**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 G2.2. 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.

**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.

**A process** is a series of related tasks or methods that together turn inputs into outputs (often illustrated in a flow chart).  
**A procedure** is a prescribed way of undertaking a process or part of a process.

**Process and Procedure Example**

A fast food outlet makes cheeseburgers. The process is a simple one, and it all starts with taking the order. After that, staff springs into action, cook the patty, prepare the cheeseburger roll and serves the finished cheeseburger up to the client.

However, inside this simple process, the fast food outlet’s staff also follow several procedures. The store owner might specify that the sales assistant should greet the client and smile. He or she may even provide a script for the interaction. That’s a procedure, and it can make a huge difference to a business.

**Policy**

**Provide a framework for governance:** 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.

**Identify and treat risk:** The existence of a policy means a risk has been identified and is of enough significance to have a formal policy written which details control to manage the risk.

**Define compliance:** Policies document compliance in how the organisation meets requirements and obligations from regulators, contracts, and voluntary commitments including relevant legislation.

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

**Symbols**

|  |  |
| --- | --- |
| **Badge Question Mark with solid fill** | Where you see this symbol, you may want to think about including the written procedure required within your File or Case Management Procedures, rather than another standalone separate document. |
| **Telephone with solid fill** | If you applying for with ‘Advice with Telephone Services’ or ‘Advice, Casework and Telephones Services’ this symbol denotes additional Telephone Standard requirements. |
| **Additional Documents available here:**  **AQS Standard**  **Telephone Standard Summary**  **AQS Self Assessment Guidance for Debt Advice** |  |

**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** |
| --- | --- | --- | --- |
| **A1.1, B1.1, D5.1** | A written Business Plan or Strategy (typically a 2 – 3 year plan) for the provision of services. Your Plan should include Strategic Objectives, Vision, Mission, Statement, Core Values, a Description of Services and Community Profile, Funding, Resources, Advice Categories and Casework 9if applicable).  If your advice service is part of a larger organisation and it is not possible to include all this information in the Strategic Plan you can add this information to the annual plan required for A1.2. 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 part of written plan or strategy). This is often a description of your partnerships and local advice strategy. You can provide details of how you use Social Media, Websites, Newsletters, memberships and forums to promote your service. |  |  |
| **A1.2**  **Telephone with solid fill** | Your Strategy should be underpinned by an Annual Plan/Work plan/ Delivery Plan and should include SMART (Specific, Measurable, Achievable, Relevant, Timebound) objectives for the current operational year. These objectives are usually linked to funder targets and can also include client satisfaction.  If your application is for Advice with Telephone Services please ensure any service plans/work plans/delivery plans include a description of your telephone service. For further detail please refer to your copy of the standard. |  |  |
| **A1.3** | As an absolute minimum your Strategic Plan should be reviewed annually, and you should be able to provide evidence that this has taken place.  Your 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. |  |  |
| **A3.1, D1.1** | Equality and Diversity Policy – This Policy must make reference to the Equality Act 2010 and both employees (workers) and service users. Your Policy should include how you promote diversity and inclusivity within your organisation. |  |  |
| **A3.2, B1.3, B1.6, B1.7, B1.8, B1.9**  **Telephone with solid fill** | Signposting and Referral Process. 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 are monitored and reviewed at least annually’ |  |  |
| **B1.2**  **Badge Question Mark with solid fill** | A written procedure to describe how client non-attendance is monitored e.g. DNA’s (Did Not Attend) how this information is reviewed and used to inform service changes. This can be documented in your File/Case Management Procedure. |  |  |
| **C1.1** | Memorandum and Articles of Association or Constitution. |  |  |
| **C1.2** | Membership of a recognised representative body e.g. Advice UK, Carers Trust or NHAS. You may also be a member of a local Advice Network. |  |  |
| **C1.3** | Evidence of Regulatory Authorisations i.e. FCA / OISC (if applicable)  This is applicable is for provide Immigration and/or Debt advice. |  |  |
| **C1.4** | Organisation Chart / Structure / Organagram  You also need to document who is responsible for maintaining AQS. |  |  |
| **C2.3** | Risk Assessment / Risk Register / Risk Map. This document should cover for example Finance, HR, IT, Premises, Contractual Compliance, GDPR. |  |  |
| **C3.1** | Financial Management Policy covering Trustee/Management Committee responsibilities |  |  |
| **D1.2** | Recruitment and Selection Procedure including how you make efforts to recruit from the local community and ensure your workforce reflect the community it services |  |  |
| **D1.3** | Induction Procedure / Induction Checklist. Your procedures should not just cover new recruits but also those within your organisation moving into a different role. |  |  |
| **D1.5** | You must have clear Disciplinary and Grievance Procedures.  You should also ensure you have a Whistle Blowing Procedure.  You should also have a Dignity at Work Policy which may be in the form of a staff Code of Conduct or Bullying and Harassment Policy. |  |  |
| **D2.1** | You must have a clear Performance Review / Appraisal Procedures and appraisal must be completed at least annually. If you also describe your supervision processes here, you must state how they are different and the different time scales involved. |  |  |
| **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. |  |  |
| **D2.4** | Regulated Advice Professional Standards for example the Money and Pensions Service (MaPS) Quality Framework – this is  only applicable if you provide Debt advice.  If you provide debt advice and/or casework, please see the Debt Advice Self Assessment document    Other examples of regulated advice include, Immigration and a valid OISC certificate will be required. |  |  |
| **D3.1** | Copies of relevant Job Descriptions / Role Profiles are required. You should be able to demonstrate that these are reviewed regularly. |  |  |
| **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**  **Badge Question Mark with solid fill** | 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 Policy - 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? |  |  |
| **D4.3**  **Badge Question Mark with solid fill** | Written process for the allocation of enquiries e.g. if you have an advice team how is work/cases allocated.  You may wish to document this in a File/Case Management Procedure?  If you are applying for Advice with Telephone Services, you also need to describe the system for allocating work to advisers and the procedures to avoid burn out. |  |  |
| **D4.4** | You must have a written Process for Supervision. You may wish to include this is your Appraisal/Performance Management Policy. |  |  |
| **E1.4** | Conflict of Interest Policy/Procedure. The standard guidance provides clear guidance on the types of COI you should include and goes beyond that of Trustees. |  |  |
| **E1.5** | 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** | Data Protection Policy which complies with the Data Protection Act 2018 and, where applicable, the Freedom of Information Act 2000 and which includes procedures for ensuring that clients are fully aware of their rights under the Act including the process to access any information held on them. |  |  |
| **E1.8, E1.9** | Client Consent / Authorisation to Act process  You should be seeking written consent to store client information and getting consent for AQS Assessors to access files (this is part of the on-site AQS assessment).  Remember you can also use this consent form to tell clients that can request to see a copy of their records should they wish to do so and how to request this information |  |  |
| **E1.10**  **Badge Question Mark with solid fill** | 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 |  |  |
| **E1.11** | 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, E2.4** | 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, use of a file review checklist, an annual review of all file reviews and reporting findings to senior staff.  An independent On-Line Peer Review Process (PROP) is being developed by the Advice Services Alliance. This will enable any advice organisation anywhere in the UK to submit files for peer reviewing. If you cannot organise independent peer review through your own networks, you should look to contact the ASA to explore whether you will be able to use ‘PROP’ for assistance in providing independent file reviews. |  |  |
| **E4.1** | Supervision Policy |  |  |
| **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. |  |  |
| **F1.5**  **Badge Question Mark with solid fill** | Written Procedure for ensuring matters are dealt with in the future if they cannot be dealt with immediately.  Is this documented in your File/Case Management Procedure? |  |  |
| **F1.6**  **Badge Question Mark with solid fill** | Written procedure for informing clients about the progress of the enquiry.  Is this documented in your File/Case Management Procedure? |  |  |
| **F1.8**  **Badge Question Mark with solid fill** | Written procedure for identifying when information must be confirmed to the client in writing.  Not all advice services 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? |  |  |
| **F1.9** | Service Standards / Customer / Client Charter/Client Care Letters.  Where is this displayed? |  |  |
| **F3.1** | Confidentiality Policy / Data Protection Policy. |  |  |
| **F4.1**  **Badge Question Mark with solid fill** | Written section criteria for other service providers used (e.g. barristers, translators, BSL consultants)  Is this documented in your File/Case Management Procedure? |  |  |
| **G1.1** | Complaints Policy - written procedure for identifying and dealing with complaints by clients including who is responsible and the different stages within the complaints process. The procedure should also describe how all complaints are reviewed annually and reported to the Board of Trustees/Management Committee/Senior Leadership Team. |  |  |
| **G2.2** | 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 for any areas of improvement they must be acted upon.  A copy of this completed document will provide sufficient evidence. |  |  |
| **G2.3** | Procedures for up-dating Quality Processes (which may be in a Quality Manual / Office Manual).  This procedure should document how policies and procedures are reviewed on an annual basis (not always possible where a service is part of a larger organisation for example Council, University etc…). However, the minimum expectation is that advice procedures are reviewed annually |  |  |
| **G3.1** | Written procedure for obtaining feedback from clients, service providers and funders |  |  |

**Table 2**

Central Records – This set of documents will be reviewed by your assessor at the on-site assessment and you should be prepared to share and discuss this information.

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| **The AQS Framework Reference** | **Standard Reference** | **Internal Review of Compliance and Recommendations** | **Changes Implemented as a result of Recommendations** |
| **A1.3, C2.1**  **Telephone with solid fill** | Quarterly and annual reviews of Service Plans / Strategy / Business Plan.  If you are applying for Advice with Telephone Services, your call handling system must be monitored and considered in the review of the service. |  |  |
| **B1.2, B2.2** | Central records of client non-attendance at appointments. |  |  |
| **B1.4** | A directory of alternative service providers (local or national organisations/agencies that you can refer or signpost to) |  |  |
| **B1.5, B2.2** | Central record of referrals (incoming and out-going). You must be able to demonstrate how you record incoming and outgoing referrals and how this referral activity is reviewed and used to inform service changes |  |  |
| **B2.1** | Central record of feedback on services provided by organisations to which clients have been referred (this can be challenging however think about where you record such feedback and how it would be shared internally). |  |  |
| **C1.6** | Information Commissioner’s Office Registration renewed and copy of certificate available. |  |  |
| **C3.1** | Evidence of annual independent financial review / audited / examined accounts. |  |  |
| **C3.3** | Evidence of Professional Indemnity Insurance renewed:   * Level of cover * Date of Expiry * Insurer |  |  |
| **C3.5** | Annual Budget.  **Quarterly** reports of variance of income and expenditure against budgets Annual balance sheet  Annual profit and loss account |  |  |
| **D2.3, D2.4**  **Telephone with solid fill** | Central training records linked to professional competencies and professional development (where appropriate). Your assessor will be looking for both **planned** and **completed** training records. Planned training may be recorded in appraisal and supervision documents.  If you are applying for Advice with Telephone Services, you must be able to show how individual training plans have addressed telephone advice skills. |  |  |
| **D2.2** | Annual review of training and development plans. |  |  |
| **E1.1** | Client records and files (where applicable – filing cabinets or file lists for open and closed cases). |  |  |
| **E1.5** | Key dates diary system. You will need to demonstrate your key date diary system e.g. database diaries, central office diary. |  |  |
| **E2.2** | Central record of completed independent file reviews. You will need to provide copies/or access to completed file reviews. |  |  |
| **E3.4** | Annual review of independent file review outcomes/trend/quality issues (not just how many were completed!) |  |  |
| **F4.3** | Your central record demonstrating evaluation of external service providers. If you use third parties e.g. interpreters how do you evaluate their services? |  |  |
| **G1.2** | Central records of complaints. You will need to provide access to your central complaints record |  |  |
| **G2.2** | Annual review of quality processes. Do all your policies and procedures include the ‘Last Date of Review’ and ‘Next Date of Review’ in the same format?  Have you completed a review of your compliance against the AQS framework in other words have you completed this document? |  |  |
| **G3.2, G3.3**  **Telephone with solid fill** | Annual review of service user feedback. Your assessor will need to see copies of completed client feedback and a subsequent analysis.  If you are applying for Advice with Telephone Services, you will also need to provide evidence of client feedback and subsequent analysis. |  |  |