



OUTREACH • BARN • FARM • POST 16

Governance Policy

Policy Note

	<p>For the purposes of this policy, Orchard Therapeutic Farm (OTF), Orchard Therapeutic Outreach (OTO), Orchard Therapeutic Barn (OTB), Orchard Therapeutic Active (OTA) will together be referred to as “the Services”</p>
	<p>This policy applies to all employees, volunteers, trustees, and contractors of the Services, as well as anyone representing Orchard Therapeutic Farm, Orchard Therapeutic Outreach, Orchard Therapeutic Barn or Orchard Therapeutic Active in an official capacity.</p>

Key Principles

	Service User Principles	How this applies to Governance
	My voice is respected, heard and advocated for, so I can influence the support I receive	The feedback and views of young people are a core part of determining whether the service's governance is effective. Young people are encouraged to participate in and influence how the service operates.
	I have my own education plans that I feel proud of and learn in a comfortable, well-maintained, and stable environment.	The service commits itself to providing stable, high quality and up-to-date support to its young people using audits, quality management, staff training & supervision and involvement of young people.

This policy should be read in conjunction with our:

- Audit Policy
- Code of Conduct Policy
- Compliments and Complaints Procedure Policy
- Data Protection Policy
- Safeguarding Policy
- Supervision Policy
- Training, Development and Qualifications Policy
- Quality Assurance Policy

Policy Statement

Policy Aims

Services will always do its utmost to provide the highest quality services it can to its young people, ensuring at all times that it works with the most up-to-date

information and the best current practice guidelines.

What is governance?

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Governance is defined as “*a framework through which organisations are accountable for continually improving the quality of their services and safeguarding high standards of support by creating an environment in which excellence in support will flourish.*”

The support to young people provided by **The Services**, through the exercise of effective governance, includes oversight of:

- Values-Led Practice – ensuring decision-making, policy, and quality assurance reflect the organisation’s values and are embedded consistently across practice
- Quality education
- Accidents and incidents
- Safeguarding
- Health and safety
- Support planning
- Infection control
- Environmental checks
- Data protection

Policy Implementation

At Orchard Therapeutic Services, the implementation of good governance is embedded directly into the daily operation of the services. This includes the integration of governance policies into animal routines, outdoor learning sessions, accredited KS4 and Post-16 education programmes, vocational training, and work experience placements. Governance procedures are adapted to suit the farm environment and learning context – for example, animal welfare checks are logged alongside daily safeguarding records, tool and machinery safety is embedded within vocational and work-related learning sessions, and seasonal environmental risks (such as muddy conditions or heat stress for animals and people) are built into risk assessments. Governance oversight also extends to educational quality, qualification outcomes, employability skills, and preparation for adulthood, ensuring learners are supported to progress towards further education, training, or employment. The implementation of good governance depends upon the effective application of established policies and procedures, supported by accurate and timely records aligned to the modules of The Services’ Quality Management System.

- *Human resources* - to include recruitment, training, supervision, management, performance appraisal, and the ongoing professional development of all staff members involved in the delivery of the regulated activity. All staff working on the farm receive setting-specific induction and CPD that includes animal handling safety, biosecurity measures, first aid for farm environments, and outdoor learning safeguarding protocols. Recruitment for farm-based and education roles considers practical competence, safeguarding suitability, ability to work with KS4 and Post-16 learners, experience of vocational or work-related learning, and the capacity to support employability, independence, and preparation for adulthood outcomes.
- *Risk management* - to include the assessment, monitoring, and mitigation of any risks relating to the health, safety and welfare of young people and others who may be at risk through delivering the regulated activity. This will include practices such as working with behaviour that challenged. Farm-specific risks are assessed and monitored continually. This includes risks associated with animal interaction, use of hand tools in woodwork, machinery operation (tractors, quad bikes), biosecurity when handling livestock, and seasonal weather hazards. Risk assessments are updated regularly and are visually reinforced through signage in barns, paddocks, workshops, and other learning spaces. All staff are trained to recognise and report emerging hazards immediately.
- *Support Plans and Records* - to maintain an accurate and complete record of the planning (through Baseline Assessment of Needs) and delivery of support to each young person, including decisions taken which are relevant to the support provided. This will include integrated working with other providers or specialist agencies where relevant. For KS4 and Post-16 learners, support plans also include educational targets, qualification aims, employability and work experience goals, and preparation for adulthood outcomes, including independence, communication, and transition planning.

Support plans for young people include farm-specific goals and considerations, such as confidence-building through animal , vocational skill development in horticulture or woodwork, and sensory regulation through nature-based activities. Records reflect the outcomes of these activities, with direct links to educational and therapeutic progress.

- *Accessible, Flexible and Responsive Services* - seeking and acting upon feedback from young persons and other interested parties on the services provided, with the objective of continually evaluating and improving these services. This will include the review and analysis of complaints and compliments. Feedback from young people is often gathered informally during hands-on activities, such as feeding animals, working in the kitchen, or completing a workshop project. This environment encourages open,

honest input. We also use visual tools and symbols for non-verbal feedback, ensuring accessibility for all learners.

- *Process Quality Audits* - continually auditing The Services 's Quality Assurance System of self-assessments and policies against appropriate Standards with the objective of maintaining compliance with these Standards, and the improvement of policies, practices, and the overall delivery of the support and services provided to young people.

Audit Improvements

An audit is the review of performance and as a result, the refinement of practice within The Services, this may refer to:

- Identification of areas for improvement
- Audits are carried out in The Services by our Line Manager or by external experts, which result in improvements in practice
- The use of case studies to highlight specific issues that are then generalised within our service user population.

Quality Assurance and Audit

The Line Manager is responsible for quality assurance within The Services. Our quality assurance process is to check that we meet acceptable standards and exceed where possible. Those standards are based on best practices, legislative and regulatory requirements, and the input of our young people.

The Line Manager will undertake reviews and monitor systems and processes to identify where quality or safety issues are being compromised and will respond appropriately without delay.

The Services will do this by:

- Listening and including the views of our young people
- Putting in place an audit cycle and we will review themes, trends and risks from audits at the board level as well as the operational management level.

List of Audits

The Line Manager or nominated individual will undertake monthly quality control audits and reviews of the service in areas including the following:

- Quality of education
- Health and Safety

- Accidents and incidents
- Safeguarding
- Support Planning
- Infection control
- Compliments, concerns, and complaints
- Young person and staff feedback
- Environmental checks
- Setting visit spot checks
- Develop action plans to enable the achievement of improvement and result
- Form supervision, training and performance management where necessary.
- Curriculum intent, implementation and impact (KS4 and Post-16)
- Learner progress, accreditation and qualification outcome
- Work experience placements, employer engagement and learner readiness
- Preparation for adulthood and destination planning

Quality Assurance

Additionally, The Services will take the following steps to seek feedback and improve our governance policies, procedures and services. For more information on our quality assurance procedures, please view the Quality Assurance Policy Young people will play a central role in our view and understanding of our governance.

- We will seek feedback from young people about the quality of our services in a number of ways, including regular informal conversations carried out by managers and annual satisfaction surveys.
- We will involve young people's families and professional stakeholders and seek feedback from them in order to gain a broad view of the quality of our services.
- We will conduct regular spot checks of education and visits to assess competence, professionalism and conduct.
- All staff will be required to engage in monthly supervision sessions with their immediate line manager.
- We will engage staff in our Quality Assurance System and hold regular staff meetings to seek feedback and suggestions for improvement.

- We will assess all quality monitoring information available and highlight potential areas of improvement and development.
- We will establish Improvement Action Plans to address the above and assign lead responsibilities for each point.
- We will assess the completion and impact of each point within the Improvement Action Plans.
- We will author an annual Quality Improvement report summarizing the improvement achievements over the preceding 12-month period.
- Improvement is not the sole responsibility of the Line Manager and Senior Staff. All staff are encouraged to play a role in driving up our standards and identifying areas where we could do better.

Effectiveness

Effectiveness is about providing the best evidence-based support for the young person while making good use of available resources. The staff in The Services are expected to work within formularies, protocols and pathways where that have been developed for specific conditions. Effectiveness is measured through learner engagement, progress against individual targets, achievement of qualifications, successful completion of work experience, and positive post-16 destinations.

. This will ensure that:

- Support for young people is guided by the best available evidence of effectiveness
- Staff are expected to read the following journals and/or websites regularly to maintain current awareness of the best practice.
- If relevant, professional body membership should be maintained.

Openness

Processes that are open to public scrutiny, while respecting individual young people's confidentiality, are an essential part of quality assurance.

The Services use a number of mechanisms to enable young people and other interested parties to be involved in identifying needs and making improvements. These include:

- Website – promotes services, along with information about the staff, the complaints procedure and a comment facility
- Complaints – all young people's complaints are managed through the Line Manager or DSL and are scanned regularly for learning points and for

patterns. Complaints about support are shared immediately with the staff concerned and with the CEO.

The Services aims to co-operate at all times in a spirit of openness with other supported accommodation settings, and local authority organisations.

Risk Management

Risks - to young people, staff and the service as a whole - are managed through our various policies and risk assessments.

Risks are minimised through other aspects of governance, especially through attention to education and training, audits and effectiveness.

The Services take a “no blame” approach and encourages all staff to discuss any incident that has or could have posed a risk or actual harm.

The learning from incidents is shared across the whole company, and any actions are reviewed until fully implemented.

Record Keeping and Personal Information

The Services will securely keep and maintain accurate, complete and detailed records of young people and any information relating to the planning and delivery of and treatment (including policies and procedures, audits and government arrangements) to ensure a clear and transparent audit of young person support and identified needs, wishes and consent.

The Services will use young people's data for purposes consistent with our Data Protection Policy and the GDPR and will maintain young person confidentiality at all times when using data for governance purposes.

Complete records will also be kept of staff including their suitability for the post through recruitment, training and continual development, commendation and disciplinary actions in accordance with the GDPR.

The Services will ensure that the rights of people about whom information is held can be fully exercised under the GDPR (ie the right to be informed that processing is being undertaken, to access one's personal information; to prevent processing in certain circumstances, and to correct, rectify, block or erase information that is regarded as incorrect).

All information is kept in line with data protection law and disposed of when justified retention needs have come to an end, in adherence with the UK General Data Protection Regulations 7 Principles:

- Lawfulness, fairness and transparency
- Purpose limitation

- Data minimisation
- Accuracy
- Storage limitation
- Integrity and confidentiality (security)
- Accountability.

The Services will publicise and abide by individuals' right to appeal or complain to the supervisory authority (the Information Commissioner's Office (ICO)) in the event that agreement cannot be reached in a dispute regarding data protection.

Role of the ICO - The ICO regulates data protection in the UK. They offer advice and guidance, promote good practice, monitor breach reports, conduct audits and advisory visits, consider complaints, monitor compliance and take enforcement action where appropriate.

All information will be kept securely and accessible only by authorised persons.

The ICO exists to empower you through information.

Website: <https://ico.org.uk/>

Helpline: 0303 123 1113

The Services code: **ICO ZB640373**

Legal Compliance

- All identifiable personal information relating to young people is confidential.
- Annual assessments and audits for compliance with legal requirements will be undertaken.
- All identifiable personal information relating to staff is confidential, except where national policy on accountability and openness requires otherwise.
- Policies to ensure compliance with the Data Protection Act, Human Rights Act and the common law on confidentiality will be available.
- Policies for the controlled and appropriate sharing of patient information with other agencies will be maintained, taking into account relevant legislation mentioned in the policy.
- In the event of individuals suffering significant harm from any personal data losses or being placed at high risk of being harmed, The Services in line with its legal obligations under the GDPR inform the Information Commissioner's Office so that it can investigate.

Management Responsibilities

The Services have designated people for information governance at the organisational level. This includes the designation of individuals responsible for the coordination and completion of the Information Governance Toolkit (IGT) self-assessment work.

The designated people and their responsibilities are as follows:

Chief Executive Officer (CEO)

- The CEO will:
 - Have overall strategic direction and accountability for governance across The Services
 - Monitor and analyse security alerts and information, and distribute them to appropriate staff
 - Ensure appropriate systems are in place for information security and compliance
 - Actively administer Active Directory user accounts, including additions, deletions, and modifications, and review these through a complete audit at least annually

Head of Centre

The Head of Centre holds day-to-day operational responsibility for governance at service level. This includes:

Educational quality and curriculum oversight across KS4 and Post-16 provision
Safeguarding practice and compliance
Staff performance, supervision, and professional conduct
Learner progress, outcomes, and preparation for adulthood
Oversight of work experience, vocational learning, and employer engagement
Ensuring compliance with regulatory, safeguarding, and quality assurance requirements

The Head of Centre reports to the CEO and contributes to governance reporting and scrutiny structures.

Line Manager / Operational Leads

The Line Manager is responsible for implementing governance processes in daily practice. Specifically, they will:

- Provide governance leadership and advice to staff
- Promote high-quality, safe, and consistent support within The Services
- Maintain oversight of staff awareness, training, and compliance
- Act as the first point of response for complaints, incidents, and significant events
- Initiate, contribute to, and review local audits as appropriate

Involvement of Young People

- In order to ensure governance is effective, young people will be involved in determining the quality and level of support provided and inform the results of any governance processes.
- The Services will listen to young people and encourage them to participate in and influence how the supported accommodation operates.
- Systems, such as surveys and feedback, will be used to gain young people's views at least annually.
- Any changes made will be fed back to young people.
- The Services will work to the Accessible Information Standards to ensure equity.
- The Services have an accessible complaints policy in place and any complaints will be dealt with promptly following our complaint policy.
- Young people are actively involved in decision-making about the farm environment. This includes choosing crops for horticulture, helping design animal enrichment activities, selecting café menu items for work experience projects, and suggesting changes to the daily timetable. These contributions are recorded and reviewed at student voice meetings.

Organisational Structure

Company CEO Ludivine Parmentier
Head Of Centre Kim Cook
Assistant Head of Primary and Secondary Alexandra Smith
Assistant Head of KS4 and Post 16 Alexandra Smith
Governance Clerk Caroline Stilwell
HR Ludivine Parmentierhuma

Training

It is the professional duty of all staff to keep their knowledge and skills up to date, and they must, therefore, engage in regular continuing professional development (CPD).

The Services approach to training for all staff is set out in the Training Policy. It is recognised that staff also need to update their skills regularly to support the delivery of high-quality

services.

New staff are trained in the

service's policies and procedures for record-keeping, consent and confidentiality, etc as part of their induction training.

All staff can expect to receive instruction and dedicated training as needed in the service's record-keeping policies and procedures.

Staff with specific roles and responsibilities for information governance at any level in The Services can expect to receive the relevant training to achieve required information governance standards and to implement the GDPR.

All staff complete annual refreshers in farm-specific safety, including animal welfare legislation, zoonotic disease prevention, safe tool and machinery operation, and managing outdoor learning risks. Training also covers integrating therapeutic and educational outcomes into farm activities.

Monitoring and Review

The Line Manager will check this policy is working properly and they will review it at least once a year. We will make improvements to the policy wherever we can.

Employees are invited to suggest any ways the policy can be improved.

This policy does not form part of any employee's contract of employment, and it may be amended at any time.

Governance reviews on the farm involve both operational and educational leads, ensuring that safety, compliance, and learning quality are balanced. Seasonal governance reviews are scheduled to coincide with major farm activity changes, such as lambing season or harvesting.

After reading this Policy, you should be able to:

- Understand what Governance Policy is and how the Governance Policy operates.
- Understand how Governance Policy operates at The Services and have an awareness of the actions we take in preventing, identifying and reporting concerns.
- Understand the role you play in Governance Policy.

If you have not understood any of these points, please ask your Line Manager or trainer for further help.

Policy Review

A CEO will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of The Services.

All employees are expected to follow this policy and failure to do so could result in disciplinary action.

A handwritten signature in black ink, appearing to read 'Ludivine Parmentier', written in a cursive style.

Ludivine Parmentier

Chief Executive Officer