



KISIMUL GROUP

SMG Policy

Corporate Governance Policy

At Kisimul we are extremely proud of the standards of care, education and life opportunities that we deliver to the children, young people and adults who use our services. In order for Kisimul to be able to continually strive to deliver the highest standards and evolve with the changing needs placed upon us, we must operate within a structure that allows us to demonstrate effective Corporate Governance.

A definition of Corporate Governance is:

“The system of rules, practices and processes by which a company is directed and controlled. It looks at the effectiveness of the organisation’s leadership and asks whether leaders have the skills and knowledge to effectively govern their area of responsibility. Since corporate governance also provides the framework for attaining a company’s objectives, it encompasses practically every sphere of management, from action plans and internal controls to performance measurement and corporate disclosure.”

There are five directors who are responsible for the day to day running of the organisation and who are accountable for decisions and service delivery within their area of control. All directors are appointed after demonstrating expertise in their area of control and as such are best placed to draft and implement policies and procedures in order to ensure the safeguarding of the individuals in our care and the effective and safe management of the service.

The Board of Directors are kept abreast of all operational and organisational issues through monthly board meetings. However channels of communication are always open to enable effective management of urgent situations as they arise. All directors are fully aware of the reporting systems in place and know what areas they are accountable for managing. The Board of Directors work in a way which promotes a culture of being able to question and challenge each other, in order to ascertain different viewpoints. This is always done in a constructive and supportive way, rather than being confrontational. The Directors are assisted by a group of Assistant Directors from a number of departments, including operations, adult homes and education.

The organisation operates a quality assurance system that collates a wide variety of information from around the group which is presented in a consistent company format on a monthly basis. This consists of both quantifiable data and qualitative information about service users’ experiences. This enables the Board of Directors to be aware of all issues throughout all locations, both in terms of incidents that have occurred and the subsequent actions that were taken, as well as successes and achievements. As part of this process a Quality Assurance Group meets monthly to review all information for Adult and Children’s services. This group is attended by appropriate members of the board, thus ensuring clarity throughout the Board of Directors with regard to

operational matters in all locations. The Terms of Reference for the Quality Assurance Group underpins good governance.

This also gives the board the ability to highlight patterns and trends and enable them to plan for the future, thus ensuring the effective future performance of the company. As well as the monthly Quality Assurance systems there are also robust internal inspection systems in place, which feedback to relevant directors. The Assistant Director - Quality and Compliance, is responsible for providing information about risk and good practice to the Board, and other senior operational staff. This is done formally at meetings and in reports. The quality and compliance team is made up of Officers that visit homes to report on the standard of care, health and safety. In the adult, provision this is achieved through audits with a frequency based on the risk. The risk frequency is agreed with the Board at the monthly Quality Assurance Group. . This is supplemented by 'unannounced monthly visits', medication audits and infection control audits to support more intensive audits that are based on the Key Lines Of Enquiry set out by CQC. The Regulation 44 Visits are carried out monthly by the quality and compliance team, who work independently from Operation Staff. *Directors carry out regular unannounced visits to the Group's services, including weekend and evening visits. These are fed back to relevant board members.*

Kisimul Group Limited actively encourages its entire staff team to question and suggest new ways of working in order to achieve continuous improvement. This is supported through the existing supervision and PDR systems which are in place for all staff. Managers and senior staff are empowered to question through a variety of different formats including; policy meetings, staff forums, Senior Management Group (SMG) meetings, quality assurance meetings, the recording of information group, questionnaires and throughout the various internal improvement plans which are in place throughout both care and education locations.

The SMG meets monthly and consists of the directors, assistant directors for adult provision, operations and human resources, the registered managers and head teachers.

In order to address a number of these points Kisimul has in place an organisation structure which clearly states the lines of accountability within the organisation. It also allows for the free flow of communication both up and down throughout the structure. This enables the Board of Directors to be quickly aware of what is going on throughout the group, as well as for information to be cascaded quickly from the Board of Directors to everyone who works within the group. Please see appendix 1 for the Kisimul Group Limited Organisation Chart.

Whilst Kisimul Group schools do not have a Board of Governors, this policy has been written with reference to the document 'A Framework for Governance: A flexible guide to strategic planning, January 2015', which lays down the core functions of an organisation's corporate governance:

- Setting the strategic agenda
- Holding the head teacher to account for the educational performance of the school
- Ensuring financial health, probity and value for money

Kisimul Group's SMG has primary responsibility for the first and third of these functions, whilst the Director of Education is responsible for the second, through the appraisal and other QA processes.

Reporting and Monitoring Arrangements

Monthly Reporting Procedures

The Kisimul Group Limited has a thorough and robust quality assurance system in place, which it is continually looking to expand and evolve over time. This quality assurance system enables all managers and directors to be aware of data, incidents and trends throughout all locations and ensures that these are brought to the attention of SMG on a monthly basis. This quality assurance system consists of a network folder which is available to all locations, along with audit reports and a series of meetings. Within this wider folder there are several further folders which contain information about accident and incident reporting for residents and staff, central register, physical intervention, questionnaires, Regulation 44, resident on resident incidents, safeguarding, supervisions, tenders and training statistics. Each care and education location must update their monthly information by the middle of the following month. This information is then reviewed at a quality assurance meeting and again scrutinised at SMG. If there are any concerns then a request for more information will be made and an overview of the action taken will be sought. This enables the Board of Directors to keep in close contact with all areas of the group. Minutes of all Quality Assurance meetings are distributed to Directors and are available to senior operation staff within the shared folder system.

Within education, the Director of Education visits the schools regularly to meet with the Head Teachers and senior leadership teams to monitor the Schools' development plans, self-evaluation documents as a means of scrutinising the quality of education delivery. These are typically focused visits with an agreed agenda. The Director of Education feeds back to the SMG and Board of Directors on a regular basis. The schools also employ school improvement partners and other external experts to work collaboratively in order to drive improvement and monitor quality against internal and external targets. The head teacher prepares a monthly report to the Board of Directors and reports on the quality of education to the monthly SMG. The Director of Education and Head Teachers have instituted an additional half termly governance report based on the criteria of the new common inspection framework as a further means of monitoring the quality of education.

In all children's home locations a Regulation 44 visit is also conducted on a monthly basis. Following the completion of all visits the various reports are collated and reviewed at a Regulation 44 meeting, before being forwarded to Ofsted. The Registered Manager of any children's home is also responsible for undertaking a Regulation 45 inspection of their own home. This enables them to have proper oversight of any quality assurance issues on a monthly basis. Again, these reports are monitored at the monthly Quality Assurance Group meetings. Within the adult provision every adult home receives a series of unannounced inspections from the compliance and health and safety Officers. These audits provide the content for discussion at quality meetings for adult services.

Internal Inspection Arrangements

Kisimul Group Limited has the following internal inspection systems in place:

- Regulation 44 visits, as per the table below
- Informal visits and formal unannounced visits by Directors

- A well developed and resourced independent quality and compliance department managed by an Assistant Director.

External Inspection Arrangements

At Kisimul we are proactive at working with regulatory bodies and welcome inspection from Ofsted and the CQC. At inspection times we work openly to demonstrate compliance and following each inspection an action plan is formulated to ensure continuous improvement and development. The SEN Code of Practice requires us to report on progress in meeting the objectives of the Statement of Educational Needs or outcomes in Education Health and Care Plans on an annual basis. The 'Kisimul Annual Education Review Report' is a highly detailed document containing progress data on all aspects of the 24 hour curriculum, including education, cognitive assessments, life skills, communication and sensory needs.

Policies and Procedures

The Kisimul Group Limited has wide ranging policies and procedures to cover all aspects of the business, however there are a number of policies pertaining to reporting and monitoring arrangements. These policies are updated annually through the policy committee, which meets monthly. These policies are:

- Corporate Governance Policy
- Child Protection and Safeguarding Policy
- Managing Allegations Policy
- Complaints Policy
- Quality Assurance Policy
- Supervision and Appraisals Policy
- Physical Restraint Policy
- Notifiable Events Policy
- Anti-Bullying Policy
- Behaviour Policy
- Assessment Policy
- Record keeping Policy
- Reporting Policy

Policies are inspected regularly by Ofsted/CQC.

Monthly Reporting to SMG

As well as the table below, please see Appendix 2 regarding how information is fed in to SMG.

Accident and Incident (AI's) Reporting (Residents)	Numbers of accidents and incidents involving pupils and residents is recorded. Significant issues described, with outcomes. Trends discussed in relation to overall AIs, and individuals causing concern.
Accident and Incident (AI's) Reporting (Staff)	Numbers of accidents involving members of staff recorded, together with discussion of trends and any individual concerns – staff being targeted by particular pupils/residents, staff who have suffered multiple accidents, RIDDORs and reportable incidents.

Central Register	It is a requirement of the 'Independent Schools Regulations' that all schools maintain an up to date Central Record. The HR department save a copy of the Central Record each month, detailing new starters and leavers, to be scrutinised by SMG. Head teachers meet with representatives of HR compliance team on a regular basis to update and check the central register.
Complaints and Complaints	Summary of complaints and positive feedback received by schools and care homes
External Communications and Notifications	Monitoring visits by local authorities, professional and parent communications
Location Risk Assessments	Updated site by site location risk assessments
Managers Reports	Monthly managers' reports from registered managers, head teachers and adult home managers, site by site
Ofsted and CQC	Recent Ofsted and CQC reports with subsequent action plans
Physical Intervention	Monthly numbers of Physical Interventions (supine restraints, walking restraints, seated restraints) and Sanctions (time out, removal of privileges). These are recorded per site, school and care home for each child, young person or adult. Managers write a report explaining any discernible changes or trends in terms of overall data and with regard to individual child, young person or adult.
Resident on Resident Incidents	The nature of our pupils'/residents' challenging behaviours is such that they have the potential to be aggressive to each other. All staff are trained in managing challenging behaviour, and staffing levels are high so that incidents of this nature are rare. Nevertheless, the Psychology team record and report all incidents of aggression, regardless of however minor and Managers report on significant incidents and trends. Action Plans and outcomes are recorded.
Questionnaires	Feedback questionnaires are discussed by the relevant managers, as appropriate, on a monthly basis.
Regulation 44 Visits	Regulation 44 of the Quality Standards for Children's Homes requires the Responsible Individual to make reports on the progress of children's homes. The visits are undertaken by the Quality and Compliance team and are then discussed with the Responsible Individual for Children's Services.
Safeguarding	A detailed record, including chronology, of all safeguarding and child protection issues, with outcomes. This is updated on a monthly basis for all on-going safeguarding concerns.
Supervisions	It is a requirement of the NMS that all staff employed to care for children/young people in children's homes are given regular supervisions. It is Kisimul's policy that this should take place at least every second month. Detailed

	supervision records are maintained monthly, and Managers report on whether targets have been met.
Tenders	Progress reports are maintained on any new or current tenders.
Training Data	The Group Training Manager maintains a Training Matrix and sends this to managers on a monthly basis. Managers report on any training that has been carried out each month, on any staff whose training is out of date and on action plans in place to ensure that all training requirements are met.

Pupil Specific Arrangements

Education, Health and Care Plans

Each child, young person or adult within Kisimul has an individual care plan known as an 'Individual Pupil Care Plan' (IPCP), or at Cruckton Hall an Individual Care Plan (ICP). This document is compiled prior to their placement commencing. This IPCP is a live multi-disciplinary document and as such will evolve and grow as the individual's placement continues. It consists of the core information staff require in order to implement the care, education, health and therapeutic plans as laid down in the statement / EHCP and reviewed six monthly / annually at LAC or Annual Reviews of Statement/EHCP. Reviews of IPCPs take place at timely intervals, ideally at least every 3 months and are also reviewed and agreed upon at care review meetings or multi-disciplinary team meetings following a change in a pupil's needs. The IPCP will contain all relevant information to ensure our staff teams can effectively care for and educate the young person, empowering them to make decisions where possible and broadening their life opportunities and outcomes. Within the adult provision these care plans are written on and saved within the 'Care Docs' computer system, which each home operates.

All Children /YP have a detailed Individual Learning Plan which outlines their areas of focus for each term, barometers for measurements of progress, and also links to their EHC Outcomes (or statement objectives) so that these can be updated appropriately during annual review processes. These ILPs are central to showing qualitative progress that learners make within the school, and members of the school leadership teams are responsible for quality assurance and regular feedback to teachers. Likewise, weekly plans are also scrutinised, and the focus of specific school meetings where teachers can peer review planning and use this as a learning opportunity to improve practice. The schools also use the small steps assessment system 'B Squared' to measure progress against National Curriculum core subjects and to benchmark progress over time. The Head Teacher and school leadership teams complete bi-annual appraisal of this data to ensure learners are on track to meet end of year and end of Key Stage progression targets. The school also uses Comparison and Analysis of Special School Progression and Attainment (CASPA) software to ensure more detailed appraisal of learners' attainment data. This information is then summarised within an end of year school performance report and the school self-evaluation documents, which also include analysis of lesson observation outcomes, Pupil premium progress, and analysis of Parental, staff and pupil questionnaire feedback about the school. Teachers' performance development review targets relate to pupil progress, whole school contributions, and also their own areas of development need, linked to the school's own teacher standards documents and informed by regular cycles of lesson observation and learning walks.

Daily Reporting Processes

Children/young people - Each child/young person has a handing over file. A report is written for each shift – AM, School, PM and night shifts. In addition, other daily reports are provided in the handover file such as daily eating plans, toileting charts, incident reports and accident reports. Each shift report ought to be read and signed off by a senior member of staff on duty – Senior RSW, Senior Classroom Assistant or Teacher. These handover reports are read and monitored by staff (this is the role of night staff at the Lincolnshire sites and of the psychology team at Woodstock), who record all relevant data on a spread sheet, for example; incidents, accidents, incidents of self-injurious behaviour and attempts to interact negatively others. This information is monitored by our team of Psychology Assistants, who use the information to compile a library of data, covering areas such as:

- Incidents involving children/young person's aggression to staff and to other children/young people
- Trends in challenging behaviour
- Sleeping patterns
- Eating patterns
- Health concerns

Any significant incidents or accidents are reported immediately to senior members of staff, who deal appropriately with issues, deciding whether or not the incident in question is reportable –to parents, to the social worker, to Ofsted or to Safeguarding.

Adult Homes – All information recording is carried out through the Care Docs computer system, which is in place in each adult home. Each adult has important information surrounding them recorded through the day. This may include things such as:

- Instances of challenging behaviour or incidents involving the individual
- Requests and choices individuals have made throughout the day
- Sleeping patterns
- Eating patterns
- Health concerns

Each Registered Manager monitors this information and feeds back any significant changes or causes for concern.

Please see appendix 3 and 4 for analysis on how Kisimul Group react to incidents and the behaviour monitoring system.

Throughout this recording and monitoring process managers across all locations have a clear vision of all information surrounding each individual within their care. This enables them to identify trends, issues and concerns and react quickly, whilst also keeping the directors informed. This facilitates Kisimul Group to provide individualised care and education to the highest standards.

Risk Assessments

To accompany each IPCP, every child, young person or adult has a full and comprehensive risk assessment. Once issued these are reviewed every three months or sooner where there is an identified need. Staff are encouraged to read these documents to ensure they are best placed to support individuals. As well as individual

risk assessments, each school / care home also has numerous environmental and activity risk assessments. These are updated by the Registered Manager and are made available for staff. The Health and Safety Manager monitors and reviews risk assessments as part of their home audits and feeds back as appropriate to the Operations Director and Director of Developments.

External Events

As well as being fully aware of what is going on throughout the organisation, Kisimul's Board of Directors also recognise that they have a duty to ensure that they are up to date on all external factors which may affect the operation of the group. This may include areas such as:

- Legislative, policy and guideline changes.
- Government, regulatory body and industry reports and published papers.
- Investigations into care practices and standards.
- Public inquiries.
- High profile failures within the care sector.
- Changes to local authority frameworks and commissioning processes.
- Changes to inspection practices and structures within Ofsted and the CQC.

Financial Governance

Kisimul Group's SMG shall have primary responsibility for managing the group's financial position and reporting. Inter-alia this will involve areas such as:-

- The preparation and authorisation by the Board of Directors of an annual budget, involving profit/loss and cash flow statements.
- Preparation and review of monthly profit and loss and cash flow statement.
- A capital expenditure budget and appropriate approval process for capital items.
- Appropriate cash-flow and treasury management with regard to existing banking agreements.
- The setting and operation of appropriate internal controls with regard to financial items.

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