and IPR

We continually review and develop these policies and procedures to ensure the following: -

- compliance with national standards/guidance/directives

- links with other processes

- responsibilities and authorities of people involved in the process

- procedures and/or standards to ensure consistency and accuracy. These will include control mechanisms to prevent sub-standard resources being used and identify and rectify problems before issue to the people we serve

- record creation and retention requirements

- performance measures to ascertain process efficiency, effectiveness and user satisfaction

We support our staff through regular supervision, team meetings and annual appraisals. This is complemented by a robust induction programme and an annual training programme to ensure that our staff have the appropriate skills to support the people we serve and others.

Monitoring

Process checks measuring if we are meeting requirements and complying with the above policies and procedures are in place and if necessary appropriate actions are taken to correct any variation.

Regulated Services

The main external assessments of our performance are conducted by CQC. See our website for copies of the latest inspection reports. As part of this national inspection framework we complete annual self-assessment reports and undertake our own monthly regulation visits to monitor compliance with the National Minimum Standards.

We have developed an integrated audit programme to include Compliance against CQC standards, Autism Practise and Person-Centred Quality Audits to assess the quality of services provided to the people we serve. Data Protection Audits and audits against other external legislation, regulation and standards are also undertaken alongside Fire Risk Assessment of each Home/Area.

Service Business Reviews

Our Governance Committees and Business Reviews regularly review all services to improve delivery, management, viability and ensure effective outcomes. This process reviews on a quarterly basis how well each service is achieving their aims, objectives and KPI targets. In reviewing all data and feedback, any changes required to achieve the above are established. It also reviews how efficient and effective our processes are and identified what we can do to make them better. The results of the Business reviews are tabled at Board and Governance meetings.

To ensure we have a balanced, measured view of our performance against our Mission, Vision, Values, Strategic Plan and Risks we review all data, risk registers, Key Performance Indicators and targets; incorporating them into an integrated performance management system.

In addition to obtaining feedback on current satisfaction and future needs from the people we serve, staff and others as part of planning, delivery and monitoring activities, we also encourage concerns/suggestions for improvement via our website/ managers/staff. Policies and procedures to support dealing with Abuse/Safeguarding, Concerns and Complaints, Whistle-blowing, Inappropriate Behaviour and Capability concerns are all in place to support this process.

Definitions

The following are some definitions for commonly used terms. Several of them can be used to mean the same thing or may have a specific meaning when used in a specific context. It is always worth checking whether the person you are communicating with understands the term in the same way as you.

- **Aims, Goals, Objectives, Targets, Planned Outcomes -** What we want to achieve. To enable us to define strategies, plan how to achieve them and know when we are successful, we split our overall aims into smaller manageable objectives and make them SMART - specific, measurable, achievable, relevant and time-bound.

- **Controls and Monitoring**

  Controls are put in place to reduce the possibility of something going wrong. They include division of responsibilities, defined authorities, documented procedures, selection criteria for resources, supervision, inspections, checks, tests, checklists, audits and reviews. The types of controls, measurements to be taken and frequency of monitoring are dependent on the level of accuracy and consistency needed and the inherent variability of the process.

  Monitoring is putting in place checks at specific points in a process on the resources being used, the way things are being done and the outputs being produced to identify problems as early as possible, where practical. Any unacceptable variation against specified requirements is then investigated and corrective actions taken to rectify the situation.

- **Corrective, Preventive and Improvement action**

Corrective Action – is action taken to correct something that has gone wrong. This may be to repair it, do it again or to do something else such as give some sort of compensation.

Preventive action – is action taken to prevent something from happening. ~This may include providing training, modifying procedures, including additional controls

Improvement action – is action taken to make something better than before

- **Outputs, Outcomes, Results –** What we have achieved
  Outputs - What is produced by a process. It includes the services and items we have provided as well as the records, information and knowledge we have collected. There may be negative outputs, such as waste, noise, delays.

  Outcomes - The consequences of what we have done such as happy the people we serve, the people we serve being more independent or using new skills, suppliers being paid on time. There may also be negative outcomes.

  Results - Both outputs and outcomes. We compare these against our aims to measure our achievements

- **Processes, Procedures and Standards**

  Process - A sequence of actions that use a variety of resources to achieve one or more objectives

  Procedure – A document defining a process which includes what actions are to be taken, who is involved, what resources are needed and when actions need to be taken. Procedures may be supported by guidance and/or instructions on how specific actions are to be performed. The level of detail required is determined by the expertise of the people following the procedure, the frequency of use and the complexity of the process.

  Standard - the level at which we expect to perform all the time. This may include carrying out specific activities, doing things in a specific way, dealing with issues within a specific time and achieving specific results.

- **Quality –** the characteristics of an item or service that are important to the person using or paying for it. Collectively these characteristics are known as 'requirements' or 'needs and expectations'

- **Quality Assurance –** having the confidence that you will get what you have asked for. The following are some of the things that can contribute to assurance: past results, recommendations from previous the people we serve, certificates of compliance, membership of professional organisations, an organisation's policies, systems and controls

- **Quality Assurance System -** The structures, policies, processes and associated resources that we have put in place to ensure and demonstrate that items and services provided by the Organisation will meet stakeholder requirements. The Organisation has four top level processes - Planning, Delivery, Monitoring and Improvement.

- **Requirements –** What some-one wants or needs a service or item to have or do. These may be explicitly stated or implied. For example a customer may say they want a new red car but it will be implied that they expect it to comply with current health and safety regulations. Failure to meet requirements will lead to dissatisfaction.

- **Resources -** These include materials, equipment, facilities, information and people's skills and knowledge

- **Stakeholders -** Anyone who has an interest or involvement with the Organisation. For example, The people we serve, their families/carers, Staff, Commissioners, Trustees, Members, Inspectors, Volunteers, Care and Education professionals, local communities

  Service User **-** Anyone who uses a service offered by the Organisation. Depending on the service offered this may include The people we serve, their families and carers, professionals from other organisations and may include staff and the general public. For example: autism awareness training is offered both internally to staff and externally to families, professionals and other groups.

  Commissioner - a person or organisation who pays for the service or item being provided. They may also be the people we serve.

REVIEW OF POLICY AND PROCEDURE

All of Autism Hampshire's policies and procedures aim to ensure that employees are aware of, and confident that, the employer is complying with current legislation and is protecting the interests of both the needs of the business and the employee. In this respect, it may be appropriate to modify existing policies and/or procedures from time to time to reflect changes as appropriate, and this policy will be reviewed as necessary by the Senior Management Team and/or by personnel as designated by the Senior Management Team.

EQUALTY IMPACT ASSESSMENT

Equality Impact Assessment – initial screening – Relevant Equality Area	Does the Policy or its implementation:			Does Autism Hampshire need to proceed to full EIA if in doubt then progress to full screening)
	Breach Equalities Legislation?	Affect different groups in different ways (both positive and negative)	Promote equality/good relations?	
Gender	No	No	Yes	No
Race	No	No	Yes	No
Disability	No	No	Yes	No
Sexual Orientation	No	No	Yes	No
Religion and Beliefs	No	No	Yes	No