Department of
Health, Social Services
and Public Safety
www.dhsspsni.gov.uk

AN ROINN
Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí

MÄNNYSTRIE O
Poustie, Resydènter Heisin
an Fowk Siccar

Subject:	**Circular Reference: HSS (F) 07/2009**
Whistleblowing	**17 February 2009**

For Information to:	**Related documents:**
All DHSSPS staff, Chief Executive and Director of Finance of each HSC Board, HSC Trust, Special Agency and NDPB	
Summary of Contents:	**Status of Contents:**
	For Information and Action if appropriate
The purpose of this circular is to encourage HSC bodies to ensure they have whistleblowing procedures in place and make accounting officers aware of a template which has been drawn up for use in developing organisational specific arrangements.	
	Implementation:
	Immediate
Enquiries:	
Any enquiries about the contents of this Circular should be addressed to:	**Additional Copies:**
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Tel: ▓▓▓▓▓▓▓	
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Treasury Officer of Accounts
David Thomson

Central Finance Group
Rathgael House
Balloo Road
BANGOR BT19 7NA
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Department of
Finance and
Personnel
www.dfpni.gov.uk

DAO (DFP) 11/08

6 November 2008

Dear Accounting Officer

WHISTLEBLOWING

Purpose

1.   To encourage departments and public bodies to ensure they have whistleblowing procedures in place and make accounting officers aware of a template which has been drawn up for use in developing organisational specific arrangements.

Background

2.   The Public Interest Disclosure (NI) Order 1998 gives employees the right of complaint to an industrial tribunal if they report wrongdoing and as a result suffer any form of detriment. The employment implications of the Order were notified to Civil Service staff by Central Personnel Group through CSC 3/03 "Guidance on Public Interest Disclosure ("Whistleblowing") in 2003. In addition to outlining the employment protection afforded by the legislation, the CSC also highlighted that the NI Civil Service Code of Ethics required staff to report actions which they considered to be inconsistent with the provisions of the Civil Service Code.

3.   Whilst the PIDO legislation does not in itself require employers to have specific arrangements in place for whistleblowing, best practice is that each organisation should have arrangements tailored to their own structures and reporting arrangements, and which most importantly communicate to staff that they should report their concerns and that such reports will be taken seriously.

4.   The Audit Committee handbook states that the exact role of an audit committee will depend on the particular circumstances of the organisation but suggests it should consider the whistleblowing arrangements which have been put in place as part of the anti-fraud and corruption arrangements.

5. The need for robust whistleblowing procedures has featured heavily in a number of recent Public Accounts Committee reports. Whilst many bodies may already have such arrangements in place, in order to assist bodies implement effective whistleblowing arrangements, DFP has been working with Public Concern at Work (PCAW), an independent authority on public interest whistleblowing, to develop a template which can be adapted by organisations to reflect their own structures and operating environments. The template is attached at Annex A.

Model template

6. The template sets out whistleblowing arrangements in a format which could be sent to staff, although bodies will need to adapt it to their own circumstances (ie wording in italics highlights particular sections which organisations need to consider to determine applicability to their own particular operating contexts). Bodies may also wish to include reporting channels which are specific or unique to their operating environment in addition to those stated.

7. DFP also intends, through PCAW, to co ordinate some high level implementation training for NI public sector bodies. DFP will be contacting bodies seeking attendance nominations in due course for such training. In the meantime PCAW can be contacted for best practice advice on 020 7404 6609 or through their web site www.pcaw.co.uk.

Action

8. Departments, agencies and other sponsored bodies should have clear arrangements in place to assist staff with reporting concerns. If these are not in place, bodies should take steps to devise and implement them and are encouraged to use the template to do so. Bodies which already have whistleblowing arrangements may wish to review them against the template to ensure that they comply with best practice.

9. This DAO should also be brought to the attention of your Audit Committee and arms length bodies.

Enquiries

10. Any enquiries regarding this letter should be addressed to Alison Caldwell, Fraud and Internal Audit Policy Tel 028 91277633 (network 69033) e-mail █████████████████████

Yours sincerely

DAVID THOMSON

ANNEX A

DRAFT TEMPLATE

ORGANISATION'S NAME
(EG DEPARTMENT OF X FOR NORTHERN IRELAND)

WHISTLEBLOWING ARRANGEMENTS

Introduction

All of us at one time or another may have concerns about what is happening at work. However, when it is about unlawful conduct, a possible fraud or a danger to the public or the environment, or other serious malpractice, it can be difficult to know what to do.

You may be worried about raising such a concern and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may feel that raising the matter would be disloyal to colleagues, managers or to the ***department / agency etc.*** You may decide to say something but find that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

The purpose of these arrangements is to reassure you that it is safe and acceptable to speak up. They also enable you to raise your concern about such malpractice at an early stage and in the right way. Rather than wait for proof, we would prefer you to raise the matter when it is still a concern.

If something is troubling you of which you think we should know about or look into, please let us know.   If, however, you wish to make a complaint about your employment or how you have been treated, please use the NICS Grievance Procedure.

We have implemented these whistleblowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

If your concern is about possible fraud, you may also wish to refer to our Fraud Policy Statement and Fraud Response Plan which can be found at *(insert links and/or details of how to obtain a hard copy).*

If in doubt, raise it!

Our Assurances to you

Your safety

We are committed to making whistleblowing work. If you raise a genuine concern under these arrangements, you will not be at risk of losing your job or suffering any form of retribution as a result. Provided you are acting in good faith, it does not matter if you are mistaken. Of course, this assurance does not extend to someone who maliciously raises a matter they know to be untrue.

Confidentiality

We will not tolerate the harassment or victimisation of anyone who raises a genuine concern and with these assurances, we hope you will raise your concern openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, please say so at the outset. If you ask us not to disclose your identity, we will not do so without your consent unless required by law. You should understand that there may be times when we are unable to resolve a concern without revealing your identity, for example where your personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

Anonymity

Remember that if you do not tell us who you are, it will be much more difficult for us to look into the matter, to protect your position, or to give you feedback. Accordingly, while we will consider anonymous reports, these arrangements are not well suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern as Work (see contact details under Independent Advice).

How to raise a concern internally

Please remember that you do not need to have firm evidence of malpractice before raising a concern. However we do ask that you explain as fully as you can the information or circumstances that gave rise to your concern.

Step One

If you have a concern about malpractice, we hope you will feel able to raise it first with your line manager or with their immediate manager. This can be done orally or in writing.

Step Two

If, for whatever reason, you feel that raising it with your line manager or their immediate manager is not appropriate or it has not worked, please raise the matter with your Head of Branch / Division or with one of the following:

Director / Head of Finance (name and contact number, email address)
Director / Head of Corporate Services (name and contact number, email address)
Director / Head of Internal Audit (name and contact number, email address)
Director / Head of Personnel or Human Resources (name and contact number, email address)

(NB The contacts named above will depend on your organisational structure)

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made. (*These people should have been given specific responsibility and training in dealing with whistleblowing concerns.*)

Step Three

If these channels have been followed and you believe there is an ongoing risk, or you feel the matter is so serious that you cannot discuss it with any of the above, you can raise your concern directly with:

Deputy Secretary *(name and contact number, email address)*
or
Permanent Secretary / Chief Executive *(name and contact number, email address)*

[The following two paragraphs apply only to NICS departments and agencies.]

If you are a civil servant and believe that you are being required to act in a way which conflicts with the core values and standards set out in the Civil Service Code of Ethics, or you have become aware of the actions of others which you believe conflict with the Code, you should raise the matter with one of the Department's Nominated Officers. Please see (link) for their names and contact details.

Alternatively, and if your concern is about a breach of the Civil Service Code of Ethics, you may also raise your concern directly with the Civil Service Commissioners for Northern Ireland. (While it is the Commissioners' preference that issues under the Code of Ethics are raised, in the first instance, internally within the relevant Department, there may be circumstances when Commissioners would accept an appeal without this having occurred. Commissioners will examine each case on its merits.)

Once you have told us of your concern, we will look into it to assess initially what action should be taken. This may involve an informal review, an internal inquiry or a more formal investigation. Where it is decided that a formal investigation is necessary the overall responsibility for the investigation will lie with a nominated "investigation officer." In any event, we will tell you who is dealing with the matter, how you can contact him or her, and whether your further assistance may be needed. If you request, we will write to you summarising your concern and setting out how we propose to handle it.

When you raise the concern you may be asked how you think the matter might best be resolved. If you do have any personal interest in the matter, we do ask that you tell us at the outset. If your concern falls more properly within the Grievance Procedure we will tell you.

We will give you as much feedback as we properly can, and if requested, we will confirm it in writing. However, we may not be able to tell you the precise action we take where this would infringe a duty of confidence owed by us to someone else.

Independent advice

If you are unsure whether or how to raise a concern or you want confidential advice at any stage, you may contact your union. You may also contact the independent charity Public Concern at Work on 020 7404 6609 or by email at helpline@pcaw.co.uk. Their lawyers can talk you through your options and help you raise a concern about malpractice at work. For more information, you can visit their website at www.pcaw.co.uk.

External disclosures

While we hope we have given you the reassurance you need to raise your concern internally with us, we recognise that there may be circumstances where you can properly report a concern to an outside body. In fact, we would rather you raise a matter with the appropriate regulator – such as the Northern Ireland Audit Office or the Health and Safety Executive of Northern Ireland - than not at all. Public Concern at Work (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (PIDO) which provides employment protection for whistleblowing. For more information on the law, see (weblink to the law) and/or HR Handbook Whistleblowing Policy (insert web link).

FROM THE MINISTER FOR HEALTH,
SOCIAL SERVICES AND PUBLIC SAFETY
Edwin Poots MLA
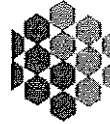
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Castle Buildings
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BELFAST BT4 3SQ
Tel: 028 90 520642
Fax: 028 90 520557
Email: private.office@dhsspsni.gov.uk

For Action:

Chief Executives of HSC Bodies[1];
Chief Fire Officer

For information:

Director of Human Resources of each body

Our Ref: SUB/325/2012

22 March 2012

Dear Colleague

Please bring the content of this letter to the attention of all your employees, and make available with it your whistleblowing policy.

MESSAGE FROM EDWIN POOTS

YOUR RIGHT TO WHISTLE BLOW

1. I am committed to the highest possible standards of conduct, openness, honesty and accountability in our Services. In line with that commitment I expect staff to act on any genuine concerns they might have about any aspect of an organisation's work or colleagues, in the knowledge that such action has support from the highest level. I want every member of staff to be very confident that managers at all levels will respond positively to expressions of concern, and that, should it be necessary, you will be protected from victimisation if you make a genuine concern known under the whistleblowing arrangements.

You have the right to be heard by management if you have concerns about any ethical or safety issue, and a responsibility to speak up

2. The first kind of action that is appropriate is to speak up within your team or to the appropriate manager. The principles of clinical and social care governance empower all staff to speak up if they see or become aware of practice which is unsafe or which creates unacceptable risks to patients or clients.

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[1] The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian ad Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

Working for a Healthier People

INVESTORS
IN PEOPLE

It is the responsibility of any member of staff who is challenged on that basis to give proper consideration to the points being made by any colleague.

Similar principles should apply in all the other aspects of our services away from the clinical or social care front line. Managers and leaders at all levels are responsible for creating and sustaining an atmosphere of mutual support, mutual learning, and conduct based on the priority of the quality and safety of services and the health, well-being and dignity of the patients, clients, family members and carers whom we all serve. By far the most important concern for me, and for all who lead and manage HSC organisations, all DHSSPS' Arms Length Bodies and the Department itself, is to ensure that we provide the best possible services to patients, clients, and the wider public, and I am sure you share that commitment.

If speaking up is a problem, whistleblowing is both your right and your duty
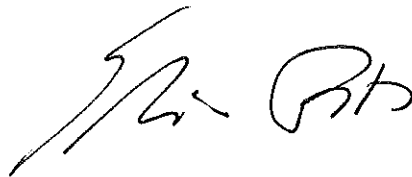
3. If you have any concern that speaking up in good faith in the way I have described would lead to a problem, there are statutory procedures that protect you if you chose to blow the whistle and draw attention to something that is a cause for concern. All HSC staff have a moral duty to pass on any concerns to someone who can deal with it. I should therefore personally encourage you to speak up where you have genuine concerns about issues such as patient safety or possible malpractice in your workplace and reassure you that genuine concerns will be resolved quickly and effectively.

4. There is a common misconception that whistle blowing is solely fraud related. In effect whistle blowing can be wide ranging covering issues around health and safety e.g. unsafe products or working conditions.

5. Whistle blowing refers to "making a disclosure in the public interest" and it means that concerns relating to unlawful conduct, financial malpractice, dangers to the public or the environment, or actions otherwise contrary to the public interest can be reported in the workplace following the correct procedures and protecting employment rights. There should be an established whistle blowing policy and procedure within your organisation which should be followed for reporting your concerns.

6. I fully recognise that the decision to report a concern can be a difficult one to make. However, if what you are saying is true, you should have nothing to fear because you will be doing your duty to your employer and those for whom you provide a service.

7. I will not tolerate any harassment or victimisation (including informal pressures) and will take appropriate action to protect you when you raise a concern in good faith. If you report concerns reasonably and in good faith you are also formally protected against victimisation under The Public Interest Disclosure (Northern Ireland) Order 1998 (revised 2004).

8. Your organisation's whistleblowing policy sets out how to go about expressing a concern both internally and, should it be necessary, outside line management. Each organisation's policy should make it clear that ultimately, you have the right to direct your concern to me.

Confidentiality of personal information about patients, families and members of staff must be protected

9. If you need to make a disclosure in the public interest it is important to be mindful of the need to avoid a breach of the privacy and confidentiality of personal information. It is wrong to give details of the condition or treatment of any patient or client without their explicit consent. Also, personnel records are protected by Data Protection legislation, and there are procedures for investigation and accountability of all staff in the HSC, in ALBs or within DHSSPS as part of the NI Civil Service, which should not be prejudiced or undermined by public or any other inappropriate disclosures of information. There are independent watchdog organisations, including the Northern Ireland Audit Office and the Regulation and Quality Improvement Authority which have specific duties to investigate confidential disclosure while protecting the person making the disclosure. The Patient and Client Council exists to act in the interests of patients and clients and to help with complaints. Where the duty to protect personal information is broken, it is sometimes necessary to investigate, however, any such investigation process should create no difficulty and hold no fear for anyone acting to disclose legitimate concerns in the public interest, as described above.

Conclusion

10. Finally, I would like to encourage you to feel confident in raising concerns and to question and act upon genuine concerns that you may have in relation to your workplace. This is a vital element of good public service based on the values and principles that are at the heart of Health and Social Care and all the related organisations.

Edwin Poots MLA
Minister for Health Social Services and Public Safety

Department of
Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

YOUR RIGHT TO RAISE A CONCERN

(WHISTLEBLOWING)

HSC FRAMEWORK & MODEL POLICY

2 November 2017

CONTENTS

INTRODUCTION

1. Health and social care services exist to promote the health, wellbeing and dignity of patients and service users and the people who deliver these services want to do the best for those they serve.

2. Encouraging staff to raise concerns openly as part of normal day-to-day practice is an important part of improving the quality of services and patient safety. Many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. When concerns are raised and dealt with appropriately at an early stage, corrective action can be put in place to ensure safe, high quality and compassionate care.

3. The importance of raising concerns at work in the public interest (or "whistleblowing") is recognised by employers, workers, trade union and the general public. Working in partnership with Trade Unions, staff associations and employee representatives is an important part of ensuring fairness and promoting awareness of the policies, procedures and support mechanisms which a good employer will have in place[1].

DEFINING WHISTLEBLOWING

4. Whistleblowing is defined as "when a worker reports suspected wrongdoing at work"[2]. The wrongdoing is often related to financial mismanagement, such as misrepresenting earnings and false accounting, but can also have more immediate consequences such as those highlighted in the Mid Staffordshire Report (2013)[3].

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[1] Raising Concerns at Work: Whistleblowing Guidance for Workers and Employers in Health & Social Care (NHS, 2014)

[2] *Government Whistleblowing Policies* National Audit Office (2014)

[3] Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)

5. Staff can report things that are not right, are illegal or if anyone is neglecting their duties. This might include, for example, concerns around:

    • patient safety;

    • health and safety at work;

    • environmental damage; or

    • a criminal offence (e.g. fraud).

6. Whistleblowing can also be broadly defined as simply 'raising a concern'[5]. People outside the organisation, including stakeholders, suppliers and service users, can also raise concerns through the HSC Complaints Procedure. However, whistleblowing is different from making a complaint or raising a grievance. Whistleblowers can often act out of a feeling of fairness or ethics rather than a personal complaint. As Public Concern at Work (PcAW) states, it is important to note that:

    "....*the person blowing the whistle is usually not directly, personally affected by the danger or illegality. Consequently, the whistleblower rarely has a personal interest in the outcome of any investigation into their concern – they are simply trying to alert others. For this reason, the whistleblower should not be expected to prove the malpractice. He or she is a messenger raising a concern so that others can address it*".[4]

WHY DOES WHISTLEBLOWING MATTER?

7. Staff who are prepared to speak up about malpractice, risk, abuse or wrongdoing should be recognised as one of the most important sources of information for any organisation seeking to enhance its reputation by identifying and addressing problems that disadvantage or endanger other people[5].

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[4] Where's whistleblowing now? 10 years of legal protection for whistleblowers, PCaW, March 2010
[5] Whistleblowing in the Public Sector: A good practice guide for workers and employers, published jointly in November 2014 by Audit Scotland, the National Audit Office, the Northern Ireland Audit Office and the Wales Audit Office, with the support of Public Concern at Work

8. It is important for individuals to feel safe and listened to when raising concerns. An open approach to whistleblowing promotes the values of openness, transparency and candour and encourages employees to treat patients and service users with dignity, respect and compassion.

9. From the employer's point of view, there are good business reasons for listening to staff who raise concerns, as it gives an opportunity to stop poor practice at an early stage before it becomes normalised and serious incidents take place.

10. From the staff members' perspective, the freedom to raise concerns without fear means that they have the confidence to go ahead and "do the right thing". It is part of encouraging staff to reflect on practice as a way of learning[1].

SCOPE

11. This Framework and Model Policy has been developed in response to the recommendations arising from the Regulation and Quality Improvement Authority's (RQIA) Review of the Operation of Health and Social Care Whistleblowing Arrangements[6]. The Model Policy, to be adopted by all HSC organisations in Northern Ireland, is set out at **ANNEX A**. HSC organisations may tailor the Model Policy to take account of their individual organisation's policies and procedures.

12. This Framework and Model Policy applies to **all staff** (employees, workers[7]) involved in the work of an HSC organisation. It does not apply to patients and clients or members of the public who wish to complain or raise concerns about treatment and care provided by the HSC organisation or about issues relating to the provision of health and social care. These will be dealt with under the organisation's **HSC Complaints Procedure**.

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[6] Review of the Operation of Health and Social Care Whistleblowing Arrangements (RQIA, 2016)
[7] Definitions set out in Articles 3 (3) and 67K of the Employment Rights (Northern Ireland) Order 1996

13. This Framework and Model Policy is for staff to raise issues where the interests of others or the organisation are at risk. If a member of staff is aggrieved about their personal position they must follow the local grievance procedure or policy for making a complaint about Bullying and/or Harassment.

14. All cases of suspected, attempted or actual fraud raised under this policy should be handled promptly in line with the organisation's **Fraud Response Plan.**

AIMS

14. The aim of this Framework and Model Policy is to ensure that under the terms of the Public Interest Disclosure (Northern Ireland) Order 1998 a member of staff is able to raise legitimate concerns when they believe that a person's health may be endangered or have concerns about systematic failure, malpractice, misconduct or illegal practice without fear of retribution and/or detriment.

15. If a member of staff has honest and reasonable suspicions about issues of malpractice/wrongdoing and raises these concerns through the channels outlined in the model policy, they will be protected from any disciplinary action and victimisation, (e.g. dismissal or any action short of dismissal such as being demoted or overlooked for promotion) simply because they have raised a concern under this policy.

16. This Framework and Model Policy aims to improve accountability and good governance within the organisation by assuring the workforce that it is safe to raise their concerns.

17. The benefits of encouraging staff to report concerns include[5]:
   • identifying wrongdoing as early as possible;
   • exposing weak or flawed processes and procedures which make the organisation vulnerable to loss, criticism or legal action;

- ensuring critical information gets to the right people who can deal with the concerns;
- avoiding financial loss and inefficiency;
- maintaining a positive corporate reputation;
- reducing the risks to the environment or the health and safety of employees or the wider community;
- improving accountability; and
- deterring staff from engaging in improper conduct.

KEY PRINCIPLES & VALUES

Distinction between grievance & whistleblowing concerns

18. Whistleblowing concerns generally relate to a risk, malpractice or wrongdoing that affects others, and may be something which adversely affects patients, the public, other staff or the organisation itself. A grievance differs from a whistleblowing concern as it is a personal complaint regarding an individual's own employment situation. A whistleblowing concern is where an individual raises information as a witness whereas a grievance is where the individual is a complainant. Grievances are addressed using the HSC Grievance Policy.

Raising a concern openly, confidentially, or anonymously

19. In many cases, the best way to raise a concern is to do so openly. Openness makes it easier for the organisation to assess the issue, work out how to investigate the matter, understand any motive and get more information. A worker raises a concern confidentially if they give their name on the condition that it is not revealed without their consent. If an organisation is asked not to disclose an individual's identity, it will not do so without the individual's consent unless required by law (for example, by the police). A worker raises a concern anonymously if they do not give their name at all. If this happens, it is best for the organisation to assess the anonymous information as best it can, to establish whether there is substance to the concern and whether it can be addressed.

Clearly if no-one knows who provided the information, it is not possible to reassure or protect them.

Malicious claims & ulterior motives

20. There may be occasions when a concern is raised either with an ulterior motive or maliciously. In such a case, and as set out in the model policy at Annex A, the organisation cannot give the assurances and safeguards included in the policy to someone who is found to have maliciously raised a concern that they also know to be untrue. Such situations should be handled carefully. The starting point for any organisation is to look at the concern and examine whether there is any substance to it. Every concern should be treated as genuine, unless it is subsequently found not to be. However, if it is found that the individual has maliciously raised a concern that they know is untrue, disciplinary proceedings may be commenced against that individual.

LEGAL FRAMEWORK

21. The Public Interest Disclosure (Northern Ireland) Order 1998[8] (the Order), allows a worker to breach his duty as regards confidentiality towards his employer for the purpose of 'whistleblowing'. It was introduced in the interest of the public, to protect workers from detrimental treatment or victimisation from their employer if they raise a genuine concern, whether it is a risk to patients, financial malpractice, or other wrongdoing. These are called "qualifying disclosures". A "qualifying disclosure" means any disclosure of information which, in the reasonable belief of the worker making the disclosure, tends to show one or more of the following circumstances:

- where criminal activity or breach of civil law has occurred, is occurring, or is likely to occur;
- where a person has failed, is failing or is likely to fail to comply with any legal obligation he is subject to;
- where a miscarriage of justice has occurred, is occurring or is likely to occur

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[8] The Public Interest Disclosure (Northern Ireland) Order 1998

- where the health and safety of any individual has been, is, or is likely to be endangered;

- where the environment has been, is being or is likely to be damaged;

- where information indicating evidence of one of the above circumstances is being or is likely to be deliberately concealed.

22. A qualifying disclosure is made by the worker:

- to his employer, or where the worker reasonably believes that the relevant failure relates solely or mainly to the conduct of a person other than his employer or any other matter for which a person other than his employer has legal responsibility, to that other person;

- to a legal adviser for the purpose of obtaining legal advice;

- to the Department of Health or the Minister for Health;

- to a person prescribed by an Order[9] made by the Department for the Economy for the purposes of Article 67F of the Employment Rights (Northern Ireland) Order 1996.[10] The worker should reasonably believe that the relevant failure falls within any description of matters in respect of which that person is so prescribed and that the information disclosed, and any allegation contained in it are substantially true.

23. If the worker makes a disclosure to a person other than his employer or to a person not noted above, it will be a qualifying disclosure in accordance with the Order provided the following conditions are met:

- the worker reasonably believes the information disclosed and any allegation contained within it are substantially true;

- the disclosure is not made for personal gain;

- the worker must act reasonably, taking into account the circumstances;

In addition one, or more, of the following conditions must be met:

- the worker reasonably believes he will suffer a detriment if he makes the disclosure to his employer; or

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[9] Public Interest Disclosure (Prescribed Persons) (Amendment) Order (Northern Ireland) 2014

[10] The Employment Rights (Northern Ireland) Order 1996 as amended by the Employment Act (Northern Ireland) 2016

- in the case where there is no prescribed person as noted above, the worker reasonably believes that it is likely that evidence relating to the relevant failure will be concealed or destroyed if he makes a disclosure to his employer; or

- the worker has previously made the disclosure to his employer or a prescribed person.

24. In determining whether it is reasonable for the worker to make the disclosure, regard shall be had, in particular, to:

- the identity of the person to whom the disclosure is made;
- the seriousness of the relevant failure;
- whether the conduct is continuing or likely to occur in the future;
- whether the disclosure is made in breach of a duty of confidentiality owed by the employer to any other person;
- whether any previously made concern was acted upon;
- whether the worker followed any procedure laid down by the employer.

25. It should be noted that a disclosure of information is not a qualifying disclosure if the person making the disclosure commits an offence by making it

26. The Order covers all workers including temporary agency staff, student nurses and student midwives, persons on training courses and independent contractors who are working for and supervised by a HSC organisation. It does not cover volunteers. It also makes it clear that any clause in a contract that purports to gag an individual from raising a concern that would have been protected under the Order is void.

HANDLING CONCERNS

27. To enable a whistleblowing policy to work in practice and to avoid unnecessary damage, it is important to ensure that policies authorise all staff, not just health and medical professionals, to raise a concern, and identify who they can contact.

28. Legal protection is very important if staff are to be encouraged to raise a concern about wrongdoing or malpractice. However, it is vital that employers develop an open culture that recognises the potential for staff to make a valuable contribution to the running of public services, and to the protection of the public interest.

29. Where an individual is subjected to a detriment by their employer for raising a concern or is dismissed in breach of the Order, they can bring a claim for compensation under the Order to an Industrial Tribunal.

30. Managers can lead by example, by being clear to staff as to what sort of behaviour is unacceptable, and by role modelling the appropriate behaviours themselves. They should encourage staff to ask them what is appropriate if they are unsure before - not after - the event. If wrongdoing or a potential risk to patient safety is found, it should be taken seriously and dealt with immediately.

IMPLEMENTING LOCAL POLICY

31. It is important that all HSC organisations are committed to the principles set out in their whistleblowing arrangements and can ensure that it is safe and acceptable for staff to speak up about wrongdoing or malpractice within their organisation. To achieve this, it is necessary to ensure buy-in and leadership from management, and Trade Union engagement.

32. Within each organisation, an appropriate senior manager should be appointed to take responsibility for ensuring implementation of the whistleblowing arrangements. This could be the clinical governance lead, the nursing or medical director, or responsible officer. HSC organisations should also consider appointing an appropriate number of advisors/advocates to signpost and provide support to those wishing to raise a concern. In addition, each organisation should appoint a non-executive board member to have responsibility for oversight of the culture of raising concerns within their organisation.

33. As an employer, HSC organisations must take all concerns raised seriously. However, it may not be necessary to carry out a formal investigation in each case. Employers should consider a range of possibilities depending on the nature of each case[5]:

- explaining the context of an issue to the person raising a concern may be enough to alleviate their concerns
- minor concerns might be dealt with straightaway by line management
- a review by internal audit as part of planned audit work might be sufficient to address the issue e.g. through a change to the control environment
- there may be a role for external audit in addressing the concerns raised and either providing assurance or recommending changes to working practices
- there may be a clear need for a formal investigation.

34. Having considered the options it is important that employers clearly document the rationale for the way forward. The HSC organisation's local policy should make it clear whose responsibility it is to decide on the approach to be adopted.

35. If necessary, the HSC organisation can also seek advice and guidance from the relevant prescribed person.

36. Once local arrangements are in place, it is important to ensure all staff are aware of them, and this can be achieved in a number of ways: through hard copy correspondence with staff, communication by email and/or via organisations' intranet sites, through team briefings and inductions, or the message appearing on payslips. It is also important to ensure that the policies are accessible.

BRIEFING & TRAINING

37. Many concerns will be raised openly with line managers as part of normal day-to-day practice. Good whistleblowing arrangements should do nothing to undermine this. It is important that this is made clear to both staff and managers.

38. All managers and designated contacts should be briefed on:

- the value and importance of an open and accountable workplace;
- how to handle concerns fairly and professionally;
- how to protect staff who raise a genuine concern and where staff can get help or refer a concern;
- how to manage expectations of confidentiality;
- the importance of an alternative to line management if the usual channels of communication are unavailable; and
- how to brief their staff on arrangements.

39. Senior managers and designated contacts who are given a specific role in the whistleblowing arrangements should receive training in the operation of their policy for raising concerns.

AUDIT, REVIEW & REFRESH

40. A well-run organisation will periodically review its whistleblowing arrangements to ensure they work effectively and that staff have confidence in them. The following points can sensibly be considered to assure the organisation that the arrangements meet best practice. Monitoring the arrangements in line with this checklist will also help the organisation demonstrate to regulators that their arrangements are working:

- arrange regular feedback sessions to evaluate progress and collect data on the nature and number of concerns raised;
- check the procedures used are adequate to track the actions taken in relation to concerns raised and to ensure appropriate follow-up action has been taken to investigate and, if necessary, resolve problems indicated by whistleblowing. Is there evidence of constructive and timely feedback?
- have there been any difficulties with confidentiality?
- have any events come to the organisation's attention that might indicate that a staff member has not been fairly treated as a result of raising a concern?

- look at significant adverse incidents/incident management systems or regulatory intervention - could the issues have been picked up or resolved earlier? If so, why weren't they?
- compare and correlate data with information from other risk management systems;
- find out what is happening on the ground - organisations should consider including a question about awareness and trust of arrangements in any future local staff surveys;
- organisations should seek the views of trade unions/professional organisations, as employees might have commented on the whistleblowing arrangements or sought their assistance on raising or pursuing a whistleblowing concern;
- organisations could also consider other sources of information, including information from exit interviews, the Order or other legal claims;
- key findings from a review or surveys should be communicated to staff. This will demonstrate that the organisation listens and is willing to learn and act on how its own arrangements are working in practice;
- refresh whistleblowing arrangements regularly. Regular communication to staff about revised arrangements is also recommended;
- although volunteers are not covered by the Order, the application of this Framework and Model Policy should be considered in the handling of their concerns; and
- think about reporting good news - success stories encourage and reassure everybody.

REPORTING & MONITORING

41. Concerns raised by staff are an important source of information for HSC organisations. It is important that they capture key aspects so that the value of their whistleblowing arrangements can be determined and lessons learned where appropriate.

42. In addition to individual case files HSC organisations should maintain a central register of all concerns raised, in a readily accessible format. Any system for

recording concerns should be proportionate, secure and accessible by the minimum necessary number of staff.

43. An analysis of whistleblowing caseload should be reported regularly to senior management and the HSC organisation's Audit Committee. In addition, an annual return on caseload, actions and outcomes should be made available to the Department of Health. These will help inform those charged with governance that arrangements in place for staff to raise concerns are operating satisfactorily or will highlight improvements that may be required. HSC organisations should consider reporting on the effectiveness of their whistleblowing arrangements in their annual report[5].

ANNEX A: MODEL POLICY

1.   Introduction

All of us at one time or another may have concerns about what is happening at work. The [*name of HSC organisation*] wants you to feel able to raise your concerns about any issue troubling you with your managers at any time. It expects its managers to listen to those concerns, take them seriously and take action to resolve the concern, either through providing information which gives assurance or taking action to resolve the concern. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or *[name of HSC organisation]* itself, it can be difficult to know what to do.

The [*name of HSC organisation*] recognises that many issues are raised by staff and addressed immediately by line managers – this is very much encouraged. This policy and procedure is aimed at those issues and concerns which are **not resolved, require help to get resolved or are about serious underlying concerns.**

Whistleblowing refers to staff reporting suspected wrongdoing at work, for example, concerns about patient safety, health and safety at work, environmental damage or a criminal offence, such as, fraud.

You may be worried about raising such issues and may think it best to keep it to yourself, perhaps feeling it is none of your business or that it is only a suspicion. You may also feel that raising the matter would be disloyal to colleagues, to managers or to the organisation. It may also be the case that you have said something but found that you have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Rather than wait for proof, raise the matter when it is still a concern. If something is troubling you of which you think we should know about or look into, please let us know. The [*name of HSC organisation*] has implemented these whistleblowing arrangements for you to raise any concern where the interests of others or the organisation itself are at risk.

2.   Aims and Objectives

[Name of HSC organisation] is committed to running the organisation in the best way possible. The aim of the policy is to promote a culture of openness, transparency and dialogue which at the same time:

- reassures you that it is safe and acceptable to speak up;
- upholds patient confidentiality;
- contributes towards improving services provided by the [*name of HSC organisation*];
- assists in the prevention of fraud and mismanagement;
- demonstrates to all staff and the public that the [*name of HSC organisation*] is ensuring its affairs are carried out ethically, honestly and to high standards;
- provides an effective and confidential process by which you can raise genuine concerns so that patients, clients and the public can be safeguarded.

The *[Name of HSC organisation]* roles and responsibilities in the implementation of this policy are set out at **Appendix A.**

3.   Scope

The [*name of HSC organisation*] recognises that existing policies and procedures which deal with conduct and behaviour at work (Disciplinary, Grievance, Working Well Together, Harassment and Bullying, the Complaints Procedure and the Accident/Incident Reporting Procedure) may not always be appropriate to extremely sensitive issues which may need to be handled in a different way.

This policy provides a procedure for all staff of the [*name of HSC organisation*], including permanent, temporary and bank staff, staff in training working within the [*name of HSC organisation*], independent contractors engaged to provide services, volunteers and agency staff who have concerns where the interests of others or of the organisation itself are at risk. **If in doubt - raise it!**

Examples may include:
- malpractice or ill treatment of a patient or client by a member of staff;
- where a potential criminal offence has been committed, is being committed or is likely to be committed;
- suspected fraud;
- breach of Standing Financial Instructions;
- disregard for legislation, particularly in relation to Health and Safety at Work;
- the environment has been, or is likely to be, damaged;
- a miscarriage of justice has occurred, is occurring, or is likely to occur;
- showing undue favour over a contractual matter or to a job applicant;
- research misconduct; or
- information on any of the above has been, is being, or is likely to be concealed.

This list is not intended to be exhaustive or restrictive

If you feel that something is of concern, and that it is something which you think *[name of HSC organisation]* should know about or look into, you should use this procedure. If, however, you wish to make a complaint about your employment or how you have been treated, you should follow the [*name of the HSC organisation's*] local grievance procedure or policy for making a complaint about Bullying and/or Harassment which can be obtained from your manager. This policy complements professional and ethical rules, guidelines and codes of conduct and freedom of speech. It is not intended to replace professional codes and mechanisms which allow questions about professional competence to be raised. (However such issues can be raised under this process if no other more appropriate avenue is apparent).

4. Suspected Fraud

If your concern is about possible fraud or bribery [*name of HSC organisation*] has a number of avenues available to report your concern. These are included in more detail in the [*name of HSC organisation's*] Fraud Policy, Fraud Response Plan and Bribery Policy and are summarised below.

Suspicions of fraud or bribery should initially be raised with the appropriate line manager but where you do not feel this is not appropriate the following officers may be contacted:

- Senior Manager
- Head of Department
- Director of Finance
- Fraud Liaison Office (FLO)

Employees can also contact the regional HSC fraud reporting hotline on **0800 096 33 96** or report their suspicions online to www.repporthealthfraud.hscni.net These avenues are managed by Counter fraud and Probity Services (CFPS) on behalf of the HSC and reports can be made on a confidential basis.

The [*name of HSC organisation's*] Fraud Response Plan will be instigated immediately on receipt of any reports of a suspicion of fraud or bribery.

The prevention, detection and reporting of fraud and bribery and other forms of corruption are the responsibility of all those working for the [*name of HSC organisation's*] or under its control. The [*name of HSC organisation*] expects all staff and third parties to perform their duties impartially, honestly, and with the highest integrity.

5 *[Name of HSC organisation]* commitment to you

5.1 Your safety

The [*name of HSC organisation*], the Chief Executive, managers and the trade unions/professional organisations are committed to this policy. If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any detriment (such as a reprisal or victimisation). The [*name of HSC organisation*] will not tolerate the harassment or victimisation of anyone who raises a genuine concern.

The [*name of HSC organisation*] expects you to raise concerns about malpractices. If any action is taken that deters anyone from raising a genuine concern or victimises them, this will be viewed as a disciplinary matter.

It does not matter if you are mistaken or if there is an innocent explanation for your concerns, you will be protected under the law. However, it is not uncommon for some staff to maliciously raise a matter they know to be untrue. In cases where staff maliciously raise a matter they know to be untrue, protection under the law cannot be guaranteed and the [*name of HSC organisation*] reserves the right to take disciplinary action if appropriate.

5.2 Confidentiality

With these assurances, the [*name of HSC organisation*] hopes that you will raise concerns openly. However, we recognise that there may be circumstances when you would prefer to speak to someone in confidence first. If this is the case, you should say so at the outset to a member of staff in [*name of Directorate and contact details*].

The [*name of HSC organisation*] is committed to maintaining confidentiality for everyone involved in a concern. This includes the person raising the concern and the person(s) whom the concern is about. Confidentiality will be maintained throughout the process and after the issue has been resolved.

If you ask for your identity not to be disclosed, we will not do so without your consent unless required by law. You should however understand that there may be times when we will be unable to resolve a concern without revealing your identity, for

example, where personal evidence is essential. In such cases, we will discuss with you whether and how the matter can best proceed.

5.3 Anonymity

Remember that if you do not disclose your identity, it will be much more difficult for us to look into the matter. It will also not be possible to protect your position or give you feedback. So, while we will consider anonymous reports in the exact same manner as those which are not anonymised, these arrangements are not best suited to deal with concerns raised anonymously.

If you are unsure about raising a concern you can get independent advice from Public Concern at Work (see contact details under Independent Advice).

6. Raising a concern

If you are unsure about raising a concern, you can get independent advice at any stage from your trade union/professional organisation, or from one of the organisations listed in Section 7. You should also remember that you do not need to have firm evidence before raising a concern. However, you should explain as fully as possible the information or circumstances that gave rise to the concern.

6.1 Who should I raise a concern with?

In many circumstances the easiest way to get your concern resolved will be to raise it with your line manager (or lead clinician or tutor). But where you do not think it is appropriate to do this, you can use any of the options set out below.

If raising it with your line manager (or lead clinician or tutor) does not resolve matters, or you do not feel able to raise it with them, you can contact one of the following people:
  • the designated advisor/ advocate [insert details]
  • the HR or Governance Team (whichever is appropriate) [insert details]

If you still remain concerned after this, you can contact:

- the [name] Director with responsibility for whistleblowing [insert details] or

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies (see paragraph 7 below).

If exceptionally, the concern is about the Chief Executive, then it should be made (in the first instance) to the Chair, who will decide on how the investigation will proceed.

6.2 Independent advice

If you are unsure whether to use this policy, or if you require confidential advice at any stage, you may contact your trade union/professional organisation.

Advice is also available through the independent charity Public Concern at Work (PCaW) on 020 7404 6609.

6.3 How should I raise my concern?

You can raise your concerns with any of the people listed above, in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concerns.

7. Raising a concern externally

The [*name of HSC organisation*] hopes this policy reassures you of its commitment to have concerns raised under it taken seriously and fully investigated, and to protect an individual who brings such concerns to light.

Whilst there may be occasions where individuals will wish to report their concerns to external agencies or the PSNI, the [*name of HSC organisation*] would hope that the robust implementation of this policy will reassure staff that they can raise such concerns internally in the first instance.

However, the [*name of HSC organisation*] recognises that there may be circumstances where you can raise a concern with an outside body including those listed below:

- Department of Health;
- A prescribed person, such as:
  - General Chiropractic Council, General Dental Council, General Medical Council, General Osteopathic Council, Health & Care Professional Council, Northern Ireland Social Care Council, Nursing and Midwifery Council, Pharmaceutical Society Northern Ireland, General Optical Council
  - The Regulation and Quality Improvement Authority;
  - The Health and Safety Executive;
  - Serious Fraud Office,
  - Her Majesty's Revenue and Customs,
  - Comptroller and Auditor General;
  - Information Commissioner
  - Northern Ireland Commissioner for Children and Young People
  - Northern Ireland Human Rights Commission

Disclosure to these organisations/persons will be protected provided you honestly and reasonably believe the information and associated allegations are substantially true.

We would wish you to raise a matter with the external agencies listed above than not at all. Public Concern at Work (or your union) will be able to advise you on such an option and on the circumstances in which you may be able to contact an outside body safely.

8. The media

You may consider going to the media in respect of their concerns if you feel the [*name of HSC organisation*] has not properly addressed them. You should carefully consider any information you choose to put into the public domain to ensure that patient/client confidentiality is maintained at all times. The [*name of HSC organisation*] reserves the right to take disciplinary action if patient/client confidentiality is breached.

Communications with the media are coordinated by the [insert name of Department] on behalf of the [*name of HSC organisation*]. Staff approached by the media should direct the media to this department in the first instance.

9. Conclusion

While we cannot guarantee that we will respond to all matters in the way that you might wish, we will strive to handle the matter fairly, impartially and properly. By using these whistleblowing arrangements you will help us to achieve this.

Please note, this document has been developed to meet best practice and comply with the Public Interest Disclosure (NI) Order 1998 (the Order) which provides employment protection for whistleblowing.

The Order gives significant statutory protection to staff who disclose information reasonably in the public interest. To be protected under the law an employee must act with an honest and reasonable belief that a malpractice has occurred, is occurring or is likely to occur. Disclosures may be made to certain prescribed persons or bodies external to the [*name of HSC organisation*] listed in the Order. The Order does not normally protect employees making rash disclosures for example to the media, when the subject could have been raised internally.

10.   Appendices

Appendix A – Roles and Responsibilities

Appendix B – Procedure

Appendix C – Advice for Managers

11. Equality, Human Rights & DDA

[The [*name of HSC organisation to confirm*] This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the [*name of HSC organisation*] to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories.

The policy has been **screened out** without mitigation or an alternative policy proposed to be adopted.]

12. Personal & Public Involvement (PPI)/Consultation Process

[*name of HSC organisation to confirm*]

13. Alternative Formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

14. Sources of advice in relation to this document

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.

15. Policy Sign Off

Lead Policy Author   Date
Director of HR   Date

Roles and Responsibilities

The [name of HSC organisation]

- To listen to our staff, learn lessons and strive to improve patient care;

- To ensure that this policy enables genuine issues that are raised to be dealt with effectively

- To promote a culture of openness and honesty and ensure that issues are dealt with responsibly and taken seriously

- To ensure that employees who raise any issues are not penalised for doing so unless other circumstances come to light which require this, e.g. where a member of staff knowingly raises an issue regarding another member of staff which they know to be untrue.

- To share learning, as appropriate, via organisations shared learning procedures

The non executive director (NED)

- To have responsibility for oversight of the culture of raising concerns within their organisation

Senior Manager

- To take responsibility for ensuring the implementation of the whistleblowing arrangements

Managers

- To take any concerns reported to them seriously and consider them fully and fairly

- To recognise that raising a concern can be a difficult experience for some staff and to treat the matter in a sensitive manner if required

- To seek advice from other professionals within the [*name of HSC organisation*] where appropriate

- To invoke the formal procedure and ensure [*name of Directorate*] is informed, if the issue is appropriate

- To ensure feedback/ learning at individual, team and organisational level on concerns and how they were resolved

Whistleblowing adviser/ advocate

- To ensure that any safety issue about which a concern has been raised is dealt with properly and promptly and escalated appropriately through all management levels

- To intervene if there are any indications that the person who raised a concern is suffering any recriminations

- To work with managers and HR to address the culture in an organisation and tackle the obstacles to raising concerns

This list is not intended to be exhaustive or restrictive

All Members of Staff

- To recognise that it is your duty to draw to the [*name of HSC organisation*] attention any matter of concern

- To adhere to the procedures set out in this policy

- To maintain the duty of confidentiality to patients and the [*name of HSC organisation*] and consequently, where any disclosure of confidential information is to be justified, you should first, where appropriate, seek specialist advice for example from a representative of a regulating organisation such as the Nursing & Midwifery Council or the General Medical / Dental Council.

Role of Trade Unions and other Organisations

All staff have the right to consult and seek guidance and support from their Professional Organisations, Trade Union or from statutory bodies such as the Nursing & Midwifery Council, the General Medical Council, Health Professional Council and the Social Care Council for Northern Ireland.

EXAMPLE PROCEDURE FOR RAISING A CONCERN

Step one (Informal)

If you have a genuine concern about what you believe might be malpractice and have an honest and reasonable suspicion that the malpractice has occurred, is occurring, or is likely to occur, then the matter should be raised in the first instance with your Line Manager (lead clinician or tutor). This may be done verbally or in writing.

You are entitled to representation from a trade union/ fellow worker or companion to assist you in raising your concern.

Step two (informal)

If you feel unable to raise the matter with your Line Manager (lead clinician or tutor), for whatever reason, please raise the matter with our designated adviser/ advocate.

[name]

[contact details]

This person has been given special responsibility and training in dealing with whistleblowing concerns. They will:

- treat your concern confidentially unless otherwise agreed;
- ensure you receive timely support to progress your concerns;
- escalate to the board any indications that you are being subjected to detriment for raising your concern;
- remind the organisation of the need to give you timely feedback on how your concern is being dealt with;
- ensure you have access to personal support since raising your concern may be stressful.

If you want the matter dealt with in confidence, please say so at the outset so that appropriate arrangements can be made.

Step three (formal)

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact:

[name]

[contact]

Step four (formal)

You can raise your concerns formally with the external bodies listed at paragraph 7:

What will we do?

We are committed to listening to our staff, learning lessons and improving patient care. On receipt, the concern will be recorded and, where possible, you will receive an acknowledgement within three working days.

A central register will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback. While your identity may be included within the allegation or report, the register will not include any information which may identify you, nor should it include any information which may identify an individual or individuals against whom an allegation is made.

Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your Line Manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and

properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring.

We may decide that your concern would be better looked at under another process: for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

We will advise you, where possible, and those identified as the subject of a concern, of the process, what will be investigated and what will not, those who will be involved, the roles they will play and the anticipated timescales

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

Where an Agency worker raises a concern then it is the responsibility of the [name of HSC organisation] to take forward the investigation in conjunction with the Agency if appropriate

For the purposes of recording, if the concern is already, or has previously been, the subject of an investigation under another procedure e.g. grievance procedure it will not be appropriate to categorise it under the [*name of HSC organisation*] Whistleblowing Policy.

Communicating with you

We welcome your concerns and will treat you with respect at all times. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will endeavour to provide a response within 12 weeks of the concern being received. We will provide an update on progress by week 6 and again by week 10 of the investigation. We will share the outcome of the investigation report with you (while respecting the confidentiality of others).

How we will learn from your concerns

The focus of the investigation will be on improving our services. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made and are working effectively. The final outcome and 'lessons learned' will be documented and approved as final by the responsible Director. In addition the relevant professional Executive Director will independently assess the findings and recommendations for assurance that the matter has been robustly considered and appropriately addressed.

Board oversight

The [*name of HSC organisation*] board and the Department of Health will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The board supports staff raising concerns and want you to feel free to speak up. The Chair has nominated a non-executive director with responsibility for the oversight of the organisation's culture of raising concerns.

Review & Reporting

We will review the effectiveness of this policy and local processes at least annually, with the outcome published and changes made as appropriate.

We will provide regular reports to senior management and to our Audit Committee on our whistleblowing caseload and an annual return to the Department of Health setting out the actions and outcomes.
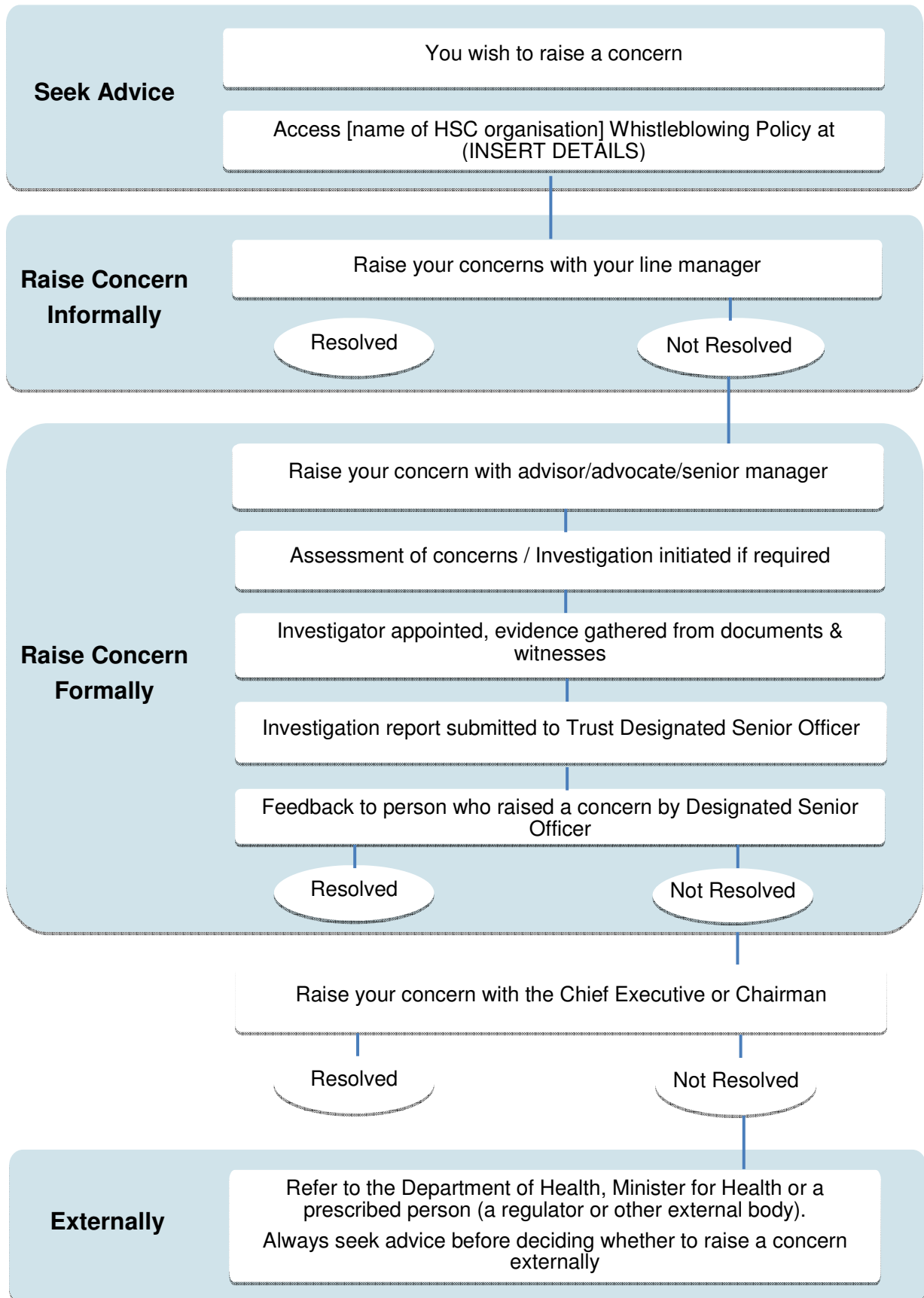
ADVICE FOR MANAGERS RESPONDING TO A CONCERN

1. Thank the staff member for raising the concern, even if they may appear to be mistaken;

2. Respect and heed legitimate staff concerns about their own position or career;

3. Manage expectations and respect promises of confidentiality;

4. Discuss reasonable timeframes for feedback with the member of staff;

5. Remember there are different perspectives to every story;

6. Determine whether there are grounds for concern and investigate if necessary as soon as possible. Where appropriate alert those identified as the subject of the concern. If the concern is potentially very serious or wide-reaching, consider who should handle the investigation and know when to ask for help. If asked, managers should put their response in writing;

7. Managers should ensure that the investigator is not connected to the concern raised and determine if there is any actual, potential or perceived conflict of interest which exists prior to disclosing full details of the concern. Should a conflict of interest arise during the investigation the investigator must alert the manager. (Note: Any such conflict must be considered, and acted on, by the manager);

8. Managers should bear in mind that they may have to explain how they have handled the concern;

9. Feed back to the whistleblower and those identified as the subject of a concern (where appropriate) any outcome and/or proposed remedial action, but be careful if this could infringe any rights or duties which may be owed to other parties;

10. Consider reporting to the board and/or an appropriate regulator the outcome of any genuine concern where malpractice or a serious safety risk was identified and addressed; and

11. Record-keeping - it is prudent to keep a record of any serious concern raised with those designated under the policy, and these records should be anonymous where necessary.

ANNEX B: FLOWCHART
Raising Concerns & Whistleblowing Process

Seek Advice

You wish to raise a concern

Access [name of HSC organisation] Whistleblowing Policy at (INSERT DETAILS)

Raise Concern Informally

Raise your concerns with your line manager

Resolved

Not Resolved

Raise Concern Formally

Raise your concern with advisor/advocate/senior manager

Assessment of concerns / Investigation initiated if required

Investigator appointed, evidence gathered from documents & witnesses

Investigation report submitted to Trust Designated Senior Officer

Feedback to person who raised a concern by Designated Senior Officer

Resolved

Not Resolved

Raise your concern with the Chief Executive or Chairman

Resolved

Not Resolved

Externally

Refer to the Department of Health, Minister for Health or a prescribed person (a regulator or other external body).

Always seek advice before deciding whether to raise a concern externally

Best Practice - Best Care

A framework for setting standards, delivering services
and improving monitoring and regulation in the HPSS

A Consultation Paper
April 2001

Department of Health, Social Services and Public Safety
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

Contents

Réamhrá

Thug an Coiste Feidhmiúcháin gealltanas i gClár um Rialtas chun creatlach a chur i bhfeidhm a thógfaidh caighdeán na seirbhísí a sholáthar don phobal agus go rachadh sé i ngleic le lag-ghníomhú fud fad na SSSP. Cuireann sé áthas orm an doiciméad a chur os bhur gcomhair ina bhfuil moltaí leagtar amach chun seo a chur i gcrích. Is é an aidhmn atá agam córas cúraim shóisialta agus sláinte ardcaighdeánaí a sholáthar a bhíonn áisiúil agus furasta a úsáid, a fhreastalaíonn ar riachtanais daoine agus a chuireann muinín iontu siúd a úsáideann é.

Molann an doiciméad coras le dul i ngleic le lag-ghníomhú, nuair a tharlaíonn sin, chun cinntiú gur lú na héagsúlachtaí i gcaighdeán an chúraim agus an cóireála a thugtar. Ina theannta seo tógann sé ar a bhfuil déanta go maith sna SSSP agus san am céanna ag aithint go bhfuil gá ann le freagracht agus trédhearcacht agus fócas nua ar ghníomhú.

Rachaidh an chreatlach sa doiciméad seo i bhfeidhm ar gach duine i soláthar seirbhísí sláinte agus sóisialta. Is buneochair páirteachas an úsáideora.

Cuireann na moltaí atá leagtha amach sa doiciméad síos ar an dóigh ar féidir caighdeán na seirbhísí a ardú. Tá sé riachtanach go dtuigeann gach duine a bhfuil páirt aige nó aici an gá le seirbhísí ardchaighdeánacha a sholáthar. Caithfidh an fhoireann barúlacha agus dea-chleachtadh a roinnt agus a bheith freagracht as caighdeán na seirbhísí a sholátharaíonn siad. Léiríonn scileanna na foirne cheana infheistíocht shunstach agus mar sin de is gá le heagraíochtaí an infheistíocht a chothabháil agus an deis a thabhairt dá bhfoireann a scileanna agus a gcleachtadh a fhorbairt.

Tá sé costasach cúram ardcaighdeánach a sholáthar ach tá sé costasach cúram d'ísealchaighdeán a sholáthar chomh maith. Is cur amú airgead é gach punt a chaitear ar athsrúduithe nó ar fhiosrúcháin nó ar mheancóga a cheartú, airgead nach bhfuil ar fáil chun cóireáil ná cúram a sholáthar.

Fáiltím roimh bhur mbarúil ar na moltaí sa doiciméad seo air sin atá mar dhúshraith do thodhchaí ár seirbhísí cúraim.

An Aire Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

Foreword

In the Programme for Government the Executive has given a commitment to put in place a framework to raise the quality of services provided to the community and tackle issues of poor performance across the HPSS. I am pleased to present this consultation paper which sets out proposals to deliver this. My aim is to provide a high quality system of health and social care which is easy and convenient to use, which is responsive to people's needs and which provides a service that instills confidence in those who use it.

This paper proposes systems to deal with under-performance, when that occurs, to ensure there are fewer variations in the standard of care and treatment delivered. In addition it builds on what is already being done well in the HPSS while recognising that there is a need for increased accountability and transparency with a new focus on performance.

The framework proposed in this paper will apply to everyone involved in the provision of health and social care services. User involvement will be a key requirement.

The proposals set out in this paper describe how the quality of services can be improved. It is essential that everyone involved recognises the need to deliver high quality services. Staff need to share ideas and good practice and take responsibility for the quality of services they provide. The skills of the staff represent already a significant investment, therefore organisations need to maintain that investment and provide staff with the opportunity to develop their skills and practice.

Providing high quality care is expensive but poor quality also costs money. Every pound wasted on repeated examinations or investigations, or on correcting mistakes is money that is not available for providing treatment and care.

I welcome your views on the proposals in this paper on what is fundamental for the future of our caring services.

Bairbre de Brún

Minister for Health, Social Services and Public Safety

Executive Summary

Introduction

1. This paper sets out proposals for new arrangements aimed at providing high quality services in the HPSS. The many medical, professional and technological advances and increased public expectation of the standards of services delivered, make it vital that the HPSS is modernised and improved in the future to enable it to provide a fast, effective high quality service. The proposals in this paper aim to put in place new arrangements which will do just that. These proposals are for public consultation.

Proposals

2. The proposals in this document centre on:
    * setting standards - improving services and practice;
    * delivering services - ensuring local accountability; and
    * improving monitoring and regulation of the services.

Setting standards - improving services

3. In order to ensure that standards are applied in a consistent manner throughout the HPSS and to reduce unacceptable variations in care provided, it is considered essential that a single more focussed approach is taken on the development and dissemination of standards and guidelines for the HPSS. Three options are offered for consideration.

    * **Option One:** establish an independent body to research and appraise the evidence of new drugs and technologies or existing procedures based on priorities within the HPSS.
    * **Option Two:** establish an internal body within the Department to carry out research and appraise the evidence on new drugs and technologies or on existing procedures in line with identified priorities for the HPSS.
    * **Option Three:** the Department would make arrangements with other standard setting bodies e.g. NICE and SCIE, whereby the Department would have early warning of the standards and guidelines to be produced. In addition the Department would act as a filter for the standards and guidelines emanating from NICE and SCIE.

Executive Summary

Setting Standards - improving practice

4. Investing in the workforce is crucial to the provision of high quality services. Many initiatives are ongoing at present to promote continuous professional development through lifelong learning and through strengthening professional regulation. The framework proposed in this paper will bring together these various initiatives so that they can be managed and monitored within one framework for improving the quality of services.

Delivering Services - ensuring local accountability

5. It is proposed to introduce a system of clinical and social care governance, backed by a statutory duty of quality and supported by continuous professional development.

6. The introduction of clinical and social care governance will mark a major change for the HPSS. Governance arrangements are already in place to ensure overall probity, transparency and adherence to public service values. Clinical and social care governance, backed by a statutory duty of quality will mean that for the first time Health and Social Services Boards and HSS Trusts will have to place the provision of high quality services to the forefront of their statutory duties in the same way they must currently adhere to statutory financial duties.

7. A system of clinical and social care governance will bring together all the existing activity relating to the delivery of high quality services for example, education and research; audit; risk management and complaints management.

Improving monitoring and regulation of services

8. This paper proposes that an independent means of monitoring the delivery of services should be introduced. In addition, it is proposed to extend and improve the range of social care services currently regulated. It is also proposed to improve current regulation of private and voluntary healthcare services and to extend that regulation to cover a wider range of services delivered by that sector.

Executive Summary

Proposals to monitor the delivery of services

9. It is proposed to monitor the delivery of services through the introduction of a new independent body - a Health and Social Services Improvement Authority. This body would carry out independent reviews of clinical and social care governance arrangements in Health and Social Services Boards and HSS Trusts and would also carry out investigations where significant or persistent problems occur.

Proposals to extend and improve the regulation of services

10. It is proposed to extend and improve the regulation of services to cover: statutory homes, homes covered by Charters and Acts of Parliament, small residential homes for adults, day care for adults, supported accommodation, nursing agencies, schools with boarding departments, the private and voluntary healthcare sector and agencies providing domiciliary care, fostering, adoption, services for Under 12s and nursing home care.

11. To discharge this more comprehensive regulation of services it is proposed that a Northern Ireland Commission for Care Services be established. This body would take over responsibility for the work currently carried out by the Registration and Inspection Units within the four Health and Social Services Boards; register and inspect a wider range of care services including the private and voluntary healthcare sector and where necessary take appropriate enforcement action to ensure standards are improved.

Equality Issues

12. During the consultation process, the Department will pay particular attention to the equality aspects of its proposals. It will make a special effort to obtain views from representatives of the nine categories specifically identified in the equality legislation.

About this paper

1.1 Securing more responsive, caring public services which strive towards excellence is at the heart of the commitment in the Programme for Government. Raising the quality of health and social services and tackling under-performance within the HPSS will require a concerted effort on the part of everyone involved in the HPSS.

1.2 Quality means the provision of high standards of care and treatment, given by the right person at the right time and in the appropriate setting. This paper sets out the Department's proposals for a framework designed to modernise and continuously improve the delivery of health and social care services. The paper suggests a framework consisting of three strands:

- setting standards - improving services & practice;
- delivery of services - through increased accountability at local levels; and
- monitoring performance, and improved regulation of services.

How to Respond

1.3 Comments on the proposals in this paper can be sent by e-mail or in writing to the address shown at the end of this Section. Unless otherwise requested, it will be assumed that responses are not intended to be confidential.

Timescale for Response

1.4 The closing date for receiving comments on this paper is 18th July 2001.

Additional Copies and Accessible Versions

1.5 The consultation paper is being widely circulated to key interest groups and will be available in libraries and on the Department's website. The Department will make the document available in audio tape, Braille, Irish and Cantonese. The Department will also consider requests for translations into other minority ethnic languages.

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About this paper

What Happens Next?

1.6   Following the consultation period all the responses to the paper will be analysed. A separate report summarising the views expressed during the consultation will be published for information. The Minister for Health, Social Services and Public Safety will take decisions on the issues raised in this paper, taking account of the views expressed during the consultation exercise.
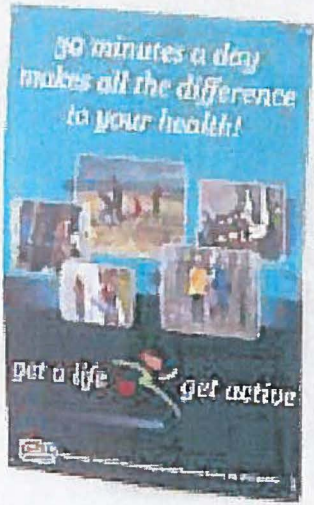
Contact Address

1.7   Quality & Performance Improvement Unit
Department of Health, Social Services & Public Safety
Room 118B
Dundonald House
Stormont
Belfast
BT4 3SF
E-mail address: quality.consultation@dhsspsni.gov.uk

Telephone: 028 9052 4310

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Focusing on quality

2.1   Every year our hospitals provide over a million outpatient treatments. There are half a million admissions to hospital or day procedure clinics every year. Every day, 30,000 people see a doctor or a practice nurse. Every working day 120,000 people will visit a community pharmacy. In an average year, over 180,000 people will have contacted social services and more than 24,000 older people will be supported in their own homes.

2.2   The vast majority of people who need health or social care services are dealt with quickly and effectively. However some are dissatisfied with the way the service deals with them. Higher public expectation in the HPSS along with rapid advances in medicine, technology and in professional practice along with changing demography, mean that the HPSS has to modernise and improve in the future to enable it to provide a fast, effective high quality service.

2.3   Added to this is the new environment of local democratic control within which all public services now operate. The Programme for Government contains a clear commitment to raise the standard of public services. The Executive will be held to account for the commitments given in the Programme for Government. In parallel with the political changes, major developments have taken place in the NHS in England, Wales and Scotland which are aimed at raising the standard of services provided. There are now expectations in the HPSS that no less emphasis will be placed on the drive to raise the quality of services here.

2.4   As well as a need to modernise the HPSS there is also a need to ensure that unacceptable variations in the standards of care and treatment delivered are addressed. Recent events have shaken the public's confidence in our services. The revelations about organ retention and the Bristol enquiry[1] into the deaths of babies following heart surgery have highlighted shortcomings in hospital services, while the Shipman case[2] has underlined the need for closer scrutiny of general practice.

1   Public inquiry into Paediatric Cardiac Surgery Services at Bristol Royal Infirmary

2   Harold Shipman's Clinical Practice 1974-1993 - A Clinical Audit, CMO, DoH(L) ("The Baker Report") in addition an independent inquiry into the Shipman Case commenced on 31st January 2001.

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2.5 There is no room for complacency in the HPSS. Similar incidents can happen here. The McLernon case[3] drew attention to the need to enhance and improve professional practice in assessment and care management arrangements to secure the continuity of care within and between primary, secondary and community sectors. In addition many people have to wait too long for their treatment or care. The experience of many is still of a disjointed and impersonal service which puts the needs of the organisation before the needs of individuals.

2.6 The challenge now facing the HPSS is to guarantee a standard of service that the public can expect no matter where they go for treatment or care. This challenge must be met head on with a co-ordinated approach to the raising of standards and robust accountability arrangements to ensure that those standards are met.

2.7 The starting point must be the development of staff who provide the services. A highly trained, competent and confident workforce is fundamental to securing the delivery of high quality services. The HPSS is one of the largest employers here with a total workforce of approximately 60,000. The skills of the staff represent already a significant investment for the benefit of the community. The great majority of these staff are highly motivated and continually strive for higher standards, despite the fact that demands and pressures on services have been rising inexorably. It is crucial therefore that we continue to invest in staff and enable them to develop their skills and expertise.

2.8 As well as supporting staff to continually develop their skills and knowledge it is essential that there are in place systems to monitor how the organisation and individuals are performing. It is only by establishing a full picture of what is being done well, and what falls short of this, that changes can be made and services improved.

2.9 This document proposes a framework which aims to improve quality in order to provide reassurance to those

3   "Community Care From Policy to Practice" - the Case of Mr Frederick Joseph McLernon (deceased), SSI, September 1998

Focusing on quality

Setting
Standards -
improving
services and
practice

Monitoring
performance and
improving
regulation

Delivering
Services -
ensuring local
accountability

who use the services that they will receive high standards of care and treatment wherever or however they are treated. The framework applies to everyone who works in, commissions and delivers services. Everyone must become involved in developing and nurturing a culture and environment where quality always comes first.

2.10   Those who use the service can bring valuable knowledge of how their local services are actually performing and how they would like to see services shaped in their local area. Through the greater involvement of the community in the planning, delivery and monitoring of services, the HPSS should aim to improve the quality of the services it provides.

2.11   The framework proposed in this paper centres on three interlocking strands. Each strand, while easily identified in its own right can only work to maximum effect if the other two strands are fully implemented. They are:
- setting standards - improving services and practice;
- delivering services - ensuring local accountability; and
- monitoring performance and improving regulation.

2.12   The delivery of high quality services using consistent standards, based on sound research and best practice, delivered by a competent and confident workforce will go some way in providing the public with access to a uniform standard of high quality health and social care. It is recognised that many HPSS organisations have been putting in place arrangements to raise the quality of services they deliver. These organisations are to be commended for their attempts to raise standards and provides further proof of the commitment of staff within the HPSS. It is important, however, that there is a comprehensive and uniform approach to raising the standard of services delivered. The proposals within this document should now build on the arrangements already in place in some organisations and enable all HPSS organisations to work within a single consistent framework for raising standards.

Delivering Services - Local Accountability

5.1 Governance arrangements are already in place in HPSS bodies to ensure overall probity, transparency and adherence to public service values. It is vital that comparable arrangements are in place to guarantee the delivery of high quality services. The production and dissemination of guidelines and standards for services, revising and strengthening standards for professional practice and the workforce and ensuring that staff are appropriately educated, trained and supported to help them deliver to the required standards will help to ensure higher quality services.

5.2 Placing responsibility for the standard of services delivered on local organisations will provide a guarantee that standards are being applied consistently throughout the HPSS. A system of local accountability will help the HPSS to continuously improve the quality of their services and safeguard high standards of delivery.

Proposals

5.3 It is therefore proposed to introduce a system of clinical and social care governance, underpinned by a statutory duty of quality and backed by continuous professional development and other training programmes.

What does clinical and social care governance mean?

5.4 Clinical and social care governance is about organisations taking corporate responsibility for performance and will provide guarantees for the standards of clinical and social care. It is the framework within which HPSS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.

5.5 Clinical and social care governance will help those planning and delivering services to identify and build on good practice; to assess and minimise risk of untoward

events; to investigate problems as they arise and to ensure that lessons are learnt. It will also help professionals by ensuring that lifelong learning through continuous professional development is addressed by and within their organisation.

5.6 A system of clinical and social care governance which is simple to use and easily understood will help to identify areas where improvements can be made and where there are risks, that these can be easily identified and reduced. In addition such a system should set in place procedures to identify and rectify poor practice e.g. through increased awareness of proper procedures or additional training. Such a system will also offer reassurance to the public that checks are in place to ensure that they receive the highest standards of care and treatment.

5.7 A system of clinical and social care governance will build on and strengthen existing activity relating to the delivery of high quality care and treatment. This includes activity on:

- education and research;
- continuing professional and personal development;
- professional regulation and learning lessons from poor performance;
- quality standards;
- audit;
- risk management;
- complaints management;
- clinical effectiveness;
- effectiveness in social care services in meeting identified needs; and
- evidence-based practice.

5.8 The system of clinical and social care governance is designed to bring all of these components together and to secure a co-ordinated approach to the provision of high quality care and treatment, while ensuring a greater focus on the standard of clinical and social care practice.

Delivering Services - Local Accountability

Duty of Quality

5.9   To strengthen the clinical and social care governance systems it is proposed to introduce a statutory duty of quality on Health and Social Services Boards, HSS Trusts and those Special Agencies which provide services directly to users e.g. The Northern Ireland Blood Transfusion Agency. The duty of quality will place a statutory requirement on these bodies *to put and keep in place arrangements for improving and monitoring the quality of health and social care services **they provide directly** to individuals.* That is, they will have to put and keep in place a system of clinical and social care governance.

5.10   Clinical and social care governance systems backed by a statutory duty of quality will mean that each Health and Social Services Board, HSS Trust and where appropriate, Special Agency will have to establish clear lines of responsibility and accountability for the overall quality of care and treatment provided. Health and Social Services Boards, HSS Trusts and Special Agencies will be required to prepare regular reports for their boards and report annually on quality. This will mean that for the first time, Health and Social Services Boards, HSS Trusts and Special Agencies will have to place the provision of quality services at the forefront of their statutory duties in the same way they must adhere currently to statutory financial duties.

5.11   While the duty of quality will not extend to services which a Health and Social Services Board, HSS Trust or Special Agency commissions from individual practitioners, or Family Health Services under service agreements or contractual arrangements, these Family Health Services practitioners will be expected to implement clinical and social care governance systems. Commissioners will ensure their duty to the quality of services delivered is met through their contractual arrangements with the organisations concerned.

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Delivering Services - Local Accountability

Questions for Consultation

? Do you consider the duty of quality should be placed on those services *commissioned* by an HSS Trust?

Family Health Services

5.12 While clinical and social care governance is an organisational concept, the principles of clinical and social care governance apply to all Family Health Services, such as general medical and dental practitioners, community pharmacists and opticians. Health and Social Services Boards, HSS Trusts and Special Agencies will be expected to actively promote clinical and social care governance principles with all those to whom they look to deliver services.

5.13 Practice teams and organised groups can identify areas for development and ways to make necessary quality improvements e.g. through:
- working together to determine practice and local health and social care priorities;
- encouraging development of personal and practice development plans aligned with identified priorities; and
- engaging in a range of quality activities such as audit, risk management, significant event analysis and seeking and incorporating patient views.

5.14 Proposals for new arrangements in primary care have already been set out in the consultation paper "Building the Way Forward in Primary Care"[5]. That paper proposed the creation of Local Health and Social Care Groups, which envisages groups of primary care professionals working together at local level to improve the delivery of primary care services and to become involved in the commissioning of services.

5 Building the Way Forward in Primary Care - A Consultation document, DHSSPS, December 2000

Delivering Services - Local Accountability

5.15 Subject to the outcome of the consultation on those proposals, it is considered that the creation of such groups would provide an organisational platform around which a model of clinical and social care governance could be developed in primary care.

Questions for Consultation

? In view of the Independent contractor status of Family Health Services Practitioners, how best can clinical and social care governance be applied in primary care?

? Do the proposals for Local Health and Social Care Groups set out in "Building the Way Forward in Primary Care" provide a possible structure to support clinical and social care governance in this area of primary care?

Clinical & social care governance in practice

5.16 For clinical & social care governance to be successful all HPSS organisations, in tackling issues of performance or poor quality must move away from a culture of blame to one of learning. They will need to adopt a partnership and collaborative approach within health and social care teams and between health and social care professionals and managers.

5.17 In an organisation where good clinical and social care governance systems are working, multi-disciplinary teams will be working at all levels, professional staff will be contributing to the improvement of standards, ideas and good practice will be shared and education and research will be prized. Staff will feel valued and supported and those using the services will be confident of receiving high quality services and their views will be central to the design and delivery of services. Information will be used to full advantage to plan and assess progress.

5.18 These values will be the key to good clinical and social care governance within organisations, family health services and at individual practice level.

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Delivering Services - Local Accountability

Developing staff

5.19   While the system of clinical and social care governance is an organisational concept, the development of staff through continuous professional development (CPD) will be crucial to the success of clinical and social care governance and the organisations' ability to guarantee that quality services are being delivered within their organisation.

5.20   CPD is not new. CPD is being actively promoted throughout the HPSS and many developments have taken place to ensure that all organisations will be able to support their workforce by providing opportunities for education and training through CPD programmes.

Questions for Consultation

?   Do you consider that this system of clinical and social care governance will help to improve the quality of services?

?   Should the statutory duty of quality be placed on an HSS Trust for the services it commissions as well as those services it provides?

?   How best do you think clinical and social care governance principles can be applied in primary care?

Monitoring Performance

6.1 It is crucial that the Minister, the HPSS Committee and the Assembly can be assured that the resources allocated to the HPSS are used effectively to develop and deliver high quality services in line with the objectives set out in the Programme for Government. There must also be a clear line of accountability from front line delivery back to the Executive. Nowhere is this more relevant than in the HPSS. People must have assurances that services are being delivered to the highest standards by a competent and confident workforce. They need to know that they will receive a high standard of service no matter who they are or where they live.

6.2 Setting standards for the workforce, putting in place a mechanism to produce and disseminate standards and guidelines for the services, putting in place local accountability arrangements to assure the delivery of high quality services to the standards set are very important elements of this framework. Standards, the way in which services are delivered and clinical and social care practice must be continually reviewed, challenged and where necessary changed. More robust monitoring arrangements will help to ensure that this happens.

Current monitoring arrangements

6.3 Standards and service performance are currently monitored at Departmental, HSS Board and HSS Trust levels. Groups including the Social Services Inspectorate (SSI), Pharmaceutical Inspectorate, Registration and Inspection Units, the Regional Multi-professional Audit Group (RMAG) and the Clinical Resource Efficiency Support Team (CREST) all make a significant contribution to support monitoring in the HPSS.

Proposals

6.4 More needs to be done. Robust performance management arrangements of individuals and of services must be in place throughout the HPSS to provide service users, the

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Monitoring Performance

Department, those who commission and those who provide services with a clear picture of what is being done well in the service and what needs to be changed.

6.5 Improving clinical and social care practice will be supported through the clinical and social care governance framework, together with continuous professional development and professional regulation. It is proposed that improvements in the assessment of service performance should be addressed by:

- a new Performance Management Framework; and
- the establishment of a new independent body to monitor and report on clinical and social care governance arrangements within Health and Social Services Boards, HSS Trusts, Special Agencies and where appropriate, Family Health Services.

A new Performance Management Framework

6.6 The Department is currently working on proposals to develop a Performance Management Framework, which it is envisaged will provide an overall template to judge performance of the HPSS at all levels. The Performance Management Framework will focus on measuring performance against six key areas:

- improved health and social well-being;
- fair access to health and social care services;
- effectiveness in the delivery of appropriate health and social care services;
- the experience of service users and their contribution to the planning and delivery of services;
- efficiency in the delivery of health and social care services; and
- health and social care outcomes.

6.7 Indicators will need to be identified and/or developed which will enable the Department to assess how well the HPSS is performing in each of the six key areas above. The

Monitoring Performance

Performance Management Framework will continue to be developed to provide the mechanism of measuring performance against key planning priorities.

6.8   Health and Social Services Boards should be able to use the Performance Management Framework to help identify areas for Health and Wellbeing Investment Programmes. HSS Trusts should be able to use the Performance Management Framework to help them continuously improve and benchmark against other similar organisations and to demonstrate that they are delivering services to the agreed standards. Ultimately the Performance Management Framework will provide a vehicle for the Assembly to assess progress against the priorities set in the Programme for Government and will help inform future Programmes.

6.9   Work is progressing on the development of the Performance Management Framework and proposals will be brought forward at a later date.

Independent monitoring of services

6.10.   Independent scrutiny of clinical and social services is currently limited. Valuable work is carried out by professional groups and bodies to promote and support improvements in clinical practice. Bodies such as the Mental Health Commission and the Northern Ireland Hospital Advisory Service (NIHAS) and groups such as CREST and RMAG all contribute to this work. Independent scrutiny of social services is carried out through the Social Services Inspectorate. Registration and inspection of pharmacies is carried out by the Pharmaceutical Inspectorate, which also has wider inspection and enforcement powers under legislation.

Proposals

6.11.   To further strengthen monitoring and accountability systems it is proposed that a more independent system of monitoring services should be introduced in the HPSS. An

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Monitoring Performance

independent examination of the governance and delivery of all services should provide the public with assurances that the HPSS is fulfilling its responsibilities for quality and should afford greater protection for service users. When things are going wrong in the HPSS, people need to know that failures are identified quickly, openly investigated and put right. Indeed the establishment of the Commission for Health Improvement for England and Wales has already raised expectations that similar independent assurances about the quality of services will be given here.

The Commission for Health Improvement (CHI) was established in April 2000 with the aim of improving the quality of patient care in the NHS across England and Wales. Working to a programme which aims to reduce unacceptable variation in care and ensuring every NHS patient receives a high level of care, the core functions of CHI are:

- to provide national leadership to develop and disseminate clinical governance principles;
- independently scrutinise local clinical governance arrangements to support, promote and deliver high quality services. CHI will conduct a rolling programme of reviews of clinical governance arrangements visiting every NHS Trust, Primary Care Trust and Health Authority every four years and will make its findings public;
- review and monitor local and national implementation of national guidelines in the form of National Service Frameworks (NSFs) and National Institute for Clinical Excellence (NICE) guidance;
- help the NHS identify and tackle serious or persistent clinical problems. CHI has the capacity for rapid investigation and intervention to help put these right;
- increasingly take on responsibility for overseeing and assisting with external NHS incident enquiries in England and Wales; and
- seek to identify excellence and celebrate and share good practice, thus producing bench marks.

CHI does not have the powers to remove or replace any member of staff, management teams or board members. However it will report any serious finding to the Secretary of State for Health in England or the National Assembly for Wales.

Monitoring Performance

6.12. In considering how best to secure independent monitoring in the HPSS, it is regarded as essential that any new arrangements here would need to be truly independent, reflect the integrated services and should add as little as possible to bureaucracy.

The Health and Social Services Improvement Authority

6.13. Taking account of the stipulations above it is proposed to establish an independent body, called the Health and Social Services Improvement Authority. This body would be required to:

- monitor, assure and provide advice and information on clinical and social care governance arrangements;
- review the clinical and social care governance arrangements as part of rolling three or four year visits to every Health and Social Services Board, HSS Trust, Special Agency and Family Health Services where appropriate;
- investigate incidents where significant or persistent clinical or social care problems occur; and
- work closely with the Health Services Audit; the Northern Ireland Audit Office; the Health and Safety Inspectorate; the Commission for Health Improvement; professional regulatory bodies and the Northern Ireland Commission for Care Services.

6.14. The Health and Social Services Improvement Authority would be established as a non-departmental public body to carry out the functions detailed in paragraph 6.13 above. The Health and Social Services Improvement Authority would be directly accountable to the Minister and would carry out investigations at the request of the Minister reporting back to the Minister on the findings.

6.15. The Health and Social Services Improvement Authority would have a chair, board of directors and full administrative support. In addition the Health and Social Services Improvement Authority would have an executive team responsible for carrying out the review visits and

investigations. A pool of experts from within the HPSS would be established, from which the executive team would draw when carrying out review visits.

6.16. Where in exceptional cases it is considered that expertise from elsewhere is required to assist in investigations, the Department has secured provision in the Health Act 1999 to allow it, subject to the Minister's approval to approach the Commission for Health Improvement in England, to provide the relevant expertise in clinical issues.

Questions for Consultation

? Do you consider there is a need for independent scrutiny of clinical and social care services?

? Are there any other options which should be considered to secure independent monitoring?

? What representation would need to be included on this body?

? How could user representation be secured - on the board of the Health and Social Services Improvement Authority and when carrying out reviews and investigations?

Improving and Extending the Regulation of Services

7.1 Another vital link in seeking improvements in the standard of services delivered is the need to improve and extend the range of social care services that are currently regulated. Regulation is based on legislation and involves the whole process of registration, inspection and enforcement, distinct sets of activities which ensure compliance with statutory requirements.

7.2 The Registered Homes (Northern Ireland) Order 1992, the Children (Northern Ireland) Order 1995 and their accompanying regulations govern the current arrangements for regulating nursing, residential and children's services and schools with boarding departments.

7.3 The current system of regulation has developed over a number of years in a fragmented and piecemeal fashion and has led to numerous problems, including inconsistency in the standards set and applied across the sectors.

7.4 An earlier consultation exercise carried out by the Department in 1998, indicated a need to improve the current system of regulation of social care services and to extend regulation to cover a wider range of social care services. For example residential care homes run by Trusts and homes provided under Royal Charters or Acts of Parliament are not subject to regulation, nor is support to people in their own homes and day care centres. Extending regulation to cover these services will offer better protection to vulnerable people using these services. Improving and extending regulation will ensure that services are regulated and monitored against agreed minimum standards.

Private and Voluntary Healthcare

7.5 The private and voluntary healthcare sector is currently subject to regulation under the Registered Homes (Northern Ireland) Order 1992. Under this Order, private and voluntary hospitals are classed as nursing homes. This is inappropriate given the range of work they do.

7

Improving and Extending the Regulation of Services

7.6 The current regulatory arrangements have a number of shortcomings. In particular Registration and Inspection Units have few powers other than to decline to register a new establishment or to de-register an existing one and cannot for example require an establishment to cease undertaking particular treatments even if the inspectors are concerned about the safety of patients. This undermines the effectiveness of current regulatory work.

Proposals

7.7 The current system of regulation is carried out by the Registration and Inspection Units within the four Health and Social Services Boards in relation to residential and nursing home care and by eleven HSS Trusts in relation to Under 12's services. This makes it more difficult to set and enforce standards in a consistent and independent manner here. It is proposed therefore to extend regulation of social care services to include a wider range of services and to establish a Northern Ireland Commission for Care Services to carry out the regulation of the current and extended range of services.

7.8 It is proposed to extend and improve the regulation of services to cover: statutory homes, homes covered by Charters and Acts of Parliament, small residential homes for adults, day care for adults, supported accommodation, nursing agencies, schools with boarding departments, the private and voluntary healthcare sector and agencies providing:

- domiciliary care;
- fostering;
- adoption;
- services for children under 12; and
- nursing home care.

Northern Ireland Commission for Care Services

7.9 To discharge this more comprehensive regulation of services it is proposed that a Northern Ireland Commission

Improving and Extending the Regulation of Services

for Care Services be established. The Northern Ireland Commission for Care Services would carry out the regulation of the current and extended range of services and would mirror the National Care Standards Commission established for England and Wales.

The National Care Standards Commission (NCSC) is a new independent regulatory body for social care services and private and voluntary health care. The NCSC will be responsible for the regulation of the whole range of care services from care homes for the elderly, children's homes, domiciliary care, fostering and adoption agencies through to private hospitals and clinics. The Secretary of State for England and the National Assembly for Wales have powers to make regulations governing the conduct of services regulated and to issue minimum national standards applicable to all the services to which the registration authorities and providers must have regard. The NCSC will ensure all regulated care services are provided to national minimum standards laid down by the Secretary of State in England and the National Assembly for Wales, through regulation and inspection. It will investigate complaints against registered services and report to the Secretary of State (or National Assembly for Wales) on the range and quality of regulated services. The NCSC will encourage improvement in the quality of services (through e.g. disseminating examples of good practice and giving advice to providers on how to meet the national minimum standards) and make information available to the public about the quality of services. This might include information about the location and types of services available, as well as the results of its inspections of individual providers. The NCSC will advise the Secretary of State or provide information about any aspect of the provision of services and about changes to the national minimum standards with a view to seeking improvement in the quality of services.

Functions of the Northern Ireland Commission for Care Services (NICCS)

7.10 The Northern Ireland Commission for Care Services (NICCS) would be established as an independent non-departmental public body. The functions of the NICCS would be to:

7

Improving and Extending the Regulation of Services

- take over responsibility for the work currently carried out by the Registration & Inspection Units within the four HSS Boards;
- register and inspect a wider range of care services;
- investigate complaints against registered services;
- where necessary take appropriate enforcement action to ensure standards are improved;
- serve improvement notices, prosecute and where necessary de-register services;
- regulate the private and voluntary healthcare sector;
- monitor and enforce the adherence to the Codes of Practice for employers as laid down by the Northern Ireland Social Care Council; and
- work in collaboration with other bodies including the Health and Social Services Improvement Authority and the Mental Health Commission on issues pertaining to that area of work.

7.11 Standards for care services will be developed through a process of consultation between the Department and a range of interested parties. The NICCS will be expected to apply these standards and will introduce a consistent and thorough approach to the conduct of registration and inspection and the application of standards and recommend changes where necessary. The NICCS would be expected to work in collaboration with the Northern Ireland Social Care Council and The Health and Social Services Improvement Authority. The NICCS would have its own management board comprising of chair and members drawn from the wide range of key stakeholders in the health and social services field including user and provider representation.

Social Care Tribunal (Enforcement and Appeals)

7.12 All regulated services including statutory services will be subject to appropriate enforcement action. This action includes the power to serve improvement notices, prosecute and where necessary de-register. Providers will have rights of appeal against de-registration decisions.

Improving and Extending the Regulation of Services

7.13 The Social Care Tribunal as established under the HPSS (Northern Ireland) Act 2001, will replace the existing Registered Homes Tribunal and will consider appeals for the extended range of services.

Questions for Consultation

? What other social care services do you consider should be subject to regulation?

? What health and social care services currently delivered by the private and voluntary healthcare sector do you consider should be regulated under these proposals?

? How could user/lay input be best represented on the new Northern Ireland Commission for Care Services?

? What other representatives should be on the board of the new Northern Ireland Commission for Care Services?

? Given the current and extended range of services to be regulated and the specialist nature of those services should the new Northern Ireland Commission for Care Services be structured on a specialist or on a generic basis with specialist oversight?

? What powers should the Northern Ireland Commission for Care Services have in addition to those already mentioned?

Equality Issues

8

8.1 Section 75 of and Schedule 9 to the Northern Ireland Act 1998 place new statutory obligations on Departments and other public authorities in carrying out their functions. Such bodies are to have due regard to the need to promote equality of opportunity:
- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

8.2 Without prejudice to the above, they are also to have regard, in carrying out their functions, to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

8.3 As part of this consultation process, the Department wishes to pay particular attention to the equality aspects of its proposals. The purpose of this framework is to improve the quality of the services delivered by the HPSS, thereby raising standards and ensuring a consistency in the standards applied. It should result in providing assurance to everyone who uses the services that they will be provided with the highest standard of care, no matter where they live or what HPSS facility they use.

8.4 The proposals to provide a single focus for the production and dissemination of standards and guidelines for the HPSS should result in a consistent approach to the provision of services across the HPSS, thereby removing inequalities and inequities in service provision.

8.5 Subject to the outcome of this consultation, should the two new non-departmental public bodies - the Health and Social Services Improvement Authority and the Northern Ireland Commission for Care Services be established, they will be subject to statutory equality obligations under Section 75 of the Northern Ireland Act 1998 and as such will be required to produce their own equality schemes.

8 Equality Issues

Questions for Consultation

? Comments are invited on whether the proposals in this paper have any particular implications for equality of opportunity between the nine categories specified in the equality legislation in the Northern Ireland Act; or for promoting good relations between persons of different religious belief, political opinion or racial group.

? If so, can you state where and to what extent you think this might be the case?

? Do you consider that these proposals will have a differential impact on any of the categories specified in the equality legislation in the Northern Ireland Act 1998?

? Is there a better way of meeting the objectives set out in this document, which will better promote equality of opportunity? If yes, how?

THE QUALITY CIRCLE

Setting Standards
HPSS STANDARDS BOARD

KNOWLEDGE, LEARNING
Personal Development

N.I. COMMISSION FOR CARE SERVICES
Regulating Services

HEALTH AND SOCIAL SERVICES IMPROVEMENT AUTHORITY
Monitoring Standards

CONTINUING PROFESSIONAL DEVELOPMENT PROFESSIONAL REGULATION

DUTY OF QUALITY: CLINICAL & SOCIAL CARE GOVERNANCE
Delivering Standards

Notes

HSS (PPM) 10/2002

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Chief Executives, HSS Trusts and Special Agencies;
Chairs, Local Health and Social Care Groups
Chief Officers, HSS Councils

13 January 2003

Dear Colleague

GOVERNANCE IN THE HPSS –
Clinical and Social Care Governance: Guidelines for Implementation

Summary

1.   This guidance is intended to enable you to formally begin the process of developing and implementing clinical and social care governance arrangements within your organisation or area of responsibility with effect from the date of receipt of this circular.   It should be read in conjunction with guidance already issued on the implementation of a common system of risk management across the HPSS and the development of controls assurance standards for financial and organisational aspects of governance.

Background

2.   The consultation document "Best Practice – Best Care" set out proposals for a framework to improve the quality of services delivered by the Health and Personal Social Services (HPSS).   Decisions on the way forward with implementing these proposals were announced in July 2002 focusing on three main areas:

(i)   arrangements for setting clear standards for services;

(ii)   mechanisms for promoting local delivery of high quality health and social care services through clinical and social care governance arrangements, reinforced with a statutory duty of quality.   These arrangements will be supported by programmes of continuous professional development and lifelong learning and strengthened by enhanced arrangements for professional regulation; and

1

(iii)   effective systems for regulating services and monitoring the delivery of services.

3.   In July 2002 the Department wrote to Chief Executives of HSS Boards, Trusts, Special Agencies and Chairs of Local Health and Social Care Groups setting out these new arrangements in more detail and enclosing a draft circular on clinical and social care governance for comment. The attached circular has been revised to take account, as far as is possible, of comments received from the HPSS.

4.   The requirements set out in this circular have been kept to a minimum for this stage. The detailed requirements arising from clinical and social care governance will be developed in conjunction with the HPSS starting with a series of workshops across Board areas in January/February 2003. Further guidance will be issued as necessary.

Action Needed

5   While it is recognised that there has been some progress in developing clinical and social care governance arrangements, what has been lacking is a consistent approach throughout the region. This guidance builds on the work of the past and maps out the way ahead, providing a management framework for clinical and social care governance. The following is the minimum list of actions, covered in greater detail in the circular, which need to be taken by each organisation.

-    The appointment of a senior professional at board level to provide leadership in relation to clinical and social care governance arrangements and processes.

-    The designation of a committee to be responsible for the clinical and social care governance of the organisation. This may be an entirely new committee or the function could be taken on by an existing committee e.g. the Risk Management Committee.

-    An evaluation of the current clinical and social care governance arrangements in the organisation to establish the baseline from which developments must begin.

-    The formulation of a plan for the development and maintenance of clinical and social care governance arrangements.

-    A system to deliver routine progress reports to the board and a formal progress report within the organisation's Annual Report.

6.   The structure of this circular is as follows:

-    Introduction
-    Key Policy Objectives
-    The Challenge
-    Tailoring Guidance to Individual Organisations
-    Monitoring Performance
-    Next Steps
-    Resources
-    Further Guidance

For ease of reference the following paragraphs summarise what is covered by each section.

INTRODUCTION

1.   The purpose of this circular is to provide guidance specific to clinical and social care governance. The Department recognises that many HPSS organisations have already begun to develop their own systems for clinical and social care governance based on guidance issued in England Scotland and Wales. While there are many parallels in approach, our arrangements for clinical and social care governance must take account of the organisational structures and manner of delivery of services currently in place here. This guidance must be read in the context of guidance already issued on the implementation of a common system of risk management across the HPSS and the development of controls assurance standards for financial and organisational aspects of governance.

2.   It is important, therefore, that while much good work has already been done in relation to the development of clinical and social care governance, from now on all organisations must apply the principles set out in this guidance.

3.   It is not intended to be prescriptive on an exact model to be used. It is for your organisation or group, together with your co-workers, staff, users and local communities to determine how best to implement arrangements which take account of the services delivered by you and your organisation at every level. <u>This circular does, however, set a framework for action which highlights the roles, responsibilities, reporting and monitoring mechanisms that are necessary to ensure delivery of high quality health and social care.</u>

KEY POLICY OBJECTIVES

4   The key elements of the strategy for improving quality in the HPSS are:

   (i)   arrangements for setting clear standards for services;

   (ii)   mechanisms for promoting local delivery of high quality health and social care services through clinical and social care governance arrangements, reinforced with a statutory duty of quality. These arrangements will be supported by programmes of continuous professional development and lifelong learning and strengthened by enhanced arrangements for professional regulation; and

   (iii) effective systems for regulating services and monitoring the delivery of services.

Statutory Duty of Quality

5.   Clinical and social care governance arrangements within organisations which provide or commission services will be underpinned by a statutory duty of quality. The introduction of this duty will mean that accountability for the quality of services provided, including commissioning, is comparable with the statutory duty that exists on HPSS bodies in relation to the financial management of their organisations.

6.   The statutory duty of quality will apply to Health and Social Services Boards (HSS Boards), Health and Social Services Trusts (HSS Trusts), and some Special Agencies

(the Regional Medical Physics Agency, the Northern Ireland Blood Transfusion Agency and the NI Guardian ad Litem Agency) for the services they commission and provide to the public. While the statutory duty of quality will not, for now, directly apply to the management boards of Local Health and Social Care Groups (LHSCGs), the Central Services Agency (CSA) and the remaining Special Agencies, they too must put in place effective clinical and social care governance arrangements which will also be subject to monitoring.

7.   Everyone employed in the organisation, individuals, teams and corporate board members, have a role to play in ensuring effective clinical and social care governance arrangements work throughout their organisation and must be aware of their role and responsibilities.

What is clinical and social care governance?

8.   "Best Practice – Best Care" defines clinical and social care governance as a framework within which HPSS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment. Clinical and social care governance is about organisations taking corporate responsibility for performance and providing the highest possible standard of clinical and social care.

9.   <u>The clinical and social care governance framework is intended to build on and strengthen existing activity</u> relating to the delivery of high quality care and treatment. This includes activity on:

- audit;
- identifying, promoting and sharing good practice, learning lessons from best practice as well as poor performance.
- risk assessment and risk management;
- adverse incident management;
- quality standards;
- complaints management;
- clinical and social care effectiveness;
- evidence-based practice;
- research and education;
- effective leadership and management;
- a clear policy aimed at improving communication between management, users, staff and local communities;
- policies aimed at securing effective user involvement, and which enable local communities to engage in all aspects of clinical and social care governance;
- effective recruitment and selection procedures;
- continuing professional and personal development; and
- professional regulation.

10.   The framework is designed to bring all of these components together to secure a co-ordinated approach to the provision of high quality care and treatment, while ensuring a greater focus on the standard of clinical and social care practice. This will ensure that high quality, effective treatment and care is delivered and that where things do go

wrong, they are quickly addressed and lessons are learnt to help prevent re-occurrence.

11. Clinical and social care governance is central to achieving improvements in the quality of services provided in the HPSS. Its successful development and delivery is crucial to the overall success of the framework for quality improvement.

12. The integration of health and social services means that governance arrangements must include social care in addition to clinical care, where operationally appropriate, within HSS Boards, LHSCGs, HSS Trusts, the CSA and Special Agencies. In addition, local arrangements for clinical and social care governance must complement the existing roles and management and executive professional responsibilities in place within HSS Boards and HSS Trusts.

Changing Culture

13. The introduction of clinical and social care governance arrangements will bring about a fundamental change in the culture of HPSS organisations. Clinical and social care governance is about developing a culture that safeguards high standards, promotes and supports improvements in practice and in the treatment and care delivered. This culture needs to be one of openness, transparency, listening to the views of users, staff and local communities, learning, sharing information and developing partnerships.

14. A culture that encourages open discussion and reflection on practice allows staff to learn from their experiences. This includes both celebrating what is done well and learning from what is done less well. If an organisation is to encourage staff to report incidents and learn from mistakes, it must develop an open and honest culture, rather than one of blame and shame and a reliance solely on disciplinary procedures. Developing the right culture is perhaps one of the biggest challenges in establishing clinical and social care governance processes. It will take dynamic leadership, time and commitment from all levels of the organisation.

Effective User and Community Involvement

15. Effective user and community involvement is crucial to the delivery of high quality treatment and care. Clinical and social care governance arrangements must involve users in ways that are meaningful, appropriate and acceptable to them. Each organisation needs to have a clear policy about and strategy for securing user and local community involvement. Involving users will provide a means whereby organisations can show that they are accountable to the population they serve. It can also help to improve staff/user communication and understanding as well as make use of the specific expertise that users have to offer. Similarly, HPSS organisations need to have regard to the relationship they have with their local communities and to consider how best these communities can be empowered to participate in the arrangements for clinical and social care governance.

16. "Token involvement syndrome" must be avoided. Users and local communities can and should play a much more meaningful role in the planning and delivery of services. They could for example identify issues that may inform the way in which information is gathered or through a partnership approach with professionals, they

could help determine the scope, focus and outcome of a service initiative. Organisations will wish to take account of the work and expertise developed by Health and Social Services Councils

17. Ultimately the effective involvement of users and local communities within clinical and social care governance arrangements will be determined by the approach taken by individual organisations

Development of Clinical and Social Care Governance

18. While those HPSS organisations which have already begun developing arrangements are to be commended for the work they have already done, clinical and social care governance is a dynamic and continuous process and full implementation will be an evolving process. There are however some practical steps that all HPSS organisations should address.

19. These involve setting up local structures to ensure clinical and social care governance arrangements are in place. Whilst the range of local structures will be dependent on the size and complexity of each organisation, there are some core arrangements which should always be put in place. These are establishing and maintaining:

- clear lines of responsibility and accountability for the overall quality of treatment and care;

- effective systems to identify, value, promote and share good practice within the organisation and where appropriate outwith the organisation particularly in circumstances where services are commissioned from an external provider;

- a comprehensive programme of quality improvement activities, including arrangements for ensuring users and local communities will be fully involved in securing high quality services;

- clear policies aimed at assessing and managing risk; and

- an open, honest and proactive system where people can report poor performance, near-misses and adverse events to allow them to be appropriately dealt with, lessons learnt and shared within and where appropriate outwith the organisation.

THE CHALLENGE

20. Clinical and social care governance has significant implications for the way in which HPSS organisations will conduct their business. Issues relating to the quality of clinical and social care provision will feature highly on their agenda and will form an equal and complementary strand with financial and organisational governance issues in their accountability.

21. The leadership provided within HPSS organisations will be the key to creating a culture and environment where the delivery of the best possible standards of care and treatment is seen to be the responsibility of everyone in the organisation.

Where are we now and what do we need to do?

22.   Whilst it is recognised that HPSS organisations may already have made varying degrees of progress in developing governance arrangements, <u>there are key steps which all HPSS organisations will need to take in the first year.</u> These are:

> **Step 1:**   establishing leadership, accountability and working arrangements;

> **Step 2:**   depending on how advanced clinical and social care governance arrangements are within an organisation either:

>> (a)   review their current arrangements and progress towards complying with the principles set out in this guidance;

>> **or**

>> (b)   carry out an initial baseline assessment of capacity and capability;

> **Step 3:**   formulate a development plan, in the light of this review or assessment securing agreement and support for this plan across the organisation; and

> **Step 4:**   clarify reporting arrangements for clinical and social care governance as part of the management of the organisation and arrange for the preparation of an annual report on what has been achieved and what is planned for subsequent years.

> <u>Taking these steps is the key requirement arising from this circular.</u> The following paragraphs set out guidance in relation to each of the four steps.

Step 1: Establish leadership, accountability and working arrangements

23.   The Chief Executive of each organisation will be accountable to his/her board for the delivery of quality, treatment and care by the organisation in the same way as he/she is already responsible for financial and organisational matters.

24.   The following paragraphs set out the suggested leadership arrangements within HPSS organisations that commission or provide services directly to the public. It is important to remember, however, that whatever leadership arrangements are decided upon it is essential that all organisations demonstrate:

- **inclusivity:** ensuring that all staff in the organisation are involved and kept fully informed about the purpose and progress of the clinical and social care governance programme;

- **commitment from the top:** reporting and having access to the Chief Executive and the board, particularly when problems need to be resolved or barriers to progress have been identified;

- **good external relationships:** forging strong open working partnerships with users, local communities, health and social care organisations and other agencies in the locality;

- **good internal relationships:** forging ownership of clinical and social care governance by the employees of an organisation;

- **continuing focus:** keeping the arrangements on course and not being deflected from the goals that the organisation has set itself;

- **accounting for progress:** being able, on request, to provide a comprehensive overview of progress with the clinical and social care governance arrangements programme throughout the organisation; and

- **communication:** with all staff in the organisation and with external partners, users and local communities on a regular basis.

Leadership arrangements within all organisations

25.   The Chief Executive of each organisation (or in the case of LHSCGs the management board) will designate a senior professional at board level to support him or her in the discharge of his or her role as accountable officer for the delivery of quality care and treatment within the organisation. The leadership arrangements will differ according to local circumstances but it is likely that the senior professional will wish to assemble a multi-disciplinary team, with each member having responsibility for different aspects of the arrangements. It may well be that such a multi-disciplinary team has already been established as part of the organisation's overall approach to risk management.

26.   It is proposed that this senior professional will provide leadership in relation to clinical and social care governance arrangements and processes. He/she will support and encourage good practice, while ensuring that where problems are identified, appropriate remedial action is taken.

27.   The senior professional will also develop local systems for engaging the views of users and staff and mechanisms that will support the dissemination of clinical and social care standards, best practice and innovation. In addition the senior professional will be expected to put in place mechanisms for ensuring the production of clinical and social care governance reports. The senior professional will look to other key professional and staff groups to provide support. They will need to meet as often as necessary to promote and maintain a culture of quality and will be monitored on behalf of the organisation by the committee with responsibility for clinical and social care governance.

Leadership arrangements – Committee of the board with responsibility for clinical and social care governance

28. <u>HPSS organisations to which the statutory duty of quality applies, must designate a Committee to be responsible for the oversight of the clinical and social care governance of the organisation.</u> This may be an entirely new committee or the function could be taken on by an existing committee e.g. the Risk Management Committee.

29. The Committee with responsibility for clinical and social care governance should represent an appropriate balance of skills and interests and organisations should give consideration to how they can best ensure user and local community input into discussions about the development and maintenance of clinical and social care governance at the various levels of the organisation.

30. The Committee will be responsible for assuring the organisation's board that effective and regularly reviewed structures are in place to support the implementation and development of clinical and social care governance. The Committee must ensure:

    ● that where problems are identified, appropriate remedial action is taken;

    ● local community and user input into the development and maintenance of clinical and social care governance arrangements;

    ● effective mechanisms for engaging the views of users and staff are developed; and

    ● the provision of a report, to the board, which includes recommendations and any remedial action taken or proposed if there is an internal failing in systems or services.

31. The Committee should appoint a chair. In most organisations this should be a Non-Executive Director. The organisation's Chief Executive and other Executive Directors may be invited to attend meetings. The Committee should meet as often as required to discharge its role effectively and efficiently but not less than three times a year.

Step 2(a): Review current arrangements or progress towards complying with the principles set out in this guidance

32. For those organisations, which have begun to develop their own systems for clinical and social care governance, <u>a review of current clinical and social care governance arrangements</u> should be undertaken in light of this guidance. The review should include a report on the progress made towards complying with the components and features set out in paragraph 9 above as well as an assessment of the extent to which the criteria in Step 1 have been applied in relation to leadership and management.

or

Step 2(b): Carry out a baseline assessment of capacity and capability

33.   For those organisations, which have not begun to develop a system of clinical and social care governance, implementation should <u>start with a baseline assessment</u> of the organisation's position. The baseline assessment should include:

- an analysis of the organisation's strengths and weaknesses in relation to current performance on quality;

- identification of any particularly problematic services;

- assessment of the extent to which data is in place for quality surveillance;

- establishing whether there are deficiencies in existing key mechanisms;

- ensuring integration of quality activities and systems;

- making clear the links with health and wellbeing investment programmes, delivery plans and local priorities; and

- designing ways in which underpinning strategies such as information management and technology, human resources, continuing professional development and research and development will support clinical and social care governance.

34.   The review/baseline assessment (whichever is appropriate) should let the whole organisation see what it is good at, what it is less good at, and the areas needing to be developed. It should provide the basis for a development plan that includes clear milestones. When a quality initiative has significant resource consequences, discussions should take place within the context of the health and wellbeing investment plans, taking account of planned service development frameworks (when in place) and the available resources. Decisions will have to be made about which improvements are feasible and at what pace.

Step 3: Formulate a development plan and secure agreement across the organisation in the light of this review/assessment

35.   On the basis of the review/baseline assessment, organisations can then establish a plan for developing and maintaining clinical and social care governance arrangements. This should address issues such as reducing any gaps in current performance, developing infrastructure (ie reporting structures, information management and technology, human resources etc), identifying and responding to staff development and organisational developmental needs and resource implications. The aim should be to build on existing best practice.

Step 4: Clarifying reporting arrangements

36.   Organisations will be expected to include an up-date on progress in the development of clinical and social care governance arrangements in their Annual Reports for 2002-2003. Thereafter they will be expected to devote a specific section in subsequent

Annual Reports, giving a full account of their activities related to clinical and social care governance, what has been achieved and what is planned for subsequent years. In addition, organisations should ensure that they have appropriate mechanisms in place to deliver routine reports to the board on progress made in implementation, building on current best practice arrangements.

37. Clinical and social care governance reports for all organisations should attempt to answer three broad sets of questions about implementation

   - *Where did we start?* – the review/baseline position;

   - *What progress have we made?* - the development plan for the year and the monitoring and evaluation undertaken; and

   - *Where are we going?* – the development plan for the coming year.

38. It is important to remember that each organisation will have to develop systems in accordance with its structure and responsibilities.

TAILORING GUIDANCE TO SUIT INDIVIDUAL ORGANISATION'S NEEDS

Health and Social Services Boards (HSS Boards)

39. HSS Boards will be expected to adopt the principles of clinical and social care governance in relation to all services they provide or commission. The principles will guide the planning of services and the development of Health and Wellbeing Investment Plans.

40. HSS Boards will be responsible for developing a culture that encourages high quality treatment and care. They will also be responsible for ensuring a high quality public health function and that the local health and social care infrastructure encourages open, confident, and responsive quality treatment and care provision.

41. As outlined at paragraph 23, the Chief Executive of each HSS Board will be responsible and accountable to his/her organisation's board for ensuring the HSS Board's responsibilities with regard to clinical and social care governance are discharged. The Chief Executive will be expected to look to his/her Professional Directors to provide support.

42. In addition to the steps outlined at paragraph 22, the HSS Boards should:

   - identify the priorities for quality improvement in the HSS Board area through mechanisms such as needs assessment processes and as identified in local and regional action plans and other sources of information;

   - base decisions on investment and action on the basis of these priorities;

   - recognise and promote good practice within their own organisation and those organisations from which they commission services;

- ensure good clinical and social care governance of the HSS Board's own internal processes and functions such as public health, communicable disease control, and clinical and social care advice on commissioning;

- support, facilitate and ensure the development of clinical and social care governance amongst all local HPSS organisations, including LHSCGs.

Health and Social Services Trusts (HSS Trusts)

43.   HSS Trusts will be expected to adopt the principles of clinical and social care governance in relation to all services they provide directly or commissioned by the Trust. The principles will guide the provision of services and the development of Trust Delivery Plans. Chief Executives in line with the statutory duty of quality must make sure that their organisations have in place effective clinical and social care governance arrangements.

44.   In addition to the steps outlined in paragraph 22, HSS Trusts should:

- recognise and promote good practice within their own organisation and those organisations from which they commission services;

- reflect the pursuit of quality in Trust Delivery Plans; and

- have regard to/support the clinical and social care governance arrangements within other organisations locally.

Central Services Agency and the Special Agencies

45.   Central Services Agency and the four Special Agencies, the Regional Medical Physics Agency, the Northern Ireland Blood Transfusion Agency, the Health Promotion Agency and the Guardian ad Litem Agency will be expected to adopt the principles of this guidance in relation to the services they provide and commission. In addition the Chief Executives of the Regional Medical Physics Agency, the Northern Ireland Blood Transfusion Agency and the Guardian ad Litem Agency will be responsible and accountable to their respective boards for the quality of care (as they will have a statutory duty of quality for the services provided directly to the public) provided by that agency in the same way as they are already responsible for financial matters. It will be for each Agency's board to develop the framework appropriate to discharge their relevant responsibilities, in line with general principles set out in this guidance.

Local Health and Social Care Groups (LHSCGs)

46.   The establishment of LHSCGs provides an organisational platform around which a system of clinical and social care governance can be developed. The principles of clinical and social care governance apply to all LHSCGs including independent contractors. (Further guidance will be issued on this). Therefore the steps outlined in paragraph 22 and subsequent paragraphs apply equally to LHSCGs. The leadership structure may differ according to the size and complexity of the LHSCG. The following paragraphs are intended to give an example of a structure for clinical and social care governance within LHSCGs.

Deleted: and subsequent aragraphs - ??

47.   Each LHSCG should appoint a professional at management board level (a clinical and social care governance lead) to co-ordinate clinical and social care governance activities. This professional, who will need to be supported by a local sub-group or task group will:

●   review current arrangements, carry out a baseline assessment and formulate a development plan;

●   ensure that clinical and social care governance activity takes place across the whole of the LHSCG in a planned way;

●   provide leadership in relation to clinical and social care governance arrangements within the LHSCG;

●   co-ordinate the efforts of the LHSCG in the pursuit of the provision of high quality services;

●   support and encourage good practice, while ensuring that where problems are identified appropriate remedial action is taken;

●   develop mechanisms for engaging the views of users, local communities and staff;

●   identify a development programme to meet the individual and organisational needs of all staff who work within the LHSCG, and work collaboratively with other organisations to meet these needs;

●   have regard to the clinical and social care governance arrangements within other organisations; and

●   ensure that there is an agreed mechanism in place for reporting progress on clinical and social care governance.

48   The clinical and social care governance lead will account to the management board of the LHSCG, which in turn will account to the HSS Board for the implementation of clinical and social care governance activities at LHSCG level.

MONITORING PERFORMANCE

Monitoring of Clinical and Social Care Governance Arrangements

49.   Monitoring of clinical and social care governance will take several forms. The Department through its accountability arrangements will monitor implementation in HSS Boards, HSS Trusts, the Central Service Agency and Special Agencies. HSS Boards will provide the first line of external monitoring for its development within LHSCGs.

50.   In addition, the new Health and Social Services Regulation and Improvement Authority (HSSRIA) will provide the independent monitoring of clinical and social care governance. The HSSRIA will have the following core functions:

   ● regulate services;
   ● inspect services;
   ● provide advice;
   ● conduct reviews of clinical and social care governance arrangements;
   ● carry out systematic service reviews; and
   ● undertake investigations.

51.   It is intended that the powers of HSSRIA will be wide ranging. In addition to the regulatory function, it will take the lead in conducting reviews of clinical and social care governance arrangements. It will, through a rolling programme of local reviews of HPSS organisations, independently scrutinise the arrangements developed to support, promote and deliver high quality services. It will also help organisations identify and tackle serious or persistent shortcomings in clinical or social care service delivery. The ultimate aim of HSSRIA will be to support HPSS organisations in the delivery of high quality, safe services for the user.

52.   As well as the HSSRIA, the Department, subject to the Minister's approval, can call on the Commission for Health Improvement (CHI) to undertake specific service reviews and in exceptional cases, where it is considered that expertise in clinical issues from elsewhere is required, to assist in other investigations.

53.   Over time the HSSRIA will have a key role in providing users, the public and the Minister with the assurance that systems are in place to ensure that the best possible standards are being adhered to and the risk of something going wrong is greatly reduced.

54.   HSSRIA will have to work collaboratively with other organisations involved in review or inspection such as the Northern Ireland Audit Office, the Health and Safety Inspectorate, the Social Services Inspectorate and the Pharmacy Inspectorate.

NEXT STEPS
Action by all HPSS organisations

55.   The following actions must be taken by all organisations:

   From the date of receipt of this circular

   ● formally begin the process of developing and implementing arrangements for effective clinical and social care governance;

   By 28 February 2003

   ● identify the senior professional at board level to provide leadership in relation to clinical and social care governance;

By 31 March 2003

- designate a Committee with responsibility for clinical and social care governance (or in the case of LHSCGs, a sub-group or team), and appropriate supporting structures; and

- complete a review/baseline assessment or arrangements within the organisation that identifies current systems that support clinical and social care governance and identifies systems that require further development;

By 1 May 2003

- formulate and agree the organisation's plan for developing and maintaining effective clinical and social care governance arrangements;

By 1 June 2003

- incorporate a requirement to comply with the principles of clinical and social care governance into service agreements with provider organisations to take effect from 1 April 2004;

By 30 November 2003

- provide update on progress in the development of clinical and social care governance arrangements in Annual Report for 2002/03.

RESOURCES

56. The Department wishes to engage with HPSS organisations on the development of clinical and social care governance and to that end a series of workshops has been arranged for January and February 2003, across the four HSS Board areas, to discuss the way forward including the establishment of a Clinical and Social Care Governance Support Team (CSCGST). It is envisaged that the CSCGST will be multi-disciplinary and will consist of staff experienced in management, clinical and social care practice and family health services. It could provide support and training for HPSS organisations and develop further implementation guidance. In November 2002 an additional £0.25m (rising to £0.4m from 1 April 2003) was allocated to the HPSS to support governance and in recognition of the additional costs of implementing risk management arrangements, including clinical and social care governance arrangements.

FURTHER GUIDANCE

57. This circular will be supplemented by further guidance as necessary.

Yours sincerely

JOHN McGRATH

Director

MMcG- 119

Department of
Health, Social Services and Public Safety

An Roinn
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

www.dhsspsni.gov.uk

Noel McCann
Director of
Planning & Performance Management

For action:

Chief Executives of HSS Trusts
Chief Executives of HSS Boards
Chief Executives of Special Agencies
General Medical, Community Pharmacy,
General Dental & Ophthalmic Practices

Room D4.13, Castle Buildings
Stormont Estate
Belfast, BT4 3SQ

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Email:
▮▮▮▮▮▮▮▮▮▮

Date: 7 July 2004

For information:

Chief Officers, HSS Councils
Directors of Public Health in HSS Boards
Directors of Social Services in HSS Boards and Trusts
Directors of Dentistry in HSS Boards and Trusts
Directors of Pharmacy in HSS Boards and Trusts
Directors of Nursing in HSS Boards and Trusts
Directors of Primary Care in HSS Boards
Medical Directors in HSS Trusts
Chairs, Local Health and Social Care Groups

Circular HSS (PPM) 06/04

Dear Colleague

REPORTING AND FOLLOW-UP ON SERIOUS ADVERSE INCIDENTS: INTERIM GUIDANCE

Introduction

1.   The purpose of this guidance is to provide interim advice for HPSS organisations and Special Agencies on the reporting and management of serious adverse incidents and near misses, pending the issue of more comprehensive guidance on safety. This will be issued once the work currently being undertaken by the Department on the strategic review of the reporting, recording and investigation of adverse incidents and near misses has been concluded.

INVESTOR IN PEOPLE

2.   This interim guidance highlights, in particular, the need for the Department to be informed immediately about incidents which are regarded as serious enough for regional action to be taken to ensure improved care or safety for patients, clients or staff. It also draws attention to the need for the Department to be informed where a Trust, Board or Special Agency considers that an event is of such seriousness that it is likely to be of public concern. In addition, the guidance requires Trusts, Boards or Special Agencies to inform the Department where they consider that an incident requires independent review.

3.   The guidance complements existing local and national reporting systems, both mandatory and voluntary, which have been established over the years. These provide for specific incidents relating, for example, to medical devices and equipment, medicines, mental illness, child protection, communicable disease and the safety of staff to be reported to various points in the Department. **These systems should continue to be used in addition to the action required by this interim guidance.** In the context of contractual arrangements for the independent family practitioner services, practices should report serious incidents, in the first instance, to the relevant HSS Board, which will communicate with the Department as appropriate.

Background

4.   The consultation paper *Best Practice Best Care*, published by the Department in April 2001, recognised the need for more effective arrangements for monitoring adverse incidents. As a result, a Safety in Health and Social Care Steering Group was established by the Department, with a remit to develop a strategic approach to the reporting, recording and investigation of adverse incidents and near misses and the promotion of good practice to minimise risk.

5.   As part of its work, the Steering Group is also undertaking an evaluation of the effectiveness of systems used to identify and manage adverse incidents and near misses, including the Northern Ireland Adverse Incident Centre (NIAIC). NIAIC operates a voluntary system for reporting and investigating adverse incidents in the HPSS and issues alerts and other material on the safety of devices and equipment.

6.   It is hoped that the Steering Group will conclude its work later this year, following which comprehensive guidance on safety and the promotion of learning will be brought forward. This may include links, where appropriate, with the National Patient Safety Agency in the NHS.

Defining Serious Adverse Incidents

7.   Preliminary feedback from the Steering Group's work highlights a lack of uniformity in incident reporting and management in the HPSS. This also applies to the definition of what constitutes a serious adverse incident.

8.   In line with the action required by this Circular, the Department considers that a serious adverse incident should be defined as *"any event or circumstance arising during the course of the business of a HSS organisation/Special Agency or commissioned service that led, or could have led, to serious unintended or unexpected harm, loss or damage"*. This may be because:

- it involves a large number of patients;
- there is a question of poor clinical or management judgement;
- a service or piece of equipment has failed;
- a patient has died under unusual circumstances; or
- there is the possibility or perception that any of these might have occurred.

9.   Examples of serious adverse incidents include:

- any incident involving serious harm or potentially serious harm to a patient, service user or the public. This could include disease outbreaks, apparent clinical errors or lapses in care;
- any incident which has serious implications for patient or staff safety – involving potential or actual risk to patients or staff;
- any incident involving serious compromises or allegations of serious compromises in the proper delivery of health and social care services.

10.   The above list is not exhaustive and Annex A provides a more comprehensive list.

Key Issues for HPSS Organisations

11.   HPSS organisations and Special Agencies should be developing a culture of openness. Policies should be in place to raise awareness and to

actively encourage the reporting, assessment, management and learning from adverse incidents and near misses. If they have not already done so, all HPSS organisations and Special Agencies should nominate a senior manager at board level who will have overall responsibility for the reporting and management of adverse incidents within the organisation.

12.   All HPSS organisations and Special Agencies should have developed, or be developing, centralised systems which facilitate the collection, analysis and reporting of adverse incidents and near misses relating to patients, clients, staff and others. These systems should be capable of supporting an analysis of the type, frequency and severity of the incident or near miss and, where appropriate, should record the action taken.

13.   In those situations where a body considers that an independent review is appropriate, it is important that those who will be conducting it are seen to be completely independent. In addition, such reviews should normally be conducted by a multi-professional team, rather than by one individual. It is also important that the Department is made aware of the review at the outset.

Action

14.   HPSS organisations and Special Agencies should continue to use established local or national reporting and investigation mechanisms to manage adverse incidents. This will include, where appropriate, notifying other agencies such as the Police Service, the Health and Safety Executive, professional regulatory bodies or the Coroner. Where there is any doubt as to which agencies should be notified, advice should be sought from the Department.

15.   The Department will expect urgent local action to be taken to investigate and manage adverse incidents.

16.   In addition, where a **serious** adverse incident occurs, it should be reported immediately to the senior manager with responsibility for the reporting and management of adverse incidents within the organisation. If the senior manager considers that the incident is likely to:

* **be serious enough to warrant regional action to improve safety or care within the broader HPSS;**
* **be of public concern; or**
* **require an independent review,**

he/she should provide the Department with a brief report, using the proforma attached at Annex B, within 72 hours of the incident being discovered. The report should be e-mailed to adverse.incidents@dhsspsni.gov.uk. In cases where e-mail cannot be used, the report should be faxed on (028) 9052 8126.

Action by the Department

17. The Department:

- will collate information on incidents reported to it through this mechanism and provide relevant analysis to the HPSS;
- may also, where appropriate, seek feedback from the relevant organisation on the outcome of the incident to determine whether regional guidance is needed;
- may, in independent reviews, provide guidance in relation to determining specialist input into such reviews.

Enquiries

18. Any enquiries about this Circular from the nominated senior manager should be made, in the first place, to Jonathan Bill, Planning & Performance Management Directorate, on ███████████ or by e-mail at ███████████████████

19. This guidance will be reviewed once the Safety in Health and Social Care Steering Group has concluded its work, at which point further, comprehensive, guidance will be issued. In the meantime, the Department will welcome feedback on the issues covered in this guidance. This should be addressed to Jonathan Bill on the e-mail address above, or to Room D2.3, Castle Buildings, Stormont, Belfast, BT4 3SQ.

Yours sincerely

NOEL McCANN
Director of Planning & Performance Management

ANNEX A

SERIOUS ADVERSE INCIDENTS - EXAMPLES

The following are examples of serious adverse incidents. It is not an exhaustive list and is intended as a guide only. Where there are any doubts about an incident it should be reported.

Major Incidents

- Any circumstance which necessitates the activation of an HSS Trust, HSS Board or wider community Emergency Plan

Clinical incidents

- Any clinical incident whose consequences would be regarded as severe
- Serious drug events which might require regional or national guidance, to prevent occurrence or reoccurrence within HPSS/NHS organisations, e.g. maladministration of a spinal medicine, major prescription error causing, or with the potential to cause, serious damage or death of a patient

Court Proceedings

- Any incident which might give rise to serious criminal charges
- Impending court hearing, including Coroners' Inquests, or out of court settlement in cases of large scale litigation
- Legal challenges to the HSS Trust or HSS Board

Incidents involving staff

- Serious complaints about a member of staff or primary care contractor
- Serious error or errors by a member of staff or primary care contractor
- Significant disciplinary matters (e.g. suspensions of staff)
- A serious breach of confidentiality
- Serious verbal and/or physical aggression towards staff

Mortality/morbidity incidents

- Clusters of unexpected or unexplained deaths
- The suicide of any person currently in receipt of health and personal social services on or off HPSS premises, or who has been discharged within the last twelve months.
- Death or injury where foul play is suspected
- Situations when a patient or patients require(s) additional intervention(s) as a result of serious failures in diagnostic processes

- The accidental death of, or serious injury to, a patient, a member of staff, or visitor to HPSS or primary care premises, or involving HPSS or primary care staff or equipment
- Significant harm to children where reported under child protection arrangements
- Vulnerable adult abuse

Premises/equipment incidents

- Serious damage which occurs on HPSS premises or premises on which primary care services are delivered, or to HPSS property or property on which primary care services are delivered, or any incident which results in serious injury to any individual or serious disruption to services (e.g. evacuation of patients due to fire)
- Failure of equipment so serious as to endanger life, whether or not injury results
- Suspicion of malicious activity e.g. tampering with equipment
- Circumstances that lead to the provider no longer being able to provide an element of service

Mental Health or Learning Disability incidents (including substance misuse services)

- The disappearance, absence without leave or absconding of a patient (whether or not detained under the Mental Health Order 1986) where there is serious cause for concern
- Escapes by patients (whether or not detained under the Mental Health Order 1986) from secure accommodation/area
- Homicide, or suspected homicide, by any patient who has received mental health services
- Unexpected death
- All deaths within secure settings
- All deaths of persons who are subject to the Mental Health Order or equivalent legal restriction who has or is receiving mental health service care and treatment
- Any serious criminal acts involving patients, or staff
- An incident that causes serious harm that places life in jeopardy
- Serious injury, resulting in the need for emergency medical treatment via an A&E department, sustained by patient, staff or visitor on HPSS property
- Where a member of staff is suspected of harming patients or serious fraud
- Hostage taking, mass / organised disturbance
- Any omissions/failings of security systems/procedures that jeopardise security
- All incidents reported to or involving the police

ANNEX B

SERIOUS ADVERSE INCIDENT REPORT
1. Organisation:
2. Brief summary (and date) of incident:
3. Why incident considered serious:
4. Action taken:
5. Is any regional action recommended? (if so, full details should be submitted) Y/N -
6. Is an Independent Review being considered? (if so, full details should be submitted) Y/N -
7. Other Organisations informed **PSNI** Y/N - **Coroner** Y/N - **NIHSE** Y/N - **HSS Board** Y/N - **Other** (please specify) Y/N -
8. Report submitted by (name and contact details of nominated senior manager or Chief Executive)

Completed proforma should be sent, by email, to:

adverse.incidents@dhsspsni.gov.uk

If e-mail cannot be used, fax to (028) 9052 8126

Social care governance:
A practice workbook (NI)
(2nd edition)

The Social Care Institute for Excellence (SCIE) was established by Government in 2001 to improve social care services for adults and children in the United Kingdom.

We achieve this by identifying good practice and helping to embed it in everyday social care provision.

- disseminate knowledge-based good practice guidance

- involve people who use services, carers, practitioners, providers and policy makers in advancing and promoting good practice in social care

- enhance the skills and professionalism of social care workers through our tailored, targeted and user-friendly resources.

**This report is available online
www.scie.org.uk**

Contents

Foreword

Social care services are delivered by people to people. They involve relationships. Relationships that can help people live the lives they want to live, while at the same time ensuring their wellbeing and safety. It's important therefore that social care workers get on well with people in a way that demonstrates compassion, understanding and respect. But people using social care services have the right to expect more than that.

The managers of services should provide strong leadership, accountability and decision-making and ensure that human and financial resources are deployed efficiently to provide high-quality, effective services. Services should be accessible, responsive and targeted at those most in need. Staff should be properly trained, competent and accountable for the standard of their conduct and practice. And most importantly, people who use services and carers should be at the heart of all plans and decisions about their individual needs but also about services, and their experiences should be an integral part of the organisation's learning and development. In short, services should be provided in a framework within which organisations and individuals are accountable for the quality of their practice and services and for providing the best possible standard of care. This is what we call social care governance.

In 2006, Northern Ireland became the first place in the UK to develop a framework for social care governance. We were able to do this because of our unique position within an integrated health and social care system drawing on the well-established principles of clinical governance. Now in 2013, we are pleased to support the publication of the second edition of the 'Social care governance practice workbook' which has been updated and revised by SCIE to reflect experience, changes in legislation and developments in knowledge and research. The social care governance framework includes many of the key elements that are associated with 'healthy', high-performing organisations and provides a practical and user-friendly framework for reviewing the quality and effectiveness of current practices and services and for taking action to improve and develop.

It is the responsibility of every practitioner, every manager and every leader in social care to ensure that social care governance is an integral part of their practice and service provision so that there is shared ownership and accountability at every level within the organisation for the standard of social care provided. This resource will be an invaluable tool to assist them in this task.

Sean Holland

Chief Social Services Officer

Department of Health, Social Services and Public Safety for Northern Ireland

Acknowledgements

What is social care governance?

Every staff member has responsibility for providing good quality social care. Social care governance is the process by which organisations ensure good service delivery and promote good outcomes for people who use services. It has been defined as 'a framework within which health and personal social services organisations are accountable for continuously improving the quality of their services and taking corporate responsibility for performance and providing the highest possible standard of clinical and social care' (Best Practice, Best Care 2002).

The framework provides a means to learn from and improve services. It supports organisations and individual workers to be accountable for the quality of services, and to take responsibility for maintaining and improving service provision and practice. Within the framework 14 core elements have been identified that together provide a coordinated approach to delivering effective and safe quality services. Everyone in the organisation has a part to play in promoting good practice and achieving effective outcomes for people who use services and carers.

Why is social care governance so important?

Service users, carers and the public deserve good quality and safe services, and Health and Social Care (HSC) organisations and special agencies have a statutory duty to provide these. A number of government initiatives have been put in place to ensure clinical and social care governance is implemented throughout the service.

Policy context

Best Practice, Best Care 2002 sets out the framework for setting standards to improve services and practices, to strengthen accountability and ensure transparency and to improve monitoring and regulation of HSC organisations.

Legislation

HPSS Quality, Improvement and Regulation (NI) Order 2003 defines the arrangements for improving the quality of provision measured through clinical and social care governance. This included the establishment of the Regulation and Quality Improvement Authority (RQIA) to inspect statutory bodies on their clinical and social care governance arrangements. It also included a statutory duty of quality for monitoring and improving services. This means each organisation has a legal responsibility for satisfying itself that the quality of care it provides meets a required standard.

Departmental guidance

(HSSPPM) 10/2002 July 2002 outlines how the arrangements for clinical and social care governance should be taken forward, and identifies the key steps towards implementation.

Standards

The Quality Standards for Health and Social Care-Supporting Good Governance and Best Practice in the HPSS (DHSSPS, 2006) identify the standards that the public, service users and carers can expect, and the standards the statutory sector and special agencies need to meet in the planning, delivery and review of health and social care services. These standards contribute to the implementation of clinical and social care governance and are used by organisations, service users and carers and the wider public to assess the quality of care provision. The care standards for regulated services provide the framework for governance in the regulated sector.

Department of Health and Social Services and Public Safety (DHSSPS) guidance and standards can be accessed at http://www.dhsspsni.gov.uk/index/hss/governance.htm (Departmental circulars and guidance). Legislation can be accessed at www.opsi.gov.uk

Who will ensure good standards of practice and care are being maintained?

All staff have a responsibility to ensure good standards of care are maintained and organisations need to have internal systems to monitor social care governance arrangements. Accountability arrangements are in place from trusts to the Health and Social Care Board to the DHSSPS.

The following organisations also have a contribution towards supporting high standards in the delivery of quality care.

Northern Ireland Social Care Council (NISCC) The regulation of the workforce has a major part to play in the promotion of quality and safe practice. The NISCC was established in 2001 to regulate the social care workforce and social work training. It ensures proper protection of the public against persons who are unsuitable to carry out the work.

Regulation and Quality Improvement Authority (RQIA) The RQIA is an independent organisation and came into operation in 2005 to regulate and inspect a wide range of services delivered by HSC organisations within the statutory and independent sector, to encourage improvement and to report to the DHSSPS on the quality of care provided. It inspects clinical and social care governance arrangements against the quality standards for health and social care.

Social Care Institute for Excellence (SCIE) SCIE was established to identify and promote the dissemination of knowledge about what works in social care, and the development of good practice guidelines. Their remit was extended to cover Northern Ireland in 2005.

Key principles of social care governance

The key principles fundamental to the development of a quality service are:

- public and service user involvement
- safety and effectiveness to include supports for staff, including training and development to provide effective services
- robust organisational structures and processes
- quality of service provision through policies and procedures to enable continuous improvement. (From the Quality Standards for Health and Social Care, 2006).

The key principles fundamental to good governance are:

- a clear focus on the organisation's purpose and outcomes for service users
- clarity about roles and functions
- managing risk and transparent decision making
- engaging with key stakeholders
- ensuring accountability.

(From HPSS Controls Assurance Standard Governance 2004)

About this workbook

Why was this workbook developed?

The Association of Directors of Social Work in Northern Ireland identified the need for support for frontline social workers and managers to implement and develop consistent social care governance arrangements across the region. It commissioned the Northern Ireland Clinical and Social Care Governance Support Team to produce learning materials that would assist with improvements in practice and service provision, ensure accountability and share understanding about how the different aspects of governance work.

One of the results is this workbook, which sets out a model of clinical and social care governance, providing a structured approach to review, agree, implement and demonstrate improvements in practice and service provision.

How was this workbook developed?

The Northern Ireland Clinical & Social Care Governance Support Team in partnership with the Social Care Institute for Excellence (SCIE) undertook a literature scope to identify useful materials. It was found that although much has been written about clinical governance very little has been written about governance relating to social care. However, the scope indicated that the elements of effective social care governance include familiar concepts and practices of social work, such as service user and carer involvement, supervision and risk management.

To inform the work relevant policies, legislation, DHSSPS guidance and standards for Northern Ireland were compiled, and a steering group of key stakeholders was established to give strategic direction Focus groups with service users and carers, and first-line, middle and senior managers helped identify current practice, and what constitutes a safe effective and quality service from their perspective.

The workbook was field tested in five pilot sites. A number of multi-disciplinary teams from the following programmes of care were invited to participate: older people, mental health, learning disability, physical health and disability and an adolescent team (family and childcare). The learning materials that resulted from feedback from the steering group, focus groups and the pilot sites informed the development of a social care governance workbook (SCIE, DHSSPS, 2007)

Since this time there have been changes to the provision of health and social care provision in Northern Ireland. This signalled the need to reflect on the use of the workbook over the past five years. SCIE was commissioned to undertake a small scale review to consider the impact of the workbook: *A review of the impact of the SCIE/DHSSPS social care governance workbook* (SCIE, 2013). This second edition of the workbook was produced to reflect the current context and feedback from participants of the review.

Who is the workbook for?

While the focus for the development of this workbook was for all social work staff within trusts and special agencies, the materials have wider application to social care workers and other disciplines across all sectors who work together to deliver personal social services. A booklet produced by the Northern Health and Social Care Trust has been developed to help social care workers reflect on their role in ensuring that services are continuously improving: *Everyone's responsibility. A seven step guide for care workers* (2009). Ensuring that all have the opportunity to be involved in governance is important. Governance is about being a good practitioner and caring about the work that we do; not just about accountability.

This workbook provides a structured approach to review, agree, implement and demonstrate improvements in practice and service provision, using a social care governance framework. It will give the opportunity to address clinical and social care governance at:

- individual level
- team level
- directorate/programme of care level
- organisational level

How should this workbook be used?

This workbook addresses the core elements of social care governance, prompting those who use it to take time to reflect on aspects of current practice and to answer audit questions that will reveal areas for improvement. For senior managers it also focuses on roles and responsibilities for ensuring that systems and structures are in place to support workers.

- It is not necessary to use this workbook in a sequential way. It is a framework to enable teams to explore and improve practice. The questions are not fixed but act as prompts that will change alongside changes in practice.
- The audit questions may be used as a starting point for discussion.
- Time spent on this workbook is 'legitimate' time, not borrowed from an already expanded workload.
- Working on this workbook as a team is more effective than using it alone.
- Team development and reflection is central to the process of working.
- Make sure to involve all members of the team.

Compiling the templates and discussing the questions they raise is more effective if undertaken as a team rather than as individuals working alone. You can choose where to start and the action plan will identify priorities for you and your team, and help you focus on the appropriate sections of the workbook.

At the outset it is useful for teams/directorates to carry out an assessment of current social care governance practice, and to identify an action plan and priorities for

improvements with identified personnel and timescales for making the improvements. To assist with assessment and preparing an action plan, pages 13–37 provide information, guidelines and audit questions for each of the 14 core elements of the social care governance framework. A blank template to record areas for improvement and agreed action plans is included (appendix 1).

'Improving practice' addresses improvements to be made at an individual and an organisational level for each element, and could be used in supervision to improve practice. A template for recording your reflections and learning needs is included (appendix 2). Other templates which you may find useful are included in appendices 3–6. Over time this will help you create a portfolio of your learning needs and achievements, and will contribute to your post registration training and learning needs in line with the requirements of the NISCC. Each section includes a brief explanation of the element, key audit questions and reference to resources related to that topic. SCIE guides provide a rigorous review and analysis of the research available and will give for each topic:

- key research and policy messages
- ideas from practice and practice examples
- details of relevant legislation, guidance and standards
- links to further information.

It is intended to be a starting point towards further information resources – drawing on available evidence to inform decisions is a central aspect of social care governance and good practice.

How can organisations support staff to use this workbook?

The experience of field-testing the practice workbook in the pilot sites identified the following helpful advice:

- Make this an integral and legitimate piece of work and not an 'add-on' or 'would like to do'.
- Create the right culture of a safe environment with permission for openness and honesty.
- Identify a champion to drive the work forward.
- Have clear leadership at all levels of the organisation to embrace change and the development of the service.
- All staff to have a shared vision
- Involve people who use services and carers.
- Encourage staff to engage in the work.
- Value the contribution of frontline staff.
- Put line management supports in place for social work managers who may feel isolated in the process.

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- Facilitate a team approach.

- Allocate protected time for the work.

- Create good communication systems which ensure two-way information between frontline staff and managers.

- Have policies and procedures in place to help staff carry out the work.

- Have access to computers for frontline staff.

This workbook can help to develop a culture of self-evaluation and continuous improvement. This is a challenge that will only be met if staff are supported and have permission to be open and honest about their work. It is hoped that this workbook will help to de-mystify social care governance, outline the benefits to you and the people you work with and embed it firmly within your organisation.

A model of social care governance

The model of social care governance developed for this workbook is based on the 14 core elements of clinical and social care governance outlined in the DHSSPS guidance.

These elements have been grouped under the key themes contained in the Quality Standards for Health and Social Care. At the heart of this model are quality services through meaningful engagement and effective outcomes for service users and carers. The diagram below shows how all of the core elements and overarching themes come together to provide an improved service.

Figure 1 Core elements and overarching themes

Adapted from an original diagram by C Smyth and L Simmons, 2006

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A whole systems approach to social care governance

Social care governance consists of activities which are very familiar to social work. However, to achieve a whole systems approach to social care governance, there has to be an understanding of how individual practice connects with organisational objectives. This means that all staff should contribute to the development of the organisation's capacity to review and improve services. To facilitate this, the following must be in place.

Communication

To support good social care governance arrangements there needs to be a structured approach to the sharing of relevant information across the whole organisation. There has to be clarity about what information should be shared between professionals, with managers, with regulatory bodies and other agencies. There should be clear communication and reporting lines from front-line workers to director level (HSS (Statutory Functions) 1/2006).

In addition, communication with and feedback from service users and carers should assure the quality of services and, by informing future strategic and operational plans, improve them.

Coordination and planning

Each team should have a clear action plan for implementing social care governance, detailing actions, timescales and responsibilities. Processes need to be in place to monitor that social care governance is being effectively implemented and benefits to service users and carers demonstrated. This action plan should link to the organisation's overall clinical and social care governance strategy and implementation plan. To enable this, the organisation has to ensure the clinical and social care governance committee structures, roles and responsibilities and lines of reporting are robust, workable and effective.

Monitoring and evaluation

Social care governance has to be part of a dynamic quality cycle so that improvements can be made. It is through checking progress against standards and action plans that outcomes for service users and carers can be improved and learning gained for the whole service.

Roles and responsibilities

Each organisation has to take responsibility for ensuring key components are in place. The quality of practice is influenced by the culture, working practices and the performance of the organisation in which they work. Staff also have an individual contribution to make, and every organisation has a responsibility to support individuals to play their part by managing and coordinating the overall process.

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Everyone has a part to play in ensuring a coordinated approach to social care governance. The following diagram outlines the responsibilities of people at different levels in the organisation.

Figure 2 Responsibilities at different levels in the organisation

Organisational responsibility
• Financial & Human Resources
• Development & implementation of policies and procedures
• Supporting the right culture
• Vision/Leadership
• Robust accountability arrangements
• Communication to link social work into corporate business of the organisation

Roles and responsibilities

Individual responsibility
• Responsibility for own knowledge, skills and CPD
• Outcomes for service users
• Recording
• Information sharing
• Risk assessment and care planning
• Monitoring and evaluation of own work
• Adherence to policies and procedures
• Supervision
• Linking with other professionals and agencies
• Working to standards
• Decisions based on research and evidence base
• Incident reporting
• Learning from complaints and compliments
• Audit
• Safety of self and others

Social care governance

Directorate responsibility
• Accountability arrangements for monitoring of individual and team practice/performance
• Analysis and identification of trends and risks
• Communication with Director of Social work and teams.
• Line management supports

Communication flow

Team responsibility
• Supervision arrangements
• Audit of social work practice
• Motivation of staff
• Monitoring adherence to policies and procedures
• Information gathering and analysis for trends
• Communication within team/ other colleagues and other agencies
• Use feedback from service users and carers
• Safety of self, team, service users and carers
• Support for staff in decision making

See also Appendix 6 for a description of social care governance tasks and responsibilities.

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Core elements of social care governance

This section contains information and guidelines to consider when working through the templates at the end of the section. For each element there is an outline of its contribution to social care governance, audit questions and a box containing leads to relevant SCIE and other resources.

If you access this workbook electronically via the SCIE website (www.scie.org.uk), hyperlinks will allow you to click directly through to these resource materials. The People Management website is part of the SCIE website.

Core elements of social care governance, under the themes identified by the Quality Standards for Health and Social Care

Leadership and accountability

1 Leadership and management

2 Human and financial resources

3 Organisational learning and continuous professional development

4 Supervision and performance appraisal

5 Regulation and registration

Safe and effective practice

6 Risk management

7 Adverse incidents and near misses

8 Research, evidence-based practice and informed decision-making

Accessible, flexible and responsive services

9 Service user/carer/public involvement

10 Integrated working

Effective communication and information

11 Information management

12 Standards and outcomes

13 Audit

14 Complaints and compliments

Promoting, protecting and improving health and social well being

In meeting the above quality standards the achievement of promoting good health and social wellbeing will be achieved for all.

Improving practice

When working through each of the core elements, use the following series of prompts and questions to help review improvements to practice.

Improving practice learning and development plan

When working through each of the core elements or audits, you may wish to use the following series of prompts and questions to help review improvements to practice. Note that they are guide questions. Different questions to suit particular situations should be developed to help critical analysis of practice. Good facilitation of team audits is essential to getting people motivated to contribute to practice improvement, rather than repeatedly redefining the difficulties.

Use the following to review learning and development, and relate to changes in working practices.

Individual level

- What works well and not so well in your practice?

- What have you learnt? Describe how the learning relates to your work.

- What effect will this have on the way you work and what changes are you going to make to improve your practice?

- Have you identified any skills development that could help you?

Team level

- What are the strengths and weaknesses of your team?

- What have you learnt? Describe how the learning relates to your work.

- What changes need to take place?

- Have you identified any skills development that could help the team as a whole?

Directorate/ Organisational level

- What has been the learning?

- What changes need to take place?

- Have you identified any skills development that could help you?

- What supports/resources need to be put in place?

- What needs to be shared with the wider organisation?

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1 Leadership and management

Leadership is essential in changing attitudes and involving all staff in social care governance. Leaders need to have a strategic vision and an understanding of social care governance. They will determine the culture, structures and resources required to take this agenda forward. Professional leadership is essential to support sound decision-making and improving practice and the service delivery.

Culture

Developing the right culture is one of the biggest challenges and will take 'dynamic leadership, time and commitment from all levels of the organisation' (Governance in the HPSS, 2003). This will only develop if there is a commitment to organisational learning, support for an open and fair approach, partnerships and collaboration with other professionals, service users and carers.

Structures and processes

Clear structures need to be in place to support the implementation and monitoring of social care governance. These structures define clear lines of accountability, roles and responsibilities. The processes identify what needs to be done.

The following processes should be in place:

- risk management
- incident reporting and near misses
- dealing with poor practice
- registration and regulation
- post-registration training and learning
- complaints and compliments
- supervision
- recording

Accountability

The accountability for the care and safety of people who use services and staff ultimately lies with the chief executive of an organisation. However, each worker has a responsibility to contribute to accountability within an organisation through an integrated approach. This means there have to be clear communication systems and clarity about roles and responsibilities, with clear lines of accountability from the frontline worker to the director of social work and the wider organisation.

Points for consideration

1a) What is the culture of the organisation?

1b) What are the professional lines of accountability?

1c) What systems are in place to support the discharge, monitoring and reporting of statutory functions?

1d) What communication systems are in place to share information with the wider organisation?

1e) What is your social care governance structure and how does it link with corporate responsibility?

1f) What changes have been made as a result of learning from social care governance?

Resources

Leadership and management section of SCIE website offers a resource directory on leadership and management as well as a number of audit tools

Leading practice: A first-line managers' development programme (SCIE resource,2009). This programme contains 11 sessions with activities, discussion points and reading suggestions.

Knowledge review 16: Improving social and health care services (SCIE, 2007). This knowledge review looks at effective improvement methods in social and health care.

The Skills for Care Leadership and Management Strategy (Skills for care, 2008) provides extensive supportive materials on leadership and management about relevant standards, supervision and a whole systems model.

Report 35: Sustainable systems of social care (SCIE, 2010) and **Report 59: Sustainable health and social care: a briefing for commissioners and health and wellbeing boards** (SCIE, 2012). These reports sets out the researech, key policy and operational drivers for a sustainable development approach to health and social care design and delivery

SCIE resources on **innovation** highlight the innovative ideas of a number of services that have found affordable solutions to different challenges

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2 Human and financial resources

As the delivery of social care is largely through the workforce, there are implications for human resources and for financial planning. An organisation will only be effective in providing safe and good quality social care if there are enough staff who are appropriately trained to deliver high standards of care. Organisations need to ensure employees are highly skilled, flexible and able to respond to changing demands. Employers must also have strategies in place to address the retention of staff and the continuing development of staff.

Adequate resources have to be allocated to support the delivery of quality services, and the best use has to be made of these resources, which may involve new ways of working, such as joint and integrated working between social care, health care and other sectors. The assurance framework ensures there are clear financial accountability arrangements in place throughout the organisation to manage anticipated risks.

Points for consideration

2a) What pre-employment checks are carried out for new staff?

2b) With reference to your workforce strategy, what gaps have you identified in:

- human resources?

- financial resources?

2c) How can these be addressed?

2d) How is lifelong learning addressed to meet post-registration training and learning requirements?

Resources

The **People Management** section of the SCIE website offers an audit and a resource directory to support managers, practitioners and HR professionals to improve their people management policies and practice.

Guide 14: Improving outcomes for service users in adult placements – Commissioning and care management (SCIE, 2006). This gives practice to help improve outcomes for people using adult placement services. The practice survey findings look at effective commissioning and value for money.

Report 52: SCIE's approach to economic evaluation in social care (SCIE, 2011). This report presents SCIE's position on how economic evaluations should be undertaken, and the results used, to inform decision-making in the social care sector.

The **Northern Ireland Social Care Council** website provides information on regional workforce development initiatives, sector skills analysis and registration requirements for social care staff.

3 Organisational learning and continuous professional development

Good standards of practice and care will only be achieved if organisations have a learning culture which supports the training and development of staff. At an organisational level these developments address structures, culture, systems, human resources and leadership. At an individual level this means keeping up to date through training and post-qualifying training and learning. If training and development needs are linked to organisational and individual priorities this supports the ongoing enhancement of quality and safety.

Points for consideration

3a) What is the organisation doing to establish a learning culture which is open and fair?

3b) Have you been inducted into your current post and received mandatory training?

3c) If you are a registered worker how are you being supported to meet your post-registration training and learning/continuous professional development?

3d) What arrangements do you and your colleagues have in place to share and apply learning to your practice?

Resources

Leading practice: A first-line managers' development programme (SCIE resource, 2009).

SCIE's elearning suite provides modules on a range of topics.

eLearning: **Managing knowledge to improve social care** (SCIE, 2010). This elearning programme sets out to help frontline social workers gain a basic understanding of the principles and practice of knowledge management, as well as organise and manage their knowledge and information as effectively as possible.

Guide 34: Practice development: collaborative working in social care (SCIE, 2010) SCIE has identified collaborative methodology as one of many ways of implementing change based on evidence from research and practice. The method presented here has been adapted for social care from the NHS model and represents a simple approach to change management.

Report 10: Developing the evidence base in social work and social care practice (SCIE, 2005).

Report 23: A review of knowledge management and evidence-based practice activities and networks in adult social care in the North West of England (SCIE, 2009).

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Social Care TV: Excellence videos (SCIE) These films explore and illustrate the notion of excellence in different settings of social care, to see how excellence can be achieved.

4 Supervision and performance appraisal

Supervision is a key tool in ensuring accountability, support, learning, professional development and service development. Social work has an established tradition of supervision which addresses the outcomes for people who use services, support for the worker in complex work and decision-making, the professional development of the worker and the development of the wider service: Supervision should provide an opportunity for the worker to reflect on practice. It should provide support in complex work and decision-making and consider the professional development of the worker and the development of the wider service:

 'Within social care organisations, it is a fundamental performance management tool – the meeting point between professional and managerial systems and the bridge between the employee and the agency' (Morrison 2001).

An important element in reflective supervision is enabling staff to question their practice, critically analyse and evaluate experiences, and debrief after challenging or stressful encounters. This will lead to a better understanding of the cognitive and emotional elements of practice. All levels of the organisation need to be committed to a strong culture of supervision. Moreover, training in supervision skills for managers and senior practitioners should be considered, particularly as they become responsible for different professionals under integrated working.

Points for consideration

4a) Do you have a social work supervision policy in place?

4b) What are the formal professional supervision arrangements for you?

4c) What are the responsibilities of supervisor/supervisee?

4d) What recording/documentation takes place?

4e) How does your organisation ensure professional supervision takes place, is effective and assures safe and accountable practice up to the director of social work level?

4f) How is the collective experience and knowledge of individual supervision shared with the team, directorate and the wider organisation?

4g) Do you have an annual appraisal and how is this used to improve practice?

Resources

Research briefing 43: Effective supervision in social work and social care (SCIE, 2012)

Research briefing 38: Mental health, employment and the social care workforce (SCIE, 2011)

Learning organisations: a self assessment resource pack (SCIE, 2008). This looks at frontline staff accountability, supervision and the organisational structures that support them.

Guide 01: Managing practice (SCIE, 2012) This gives information and practice examples on managing individual and team supervision and on managing poor performance.

Providing effective supervision (CWDC/Skills for Care, 2007) provides comprehensive guidance and reflection on supervision. Similarly, **Inspiring practice: A guide to developing an integrated approach to supervision in children's trusts** (CWDC, 2010).

Reflecting on and developing your practice: A workbook for social care workers. (Collins, 2009). An online copy may be accessed using an ATHENS password

Supervision Policy, Standards, and Criteria: Regional Policy for Northern Ireland Health and Social Care Trusts (DHSSPS, 2008)

5 Regulation and registration

The regulation of the workforce has a major part to play in promoting quality and safety. The responsibility for regulation takes place at different levels within an organisation and also lies with the regulatory body. The Northern Ireland Social Care Council (NISCC) is the regulatory body for the social care workforce. It has a major part to play in the promotion of quality by ensuring good standards of practice and consistency of approach. Different professional groups have their own regulatory bodies, but the following is specific to the social care workforce (relevant equivalency should be considered for other staff groups).

Individual level

It is the individual's responsibility to register with the NISCC, to adhere to the Code of Practice, and to meet the post-registration training and learning requirements for re-registration. The completion of this workbook will contribute to these requirements and provides an opportunity for staff to learn from each other by exploring knowledge rooted in practice. The completed templates 'Improving Practice' are a record of your reflections and learning.

Organisation level

The organisation has a duty to have systems and checks in place to ensure registration is current and valid and that there is a system for reporting poor practice to the appropriate regulatory body. For staff, poor practice should be reported to the line manager in the first instance.

Points for consideration

> 5a) Are you a registered social (care) worker?
>
> 5b) How do you demonstrate your compliance with the NISCC Code of Practice?
>
> 5c) What are you doing to meet your re-registration requirements?
>
> 5d) How does your organisation support workers to re-register?
>
> 5e) What system is in place to report serious misconduct?

Resources

A wide range of guidance on registration, regulation and conduct is available on the **Northern Ireland Social Care Council** website.

A range of SCIE resources have been mapped to continuous learning standards: **Continuous Learning and Development Standards: Post Registration Training and Learning (PRTL) Guidance for Social Care Registrants** (NISCC, 2012).

Guide 01: Managing practice (SCIE, 2012). This guide provides examples of organisational procedures and systems for reporting and managing poor performance.

The DHSSPS have produced guidance **Your right to Whistleblow** (DHSSPS, 2012)

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6 Risk management

Risk is an essential and unavoidable part of everyday life. It is impossible to achieve an environment which is absolutely safe and without risk, but it is important to consider what can be done to improve the safety and quality of care provided.

Principle 7 of the *Common core principles to support self care* (Skills for Care and Skills for Health, 2007) recommends that we support and enable risk management and risk taking to maximise independence and choice. Within the context of personalisation and increased choice, risk taking acquires another dimension with outcomes for people who use services and their carers that can be weighed against potential consequences. It is important to understand more fully what those risks are and the potential consequences of taking them. Thus, a clear distinction between putting a person at risk and enabling them to manage risks appropriately can be made.

Risk management is a major theme in social care governance, to ensure that the organisation does its best to provide a safe and effective service. It is crucial to work with other professionals and other agencies in the identification and the management of those risks. Moreover, the perceptions of the person using the service and their wider network are a key element in the entire process. Thus in assessing risk, the three dimensions of the person using services, their networks and the wider environment can be considered with greater confidence.

With that understanding risks can be taken with greater confidence. Efforts should be made to improve safety processes to prevent adverse incidents and to improve the experience of people who uses services and carers. This means ensuring the staff are competent and trained to do their jobs, policies and procedures are adhered to and there is a safe environment for staff and people who uses services. It is important to reduce or manage risks by learning from previous events, incidents or complaints.

Sometimes risks are identified as the result of unwillingness to accept services, or the unavailability of a service. This should be noted, identified as unmet need and the information should be passed through the organisation and used for future service planning.

Points for consideration

6a) Have you identified the risks and who is responsible for:
– risks to people who use services (from self, others or the environment)?
– risks to staff (physical and verbal abuse, lone working)?
– risks to the public (from service users, staff or environment)?
– environmental risks (health and safety within the environment)?

6b) What evidence do you have that you assess and manage those risks?

6c) What evidence do you have that policies and procedures have been adhered to?

6d) What evidence is there that service users and carers have been involved in risk management and decision-making?

6e) How are the risks in your team passed through to the corporate risk register?

6f) What feedback do you receive about how identified risks are being managed?

6g) What evidence is there of multi-professional working? 6.h) What evidence is there of inter-agency working?

6i) How is unmet need identified and what system is in place to record and use this information?

Resources

SCIE guide 03: Assessing the mental health needs of older people (SCIE, 2006). This guide provides information on risk management within a particular service setting. Section 7 looks at institutional abuse and findings on how this is linked to 'lack of governance'.

Report 6: Managing risks and minimising mistakes in services to children and families (SCIE, 2005). This looks at the current extent of and capacity for social care to learn from mistakes and develop risk analysis tools.

Guide 15: **Dignity in care** (SCIE, 2010)

The **People Management** section of the SCIE website offers an audit and a resource directory on health and safety

Domiciliary care: **Lone worker's safety guide** (Skills for Care, UKHCA and the Care

Providers Alliance, 2010). This is a comprehensive guide outlining the responsibilities of employers and employees. Although developed for domiciliary care workers, the guide is useful for anyone in social care working alone.

E- Learning: Managing risk, minimising restraint: Challenges, dilemmas and positive approaches for working with older people in care homes (SCIE, 2009)

Safeguarding tools and templates (In Control, 2008). These four template documents have been produced in partnership with In Control's total transformation local authority sites. They are practical resources designed to help those facing the issue of balancing choice and control with the duty to safeguard vulnerable adults

What are the key questions for audit of child protection systems and decision-making? Briefing 2 (C4EO, 2009).

Health & Safety Executive Northern Ireland (HSENI). This site carries up-to-date information on health and safety issues

Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (DHSSPS, 2010)

Guidelines on potential legal issues surrounding vulnerable adults. (Northern Ireland Adult Safeguarding Partnership, 2012)

Safeguarding adults and **safeguarding children** videos on SCIE Social Care TV

7 Adverse incidents and near misses

The definition of an adverse incident is any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation. When the potential for harm/loss/damage is detected and the incident is prevented this is considered a 'near miss' and can be used for individual and organisational learning.

There is DHSSPS/HSCB guidance on management, reporting and learning from serious adverse incidents, adverse incidents and near misses. Organisations have to create an open and fair culture which facilitates the reporting of incidents and the sharing of learning which results in change and improvements being made. This avoids making similar mistakes repeatedly. It enables staff to become more competent in their work with the correct policies and procedures in place to help them. It is important that consideration is given to what this means in your practice and the service/directorate you work in.

Points for consideration:

7a) How do you record and report near misses and adverse incidents?

7b) Have there been any incidents and what is the learning?

7c) What feedback do you receive from the organisation when adverse incidents/near misses are reported?

7d) What methodologies are used to follow up serious adverse incidents? (i.e. root cause analysis)

7e) How is the analysis and learning from risk assessment and the outcome of incidents and near misses shared in your team, programme of care/directorate and the wider organisation?

Resources

Procedure for the reporting and follow up of Serious Adverse Incidents (Health and Social Care Board, 2010)

SCIE report 06: **Managing risks and minimising mistakes in services to children and families.** Sections 3, 4, and 5 cover near misses in children's services and learning from near misses.

Learning together to safeguard children: developing a multi-agency systems approach for case reviews (SCIE, 2010). This presents a 'systems' model of organisational learning that can be used across agencies involved in safeguarding and child protection work. The model supports an analysis that goes beyond identifying what happened towards explaining why it happened. The answers can generate new ideas about how to improve practice, and so help keep children safe.

The oversight and review of cases in the light of changing circumstances and new information: How do people respond to new (and challenging) information?, Briefing 3 (C4EO, 2009)

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Translating learning into action: An overview of learning arising from Case Management Reviews in Northern Ireland 2003–2008. (DHSSPS, NSPCC and Queens University Belfast, 2013)

8 Research, evidence-based practice and informed decision-making

Evidence-based practice aims to incorporate research and knowledge into practice interventions and decision-making. Social care workers and their managers will be involved in decision-making that affects the lives of people who use services and their carers. It is important to be clear about all the relevant knowledge that is used in the decision-making process so that the process leading to the decision is transparent and can be explained to others. Involving people who use services and carers in the decision-making process is fundamental to good practice and acknowledges them as experts in their own lives. They also have expertise of value to others, which should inform policy-making, practice, service review and development, and the setting and monitoring of standards. Other relevant sources of knowledge also include law and policy, messages from research, inspections, training, examples from best practice and professional experience.

Points for consideration

8a) Do you have access to information and evidence sources?

8b) What knowledge/theories do you use to evidence a transparent decision making process?

8c) What supports you in informed decision-making?

8d) How can you contribute to the evidence base in your area of work (e.g. learning from experience, audit, and action research)?

8e) Does your organisation support you in research activities?

8f) Are time and resources allowed for staff to keep up to date with new evidence?

8g) Are there any areas of your practice or service that you would like to research?

8h) Are there arrangements in place for you to do this? What help would you need from your organisation to do this?

Resources

All SCIE knowledge reviews and guides are evidence–based. Follow this link to SCIE's **resources and publications**

Research mindedness (SCIE, 2012). This learning resource has been produced to help students and practitioners of social care and social work make more effective and extensive use of research in their studies and in practice.

Knowledge review 7: Improving the use of research in social care practice (SCIE, 2005)

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Managing knowledge to improve social care (SCIE, 2010) is an elearning tool designed to help social workers gain understanding of the principles of knowledge management.

Report 10: Developing the evidence base in social work and social care practice (SCIE 2005). This looks at the state of research in the social care sector and what can be done to improve it. This informs the role of social care agencies in supporting and developing research activity as part of governance responsibilities.

Knowledge review 03: Types and quality of knowledge in social care (SCIE, 2005). This offers a framework for quality assessment in judging the quality of sources of knowledge. The framework could help social care organisations demonstrate their governance arrangements for evidence-based decision-making.

Social Care Online on the SCIE website is a large database of information and research on all aspects of social care and social work. Updated daily resources include legislation, government documents, practice and guidance, systematic reviews, research briefings, reports, journal articles and websites. Every resource listed includes an abstract. Links to full text are also included where available.

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9 User and carer involvement

Clinical and social care governance promotes greater openness and accountability and the active participation and partnership of people who use services and carers is key to good governance arrangements.

Organisations must have a strategy and a clear policy to involve people who use services and carers in ways which are meaningful and acceptable. This provides a way of showing accountability and a method of using the expertise of people who use services to develop good practice. The importance of involvement at all levels, and in a range of different functions and activities, needs to be recognised. Feedback about an individual's own care and/or feedback about a service should influence organisational planning and improvements and contribute to the development and learning for employees.

Points for consideration

9a) How can you demonstrate the active participation of people who use services and carers in your work?

9b) How do you know what people who use services and carers feel about their experience of you as a worker and the services they are receiving?

9c) How does your organisation promote and support involvement of people who use services carers in your practice and in your area of work?

9d) How are human rights and equality for people who use services upheld in your practice and in your team?

9e) How is the experience and knowledge of user involvement shared – within your team, programme of care/directorate and the wider organisation?

Resources

User and carer participation is a core element of SCIE's work. SCIE has a wide range of **co-production and participation** resources.

Research briefing 31: Co-production: an emerging evidence base for adult social care transformation (March 2009)

At a glance 50: Reimbursements and payments for service user involvement (November 2011)

Report 61: Co-production and participation: Older people with high support needs (September 2012)

Guide 11 **Involving children and young people in developing social care** (SCIE, 2006)

Guide 20 **Participation: finding out what difference it makes** (SCIE, 2007)

Knowledge review 17 **Developing social care – service users driving culture change** (SCIE, 2007)

Guide 17 **The participation of adult service users, including older people, in developing social care** (SCIE, 2007)

Report 18: Looking out from the middle: User involvement in health and social care in Northern Ireland (SCIE, 2008)

10 Integrated working

Integrated working is applicable within and across organisations, such as education, courts and the police. 'It is important to work towards services that are more joined up across trusts and other agencies and services.' (User and carer focus group)

Doing a job well depends on the quality of cooperation between workers, between different parts of the organisation and between social work and other professionals. Collaborative working involves clarifying goals, roles and tasks.

Points for consideration

Questions for people working in multi-disciplinary teams:

10a) How does your role fit with other professionals in the team? (To answer this you will need to identify your role and responsibilities.)

10b) Do you understand the role of other professionals in your team?

10c) How are decisions made about the allocation of work?

10d) Who carries the accountability for the work and where does that authority come from?

10e) Are there additional skills required to support integrated working?

Questions for those in teams and for others in the organisation:

10f) How does your organisation support integrated working?

10g) What assists integrated working towards achieving continuity of care?

10h) Can you identify any problems in integrated working?

10i) How has integrated working in your service produced better outcomes for people who use services and carers?

10j) What partnership arrangements are in place for your organisation?

10k) Are there protocols for joint working?

10l) What still needs to happen to facilitate work with other agencies?

Resources

Research briefing 41: Factors that promote and hinder joint and integrated working between health and social care services (SCIE, 2012)

At a glance 57: Integration: Implications for people who use services, practitioners, organisations and researchers (SCIE, 2012)

Research briefing 27: Factors that assist early identification of children in need in integrated or inter-agency settings (SCIE, 2008)

eLearning: Interprofessional and inter-agency collaboration (IPIAC) (SCIE, 2009)

Parental mental health and child welfare SCIE resources focus on the whole family, demonstrating how parents can receive better support where there is integrated working across children's, adults' and health services.

11 Information management and communication

To support good social care governance arrangements there needs to be an effective and structured approach to the dissemination of information across the organisation. Good communication is the cornerstone to providing safe and effective services. This has to be supported by good records and the analysis of data to identify trends and issues.

At an individual level case recording supports good practice, facilitates reflection and planning and gives evidence that the practitioner and the organisation is meeting the expected standards of social care. It is the 'most important tool available to social workers and their managers when making decisions' (Walker et al).

At an organisational level good records provide valuable information essential to the delivery of high-quality evidenced-based care. The Freedom of Information Act 2000 adds the imperative for the efficient and effective records management practice. The DHSSPS's Good Management, Good Records (December 2004) issued guidance for managing records and sharing of information in HSC organisations in Northern Ireland.

Points for consideration

Information management

11a) What data do you currently collect?

11b) What is the purpose of the information and where does it go?

11c) How is information recorded?

11d) What is the feedback cycle to ensure understanding of how the information is used and improvements made and how future service planning is informed?

11e) What other information would be helpful to inform learning and practice/service development?

Case recording

11f) What makes case recording clear and understandable?

11g) What makes case recording difficult to understand and follow?

11h) How do you make sure case records evidence and support decision-making?

11i) What procedures are in place for the safe storage of confidential information?

11j) How are case files audited?

Communication

11k) How is social care governance information shared across the organisation (at team, directorate and corporate level) and how could this be developed?

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11l) Does it include information about social care governance, reports on statutory functions, audits undertaken, risk registers, analysis and trends and feedback and learning from people who use services?

Resources

Guide 01: Managing practice (SCIE, 2012). This guide includes information and examples about information management. It focuses on the work of the team manager as a contributor to management information for the whole organisation. It gives help on data collection and flow, as well as 'need to know' analysis.

Learning organisations: a self-assessment resource pack (SCIE, 2008). This offers an audit tool to all levels of the organisation, frontline teams, policy developers and senior managers, to help them assess their performance as informed decision-makers.

Report **15: Using digital media to access information and good practice for paid carers of older people.**(SCIE, 2006) This study, jointly undertaken with the National Knowledge Service, makes recommendations for information sharing and recording in care settings.

The **People Management** section of the SCIE offers an audit and a resource directory on administration and records.

SCIE accessibility guidelines. How to produce information in an accessible way (SCIE,2005). These look at how to make sure information is accessible – that is, written and presented in a way so as to be easily understandable in general and for various groups of people. The guidelines start with some general points about making information accessible and then includes information specific to different groups. Use of text, images, photographs, symbols, video, DVD and audio are covered.

SCIE also has a range of resources on communication skills. These include the web resource **Dementia Gateway – Getting to know the person with dementia** and **elearning: Communication Skills** (SCIE, 2008).

12 Standards and outcomes

Standards help achieve greater consistency and accountability in the quality of care provided. A range of standards have been developed:

- to assist organisations demonstrate they are managing environmental risk effectively (controls assurance standards)

- to help agencies provide consistent care (minimum care standards)

- to support clinical and social care governance (quality standards for health and social care)

- to help staff in their everyday work (occupational standards, inspection standards, codes of practice).

Points for consideration

12a) What standards do you work to?

12b) How do standards help you to assess the quality of your work?

12c) How do standards help you address outcomes for people who use services?

12d) How do standards help you in your professional development?

12e) How is compliance against standards measured?

12f) How are the outcomes of the measurement shared and managed?

12g) How does your organisation promote and support the use of standards in your practice and your area of work?

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Resources

<u>Finding excellence in adult social care services: an overview of selected approaches to excellence in social care</u> (SCIE, 2010)

SCIE has a range of topic-specific research and guidance on needs of different groups of people who use services. Here are some examples:

Knowledge review 5: Fostering success: An exploration of the research literature in foster care (SCIE, 2004). The section on outcomes in foster care is applicable to outcomes-focused work in all service settings as it sets out why it can be difficult to measure outcomes; the various kinds of outcome and the measures appropriate to them.

<u>Knowledge review 13: Outcomes-focused services for older people</u> (January 2007)

Guide 43: Improving access to social care for adults with autism (SCIE, 2011)

<u>Research briefing 32: Access to social care and support for adults with autistic spectrum conditions (ASC)</u> (April 2010)

<u>Research briefing 33: The contribution of social work and social care to the reduction of health inequalities: four case studies</u> (June 2010)

The **People Management** section of the SCIE website offers an audit and a resource directory on induction: introducing new staff to the standards required of them by the organisation.

The Department of Health, Social Services and Public Safety has produced **care standards** for a range of practice settings. **RQIA** inspections are based on minimum care standards. The **Northern Ireland Social Care Council** website sets out standards and **codes of practice** for social care workers and employers.

Skills for Care has produced a **manager's guide to developing strategic uses of national occupational standards** (Skills for Care, 2006) and their contribution to:

- business planning
- workforce management
- benchmarking
- change management
- contract specification for care services
- marketing
- risk management.

13 Audit

Audit offers the opportunity to check what is being done and give consideration to whether it could be done better. It is a method of checking against defined standards, targets, objectives and performance indicators and assists with planning change and setting priorities. This is a key component when considering continuous quality improvements. All members of staff should be involved in audit at an individual level and this should be shared with the whole organisation (Munroe 2004).

Points for consideration

13a) How do emerging trends and themes in your area of work influence decisions on audit priorities?

13b) What audits have been undertaken?

13c) How are the outcomes of audit shared with your team, directorate and organisation?

13d) Can you give an example of how your practice has been informed by the outcome of audit activity?

Resources

Learning organisations: a self-assessment resource pack (SCIE, 2008), helps to apply audit methods and information gathering to gain a 'whole picture' view of the organisation.

The **People Management** self-audit tool allows the organisation to assess and improve its performance. Audits are evaluated and scored and resources suggested to help improve practice. Evaluations are saved so that improvements can be tracked in subsequent audits.

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14 Complaints and compliments

Frontline workers are often on the receiving end of feedback about the service they are providing. Sometimes this can be negative feedback which requires an immediate response. Social services staff are committed to resolving the difficulty through a process of listening and resolution whenever possible. However, there are occasions when an agreed solution cannot be achieved and the problem goes into the organisation as a formal complaint. Whilst complaints require action to address dissatisfaction, it is nonetheless important to acknowledge and record compliments too.

Complaints and compliments give organisations valuable information for service improvement and development. A complaint is an expression of dissatisfaction that requires a response. People who use services should be aware of their right to complain and when appropriate given support to articulate their concerns. When problems do occur it is important that this is put right as quickly as possible. All HSC organisations must have procedures in place for investigating and resolving complaints. It is also important that these incidents are used to improve the quality of services. It is important therefore that the organisation is ready to accept and encourage feedback about what is working well and what should be changed. Organisations that welcome comment are less defensive, are responsive to need, more likely to develop a learning culture and have a confident workforce.

Points for consideration

14a) How do you inform people who use services and carers of how to raise concerns and give feedback?

14b) What system is in place within your organisation for responding to complaints?

14c) How does your organisation support people who use services and carers in making complaints?

14d) How does your organisation support staff who are the subject of a complaint?

14e) How do you share feedback from people who use services and carers about the quality of the service they are receiving?

14f) Can you provide an example of how user feedback from a complaint/compliment has influenced you to change your practice?

14g) How is the analysis and learning from complaints/compliments used to improve practice/the service?

Resources

NISCC has produced a leaflet to help service users make a complaint about a social worker **'How to make a complaint about a registered social care worker.**' (NISCC, 2012)

DHSSPS has produced guidance on complaints about health and social care: **Complaints in health and social care: Standards and guidelines for resolution and learning** (DHSSPS, 2009).

All regulated establishments and agencies must operate a complaints procedure that meets the requirements of applicable Regulations, relevant Minimum Standards and the HSC Complaints Procedure: Refer to your employer's complaints and compliments policy.

Guide 15: **Dignity in care** (SCIE, 2010). This guide has a comprehensive section on what an organisation should do to enable and to learn from complaints.

Appendix 1: Assessment and action plan template

Team Action Plan

Element	Where are we now	What do we want to achieve	What are the next steps	Feedback to the organisation	Who by and who else involved	Time scale

Appendix 2: Improving practice template

Element	Individual level	Team level	Programme of care/ Directorate level	Organisation level
What has been the learning?				
What changes need to take place?				
Identified skills development				

Appendix 3: The relevance of team groupwork to the social care governance process

Undertaking a social care governance audit is a process that involves staff working *together* to achieve the specific purpose of improving services. This is achieved by *teams* reflecting in a structured way on the service they currently provide and then on how it could be developed. The reflection is conducted *in team groups* and there is an emphasis on the importance of *everyone's voice* being heard. A facilitator introduces and explains the process before engaging the *team* in a series of *group* activities that enables critical reflection and assessment of the *team's* delivery of service.

If we take a team groupwork perspective of social care governance it opens up the possibility of drawing on the substantial body of knowledge about team groups to inform the social care governance process. An alternative view would be that it is *only by taking due account of group processes* that we can expect success and this was a firm conclusion of the evaluation of the Somerset pilot project.

Figure 2: Explaining group work processes and objectives using Tuckman's theory.

Team group goes through a process of thrashing out its norms, i.e. aims, objectives and ground rules for process

Review can occur at any stage

Team members seek to make connections

STORMING AND NORMING

REVIEW

FORMING

FUNCTIONING

Team achieves objectives satisfactorily

ENDING

PERFORMING

The ending stage is often associated with strong feelings that can drive problematic behaviour

Individuals and sub-groups perform specialised tasks. Leadership role is diffused. Added value is achieved for all and aims are met

40

We are all members of groups in and out of work and one first task for team group members could be to identify examples of groups that have really worked well and some that haven't. Groupwork theory suggests that groups that work well share features in common and it would be likely that examples of effective groups proposed by group members would demonstrate formally or informally some or all of the following characteristics:

1. a set of explicit ground rules
2. shared and agreed aims and objectives
3. clarity about what resources the group has at its disposal
4. clear and commonly understood roles and responsibilities that correspond to the objectives and the resources available to the group
5. regular reviews.

The social care governance process has explicit aims and clear objectives. Programme facilitators should present these in ways that promote a sense of ownership in them, rather than a sense of imposition. Clarity about the team group's resources is enhanced by the process of the group reflecting on and discussing the work of the team, and matching the resources to objectives and identifying gaps is very much in accordance with the subsequent action planning and review stages.

The implication is that for social care governance teams to become performing groups all that remains to be done is to agree an explicit set of ground rules.

Ground rules and how to do them

The challenge is to engage team groups in ways that are interesting, relevant and energising and there are some key principles for teams to consider.

- The effectiveness of ground rules is dependent on the quality of the process by which they are agreed.
- Be aware of, and break away from, the boredom and sense of tokenism that the words 'ground rules' can engender. Instead the team group should take responsibility for finding a term to describe their ground rules.
- Create a process that makes sure that every team member participates and contributes so that ownership is built in.
- Focus on how you *will* behave towards each other rather than how you *won't* behave.
- Go behind every suggestion so that there can be discussion from which a shared understanding is achieved. For example, so often 'respect' is flagged up as an important ground rule, but what does this mean and how is it transferred into behaviour? Ask the question 'Why should you behave with respect?'
- Make sure that, as part of the process, you discuss what happens when behaviour is not in keeping with your ground rules.
- Record the ground rules as articulated by the team group.
- Having invested time and effort in creating ground rules, use and review them regularly to make sure they do the job they are supposed to. This is particularly important when people join your team. It is important that they have an opportunity to contribute to them and develop a sense of ownership.

Finally, keep the end purpose of social care governance constantly in mind. The workbook and the processes which accompany it are a means to the end of improving services and not the end in itself. Your workbook is a route map that will help you to reach your destination but do not get absorbed in it to the extent that you miss your turning. Set this against the knowledge that the quality of the outcome will be determined by the quality of the process that precedes it and that arriving is impossible without travelling.

Source: Henchman and Walton (2010)

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Appendix 4: The Change, Influence, Accept model

Use of the Change, Influence, Accept model

The Change, Influence, Accept (CIA) model (see Figure 7) was used to maintain focus during the audits, encouraging teams to discuss what they could change, and influence, and what they needed to accept.

It was also useful from another perspective – to get teams to think about how they may have learned to accept things such as the pressure of workload, with little time to reflect on what they were doing and what they could change or influence.

> '*Interesting to reflect on the skills we use/theories in practice as so often we just do the work.*'
> (Feedback from social care governance session)

This was useful when teams reported not having enough time, as I could explain with the help of the CIA model that this was about making positive changes that would as a result make better use of time and better outcomes for all.

CIA: Change, influence or accept?

Some aspects of a situation you will be able to change because you have the power to do so, others you will be able to exert some influence over. The rest you will have to acknowledge and accept that you cannot change. Apply this tool to see where to put your energy.

Figure 3: The CIA model
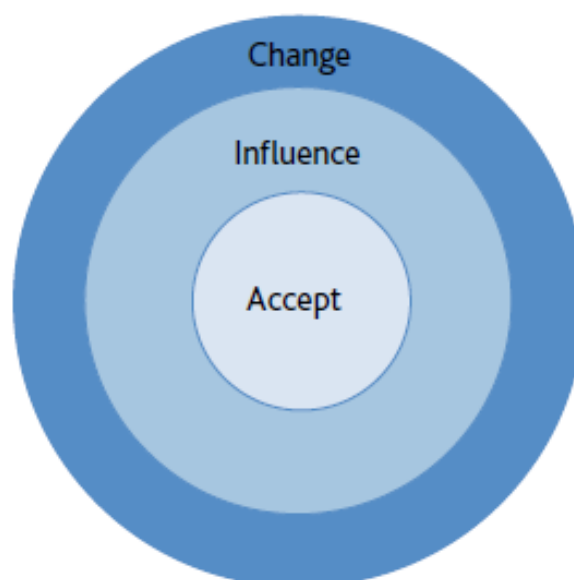
> '*Give me the serenity to accept the things that I can't change, the courage to change the things that I can change and the wisdom to know the difference.*'
> (Francis of Assisi)

Appendix 5: Community directorate: social care governance action plan

This action plan sets out what the directorate needs to do to improve governance as it relates to staff practice. The areas identified for action have been identified by staff, through team audits and by the organisation itself.

Actions are set out within the social care governance framework, which has four themes:

A   Leadership and accountability

B   Safe and effective practice

C   Accessible, flexible and responsive services

D   Effective communication and information

(Social Care Governance Working Group)

A Leadership and accountability

Ref	Social care governance framework heading	Issue/identified by whom	Status	Action/by whom/by when	Outcome	Review date

B Safe and effective practice

Ref	Social care governance framework heading	Issue/identified by whom	Status	Action/by whom/by when	Outcome	Review date

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C Accessible, flexible and responsive services

Ref	Social care governance framework heading	Issue/identified by whom	Status	Action/by whom/by when	Outcome	Review date

D Effective communication and information

Ref	Social care governance framework heading	Issue/identified by whom	Priority	Action/by whom/by when	Outcomes	Review date

Appendix 6: Roles and responsibilities

Senior managers

The vision and leadership to achieve a quality service has to start with the commitment of senior managers. Their role is to:

- create the right culture
- set the strategic direction
- secure resources
- establish lines of communication
- ensure clarity about organisational and professional lines of accountability
- develop competent and confident staff
- promote performance management
- support staff
- act out the values of the organisation.

Middle managers

Middle managers have to ensure the smooth running of the organisation through developing, implementing and reviewing systems and processes. They have to:

- set clear standards
- oversee service delivery
- monitor outcomes
- compile information/data
- communicate the strategic direction to first-line managers and practitioners
- analyse and identify trends and resource difficulties (i.e. unmet need and unallocated cases)

First-line managers

First-line managers have to support and develop practice and monitor outcomes for service users. They need to

- audit social work practice and adherence to legislation and policy
- identify trends in practice
- supervise and support frontline staff in decision-making
- collect data regarding the discharge of statutory functions, unmet need and unallocated cases

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Frontline managers

Frontline workers through direct contact with people who use services and carers contribute to their wellbeing and independence. They need to:

- assess need and risk
- manage risk
- report incidents/near misses
- be accountable for their own practice

Other roles within the organisation

The **clinical and social care governance coordinator** has a responsibility to provide support and advice throughout the organisation on clinical and social care governance and risk management issues.

The **clinical and social care governance manager/director** is responsible for the operational implementation of policies and procedures to support the organisation's risk management and clinical and social care governance arrangements. They will ensure compliance with standards and overall risk management system and provide an operational policy describing the function, purpose and best practice guidance.

The **Trust board** is responsible for ensuring there are effective systems and processes in place throughout the organisation, so they can be assured that there is safe accountable care.

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Social care governance: A practice workbook (NI) 2nd edition

It is the responsibility of every practitioner, every manager and every leader in social care to ensure that social care governance is an integral part of their practice and service provision so that there is shared ownership and accountability at every level within the organisation for the standard of social care provided. This resource will be an invaluable tool to assist them in this task.

From the Deputy Chief Medical Officer

Department of
Health, Social Services
and Public Safety
www.dhsspsni.gov.uk

AN ROINN
Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí

MÄNNYSTRIE O
Poustie, Resydènter Heisin
an Fowk Siccar

Chief Executive, HSS Boards and HSC Trusts
Medical Directors, HSC Trusts
Directors of Public Health, HSS Boards
Directors of Nursing, HSS Boards and HSC Trusts
Directors of Primary Care, HSS Boards
Directors of Pharmacy, HSS Boards and Trusts
Chief Executive, RQIA
Chief Executive, NIMDTA
Chief Executive, NISCC
Chief Executive, MHC
Chief Executive, HSC
Leader, Medicines Governance Team
CSCG leads, HSC Trusts
Governance Co-ordinators, HSS Boards
NI CSCG Support Team
DHSSPS Board Members and Directors

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Your Ref:
Our Ref:
Date: 14 August 2008

Dear Colleagues

Future direction of Safety & Quality Support Services

I am writing to inform you that from 1 September 2008, the roles of the Clinical & Social Care Governance (CSCG) Support Team and the Safety Forum are being aligned to create a _new_ HSC Safety Forum. The new Forum will support safety and quality improvement in the HSC. This change reflects the evolving local, national and international safety and quality agenda and expands the infrastructure supporting the HSC in achieving demonstrable improvement in patient and client care.

As you recall, the CSCG Support Team was established in 2004 to help health and social care organisations embed CSCG arrangements and meet their statutory duty of quality. Increasingly over the last year, team members have supported the current Safety Forum to promote to Trusts evidence-based interventions designed to save lives and minimise harm to patients and clients. One of the strengths of the methodology used in this work is the ability of frontline services to measure improvements in service quality. The new HSC Safety Forum will build on that work and will play a key role in developing local capability in recognised improvement science methods.

Working for a Healthier People

INVESTOR IN PEOPLE

The new Forum will be hosted by the South Eastern HSC Trust on behalf of the whole region. This hosting arrangement will be reviewed by September 2009, taking account of wider RPA developments and experience in the first year of operation.

Posts in the new HSC Safety Forum will now be advertised and should be brought to the attention of staff.

I want to take this opportunity to thank all Support Team members, past and present, for their invaluable contribution in assisting HSC organisations to develop and strengthen their CSCG arrangements over the past 3-4 years.

Yours sincerely

CHarper

DR CAROLYN HARPER
Deputy Chief Medical Officer

cc.   Mr John Compton
        Dr Noeleen Devaney
        Mr Pedro Delgado