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| POLICY TITLE: | Governance and Monitoring |
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| Outcome: | Strong governance is essential for good and better children's homes. The key role of governance is to support and challenge service leaders to ensure Children and young people receive the best possible care. |
| Cross Reference: | ACS59 Colleague Supervision – Residential Services AOP04 Incident Management, Reporting and Investigation |

EQUALITY AND DIVERSITY STATEMENT

Aspris is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

This policy cover all parts of Aspris Services – The Care and Education Divisions; Central services and our Fostering service. For the Fostering service and the 2 operational divisions, there are local procedures that relate to some of these policies, where necessary.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email Asprisgovernancehelpdesk@aspris.com

Governance and Monitoring

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1 INTRODUCTION

1.1 Corporate and Local Governance is a fundamental element of ensuring that Aspris Children's Services provisions are providing the best possible outcomes for the young people we care for and educate. Aspris Children's Services have developed a Governance Structure that most importantly strives to provide the best possible outcomes for the young people we work with.

1.2 Our Governance activities focus on the aims of:

- (a) **Ensuring clarity of vision, ethos and strategic direction**
- (b) **Providing a balance of challenge and support to leaders**
- (c) **Ensuring best value for our service users and stakeholders**

2 EFFECTIVE GOVERNANCE

2.1 Aspris Children's Services, while not governed by the ideals set out in the Governance Handbook (DfE), are committed to the implementation of the key principles of Effective Governance laid out in this document, which are based on six key features:

- (a) **Strategic leadership** that sets and champions vision, ethos and strategy
- (b) **Accountability** that drives up standards and financial performance
- (c) **People** with the right skills, experience, qualities and capacity
- (d) **Structures** that reinforce clearly defined roles and responsibilities
- (e) **Compliance** with statutory and contractual requirements
- (f) **Evaluation** to monitor and improve the quality and impact of governance.

3 VISION AND STRATEGY

3.1 Aspris Children's Services are committed to providing a high quality service by utilising the Governance structure and activities as described in this policy and:

- (a) Ensuring an ethos and culture of continuous quality improvement that goes beyond compliance to provide outstanding services. Always asking the question, "Would this be good enough for my child?"
- (b) Establishing ownership and accountability of quality in leaders and front line colleagues
Monitoring quality via early warning systems to support services when needed via the management of escalated concern process.
- (c) Using performance and other data to develop the strategic direction of the company

- (d) Facilitating an open and transparent culture, observing Duty of Care and Candour, that fosters learning from incidents, complaints, young persons and colleague feedback to create a positive outcomes culture.
- (e) Ensuring that Aspris has highly competent colleagues who deliver outstanding education and care.
- (f) Having a senior management team that is structured and drives forward the governance agenda to ensure well lead and well managed schools/colleges/homes that deliver high quality services to children and young people.
- (g) Nurturing a culture that encourages new ideas and innovation.

4 COMMUNICATION AND REPORTING STRUCTURE

- 4.1 **Meetings: Local Level** – Managers and Service Leaders will have a meeting structure in place that is communicated throughout their service, giving their team of colleagues the overview of the communication flow. This enables all colleagues to understand the purpose of reporting and the timelines for decision-making. An effective meeting schedule that is well communicated will have a beneficial impact on the young people and their outcomes. Each meeting will be well chaired and minutes from the meetings will be shared and stored appropriately.
- 4.2 **Meetings: Regional and Company Level** – Aspris Children's Services will hold meetings to discuss themes and issues which require strategic attention as well as service level intervention. These themes can be evident through reports, visits, requests for support as well as data that is collected at Regional and Company level, which then become part of the agenda for these meetings.
- 4.3 **Meeting and Reporting at Company and Board Level** – Company SMT and Board meetings are scheduled through the year and place focus on the quality, and Key performance indicators for the Company as a whole. Some specialist committees are also used in order to ensure effective Governance across a range of issues.

5 SERVICE LEVEL GOVERNANCE

- 5.1 Service leaders will have local procedures in place, which support the vision and strategy of Aspris and provide effective communication within their service and within the Company.
- 5.2 **In Children's Homes** the Regulation 44 or Regulation 8 visitor and Internal Compliance inspectors will provide reports to the Registered Manager and the Responsible Individual. The Responsible Individual will also conduct monthly visits and follow-up any findings from the visit with the Registered Manager through supervision.
- 5.3 **In Adult Social Care Homes** The Nominated Individual will conduct monthly visits and follow-up any findings from the visit with the Registered Manager through supervision. The residents views and wishes will also contribute to the governance of the home and Registered Managers will ensure their views are represented in decision-making meetings. It is important that homes who have medical or therapy colleagues as part of their team of colleagues, pay attention to the additional requirements of these roles.
- 5.4 **In any service which supports children and young people, through offering Nursing or Therapy services**, the Service Leader will ensure appropriate service level governance. This will include arrangements for professional supervision and the CPD needs of the colleagues providing the service. Advice on this is available from the People team, or the procurement team, where the colleagues work for Aspris via SLA or contract.
- 5.5 **CQC Homes**
For all CQC homes we need you to send us information about your service every year, including any changes you have made and how you make sure that your service is safe, effective, caring, responsive and well-led. If you're a registered manager, we ask that you complete the CQC

provider information return (PIR) following the request from CQC. The PIR is to be submitted to your nominated individual and Aspris Governance and helpdesk
asprisgovernancehelpdesk@aspris.com

- 5.5.1 The same day as it is submitted to CQC
- 5.5.2 All CQC homes will be in addition required to complete an Annual CQC Quality Improvement Audit , this audit is to be submitted by 30th January each year to your nominated individual and to Aspris Governance and helpdesk
asprisgovernancehelpdesk@aspris.com

6 MEMBERSHIP AND STANDARD AGENDA ITEMS AT SERVICE MEETINGS

- 6.1 As a minimum, it is expected that each service holds a management meeting, this should be weekly, or as a minimum a monthly management meeting which should have attendees representing the areas of:
 - (a) Safeguarding (Mandatory)
 - (b) Health and safety (Mandatory)
 - (c) Lessons learnt
 - (d) Outcomes and transitions of young people
 - (e) Young people's progress towards targets
 - (f) Attendance
 - (g) Finance (Mandatory)
 - (h) Referrals and admissions (Mandatory)
 - (i) Therapy/Medical
 - (j) Residential care (Residential Schools/Colleges - Mandatory)
 - (k) Colleague performance
 - (l) SEF/SAR/SDP/QIP/Development plan/Action plan review.
- 6.2 A meeting schedule and standard agenda for the service will be communicated to all colleagues. Minutes will be taken of the meetings, stored in the appropriate service central area and feedback given to all relevant colleagues following the meeting.
- 6.2.1 These meetings will feed into the formal termly governance meetings held by the Operations Director and contribute to weekly reports to Regional Teams.

7 OPERATIONS DIRECTOR SUPPORT AND CHALLENGE

- 7.1 The Operations Director provides the following:
 - a) Holds responsibility as Regional Lead for Safeguarding and providing safeguarding supervisions
 - b) Routine visits to each service in their cluster
 - c) Additional visits to services requiring enhanced support
 - d) Formal governance visits for challenge and support
 - e) Formal governance meetings tri-annually
 - f) Feedback to the service leader via; Verbal/written feedback from visits given to the service leader and Verbal/written feedback given to Regional Director/Area Director/specialist directors as appropriate. (exceptions)
 - g) Consideration to and makes requests for additional central services support whenever necessary
 - h) Assurance to the Regional/Area Director and the Board of Directors related to risk and mitigating actions

8 THE RESPONSIBILITIES OF THE RESPONSIBLE INDIVIDUAL IN CHILDREN'S HOMES

- 8.1 The designated Responsible Individual (RI) is accountable for providing governance to the home, oversee the management of the home and provide supervision of the registered

manager. Visits are to be conducted monthly and take account of current legislation and regulatory requirements.

- 8.1.1 During the visits the RI will conduct sampling of records, complete a visit audit report for the registered manager, and speak with children and colleagues in the home. Visits must be documented on the RI audit report. The sampling of safeguarding, physical intervention records, and a review of complaints by the RI is a mandatory requirement for the report.
- 8.2 The RI should also ensure that recommendations from the regulation 44 visits are actioned in a timely manner and that support is requested from Quality Improvement Leads where necessary.
- 8.3 The RI should ensure that they are aware of children and young people's success. They should have an active role in representing and championing the needs of children placed in the home.
- 8.4 All homes should be visited equally at least monthly whilst making sure that the help is tailored for each home in a way that meets their needs. The RI will need to make decisions about the extent to which actions identified in one home are applicable to all the homes under their responsibility and share information for wider dissemination where appropriate.

9 OPERATIONAL GOVERNANCE

- 9.1 The SMT meet monthly to discuss the progress towards, and potential risks relating to shared objectives. Key information, reports, requests are shared in this meeting for cascade as appropriate. Colleagues from Business Support Functions such as compliance, health and safety, safeguarding, projects, marketing, training, attend and contribute as necessary.

10 QUALITY IMPROVEMENT

- 10.1 To support the delivery of Quality and Best Practice, Quality Improvement Leads support operational colleagues by:
 - a) Supporting the delivery of quality improvement plans and objectives for services
 - b) Working collaboratively with, schools, colleges and home management teams to ensure safety and quality, maximising performance and creating a culture of evidence-based, person-centred and compassionate care
 - c) Reviewing data and intelligence in respect of key quality and safety indicators for services to identify any hotspots or areas of concern, and responding accordingly to support services to deliver improvement
 - d) Reviewing compliance with regulatory frameworks and national best practice to ensure services work to and strive to exceed nationally agreed standards
 - e) Monitoring the systems and processes in place, gaining assurance that they are being utilised and achieving the required outcomes, including adherence to policies and procedures
 - f) Delivering specific training to services based on existing or emerging needs
 - g) Undertake risk-based inspections that benchmark against regulatory frameworks
 - h) Identify thematic issues across the organisation to allow focused and targeted improvement
 - i) Act as an early warning system to the organisation, identifying potential and existing areas of non-compliance
 - j) Provide information and advice to operational colleagues in matters of compliance
 - k) Monitor progress in services where improvement is requiredCarry out independent investigations where required, including serious case reviews and complaints

11 GOVERNANCE ACTIVITIES

- 11.1 Governance takes many forms and is not limited to formal governance meetings. There are a number of other functions which support and contribute to an overall framework of governance. This includes the monitoring and analysis and benchmarking of data, including that gathered from reporting systems, electronic reporting systems and service user, stakeholder and colleague feedback. All governance activity supports the core aim of providing the best outcomes for the children and young people in our services. It also assists services in meeting their; compliance obligations, regulator expectations, the service created key performance indicators, and Aspris key performance indicators.

12 INSPECTION REPORTS AND ACTION PLANS

- 12.1 Regulatory Inspection Reports and Action Plans will be made available to the young people, parents/carers and stakeholders as per regulatory requirements. They should be discussed with colleagues at regular meetings where minutes of the meeting are taken and a record kept.
- 12.2 Actions plans following inspection are to be created by the service supported by their operational leads and Quality Improvement Lead. All required actions are expected to be completed within the timescales identified on the action plan and regular monitoring takes place through visits, remote monitoring and calls.

13 REGISTRATIONS

- 13.1 Aspris has a Registrations officer who supports effective governance by:
- a) Ensuring services are appropriately registered
 - b) Maintaining records of compliance and distributing inspection feedback and reports
- 13.2 The Registrations officer is notified by the individual service in the event of:
- a) Registration of Managers, Responsible Individuals, or Nominated Individuals
 - b) Registration of services
 - c) Regulatory inspection
 - d) Regulatory formal communication
 - e) Registration certificates being received for services or managers
 - f) Material changes

14 REFERENCES

- 14.1 Children's Homes Regulations 2015
The Education inspection framework (2019)
DfE (Current Version) Residential Special Schools: National minimum standards
Further education and skills inspection handbook Regulated services (Service providers and responsible individuals) (Wales) amendment regulations 2019
Statutory Instrument No. 1264 (W.295) Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
Scottish Government (2018) Health and Social Care Standards: My support, my life
The Independent School Standards (2019)
Children and Young people Scotland Act 2014
Children and Families Act 2014
The Children and Social Work Act 2017
DfE (Current Version) Keeping Children Safe in Education

Associated forms:

- ACS Form: 16AC Care Practice Observation Record
ASC Form: 16K Responsible Individual Monthly Governance Visit Report
ACS Form: 16KA MD RI Audit and Visit Report WALES Feb 2020
ASC Form: 16P Quality Services and assurance: Service Support Visit Record

ACS Form: 16QA Action Plan for Specific Quality Improvement
ACS Form 16QAA CQC Homes KLOE Assessment: Action Plan for Specific Quality Improvement
ACS Form: 16R Environment Walk-around: Quality Checklist
ACS Form: 16ZB Weekly Operations Director Report Template

Supporting Document:

ACS SD: 16 Monthly Internal Social Care Quality Assessment Checklist

Associated Audits:

ACS Audit Tool 16