

QUEEN'S Commonwealth Trust

QCT Organisational Assessment Tool

Version: May 2022



A) Organisational Assessment - Overview

| Organisational Area (Prime & Subsidiary) | (Self) Assessment Rating | | | | |
|--|--------------------------|--|--|--|--|
| Governance | | | | | |
| Legal | | | | | |
| Board engagement | | | | | |
| Board support & challenge | | | | | |
| Risk Management | | | | | |
| Leadership communication | | | | | |
| Anti-bribery and corruption, whistleblowing, and conflict of interest policies | | | | | |
| Safeguarding | | | | | |
| Safeguarding policy | | | | | |
| Programmatic Safeguarding Risk | | | | | |
| Governance | | | | | |
| People - recruitment, induction, and knowledge development | | | | | |
| Other Parties & Disclosures | | | | | |
| Reporting Safeguarding Incidents, Investigations and Learning | | | | | |
| Strategy, Business Planning and Financial Sustainability | | | | | |
| Strategic Offer – Compelling and differentiated offer | | | | | |
| Strategic Offer – Financial Viability | | | | | |
| Strategy – Strategy and coherent plan | | | | | |
| Strategy – Execution | | | | | |
| Strategy – Sustainability and sources of funding | | | | | |
| Strategy – Sustainability and cost management | | | | | |
| Strategy – Sustainability and execution | | | | | |
| Programmatic | | | | | |
| Programmatic staff and support | | | | | |
| Operational work planning and delivery | | | | | |
| Programmatic reporting | | | | | |
| Programmatic learning and evaluation | | | | | |



| Organisational Area (Prime & Subsidiary) | (Self) Assessment Rating | | | |
|---|--------------------------|--|--|--|
| Financial Management & Systems | | | | |
| Finance Team & Non-finance staff | | | | |
| Financial Processes & Systems | | | | |
| Internal Controls | | | | |
| Budget | | | | |
| Financial Monitoring & Reporting | | | | |
| Procurement – planning, procuring & contract management | | | | |
| Audit | | | | |
| Asset management, other systems including IT | | | | |
| People | | | | |
| Organisational Structure & Job Descriptions | | | | |
| Recruitment | | | | |
| Performance Management & Personnel Development | | | | |
| Succession Planning | | | | |
| Engagement and Storytelling | | | | |
| Stakeholder Identification & Communication | | | | |
| Communications – storytelling | | | | |
| Communications – organisational reach | | | | |



B) Organisational Assessment – Guidance

QCT exists to support your leaders transforming their communities. QCT provides flexible funding, practical tools and support, and a vibrant network to support young Commonwealth leaders transforming their communities. This tool can be used to support QCT working with young leaders or be used by

young leaders directly. Two proposed ways are detailed below. For both uses those conducting the assessment should consider which of the 4 ratings (A –D, explained further overleaf) most honestly reflect the current position of the organisation for each subsidiary area – and then put the rating in the box on the Overview page.

(a) As an organisational self-assessment tool for internal use and organisational development, whether used independently by management or facilitated by QCT or external consultants. The management of an organisation should go through each subsidiary area of the tool and agree the rating they would give their organisation. This should help raise the organisational self-awareness of the areas where the organisation requires strengthening and help to focus their energies appropriately. The theory of change supporting this approach is based on the Gestalt cycle of experience shown alongside.



(b) As an organisational assessment tool for external use e.g. for funding or to inform technical support, almost always facilitated by external consultants. Where the assessment is being used primarily for external purposes, or there may be limitations with regards to the availability of the complete senior management team or limitations on time, there will be challenges to adopting a truly Gestalt approach to change. As such the tool is being used to give a good indication of the areas where externally provided support would be most beneficial, although there are likely to be reduced organisational development benefits through the use of this tool solely in this capacity.

Where this tool is being used by external consultants to conduct an organisational assessment, **assessors may wish to use this tool in conjunction with the QCT Due Diligence & Risk Assessment Tool.** Both tools are built upon the same organisational assessment framework, with the QCT Due Diligence & Risk Assessment Tool comprising a work programme of questions and testing to help the QCT assessor reach an informed view on risk and possible organisational assessment rating. This will enable the QCT assessor to more robustly engage in an informed manner in rating discussions with the organisation. Note that it is recommended that when a QCT Due Diligence & Risk Assessment and an Organisational Assessment are being performed that the QCT Due Diligence & Risk Assessment is performed first.

C) Organisational Assessment – Reporting and Ratings

A rating of **'Minimal**' to **'Advanced'** should be given to each organisational subsidiary area identified within this tool, together with a narrative of any material risks and observations relating to the organisation's capability and capacity (both positive and negative), and the identification of any capacity building recommendations – which should be discussed with the assessed organisation. A description of the ratings is noted below:

| Organisational Assessment Rating | Description |
|---|--|
| (A) Advanced Capability & Capacity | The organisation has strong capability and capacity within this area and demonstrates good practice in the majority, if not all, of the elements noted within the definition of advanced capability. Minimal externally provided capability and capacity building required. |
| (B) Established Capability & Capacity | The organisation has established capability and capacity within this area and demonstrates most of the elements noted within the definition of established capability. Some capability and capacity building would help reinforce the organisation's current established capability and support progression to an 'Advanced' rating. |
| (C) Emerging Capability & Capacity | The organisation has emerging capability and capacity within this area and demonstrates most of the elements noted within the definition of emerging capability, or an absence of key elements noted within 'Established' and 'Advanced' ratings. Substantial externally provided capability and capacity building required in this area, without which it may be challenging for the organisation to achieve the transformational change that will enable attainment of an 'Advanced' rating. |
| (D) Minimal Capability & Capacity | The organisation has minimal capability and capacity within this area and demonstrates most of the elements noted within the definition of minimal capability, or an absence of key elements noted within 'Emerging', 'Established' or 'Advanced' ratings. Substantial externally provided capability and capacity building required in this area, without which it is likely to take some time for the organisation to achieve the transformational change that will enable attainment of an 'Established' or 'Advanced' rating. |

Note that it is not compulsory that an organisation demonstrates all elements noted within a rating level, and in some instances an organisation may demonstrate elements from across a number of rating levels. The assessor will make a judgment based on the importance of capability and capacity elements existing or lacking when proposing a rating level.



D) Organisational Assessment – Tool

| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced | | | |
|---------------------------|--|---|--|--|--|--|--|
| | Governance | | | | | | |
| Legal | May not be registered with required national bodies. Lack of compliance with tax and minimum reporting requirements under the registration. May not have a written constitution. | Registered with required national bodies, including with tax authorities. Partial compliance with tax and with the annual minimum reporting requirements under the registration, although timing and frequency may be an issue. Likely to have a written constitution. | Registered with required national bodies, including with tax authorities. Compliance with key tax and minimum reporting requirements under the registration, although some infrequent minor compliance issues. Written constitution exists. | Registered with required national bodies, including with tax authorities. Full compliance with tax and reporting requirements under the registration. Written constitution exists and is relevant. Organisation has been registered for over 2 years. | | | |
| Board engagement | Board has a high turnover of Board members and frequently has vacancies. The Board may be missing certain key skills e.g., Finance. Some Board members fully engaged, typically a few Board members are much more active. Unclear division of responsibilities at Board level. | Some unplanned turnover of Board members, most skills exist within the Board although there may be periods when certain key skills are lacking. Most Board members engaged, and majority engage for key strategic meetings. Some division of responsibilities at Board level. | Turnover of Board members low and mostly planned. Mostly right skills mix. Board members actively engaged and attend at least 2 board meetings annually including inputting to annual strategy sessions. Division of responsibilities quite good – but could do with some fine-tuning. | Board has a low but planned periodic turnover of Board members and has the right skills mix. Board members engaged attending at least 3 board meetings annually, and actively engage in annual strategic planning sessions. Clear division of responsibilities between Board members - documented and in practice. | | | |
| Board support & challenge | Board challenge of the Executive is lacking, and the Board is often used to 'rubber stamp' Executive decisions – or conversely there is minimal active support by the Board. May be instances of Board members 'meddling' with operations. Information provided to Board is insufficient to adequately inform decisions, and decisions arising at Board meetings provide little strategic or useful | Across the Board, members provide an imbalance of challenge and support to the Executive. Board members sometimes very involved in operations and delivery. Information provided to the Board is of varying quality, with little consistency of form. Executive pays some attention to decisions arising from Board | Board members mostly provide a good balance of challenge and support – although there are periodic lapses. Delivery almost exclusively left to Executive. Information provided to the Board is usually timely and sufficient – but not always. Board decisions are usually acted upon but may not be tracked or reported back to Board. | Board members provide good level of support and challenge to Executive, while keeping out of delivery. Sufficient and timely information provided to Board. Decisions from Board meetings provide useful direction to Executive and actions agreed are acted upon, tracked and reported. | | | |



| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced |
|---|---|--|--|--|
| | direction to Executive. Board directives frequently not actioned or tracked. | meeting but do not fully action or track all Board decisions. | | |
| Risk Management | Only a few Board and Executive members understand key risks and risk management. No formal processes exist to identify and review risks, although there may be infrequent identification of risks. Risk analysis does not inform how the organisation acts, and there is a history of fire-fighting issues. | Some Board and Executive members have some understanding of the key risks and risk management, and although processes exist to identify and review risks – identification and review happen infrequently. Analysis of key risks rarely informs how the organisation acts. Risks often become issues before they are addressed. | Most Board and Executive members have a fairly good understanding of the key risks and have relatively well-structured functioning documented systems and processes in place to identify and review risks. Analysis of key risks usually occurs and partially informs how the organisation acts. | The Board and Executive have a good understanding of the key risks and have functioning systems and processes in place to identify and routinely review risks in a timely manner. Analysis of key risks is then used to inform how the organisation acts. |
| Leadership communication | Employees have minimal knowledge of the vision, mission and strategy. Few employees can make the connection between the organisational strategy and their day-to-day activities. | Most employees have some knowledge of the vision, mission and strategy. A few employees can clearly articulate how their work impacts upon delivery of the organisational strategy, feeds into their annual business plans and day-to-day activities. | Most employees have relatively good knowledge of the vision, mission and strategy – and can describe fairly well how their work impacts upon delivery of the organisational strategy, feeds into their annual business plans and day-to-day activities. | Employees know the vision, mission and strategy of the organisation – and can clearly articulate how their work impacts upon delivery of the organisational strategy and how it has fed into their annual business plans, and day-to-day activities. |
| Anti-bribery and corruption, whistleblowing and conflict of interest policies | Formal anti-bribery/ fraud/ corruption and whistleblowing policies do not exist. A formal conflict of interest policy does not exist. | Anti-bribery/ fraud/ corruption, whistleblowing and conflict of interest policies have been drafted and may have been approved by management/ board but may not have been fully operationalised. Some staff are not aware of the policies. Informal anti-bribery, whistleblowing and conflict of interest procedures may be in place. | Anti-bribery/ fraud/ corruption, whistleblowing and conflict of interest policies have been approved by management/ board and may be partially operationalised. All staff and associates are aware of, and trained in, these policies. Anti- bribery and conflict of interest declarations are signed by staff on joining the organisation to confirm their understanding and acceptance. All incidents reported | Anti-bribery/ fraud/ corruption, whistleblowing and conflict of interest policies have been approved by management/ board and have been fully operationalised. All staff and associates have been trained and can speak confidently about these policies. Anti- bribery and conflict of interest declarations are signed for understanding and agreement by staff at key points (joining the organisation, during procurements, annually). All incidents reported are recorded and |

| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced |
|-----------------------------------|---|--|---|--|
| | | | are recorded and incident reports are available to inform learning. | incident reports available to inform learning. |
| | | Safeguarding | | |
| Safeguarding policy | There is no safeguarding policy and procedures in place. | There is a safeguarding policy and procedures in place, but it is not reviewed periodically by the Board. Staff members have not signed the Safeguarding policy and Code of Conduct. Staff and volunteers do not know where they can access the safeguarding policy and know how to report. | There is a safeguarding policy and procedures in place, which is reviewed periodically by the Board. Staff members have signed the Safeguarding policy and Code of Conduct. Staff and volunteers do not know where they can access the safeguarding policy and know how to report. | There is a safeguarding policy and procedures in place, which is reviewed periodically by the Board. Staff members have signed the Safeguarding policy and Code of Conduct. Staff and volunteers know where they can access the safeguarding policy and know how to report. |
| Programmatic Safeguarding Risk | Safeguarding risk assessments and mitigation strategies are not undertaken, nor will many team members be familiar with how to assess safeguarding risk. The selection process of beneficiaries is left to the discretion of a single person. Beneficiary data is not stored in a safe place in a way that maintains confidentiality. | Occasionally safeguarding risk assessments and mitigation strategies may be undertaken, and a number of team members may be familiar with how to assess safeguarding risk. The selection process of beneficiaries is left to the discretion a few individuals with limited monitoring by the Project Manager/ team. Although beneficiary data is stored in a safe place, confidentiality is not fully adhered to. | Safeguarding risk assessments are undertaken and mitigation strategies are developed, and the majority of team members are familiar with how to assess safeguarding risk. The selection process of beneficiaries is a collective effort with limited monitoring by the Project Manager/ team. Beneficiary data is stored in a safe place and in a way that maintains confidentiality. | Safeguarding risk assessments are undertaken and mitigation strategies are developed as routine. All team members are familiar with how to assess safeguarding risk and do this as second nature. The selection process of beneficiaries is a collective effort closely monitored by the Project Manager/team. Beneficiary data is stored in a safe place and in a way that maintains confidentiality. |
| Governance | There is no budget specifically allocated to safeguarding within the programmes. Lacks Designated Safeguarding Lead (DSL) assigned to deal with safeguarding related matters. The management team may not set any time for | There is a minimal budget specifically allocated to safeguarding within the programmes. Even though there is a Designated Safeguarding Lead (DSL) assigned to deal with safeguarding related matters, | There is a budget specifically allocated to safeguarding within the programmes. There is a Designated Safeguarding Lead (DSL) assigned to deal with safeguarding related matters, their roles and responsibilities are | There is adequate budget specifically allocated to safeguarding within the programmes. There is a Designated Safeguarding Lead (DSL) assigned to deal with safeguarding related matters, their roles and responsibilities are |



| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced |
|--|--|--|--|--|
| | safeguarding to be considered by those with ultimate accountability for the organisation. Safeguarding related data is not kept in a secure place in a way that maintains confidentiality. | their roles and responsibilities are not clear and are in most cases informal. The management team may not set any time for safeguarding to be considered by those with ultimate accountability for the organisation. Safeguarding related data is kept in a secure place in a way but confidentiality may not be fully adhered to. | documented. The management team may set some time though not adequate for safeguarding to be considered by those with ultimate accountability for the organisation. Safeguarding related data is kept in a secure place in a way that maintains confidentiality. | documented and are well known by all staff and engaged third parties. The management team may set adequate time for safeguarding to be considered by those with ultimate accountability for the organisation. Safeguarding related data is kept in a secure place in a way that maintains confidentiality. |
| People - recruitment, induction and knowledge development | Minimal people related safeguarding aspects in place, including a lack of: Adequate measures to ensure safe recruitment practices; Formal safeguarding induction and on-going training programmes; Awareness about the role of the Designated Safeguarding Lead (DSL); Integration of safeguarding into performance management/ appraisals with all staff and volunteers; and Knowledge and training improved through engagement with local/ online forums, trainings and conferences with other NGO's to share best practices. | Limited people related safeguarding aspects in place: Adequate measures to ensure safe recruitment practices, but are unlikely to apply to engaged third parties (consultants, contractors, volunteers and other representatives); Safeguarding training likely one-off, probably in induction; Few staff have adequate awareness about the role of the Designated Safeguarding Lead; Safeguarding has not been integrated into performance management/ appraisals with all staff and volunteers; and Lack of knowledge and training improved through | Established people related safeguarding aspects in place: Adequate measures to ensure safe recruitment practices; Formal safeguarding induction and infrequent on-going training programmes; Staff have adequate awareness about role of the Designated Safeguarding Lead (DSL); Safeguarding not fully integrated into performance management/ appraisals with all staff and volunteers; Some knowledge and training improved through local/ online forums, trainings and conferences with other NGOs to share best practices. | Advanced people related safeguarding aspects in place: Comprehensive measures to ensure safe recruitment practices; Formal and rigorous safeguarding induction and on-going training programmes; All staff and volunteers have adequate awareness about the role of the Designated Safeguarding Lead (DSL); Safeguarding has been fully integrated into performance management/ appraisals with all staff and volunteers; and Adequate knowledge and training improved through engagement with local/ online forums, trainings and conferences with other NGOs to share best practices. |



| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced |
|---|--|---|--|--|
| | | local/ online forums, trainings and conferences with other NGOs to share best practices. | | |
| Other Parties & Disclosures | Those who come into contact with the organisation, whether beneficiaries, external contractors, service providers or others, are unlikely to be aware of the organisation's safeguarding policy and who to report a concern or incident to. Safeguarding practices are not included in the contracts signed between the organisation and consortiums, external contractors or service providers. Designated Safeguarding Leads' details are not posted in public places to ensure that they are well known to all staff, volunteers and beneficiaries. | Those who come into contact with the organisation, particularly beneficiaries, external contractors, service providers or others, may have some awareness of safeguarding but may not know how to report. Safeguarding practices are included but to a limited extent in the contracts signed between the organisation and consortiums, external contractors or service providers. Limited details of the Designated Safeguarding Lead are posted in some public places hence only known to staff but not the beneficiaries. | Through the development of locally appropriate materials those who come into contact with the organisation, whether beneficiaries, external contractors, service providers or others, are aware of the organisation's safeguarding policy and who to report a concern or incident to. Safeguarding practices are included in the contracts signed between the organisation and consortiums, external contractors or service providers. Adequate details of the Designated Safeguarding Lead are posted in some public places hence only known to staff and some beneficiaries. | Through the development of locally appropriate materials those who come into contact with the organisation, whether beneficiaries, external contractors, service providers or others, are all aware of the organisation's safeguarding policy and who to report a concern or incident to and have evidenced that this works through reported and appropriately resolved incidents. Comprehensive safeguarding practices are included in the contracts signed between the organisation and consortiums, external contractors or service providers. Designated Safeguarding Leads' details (picture and work contact information) are posted in all relevant public places, and they are well known to all staff, volunteers and beneficiaries. |
| Reporting Safeguarding Incidents, Investigations and Learning | The organisation is unlikely to have undertaken a local mapping exercise which provides information on the legal, social welfare, medical, emotional and safeguarding arrangements that could be accessed if required, to support beneficiaries. | The organisation may have undertaken some safeguarding mapping, but it is unlikely to be completely localised. The organisation may have a documented process for reporting safeguarding incidents, managing disclosures and escalating internally but is | The organisation has undertaken a localised safeguarding mapping exercise. The organisation has a documented process for reporting safeguarding incidents, managing disclosures, escalating internally and undertaking investigations but this | The organisation has undertaken a comprehensive localised safeguarding mapping exercise which they have triangulated and are confident about what safeguarding services could be offered. The organisation has a comprehensive documented process for reporting safeguarding incidents, managing |



| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced |
|---|--|--|--|---|
| | The organisation is unlikely to have a documented process for reporting safeguarding incidents, managing disclosures, escalating internally, and undertaking investigations. The organisation lacks measures in place for beneficiaries to provide ongoing feedback in a safe and confidential manner on the services they receive and complaints that they may have. The organisation does not monitor compliance with safeguarding policy and code of conduct routinely, nor does it have processes in place to learn safeguarding lessons and adapt, by those with ultimate accountability for the organisation. Beneficiary feedback and complaints are neither reviewed, discussed, logged nor actioned by staff and volunteers. | unlikely to have a documented process or capacity to undertake investigations. The organisation has put in place measures for beneficiaries to provide ongoing feedback but does not take into consideration safety and confidentiality of the beneficiaries. The organisation monitors compliance with safeguarding policy and code of conduct annually and has limited processes in place to learn safeguarding lessons and adapt, by those with ultimate accountability for the organisation and that these do not feed into policy and procedural revisions. Beneficiary feedback and complaints are reviewed, discussed and logged but are not actioned by staff and volunteers. | may not have been tested and there may be capacity limitations. The organisation has put in place measures for beneficiaries to provide ongoing feedback in a safe and confidential manner on the services they receive and complaints that they may have. However, some of the beneficiaries are not aware of the available feedback mechanism. The organisation monitors compliance with safeguarding policies and procedures on an on- going basis. It has processes in place to learn safeguarding lessons, adapt, and these feed into periodic reviews of policy. Beneficiary feedback and complaints are reviewed, discussed, logged and actioned by staff and volunteers. However, there is no follow-up process to ensure full implementation of proposed actions. | disclosures, escalating internally and undertaking investigations which has been tested and refined. The organisation has put in place measures for beneficiaries to provide ongoing feedback in a safe and confidential manner on the services they receive and complaints that they may have. Regular feedback is received from the beneficiaries hence the system has been tested and refined. The organisation monitors compliance with safeguarding policies and procedures on an on-going basis. It has processes in place to learn safeguarding lessons, adapt. There is a robust annual review of policy and practice in light of lessons learnt and latest best practice. Beneficiary feedback and complaints are reviewed, discussed, logged nor actioned by staff and volunteers. Status of implementation of agreed actions is periodically reviewed. |
| | Stra | ategy, Business Planning and Fi | nancial Sustainability | |
| Strategic Offer – Compelling and differentiated offer | Minimal consideration of how and why the solution addresses the need, or alternative options to address the need – and their associated pros and cons. | A need has been identified and solution developed to address that need. Unlikely to be much broader consideration of landscape, reducing opportunities for collaboration or signposting. Limited consideration of audience | A need has been identified and solution developed to address that need. There is clarity as to what uniquely the organisation brings to allow it to provide the solution – but probably limited consideration of wider landscape. Some considered thought about | A clear need (problem) has been identified, with a particular audience, and solution offered that addresses the need. There is a clear point of differentiation offered by the organisation with clarity as to landscape (competitors, collaborators). All is supported by sufficient relevant |

| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced |
|--|--|--|---|---|
| | | segmentation. Evidence for strategic positioning likely to be limited. | audience segmentation. Evidence exists to justify aspects of strategy, albeit may be incomplete. | evidence and analysis. The offer is compelling. |
| Strategic Offer – Financial viability | The financials for the proposed solution may be unrealistic, and a number of key assumptions either unsupported or evidence to support insufficient or not compelling. Real questions exist about whether the solution could be financially viable. | The proposed solution is affordable, but questions about value for money exist, in particular when considering alternative options in the market, or the audience segment. Limited evidence and / or limited robustness of evidence available to support key assumptions. | The proposed solution is affordable. There is an assumption that the size of the market is sufficient to support sustainability but there may be insufficient research to be confident in this statement. Some evidence available to support most other key assumptions, but likely to be of limited robustness. | The proposed solution represents an affordable and value for money offer to those to whom it is marketed. The size of the market is sufficient for the solution to become sustainable. The fundamental assumptions to support sustainability are reasonable and supported by actual statistically valid evidence, including actual income generated. |
| Strategy – Strategy & coherent plan | A limited strategy and plan, or no plan, exists. This has reference to the strategy but is unlikely to be comprehensive, nor completed in a robust manner e.g., limited information on resourcing, timescales or sequencing. | A strategy exists and logical plan that is representative of aspects of the strategy, with priorities identified. The plan may not be fully resourced or costed. Timescales for activities and sequencing documented but may be subject to substantial challenge. | A strategy exists and logical plan that draws from the strategy. The plan is reasonably resourced and costed. Timescales and sequencing are reasonable. | A comprehensive strategy and robust, logical plan have been developed and the plan draws directly from the strategy and is clear on impact, resourcing requirements (cost and people), timescales and sequencing. Clear KPIs identified. |
| Strategy – Execution | Activities bear limited resemblance to those included in the strategic plan or are constrained by a basic strategic plan. Limited in-year reporting makes it challenging to understand in-year strategic progress. | Activities undertaken are within the broader strategic plan, but may not reflect the priorities, sequencing, timescale, or resourcing. Limited in-year reporting of progress against strategic plan. | Execution of the strategic plan is underway and can be evidenced. Indicators, or activities within the strategic plan are reported on, and it is relatively easy to understand progress against the plan at a point in time. There may be limited evidence of lesson learning and adaptive management. | Execution of strategic plan is undertaken in accordance with the timescale, resourcing and sequencing identified in the strategic plan and impact is as envisaged. KPIs are regularly reported on, attainment evidenced, and lessons learnt and adaptive management response evident. |



| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced |
|--|---|---|--|---|
| Strategy – Sustainability and sources of funding | The organisation is primarily funded by the founder(s) or by family and friends. There may be a grant funder. Sustainability plans have not been developed nor sustainability modelling undertaken. | The organisation has a number of grant funders supporting it, but these are unlikely to be multi- year. Grant funding may not be unrestricted nor cover for full cost recovery. Sustainability plans and sustainability modelling if undertaken is unlikely to be robust. | Grant funding is likely to include a majority of multi-year funders, and grant funding have a sufficient component of unrestricted funding while recognising full cost recovery needs. Income generation strategy is evidenced through meaningful funds being raised, likely to be at least 10% of funding required. Other alternative financing mechanisms such as offsets, impact bonds, debt have been seriously considered. Robust sustainability plans and modelling is undertaken with consideration of opportunity costs. | Grant funding is likely to include a majority of multi-year funders, and grant funding have a sufficient component of unrestricted funding while recognising full cost recovery needs. Income generation strategy is evidenced through meaningful funds being raised, likely to be at least 20% of funding required, and with probability that income generated will cover the majority of expenditure within 3 years. Other alternative financing mechanisms such as offsets, impact bonds, equity seriously considered, and at least one pursued realising meaningful income. Robust sustainability plans and modelling, with sensitivity analysis is undertaken with consideration of opportunity costs. |
| Strategy – Sustainability and cost management | There are no policies in place with regards to indirect / management costs. The apportioning of indirect costs is carried out on an ad hoc basis. Funds received from donors do not adequately cover indirect / management costs. Foreign exchange and inflationary risk not mitigated and by default accepted. | There are no documented policies in place with regards to indirect / management costs. The basis for apportioning indirect costs is known but not documented and is not adequately supported. Funds received from various donors do not adequately cover indirect / management costs. Limited grasp and mitigation of foreign exchange and inflationary risks. | There are documented policies in place with regards to indirect / management costs. The apportioning of indirect costs is accurately calculated but the basis of apportioning is not adequately supported. Funds received may not routinely adequately cover all indirect / management costs. Foreign exchange and inflation may be managed in a simplistic manner – although risks unlikely to be optimally hedged. Performance of income generating activities are monitored to inform | There are documented policies in place with regards to indirect / management costs. The apportioning of indirect costs is accurately calculated, and the basis of apportioning adequately supported. Funds received adequately cover all indirect / management costs. Foreign exchange and inflation risk managed appropriately. Performance of income generating activities is monitored and milestones known, for instance, whether the activities are profitable, break-even or on target, and used to inform strategy. |



| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced |
|---|--|---|--|---|
| | | | strategy but this could be more timely. | |
| Strategy – Sustainability and execution | Funds raised during the last three years show substantial variation year on year with little demonstrable sustainable, and increasing, income and minimal unrestricted funding. Most of the funding received is restricted. No multi-year funding is received and there is over-reliance on one donor. Organisation is solvent, although timing issues for receipt of donor funds may impact upon solvency. Minimal funds have been secured for the following year. Reserves policy unlikely to exist. | Funds raised during the last three years show substantial variation year on year with little demonstrable sustainable, and increasing, income and minimal unrestricted funding. Organisation is solvent at each year end. Minimal funds have been secured for the following year. Reserves policy unlikely to exist. | Funds raised during the last three years shows sustainable and increasing income with some unrestricted income, while expenditure is managed to ensure solvency during these years. Good progress has been made on securing funding for the next complete year, and a fundraising strategy exists. Reserves policy exists but rationale basic. | Funds raised during the last three years show sustainable and increasing income, almost certainly increasing above inflation and planned need with a substantial amount of unrestricted income, while expenditure is carefully managed ensuring solvency during these years. Substantial multi-year funds have already been secured at least for the following complete year – or in accordance with a robust risk informed reserves policy. |
| | | Programmatic | | |
| Programmatic staff and support | The team members (staff or volunteers) delivering on technical aspects have limited required technical experience and limited people with the requisite skills, inside or outside the organisation, to turn to for advice. | The team members (staff or volunteers) delivering on technical aspects have enough of the required technical experience to deliver on their current tasks but there are likely to be challenges if the technical delivery increased substantially. There are individuals (either within or outside of the organisation) with the requisite skills that team members could, if critical, turn to for advice. | The team members (staff or volunteers) delivering on technical aspects are suitably experienced and qualified although there may be capacity issues. There are individuals (either within or outside of the organisation) with the requisite skills that team members could readily turn to for advice. | The team members (staff or volunteers) delivering on technical aspects are suitably experienced and qualified with sufficient capacity. There are a number of individuals both within and outside of the organisation who have the requisite skills, and may be usefully networked, that team members readily turn to for advice. |
| Operational work plan and delivery | It is probable that an operational workplan was developed at the inception of the programme, but delivery is guided by other factors, | An operational workplan exists but is only partly used to guide delivery and is likely to have minimal use in monitoring | An operational workplan exists and helps guide delivery, although there may be some activities that happen outside of the workplan, | The operational workplan is key to guiding delivery and together with the KPIs is used by the organisation to monitor performance. A project |



| | (D) Minimal | (C) Emerging | (B) Established | (A) Advanced |
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| | and the workplan may no longer be used to inform delivery. A project management methodology is unlikely to be applied. | performance. A simple project management methodology may have been applied. | and it may only be partially used to monitor performance. A project management methodology is likely to have been applied. | management methodology will have been applied. |
| Programmatic reporting | A programmatic report with some quantitative, qualitative and risk information is issued to key internal and external stakeholders annually. | Infrequent, but at least bi-annual programmatic reports with quantitative, qualitative and risk information and analysis are prepared to inform learning and issued to key internal and external stakeholders. | Programmatic reports with quantitative, qualitative impact data and risk information and analysis are prepared regularly and in a timely manner to inform learning and adaptive management and issued to key internal and external stakeholders. | Programmatic reports with quantitative, qualitative impact data and analysis and risk information and analysis are prepared regularly and in a timely manner to inform learning and adaptive management and issued to key internal and external stakeholders. |
| Programmatic learning and evaluation | There is a basic understanding of monitoring, evaluation and learning (MEL) to inform improved delivery but there is unlikely to be an organisational MEL framework. There is minimal evidence of adaptive management and learning feeding into revisions to programme design. | There is a basic understanding of monitoring, evaluation and learning (MEL) to inform improved delivery and a basic organisational MEL framework exists. There is some evidence of adaptive management and learning feeding into revisions to programme design, but this may not be formalised. | Good monitoring, evaluation and learning (MEL) capability but there may be capacity limits. An organisational Impact or MEL framework exists. There is a periodic and formal process whereby key learnings are captured and evidence of resultant adaptive management with learning feeding into revisions to programme design. | Strong monitoring, evaluation and learning (MEL) capability and capacity and a good organisational Impact and MEL framework exists and is used. Key learning points are captured and evidence of resultant adaptive management with learning feeding into revisions to programme design in a timely manner. |
| | | Financial Management 8 | & Systems | |
| Finance Team & Non- finance staff | The finance team may contain an individual with limited financial management experience. Segregation of duty issues likely to exist. Non-finance staff who have financial duties (e.g., budget holders) see finance as separate from their responsibilities – | The finance team is stretched, but operates, with sufficient experience to run the finance department on a day-to-day basis – although this experience is often vested in 1 individual. Requires support for more complex or less usual financial | Key posts in the finance team are filled, although the team could be strengthened. Team members generally have sufficient qualifications and experience. Non-finance staff who have financial duties (e.g., budget | Finance team is of an adequate size and the members have sufficient qualifications and experience to run the finance department and to ensure adequate internal controls – including segregation of duty – exist. Non-finance staff who have financial duties (e.g., budget holders) have been trained in the |



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| | including budget ownership and management. | activities. Possible segregation of duty issues. Non-finance staff who have financial duties (e.g., budget holders) see finance as separate from their responsibilities – including budget ownership and management. | although often revert to the finance team for support. | necessary financial processes – and actively use this training. |
| Financial Processes & Systems | No finance manual exists, or if it does key policies and processes are not documented. A manual accounting system, such as simple Excel spreadsheets are used. There may not be a chart of accounts. Cash accounting is likely to be adopted. | The finance manual is in draft, limited and likely to require updating. It is used infrequently, and only by some of the finance team. A basic chart of accounts has been adopted or developed, but the accounting system is unlikely to be automated and Excel spreadsheets are likely to be used. Income and expenditure are recorded periodically and unlikely to be recorded on a daily basis. Cash accounting is likely to be adopted. | A fairly comprehensive finance manual exists but it may require updating and may not be used that often. The accounting system is basic but automated, with a basic chart of accounts, although there may be limits on the modules used and improvements to the chart of accounts would enable improved analysis. Income and expenditure are usually recorded on the day that they are incurred. Accrual or modified cash accounting is adopted. | A comprehensive and up to date finance manual exists which is used to provide guidance for the operation of the finance department. An automated accounting system is used with a relevant chart of accounts to which all income and expenditure is recorded on the day incurred. Accrual accounting is adopted. |
| Internal Controls | Basic internal controls exist for most high risks, although they may be ineffectively designed and not always applied, and for moderate risks they are lacking. Segregation of duty is understood but not always applied. Bank reconciliations are not performed in a timely manner. There are no controls and guidelines in place regarding petty cash and programmatic activity floats. Clear | Internal controls address most high and moderate risks but are not always effectively applied. Segregation of duty exists although it could be improved. Monthly bank reconciliations are performed but not always reviewed, some variance analysis reporting is provided, but is not always timely. There are set controls and guidelines on petty cash and programmatic activity | Internal controls exist to address all high and most moderate risks and are effective. As a minimum there is timely use of adequate segregation of duty, monthly bank reconciliations, variance analysis reporting. There are set controls and guidelines on petty cash and programmatic activity floats, regular cash counts are carried out, but variances noted are not adequately investigated. Journal | Internal controls exist to address key high and moderate risks, including as a minimum adequate segregation of duty, monthly bank reconciliations, variance analysis reporting. There are set controls and guidelines on petty cash and programmatic activity floats, and they are fully complied with. Journal postings are limited and all approved. There is sufficient senior review when required. Sufficient documentation is held in an |



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| | preparation, review and posting processes are not always followed for journals. There is some, but insufficient review by senior management. Documentation exists but is difficult to locate. | floats, but they are not fully complied with. Journal postings are excessive but reviewed. Documentation and senior review could both be improved. | postings could be reduced but are all approved. Senior review time could be increased. Documentation to support an audit trail exists but could be improved. | organised manner to provide an audit trail. |
| Budget | Budgeting is project specific, and once set at the start of the year is not considered again – except for consideration of performance against the overall budget envelope. Budget management is not seen as a useful tool, and so no value is seen in revising budgets during the year. There is a lack of budget holder ownership, which by default sits with finance. Budget setting is top-down. | Budgeting is usually project specific, or if organisational has limited use / value to the Executive. Substantial variance to budget occurs during the year – although there is still some semblance of the overall shape of expenditure. Budgets often developed in silos either by finance or by a project with low levels of involvement of other parts of the organisation. Minimal budget holder ownership. | Organisational, and where relevant project specific, budget(s) have been developed and approved although not always in timely manner. Some income / expenditure may occur outside budget. Budget variance analysis is sufficient. Budgets are reviewed during the year although the budget revision process may be basic. Budget holder ownership could be strengthened. | Comprehensive organisational, and where relevant project specific, budget(s) has been developed and approved ahead of the financial year, resulting in minimal in-year virements required, or where the budget is required to be substantially revisited a formal budget revision process is undertaken. Suitably participative approach to budget development. Strong budget ownership by budget holders. |
| Financial Monitoring & Reporting | Expenditure reports can be developed upon request but are not routinely prepared although unlikely to be timely or have sufficient analysis for an uninformed reader. Unlikely that income or cashflow are routinely monitored or reported. Financial reports are not provided to the Executive or Board routinely. Difficult to relate financial and programmatic reports in a meaningful way. | Limited monitoring of expenditure against budget with infrequent financial reports provided to the Executive and to the Board. Analysis is often lacking, or insufficient to support decision making. It is possible to link the financial reports with programmatic reports – but links are not immediately obvious. | Some monitoring of expenditure and income against budget with frequent but not always timely financial reports provided to the Executive and periodically to the Board. Some analysis supports decision making. Financial reports support programmatic reports, but greater connections could be made. | Ongoing monitoring of expenditure, income and cashflow against budget with timely regular financial reports provided to the Executive and periodically to the Board with sufficient analysis to enable the reports to support good decision making. Financial reports correlate strongly with programmatic reports. |
| Procurement – planning, procuring & | Very basic procurement guidance has been developed – but it is not comprehensive. Procurement | Some procurement guidance exists for goods, consulting, and services – and there is at least | Satisfactory Procurement procedures are documented and usually followed, and budget | Robust procurement procedures are documented and are followed, and budget holders understand and comply |



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| contract management | planning is absent. An ad hoc procurement committee meets but is not sufficiently trained. There is unlikely to be any system for tracking contract delivery. | one individual in the organisation who understands procurement. There is limited procurement planning. An ad hoc procurement committee meets but is not sufficiently trained, and an understanding of Value for Money (VfM) exists but is basic. There is unlikely to be any system for tracking contract delivery. | holders generally follow the procurement planning process. A procurement committee exists but could meet more regularly and be better trained. VfM is considered during evaluation. Simple systems exist for tracking contract delivery. | with the procurement planning process. A trained procurement committee exists and meets regularly, with a timely and VfM evaluation process. Systems exist for tracking and monitoring performance against contract. |
| Audit | No independent organisational audit or review is undertaken, although project audits may take place. Unlikely that management letters exist, but if they do, they are likely to have a number of highly rated management letter points. | An independent organisational audit, or where appropriate independent review, is undertaken on an annual basis. Project audits may additionally be conducted. Most highly rated management letter points have been actioned although it is unlikely that a tracking system for management letter points exists. | An independent organisational audit, or where appropriate independent review, is undertaken in a timely manner on an annual basis. Unqualified opinions have been given for last 3 years – or where qualified remedial action can be demonstrated. Most high and medium rated management letter points have been actioned although it is unlikely that a tracking system for management letter points exists. | An independent organisational audit, or where appropriate independent review, is undertaken on an annual basis by a recognised firm, and a system exists for tracking management letter points – which are actioned in a timely manner. In the last 3 years all organisational and project opinions have been unqualified, and all high and medium rated management letter points have been actioned, tracked and reported on in a timely manner. |
| Asset management, other Systems including IT | Office and administrative systems, processes and policies exist, although substantial improvements could be made to facilitate organisational efficiency. IT policies exist only for back-up. There are no controls put in place to manage capital assets except for a listing of capital assets which is not updated on a regular basis. | Office and administrative systems, processes and policies exist for most key organisational areas, although they do not always enable the most efficient organisational operations and there are instances of non- compliance. IT policies covering data use, storage & back-up exist – although are not widely known – apart from the need to back-up data. There are documented policies in place to manage | Office and administrative systems, processes and policies exist for most key organisational areas, although they do not always enable the most efficient organisational operations. IT policies covering data use, GDPR compliance, data storage & back-up exist – although may not be complied with completely. There are documented policies in place to manage capital assets, although, they are not fully complied with. A comprehensive | Office and administrative systems, processes and policies exist that support the organisation including sufficient IT policies covering data use, storage & back-up – which are GDPR compliant, and all complied with. There are documented policies in place to manage capital assets. A comprehensive fixed assets register is maintained, and assets are insured. Periodic assets verification exercises are carried out. |



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| | | capital assets, although substantial improvement could be made. If a fixed assets register is maintained, it may have limited information. Periodic asset verification exercises are not carried out, nor assets insured. | fixed assets register is maintained, and assets are insured. Periodic assets verification exercises may be carried out. | |
| | | People | | |
| Organisational Structure & Job Descriptions | The organisational structure is not documented. Job descriptions may exist – but not for every position, and the job descriptions are unlikely to be comprehensive. A basic HR manual exists although it is unclear who knows about it, and how much it is used. | The organisational structure is documented, but substantial improvements could be made to facilitate effective delivery of the organisational strategy and programmes. Job descriptions exist but likely out of date or not comprehensive. Basic HR manual exists although unclear who knows about it, and how much it is used. | The organisational structure largely supports the delivery of the organisational strategy and programmes. Job descriptions exist however responsibilities could be more clearly captured and delineated. An HR manual exists and is used, although there are areas where the manual could be strengthened. | The organisational structure supports the delivery of the organisational strategy and programmes. All positions have job descriptions with clearly delineated responsibilities. A comprehensive employee HR manual exists and is used. |
| Recruitment | Recruitment happens although there are unlikely to be documented processes and the recruitment process may not be transparent. Recruitment is unlikely to be strategically planned. Affirmative action for under- represented groups is unlikely to happen. | Recruitment processes are documented at a high level – and recruitment appears to follow the outlined processes. Recruitment is likely to be reactive. Affirmative action for under-represented groups is unlikely to happen. | The recruitment process is documented, with recruitments undertaken in accordance with process and in open and fair manner. Recruitment likely planned. Affirmative action is adopted on ad-hoc basis for the most under-represented groups. | Recruitment is conducted in a transparent, fair and planned manner following documented processes, with affirmative action supported for under- represented groups. |
| Performance Management and Personnel Development | It may be difficult to evidence that a culture of accountability and performance management exists, and there is unlikely to be a performance management system, other than a very basic annual appraisal discussion although this | A culture of accountability and performance management exists in parts of the organisation – but not across the whole organisation. A basic performance management system exists although it adds | There is a relatively good culture of accountability and performance management. A performance management system exists although it could be improved. | A culture of accountability and performance management exists and is supported by a user-friendly performance management system. Developing employees as an end in itself |



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| | may not always be conducted. Employees may receive some developmental training or support, but it is limited, and it may not be directly linked with need. | little value to the organisation or the individuals who take part and is unlikely to be used in a timely manner. Employees may receive some developmental training or support, but it is limited, and it may not be directly linked with need. | Developing employees is important to the organisation. | and to enable them to better deliver for the organisation is a priority. |
| Succession Planning | Succession planning may happen in an unplanned manner – and there is little ownership of succession planning at the top of the organisation. | For some, but not all, key positions an individual or individuals may have been identified and some thought gone into developing succession plans, although unlikely to be substantiated by actions. | For key positions, individuals have been identified and some thought and limited action has gone into developing succeeding individuals. | For key positions, succession plans developed and an ongoing planned process of developing succeeding individuals, including use of mentoring, to support smooth transition if and as required. |
| | | Engagement and Stor | ytelling | |
| Identification & engagement of Stakeholders | The organisation has not identified its key stakeholders although as an organisation it will engage in some communication, but the communication is likely to be the same to all stakeholders. Those who fund may make ad hoc requests for information and there is a lack of pro-active engagement (either side). Challenging relationships may exist with certain key stakeholders. Beneficiaries are not clear on the organisation's purpose and do not know how to engage, including around safeguarding issues. | The organisation has identified some of its key stakeholders and has a plan to engage with them – however the plan is unlikely to be documented, nor is there likely to be much differentiation of engagement strategy by stakeholder. Those who fund may make ad hoc requests for information and there is minimal pro-active engagement (either side) with funders or other critical third parties. Challenging relationships may exist with certain funders. Beneficiaries are not clear on the organisation's purpose and their knowledge of how to engage may be limited to | The organisation has identified most key stakeholders and has a documented stakeholder engagement plan – although there is limited differentiation of strategy with regards to engaging stakeholders. There is proactive engagement with those who fund and other critical external third parties. Generally, relationships with those who fund are positive however there are likely to be issues with funders generally not accepting standard organisational policies and reporting. Beneficiaries are clear on purpose and know how to engage for a range of matters including safeguarding reporting. | The organisation has identified its key stakeholders and can demonstrate a proactive and differentiated plan of engagement for the full range of stakeholders – including individualised engagement plans by key stakeholder. There is proactive engagement with those who fund, who are likely to accept standard organisational policies and reporting. Beneficiaries are clear on purpose, know how to engage for a range of matters including safeguarding reporting, and actively engage. |



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| | | key matters such as safeguarding reporting. | | |
| Communications – Storytelling | Content production is sporadic and responsive. There is limited strategic direction or analytical mechanism in place concerning the development of the organisation's brand and impact upon operations. | There is a brand message within the organisation's content, but it is heavily reliant upon the understood assumption of 'what' the organisation is and 'why' it exists. There is unlikely to be a framework in place to critique that narrative bias. | The organisation has undergone some form of mapping exercise, enabling team members to interpret how work colleagues, practitioners and the audience understands 'what' the organisation is and 'why' it exists. The team have adjusted/ strengthened the brand narrative, and content production for storytelling reflects this direction. | The organisation's core storyline has gone through a robust analytical process, identifying Key Impact Indicators which demonstrate the contribution to systemic change within the field of operation. Authenticity is evident within your content production, reflecting a culture of learning and honesty due to an awareness that all narrative carries contradictions. This maturity of brand message impacts every aspect, from operations and boardroom decisions to future collaborations. |
| Communications - organisational reach | The organisation produces content, but there is unlikely to be a mechanism in place for assessment of reach, engagement, or effectiveness. | The organisation has a narrative framework; each piece of content contributing to the organisation's strategic goal. Audience engagement is limited to traditional means (for example, social media replies, email response). Effectiveness of storytelling is measured through the use of conventional indicators (for example, social media likes, number of readers, external response). | The organisation has a narrative framework; each piece of content contributing to the organisation's strategic goal. Audience engagement likely to be more strategic. Alongside your content production is a mapping process identifying the 'capital' within your audience - passions, ideas, experiences, reasons for connection. | The organisation has fostered a sense of 'ownership' from their audience, empowering the audience to engage with their ideas and experiences alongside your brand message. Peer-to- peer learning is an essential element of the organisation's communication strategy, drawing upon collective common cause. The organisation harnesses the connections the audience has to other individuals and companies, to extend reach. There is a responsibility within content which takes a message beyond the brand (for example, academic papers, helpful material for other practitioners, documentation concerning future trends within the industry). |



Any Questions?

If you have any questions relating to the QCT Organisational Assessment Toolkit, please email grantsupport@qct.org.uk and a member of the team will be in touch.

About The Queen's Commonwealth Trust

The Queen's Commonwealth Trust exists to support young leaders who are transforming their communities.

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