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| Topic: | Planning ASES Implementation |
| Document type: | Example of a completed ASES Project Plan Template Section 1 |

# EXAMPLE: Completed ASES Project Plan Template

## Section 1: Plan Overview OrgX

*OrgX is a funded Specialist Homelessness Service (SHS). Its services include 2 youth refuges, a women’s centre-based counselling service, a General Practitioner, services twice a week, and three outreach programs – for women, Indigenous women and youth.*

*It is an incorporated organisation with a Board of 9 members 2 of whom are women who were previously clients - both of whom are Aboriginal. Its management team consists of the CEO, HR&IT Manager, Bookkeeper, a Part-time Finance Manager, a contracted Accountant, and three managers – a Youth Services Manager, Women’s Services Manager and an Aboriginal Programs Manager. It employs a number of counsellors, a Psychologist, a part-time GP, Youth Workers and Case Workers on its staff.*

*OrgX has no previous formal accreditations, but they implemented the SHS Quality Assurance System (QAS), and while they did not undergo a review, the process of going through the QAS standards resulted in an improvement in a number of their systems and processes. They entered their evidence on the BNG SPP Portal. However, that was over 2 years ago, and about half of that evidence is now out of date.*

*OrgX has decided to give themselves 10 months before their External Assessment site visit. While they understand that they have 6 months to implement any Quality Action Plan (QAP) they are planning to do so in 4 months, should it be needed.*

*OrgX is a Partner in a Joint Working Arrangement (JWA) with OrgY, which is the Lead.*

### Background

The CEO, Chair of the Board and the HR/IT Manager have formed an initial ASES Oversight Committee (OC). As the OC, we have worked through the materials in the Orientation Module and have presented the two webinars to both staff and the Board with some discussion points. Both meetings generated good discussions and feedback. The basis of that feedback forms this first version of the ASES Project Plan which we will distribute for comment. We plan this to be an active and dynamic document that will evolve during the accreditation process as we grow and learn from it.

We have set up an ASES File in the shared N Drive under: Team/ASES – there are multiple folders under the ‘ASES’ heading including a copy of the Evidence Guide and Workbook. We will develop a more comprehensive filing hierarchy in the next couple of weeks.

### Time frames

Organisation name: OrgX

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| The date we will start our ASES Project Plan | 02/12/2019 | |
| The date we will start our self-assessment | 06/01/2020 | |
| The date we will engage our External Assessor (sign a contract) | 04/05/2020 | |
| The dates we aim to have our site visit | 05/10/2020 | 06/10/2020 |
| The date we aim to provide our accreditation certificate to the Department of Communities and Justice (DCJ) | 30/08/2021 | |

### Roles and responsibilities

*(Describe the governance arrangements for the Plan, e.g. the roles and responsibilities for all involved in accreditation, who will lead on the work, how the work will be allocated and distributed, if there will be working groups, reference groups, oversight committees if any of the work will be outsourced, and approval delegation for the Plan and changes etc.)*

Our ASES governance arrangements will be as follows:

| **Strategy** | **Responsibility/membership** | **Roles and Responsibilities** |
| --- | --- | --- |
| **Oversight Committee (OC)** | * CEO, HR/IT Manager and Board Chair * The CO will meet every 3 weeks until accreditation is completed | * The OC is responsible for developing the ASES Project Plan, information and engagement strategies, getting drafts of all the documentation to the Board for approval and the oversight of other workgroups and committees * ASES has been placed as a standing agenda item on both the Board and Staff meeting agendas |
| **Approvals of key decisions and budget** | * The Board | * Approve Plans, documents and resourcing |
| **Advisory Committee (AC)** | * The 3 OC members * Three current client reps * One partner organisation * JWA Lead OrgY * The AC will meet every 8 weeks | * The AC will provide advice from the perspective of clients and partner organisations on quality and accreditation issues. * Terms of Reference to be developed by the CEO |
| **Client engagement in ASES** | * The Manager Women’s services will take the lead on this working group, and meet with the other managers. * Meetings will be once a month up until the site visit | * Develop and implement strategies for client engagement and participation strategies throughout the process * Ensure clients have been recruited to be interviewed during the site visit and written consents have been obtained for the interviews and file reviews |
| **Stakeholder engagement** | * The Manager, Aboriginal Services will take the lead on this in consultation with other staff as needed * This work will start after the External Assessor has been engaged | * Ensure partner organisations are represented and have a voice during the site visit |
| **Self-assessment** | * CEO to lead * Self-assessment will be shared between the Board and all the mangers * We will make notes on the Workbook offline first * CEO to approve completed Workbook * We will enter the final self-assessment and load evidence on SPP – we are yet to decide who will do this / if it will be shared * We are yet to decide on the mapped/unmapped version in SPP | * Invite an External Assessor to present on ASES standards or attend an ASES information session if one is available in Sydney * Allocation of self-assessment by Stannard is as follows * Standard 1, Planning – CEO to lead * Standard 2, Governance – Chair and CEO to lead * Standard 3, Finance & Contract Management – Finance Manager and Treasurer to lead * Standard 4, People – HR&IT Manager to lead overall, Manager, Aboriginal Services to lead on 4.3 Cultural Inclusion * Standard 5, Partnerships, CEO to lead, Manager, Casework and Manager, Aboriginal Services to assist * Standard 6, Communication - HR&IT Manager to lead, Manager, Youth Services to assist * Standard 7, Service Outcomes and Standard 8 Consumer Outcomes - Manager Women’s Services and Manager Aboriginal Services to lead jointly * As managers, we will be meeting once a month to share the results and double-check each other’s work |
| **Workplan resulting from self-assessment** | * Develop a workplan to address any gaps identified in the self-assessment | * CEO to lead – depending on the gaps, we will allocate the work where it best fits |
| **Select and engage Externa Assessor** | * Follow Module 5 a) to select an Assessor who is a good fit for our organisational culture and values | * CEO to research and select shortlist with quotes and recommendation * Board to approve |
| **Client feedback** | * Ensure all client feedback mechanisms are kept up to date, aggregated, analysed and reported to the Board | * All Managers, CEO to monitor – this is standard operating procedures, but we will be developing more innovative and broader client feedback strategies to integrate into this process |
| **Audits and registers** | * Ensure all regular audits and registers are up to date, reported to the Board and corrective action was taken as per indicated time frames | * CEO and HR&IT Manager to lead – this is standard procedure, but we will be examining if we need to add more audits such as client file audits, more detailed IT audits and to test the adequacy of our current audit tools |
| **Site visit co-ordination** | * Work with External Assessor to develop site visit agenda and arrange the site visit | * CEO to lead with the Manager Aboriginal Services |
| **Post site-visit tasks and Quality Action Plan** | * To be developed | * There will be tasks after the site visit; however, until we get the Assessment Report, we won’t know the full extent of that work. We will develop a more detailed plan at that stage |

### Staff engagement and participation

* Staff will be working with their managers on the areas allocated to each manager as per the table above. ASES will be on all team meeting agendas. Staff are also welcome to join other work.
* Staff will be speaking to clients about accreditation, distributing ASES Client Info sheets which we trained on last week and encouraging client feedback and engagement.
* Staff are encouraged to spend work time reviewing the materials in the Quality Standards Implementation Resource Kit and reading the Evidence Guide.
* We welcome staff ideas and contributions, as well as questions about the process.
* As we begin to shape up projects aimed at increasing client engagement, we will be offering staff more opportunities to support the clients with those projects. The Manager, Youth Services has already started to brainstorm ‘quality improvement projects’ in the two houses, and some promising ideas have emerged of that which we will be shaping into project briefs.
* The ‘Examples of Good Practice’ forms have been filed in the shared drive, and when you or a colleague has gone ‘above and beyond’ to affect a positive client outcome, please record it on that form, and we will review the completed returns and provide feedback every month.

### Client and stakeholder engagement and participation

* OrgX is still at the early stage of developing strategies for client and stakeholder participation. Our approach to starting these conversations with clients is as follows:
* The Manager, Aboriginal Services will be talking about quality and ASES with her two yarning circles and seeking their ideas about ways we can bring them more closely into the process. The Manager, Youth Services has done the same at the two refuges, and so far, all 4 groups have expressed an interest in designing and writing the communication materials about quality for Aboriginal women and youth.
* We have added a page on our website called ‘*Our Commitment to Quality’* where we have outlined our continuous quality improvement strategy and introduced ASES. We have developed two ASES Information Sheets – one for women and one for youth. As mentioned above, the Manager, Aboriginal Services, is working with the Circles to get that happening for Aboriginal communities.
* We have included an article in the Newsletter about our plans for accreditation and invited ideas, participation and comment, and we will be speaking about it at some of the interagency meetings.
* We will be developing a client engagement strategy when we have received some more feedback from clients – but for now, staff are encouraged to keep quality and ASES on the agenda in teams and with clients.
* We are planning an ASES launch in 6 weeks –two Caseworkers have volunteered to organise that. We need the client artwork to integrate into the invitations. It is important that all communication about ASES is client-focused. While there are a lot of administrative tasks to attend to in quality improvement, it is always in the end about client outcomes and we need to keep the messaging and communication in line with that principle.

### Potential barriers to successful accreditation and strategies to overcome them

We have spoken about potential barriers to ASES accreditation at the initial presentations. At this stage, we have collectively identified three issues that were at the core of all the other concerns that have been expressed.

These and the strategies we have agreed on so far are as follows:

* **Staff felt that they didn’t know enough about ASES.**

**Strategies:**

* Over the next year, we will be making time in team and staff meetings to go over sections of the Evidence Guide and sections of the resource materials provided by the Q*uality Standards Implementation Resource Kit.*
* We have engaged one of the External Assessors to do a full-day training for staff and the Board on the Standards next month (we will not be engaging that particular Assessor for our site visit to avoid a conflict of interest).
* Remember this is a learning process for everyone.
* **The amount of work seems overwhelming to staff.**

**Strategies:**

* Accreditation involves examining our practices, systems and documentation and making improvements in a range of organisational and operational areas. We have allowed almost 18 months to complete all of the work which will be shared across the organisation.
* We will be keeping a close eye on the accreditation workload and making adjustments if at any stage this work is placing too much pressure on the teams. We have the Board’s full support for this. If at any stage you feel the workload is too much, talk to your supervisor without delay.
* The Manager, Casework has two Social Work Students starting in three months, one of whom is a Masters student and we will be making ASES work a priority for those placements which are around 4 months in duration. By then we will have a clearer picture of the ASES work that we can feasibly allocate to them. We have started discussions with the supervisor for the students to review our policies against the ASES-referenced policy manual for SHS that the Homeless NSW Industry Partnership is providing. A key goal of this placement will be to tailor the SHS Policy Manual to OrgX which will be a significant step towards accreditation.
* **Some of the work seems quite specialised, and staff were not sure that as an organisation we have the skills to do it.**

**Strategies:**

* The Oversight Committee undertook a preliminary review of the requirements. In the Evidence Guide, each requirement is clearly explained, and what was expected did not appear to need specialist input on the whole. In many instances, we are already meeting the requirements. In a few areas we will need to be more systematic and develop better documentation and auditing processes.
* One area where specialist input for OrgX is indicated is in risk management. While we have a Risk Management Plan, it is not as comprehensive as the Standards require and we do not have a Business Continuity Plan. We have obtained in-principle agreement from the Board to engage a risk management specialist consultant to review our Risk Management Plan in line with best practice and ASES and to assist us in developing a Business Continuity Plan.
* When we have completed our self-assessment, we will be clearer if we do need additional help and we can fine-tune our strategies at that point. As we will be doing our final self-assessment on the SPP portal, the portal offers multiple tools and resources in areas where we might have gaps. Those resources, as well as the SHS policy manual, means that the majority of the documentation that we are likely to need will be available with only relatively minor fine-tuning or modification.

### Self-assessment tool selection

For our self-assessment we will use:

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| --- | --- |
| The ASES Workbook or |  |
| The BNG SPP Portal or |  |
| Both the ASES Workbook and the BNG SPP Portal |  |

If using the BNG SPP Portal, we will use:

|  |  |
| --- | --- |
| The mapped version, or |  |
| The unmapped version |  |

**Not sure yet.**

### Tracking progress

* Pending Board approval of this section of the ASES Project Plan, Section 2 of the Plan will be completed and tracked monthly by the CEO on behalf of the Board.
* The progress of the ASES Project Plan and associated work plans will be a standing agenda item on Board, Staff and Team Meetings.

(Add any other sections to your Implementation Plan that you think you need to capture.)

|  |  |  |
| --- | --- | --- |
| Plan version 1 | Date Governing Body approved Section 1 | Choose an item. |
| Plan version 2 | Date Governing Body approved Section 1 | Choose an item. |
| Plan version 3 | Date Governing Body approved Section 1 | Choose an item. |

*(Note that the approval and any discussion about ASES should be documented in the governing Body’s meeting minutes)*

### Next steps

Following the approval of this document by the Board, the CEO will enter the particulars of this plan into the table in Section 2.

Due date: 1 week following Board approval.