**Self-Assessment Internal Annual Review of Compliance**

**(For existing and new AQS organisations)**

**Purpose**

This self-assessment tool has been produced to enable you to measure your organisation’s progress in meeting the requirements of the Advice Quality Standard and is linked to evidence requirement G2.3. A copy of this document should be provided to your assessor to assist them in the preparations for your assessment. The Advice Quality Standard contains the evidence requirements in full, with accompanying definitions and guidance. It is important that you refer to the Standard when completing this document.

**Useful Definitions**

**Process vs Procedure**

The difference between processes and procedure is quite substantial – a process is more surface-level. It’s used by management to analyse the efficiency of their business. A procedure, on the other hand, is a lot more detailed, as it includes the exact instructions on how the employee is supposed to carry out the job.

**Process**

A set of interrelated activities which interact in order to achieve a desired result, a specific service or a defined product.

**Procedure**

A written set of rules or step-by-step instructions agreed by an organisation and understood by staff which describe how staff achieve a desired result. Procedures or protocols are often developed and adopted by senior executive officers and show how policies are put into practice within an organisation.

**Policy**

A policy is a deliberative system of principles to guide decision-making within an organisation in order to achieve its desired outcomes. Policies are generally adopted by the governing body and shared with the staff group. A policy paints a picture of behaviour values, and ethics that define the culture and expected the behaviour of the organisation; without policy, there are no consistent rules, and the organisation goes in every direction.

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| --- | --- |
| **Organisation Name:** |  |
| **Address:** |  |
| **Contact (Your Quality Representative)** |  |
| **Telephone No:** |  |
| **Email:** |  |
| **Casework Categories:**  **(If applicable)** |  |

**Symbols**

|  |  |
| --- | --- |
| Document outline | Where you see this symbol, you may want to think about including the written procedure required within your **File/Case Management Procedure**, rather than another standalone separate document. |
| **Additional Documents available here:**  **AQSv4 Standard**  **AQS Self Assessment Guidance for Debt Advice**  **AQS Casework Self Declaration Form** | [AQS v4 Standard](https://www.recognisingexcellence.co.uk/wp-content/uploads/2023/02/AQS-V4-April-2023-Final.pdf)    [AQS Self Assessment Guidance for Debt Advice](https://www.recognisingexcellence.co.uk/wp-content/uploads/2023/02/AQS-Debt-Advice-Self-Assessment-Guidance-Jan-2023.docx)  [AQS Casework Self Declaration Form](https://www.recognisingexcellence.co.uk/wp-content/uploads/2023/02/AQS-Casework-Self-Declaration-Form-Jan-2023.docx)  **AQS Casework Self Declaration Form** |

**Table 1**

**Desktop Audit:** This tablecan be used to support your Desktop Audit submission to help you map your Policies and Procedures against the requirements of the Standard.

**Monitoring Audit:** As part of your Monitoring Audit, you are requiredto undertake an annual self-assessment of your continued compliance with the AQS and any areas of improvement that you identify must be acted upon. Your assessor will ask to see your self-assessment documentation in advance of your next AQS assessment visit so please ensure that these have been properly recorded and saved in the template document provided.

| **The AQS Framework Reference** | **Required Documents** | * **Internal Review of Compliance and Recommendations** * **Changes Implemented as a result of Recommendations** |
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| **A1.1, A1.2, A1.3**  **B1.1**  **D5.1 (Casework only)** | A written Strategy setting out what the organisation aims to chieve through a number of key objectives. Your strategy should explain the core values and principles of the organisation.  The strategy must be based on a needs assessment relevant to your target group and should identify the type and level of services provided including in which subject areas.  You should also provide detail of the skills and resources necessary to deliver the strategic objectives.  If your advice service is part of a larger organisation and it is not possible to include all this information in the Strategy you can add this information to the operational business plan required for A1.4. Alternatively, you can produce an Advice Strategy that provides a full description of the advice service. |  |
| **A.1** | Marketing / Promotion Plan / Communication Strategy (can be included in strategy or operational business plan). This is often a description of your partnership arrangements and local advice strategy. You can provide details of how you use social media, Websites, Newsletters, memberships and forums to promote your service. |  |
| **A1.4** | Your Strategy should be underpinned by an operational business plan (annual Plan/Work plan/ Delivery Plan) and should include SMART (Specific, Measurable, Achievable, Relevant, Timebound) objectives for the current year and provide an outline for at least the next year. It must show how you will deliver against your strategic objectives. |  |
| **A1.5, C2.1, C2.2** | As an absolute minimum your Strategy should be reviewed annually, and you should be able to provide evidence that this has taken place.  Your operational business plan (Annual Plan/Deliver Plan/Work Plans) should be reviewed at least quarterly, and you should be able to provide evidence that this has taken place.  Subsequent decisions about service capacity are reviewed to reflect available resources. |  |
| **A2.1, A2.2, A2.3, B2.3** | How do you publicise details of your service and ensure it is clearly communicated to target groups, relevant service providers and funders.  How do you monitor and review your referral network and referrals made into the advice service. |  |
| **A2.4** | Service Standards / Customer / Client Charter/Client Care Letters.  Where is this displayed and how is it communicated to clients? |  |
| **A3.1, D4.1, F3.2** | Equity, Diversity and Inclusion Policy (reviewed in the last 12 months). Demonstrate what action you have taken to ensure your service is equally accessible to all, difference is valued and respected and your workforce is representative of your community (where appropriate).  The EDI Policy should cover selection, recruitment and treatment of staff, volunteers and job applicants and must be compliant with the Equality Act 2010. |  |
| **A3.2, B1.3, B1.6, B1.7, B1.8, B1.9, B1.10, B2.2, B2.3** | Signposting and Referral Procedure. This should include the difference between signposting and referral, when they are necessary, client consent, what do you discuss with the client, how do you select an agency, access to the AQS Directory, where they are recorded, how referrals made are monitored and reviewed at least annually (have you undertaken an annual review?).  Where to you record any feedback received from referral, is this described in your procedure?  The procedure must also describe how any costs related to referral would be discussed with the client and a note made on their file/records. |  |
| **B1.4** | Your directory (list/spreadsheet) of alternative providers (up-to-date) and reviewed annually. |  |
| **B1.2**  Document outline | A written procedure to describe how where appointments are offered client non-attendance is recorded e.g. DNA’s (Did Not Attend) and how this information is reviewed and used to inform service changes. This can be documented in your File/Case Management Procedure. |  |
| **C1.1, C1.2** | Governance document in place Memorandum and Articles of Association or Constitution. This needs to be comprehensive setting out the relationship between the governing body and those managing the organisation.  Funding bodies should remain a minority and the governing body needs to demonstrate independent decision making. |  |
| **C1.3** | Membership of a recognised representative body e.g. Advice UK, Carers Trust, shelter or NHAS. You may also be a member of a local Advice Network. |  |
| **C1.4** | Evidence of Regulatory Authorisations i.e. FCA / OISC (if applicable)  This is applicable is for advice services providing Immigration and/or Debt advice. |  |
| **C1.5, C1.6** | Organisation Chart / Structure / Organagram.  Identify key personnel and their areas of responsibility.  You also need to document who is responsible for maintaining AQS. |  |
| **C1.7** | Membership of the Information Commissioners’ Office (ICO).  Registration number and date of expiry.  Mandatory for all AQS holders (no exceptions) |  |
| **C2.3** | Risk Assessment / Risk Register / Risk Map. This document should cover for example Finance, Governance, HR, IT, Premises, Operational, Contractual Compliance, GDPR (must be reviewed annually). |  |
| **C3.1** | Financial Management Policy covering governing body responsibilities.  Evidence of an annual financial review by an independent source (annual audited/examined accounts). Filed with Companies House/Charity Commission |  |
| **C3.3** | Professional Indemnity Insurance in place minimum level of cover £500k |  |
| **C3.5** | Can you produce the following documentation demonstrating how it is used in managing the organisation:   * Annual Budget * Cash Flow Reports * Quarterly reports of variance of income and expenditure against budget * Annual profit and loss of account, I & E account or payments and receipts account * Annual balance sheet |  |
| **D1.1, D1.3, E4.1, E4.2** | Supervision Policy in place for supervising individuals who work with clients (can be internal or external). The supervisor must:   * Have successfully completed training and development activities that enable them to meet the requirements of the role and person specification for supervisor within your organisation * Have experience of managing advisers * demonstrate how they maintain their knowledge of legal changes and practice * be accessible to the staff and volunteers they supervise.   Can you provide evidence of completed supervision activities for example, team meetings, Employee Assistance Programmes, observed client interactions and Clinical Supervision |  |
| **D1.2**  Document outline | Clear process for allocating cases/enquiries to advisers/caseworkers according to their abilities and capacity. You may wish to document this in a File/Case Management Procedure? |  |
| **D1.4** | If you deliver advice as part of a regulated service e.g. Debt, Immigration you must ensure you comply with relevant professional standards for **supervision** e.g. MaPS (Money and Pensions Service accredited training) and OISC Immigration examinations |  |
| **D2.1** | Appraisal policy in place (may be a Performance Management Policy).  Evidence of appraisals completed at least annually |  |
| **D2.2** | A Training and Development Policy is required describing how training is planned, its purpose, access to development opportunity, different types of training and Individual Training Plans.  Training and development plans in place and reviewed annually. Typically, this are included in the annual appraisal (D2.1) where **planned** training is set out for the year ahead. |  |
| **D2.3** | Training records – **completed** training recorded |  |
| **D2.4** | If you deliver advice as part of a regulated service e.g. Debt, Immigration you must ensure you comply with relevant professional standards for **training** e.g. MaPS (Money and Pensions Service accredited training) and OISC Immigration examinations |  |
| **D3.1** | Job Descriptions/Person Specifications/Role Profiles. Up-yo-date and reviewed as part of the annual appraisal |  |
| **D3.2** | Written procedures to match the skills and competencies of all members of staff to the roles they fulfil.  This is likely to be covered indirectly by your recruitment and appraisal/supervision procedures by their very nature. However, you may which to add to these and add an explicit statement. |  |
| **D3.4**  Document outline | Written procedure for providing timely information about changes in the law e.g. how do your advice staff stay up-to-date, with changes in Welfare Benefits, Housing, Debt, Immigration etc…for example you may subscribe to CPAG, Rightsnet, Shelter or hold IMA membership.  You may wish to include this is your Case Management Procedure or Training & Development Policy |  |
| **D3.5** | Safeguarding Policies - Advice providers must demonstrate that consideration has been given to the risk for vulnerable adults and/or children in relation to the delivery of their services. Where risks have been identified, appropriate measures have been taken to mitigate these risks.  Who is your Designated Safeguarding Officer? |  |
| **D4.2, D4.4** | Recruitment and Selection Procedure describing fair and transparent processes.  Recruitment records maintained and held for a minimum of 12 months.  How you make efforts to recruit from the local community and ensure your workforce reflect the community it services |  |
| **D4.3** | Induction Procedure / Induction Checklist.  Your procedures should cover new recruits but also those within your organisation moving into a different role. |  |
| **D4.5** | You must have clear policies in place for the below:   * Disciplinary Procedure * Grievance Procedure * Whistleblowing Policy * Dignity at Work Policy (Bullying & Harassment) * Health & Safety (covering staff wellbeing) |  |
| **D5.1, D5.2**  **(Casework only)** | Can you identify the individual caseworkers undertaking casework in the service strategy and:   * Demonstrate that at least one of the identified caseworkers spends at least 12 hours per week and any other identified caseworkers spend at least 6 hours per week each dealing with cases falling within the relevant casework category; and * Demonstrate that the caseworkers (either individually or together) have undertaken casework across the breadth and depth of subjects within the relevant casework category within the last calendar year and subsequently every 12 months   Can you identify a casework supervisor who meets the required criteria. These are designed to:   * Demonstrate previous experience in casework * Demonstrate availability to supervise caseworkers * Demonstrate continued involvement in on-going casework | *Please see the AQS v2 Casework Self Declaration Form* |
| **E1.1** | Data Protection Policy - You must ensure that all your case management systems comply with the requirements of the he Data Protection Act 2018, which introduced the General Data Protection Regulation (GDPR) into UK law. The policy must include:   * Data Controller * Data Processor * Consent from Clients to share information * Subject Access Requests * Right to be forgotten * Where legitimate interest takes precedent   What GDPR training is in place for staff/volunteers and the governing body |  |
| **E1.2** | What procedures and measures in place to ensure the security of electronic devices, IT operating systems and personal data held and to protect it from cyber attack |  |
| **E1.3** | Consent must be gained before data can be shared with any external parties, including external organisations or service providers and AQS Assessors.   * Consent Form * Telephone advice consent * Where is consent stored/recorded |  |
| **E1.5** | Conflict of Interest Policy/Procedure. The standard guidance provides clear guidance on the types of COI you should include (in relation to advice) and goes beyond that of governing bodies |  |
| **E1.6**  Document outline | Key Dates Policy /Procedure – Give examples of Key Dates, where they are recorded and how they are managed if an adviser is absent.  Is this documented this in your File/Case Management Procedure? |  |
| **E1.8**  Document outline | Case Closure Procedures.  You may wish to document this in a File/Case Management Procedure. It is essential that you can distinguish between open and closed cases regardless of whether or not you a membership organisation |  |
| **E1.9, E1.10** | File Destruction/Retention Policy.  You should be retaining Advice records for a minimum of 6 years this is an explicit AQS requirement. |  |
| **E2.1, E2.2, E2.3, E2.4**  **E3.1, E3.2, E3.3** | Written Procedure for Independent File Review. This procedure should describe the number and frequency of file reviews, who completes file reviews, where they are stored, what to do if corrective action is identified, and use of a **file review checklist.**  The procedure should also describe how results of file reviews are fed back to the individual by the supervisor and is used in giving feedback in appraisals. Remedial action taken where necessary.  Key issues and themes should be reviewed by the governing body at least annually to identify any organisational improvements.  Evidence of completed File Reviews and an annual review of file review outcomes will be required. |  |
| **F1.1** | Advice organisations should aim to provide their services in a language appropriate to the target client group where-ever possible. Where this is not possible, services should show that can make arrangements to meet the advice needs and the language needs of the targeted client group.  For services providing services to clients based in **Wales,** service must show that they have undertaken the Welsh Language Commissioners on-line self-assessment tool kit. |  |
| **F1.4**  Document outline | Written Procedure for ensuring matters are dealt with in the future if they cannot be dealt with immediately e.g. waiting a decision for an appeal. These procedures must address potential time restrictions, limitations or deadlines.  Is this documented in your File/Case Management Procedure? |  |
| **F1.5**  Document outline | Written procedure for informing clients about the progress of the enquiry and/or any change in plans for future actions.  The procedures should also describe how clients are kept informed of the outcome of their enquiry as soon as it is known. Where do you record your client outcomes?  Is this documented in your File/Case Management Procedure? |  |
| **F1.6**  Document outline | Written procedure for identifying when information must be confirmed to the client in writing.  Not all advice services routinely write to clients however there may be occasions where advice staff consider it necessary to write down information if they feel it will help their client. If you are a debt or immigration advice centre client care letters should be in place.  Is this documented in your File/Case Management Procedure? |  |
| **F2.1, F2.2** | Unlikely to apply for most advice services.  Where the advice service is chargeable, information is provided in writing about the pricing structure at the start of the case, any changes are explained, and the client is told where they can get same service for free if possible.  When clients have to contribute towards the cost of advice, and they agree to those charges, clear cost updates are provided in writing whenever there is a change from the last estimate, and at least every six months. |  |
| **F3.1, F3.3** | Confidentiality Policy – policy and practice should ensure client confidentiality is maintained - arrangements in place to ensure privacy in meeting or contact with clients. Including face-to-face meetings, telephone contact, video conferencing platforms and web chat facilities delivered from the office and/or remotely.  A clear description on breaching confidentiality should also be included and made available to staff and clients. |  |
| **G1.1, G1.2, G1.3** | A Complaints Policy in place:   * Identifying and dealing with complaints * Different stages and timelines * Who should be involved, who has overall responsibility, and how complaints may be escalated * Procedures must be understood by all staff and volunteers and clearly communicated to clients and other stakeholders   You must maintain central records of complaints received, how they were resolved and they should be reviewed annually by the governing body.  Your processes for handling, recording and storing complaints should take account of the specific requirements of your professional indemnity insurance policy. |  |
| **G2.2** | Who is the named person appointed to act as lead for the AQS and where is this documented? |  |
| **G2.3, G2.4** | Quality processes reviewed at least annually and actions resulting from this review recorded by the lead person responsible for the AQS.  System for updating processes and procedures and date they came into effect.    You are expected to undertake an annual appraisal of your continued compliance with the AQS and for any areas of improvement they must be acted upon. **A copy of this completed document will provide sufficient evidence.** |  |
| **G2.5** | Where are your policies and procedures held and accessed, do staff have access to them and understand their responsibilities. |  |
| **G3.1, G3.2** | Written procedure for obtaining feedback from clients. Copies of client feedback required.  Client feedback is analysed annually to identify trends. Analysis required. |  |

**Table 2**

Reviewing your central records and – This set of evidence requirements will be reviewed by your assessor at the on-site assessment, and you should be prepared to share and discuss this information.

|  |  |  |  |
| --- | --- | --- | --- |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| A1.5 | Review Strategy (A1.1) | Annually | Is it still relevant to your operating environment? Is it in line with your organisational objectives and governing document? Is it responsive to the needs of your local/target community? Does it set out the long-term direction of your organisation, guiding your strategic decision making? Do you have the necessary skills and resources to deliver the strategy? Who are you including in your planning? Whose voices are you not listening to? |
| ***Your comments……*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| A1.5/C2.1 | Review Business Plan (A1.4, C2.1) | Quarterly | Are your services delivering against your strategic objectives and meeting the needs of your local/target community? Are your processes, procedures, services and workforce flexible enough to respond quickly to changes in the operating environment and the needs of your community and to available resources? What information/evidence do you need to consider to be able to answer these questions? Who are you including in your planning? Whose voices are you not listening to? |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| A2.3/B2.3 | Local service providers are aware of the services you offer and are referring clients as appropriate. You should regularly monitor incoming referrals. | Annually | You should regularly review the profile of referrals from local service providers and organisations within your referral network. This will enable you to identify trends in the volume and nature of referrals, to take action to address any gaps in your referral network, and raise awareness of your service to organisations that can help you to extend your reach into the community, in particular to under-represented and hard to reach groups. |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| B1.2/B2.3 | Review client non-attendance records | Annually | Are the numbers of client non-attendance high? Has providing telephone advice reduced the rate of non-attendance. Are there specific times in the year where the numbers are greater. How do advice staff follow up missed appointments. Where is this information recorded. Have you made changes to service delivery as a result. Do you operate a waiting list and how is workflow impacted? |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| B1.4 | Review your directory of alternative service providers | Annually | Who is responsible for ensuring the directory is kept up-to-date? Have you reviewed it in the 12 months? Does it still reflect your local/national referral network? Are contact details correct? Do website links work? Is the directory easily accessible to all staff and do they use it? |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| B1.5/B2.3 | Review record of outgoing referrals, including where no suitable alternative provider was available | Annually | Are clients being put at the heart of decisions around referrals? Are there sufficient alternative providers to support your clients? Are there new partnerships that you could explore? |
| ***Your comments….*** | | | |
| AQS Requirement | Action | Frequency | Considerations |
| C2.3 | Undertake a risk assessment | Annually | Have you identified all the potential risks to your organisation and your clients? What else might happen that you need to be prepared for? Are you able to mitigate against the identified risks? What actions might you need to take to support mitigation? What procedures do you have in place for agreeing and taking actions which may carry an element of risk? Are the different risks dealt with by those with the appropriate level of authority? |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| D2.1 | Carry out staff appraisals | Annually | Is your workforce suitably experienced and knowledgeable to deliver quality advice? What are the levels of staff wellbeing and workload? What can you do to ease any pressure? Are there training needs that you need to budget for? Are staff getting sufficient feedback on their performance to support their learning and development? |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| D2.2 | Review training and development activities |  | Has the workforce complied with training requirements of regulatory bodies? Are there sufficient resources to meet identified training and development needs? Are all roles within the organisation accessing training and development opportunities? Has the governing body undertaken any training? |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| E3.3 | Review key issues/themes from central record of independent file reviews | Annually | What is the overall quality of advice given by your organisation? Are there recurring themes that need addressing? Is there a need for training and development? Are the correct number of files being reviewed to meet regulatory requirements and to give an accurate picture of quality? |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| G1.2 | Review nature and number of complaints and their outcomes | Annually | What is the number of complaints telling you? Are there possible issues with access, quality or service delivery? How are complaints handled? Are there particular groups of clients 64 that are complaining? |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| G2.3 | All quality processes must be reviewed on an annual basis | Annually | An annual internal review of the AQS now forms an essential part of the quality assurance process for any AQS holder. You are expected to undertake an annual appraisal of your continued compliance with the AQS and ensure that any areas of improvement must be acted upon. Your assessor will ask to see your internal review documentation at your AQS assessment visit – **this document will provide evidence of review.** |
| ***Your comments….*** | | | |
| **AQS Requirement** | **Action** | **Frequency** | **Considerations** |
| G3.2/G3.3 | Review client feedback and outcomes and review service performance and strategy in light of the results of your analysis of client feedback and complaints | Annually | What can you learn from your clients about your service? Can you involve clients more in developing your services? What are clients telling you that you are doing well?  Do you need to make changes to your service delivery? Do you need to extend opening hours? Do you need to invest in different delivery channels? Do you need to work with others? |
| ***Your comments….*** | | | |