

HUMAN RESOURCES

Standard

The board of each HSC body demonstrates a positive commitment to recruiting and retaining staff; involving staff in the decisions on the delivery of services; developing their skills; rewarding them fairly; providing a safe working environment free from discrimination, harassment and violence; and gives them support during periods of change.

Overview

The link between good quality service delivery and quality management of staff is at the heart of good employment practice, which seeks to minimise risks wherever practicable. Poor staff management and lack of forward planning contributes to factors, which damage the delicate infrastructure and networks that deliver services, and in turn exacerbates staff turnover, low morale and work-based stress and exhaustion.

The implementation of Agenda for Change which is the new national pay and grading structure for HSC staff is based on the principle of equal pay for work of equal value and will offer:

- Greater scope to create new kinds of jobs, bringing more patient-centred care and more varied and stimulating roles for HSC staff;
- Fairer pay based on job evaluation;
- Movement towards harmonised conditions of service for HSC staff;
- Better links between career and pay progression.

The Knowledge and Skills Framework is a tool which provides a means of recognising the skills and knowledge that a person needs to apply to be effective in a particular post.

Priorities for Action and HR Strategy – *'The Employer of Choice'* make commitments to invest in staff and acknowledges that the HSC must offer staff a better deal in their working lives. They emphasise that Employers committed to improving working lives should:

- Recognise that modern Health and Social Care Services require modern employment services.
- Understand that staff work best when they can strike a balance between work and other aspects of their life outside work.

- Accept joint responsibility with staff to develop a range of working arrangements that balance the needs of services and service users with the needs of staff.
- Value and support staff according to the contribution they make to the provision of care and treatment, and meeting service needs.
- Provide personal and professional development and training opportunities that are accessible and open to all staff irrespective of their working patterns.
- Have a range of policies and practices in place that enable staff to manage a healthy balance between work and their commitments outside work.

Achieving the goals set out in the action plan and the associated strategy, 'Employer of Choice', requires investment in staff, both to increase numbers and to improve their working lives. The action plan and the strategy also make clear that performance on a range of HR measures will be a key part of the assessment of performance.

In order to meet the objectives set out in the action plan and the associated strategy, the Investors in People Standard (IIP) was commended, to all HSC organisations who should have achieved full Standard accreditation and maintain that accreditation. The IIP standard, as with all quality standards e.g. EFQM, Chartermark etc., re-inforces important related HR initiatives, reflects existing good practice within the HSC and recognises the employment practices expected of a good employer, and as such is central to the Human Resources Performance framework. However it must be seen as being a foundation to continuous improvement.

This Control Assurance Standard contains key criteria and supporting *introductory* guidance to assist management boards of bodies sponsored by DHSSPS to establish whether they have in place a sound system of internal control that is based on sound Human Resource principles. This will help the organisation's board, through its Chief Executive, to sign the annual mandatory Statement on Internal Control (SIC).

Whilst the Standard does address key issues and will be updated as necessary, it is to be treated as an introductory document, which does not purport to be exhaustive. The management boards of HSC bodies should satisfy themselves that all relevant governance requirements incumbent upon them, including the proposed statutory duty of quality, are properly identified and suitably addressed.

Assessment Guidance

HSC organisations vary significantly in size and in the nature of the services they deliver. It follows that not all controls assurance standards will apply to each organisation. This is implicit in the current Departmental guidance, eg. *The Reference Table on Applicability and Expected Levels of Compliance* which should be referred to before commencing the self-assessment exercise.

Even where a standard is generally applicable to the work of an organisation it is quite possible that not all of the criteria will be materially applicable. Before self-assessing against a standard, therefore, an organisation should consider the relevance of each criterion to its own business and conduct its assessment accordingly. Thus, where a criterion is clearly relevant to an organisation, the score should be based on the **totality of the action taken to address the requirement**. Where there is little or no relevance, the criterion should be considered “not applicable” and ignored for scoring purposes as explained in the guidance on *Reporting Compliance* issued by the Department.

This approach will ensure that the assessment has no unfairly detrimental effect on the organisation’s overall score but reflects a proper evaluation of the key areas of risks identified and the actual levels of controls put in place to manage those risks.

Likewise, the *Examples of Verification* set out in the standard are just that – examples, for guidance only. Once again, it is the nature of each organisation’s business that determines the type of evidence needed to prove that appropriate controls are in place. In effect, this may mean that only some of the examples listed are relevant to a particular HSC organisation or, indeed, that there are other more relevant examples which can be adduced as evidence of compliance. It is also the case that some evidence can be deployed to demonstrate compliance with more than one criterion or standard.

KEY REFERENCES

Committee on Standards in Public Life (1995) First Report

Statutory Rules: Health and Social Services Trusts (Membership and Procedure) Regulations (N.I.) 1994 SR 1994 No 63

Statutory Rules: Health and Social Services Boards (Membership) Regulations (N.I.) 1991 SR 1991 No 69

Statutory Rules: Health and Social Services Councils Regulations (NI) 1991 SR 1991 No 70

Statutory Rules: The Northern Ireland Health Promotion Agency (Establishment and Constitution) Order (N.I.) 1990 SR 1990 No 258

Statutory Rules: The Northern Ireland Regional Medical Physics Agency (Establishment and Constitution) Order (N.I.) 1994 SR 1994 No 42

Statutory Rules: The Northern Ireland Blood Transfusion Service (Special Agency) (Establishment and Constitution) Order (N.I.) 1994 SR 1994 No 175

Statutory Rules: The Northern Ireland Guardian Ad Litem Agency (Establishment and Constitution) (N.I.) Order 1995 SR 1995 No 397

Statutory Instruments: The Health and Personal Social Services (N.I.) Order 1972 S.I.1972/1265 (N.I.14)

Statutory Instruments: The Health and Personal Social Services (Special Agencies) (N.I.) Order 1990 S.I.1990/247 (N.I.3)

Statutory Instruments: The Health and Personal Social Services (N.I.) Order 1991 SI 1991/194 (N.I. 1)

Statutory Instruments: The Health and Personal Social Services (Northern Ireland) Order 1994 SI 1994 No 429 (NI 2)

Acts of the Northern Ireland Assembly: The Health and Personal Social Services Act (N.I.) 2001 2001 c.3

Act of the Northern Ireland Assembly: The Health and Personal Social Services Act (NI) 2002 2002 c.9

Department of Health and Social Services 1994: 'Corporate Governance in the Health and Personal Social Services, Codes of Conduct and Accountability',

Department of Health and Social Services 1996: Health & Social Services Councils: 'Code of Conduct for Health & Social Services Council Members'

Best Practice – Best Care (2001) – A framework for setting standards, delivering services and improving monitoring and regulation in the HPSS

DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control

HSS (FAU) 18/2002 – Statement of Internal Control: Transitional Statement 2001/2002

HSS (F) 24/2001 – Corporate Governance: Statement on Internal Control

HSS (F) 20/2002 – Clinical Negligence: Prevention of Claims and Claims Handling

HSS (PDD) 8/94 – Codes of Conduct and Accountability

HSS (PPM) 3/02 Corporate Governance: Statement on Internal Control

HSS (PPM) 4/05 AS/NZS 4360:2004 – Risk Management

HSS (PPM) 8/02 Risk Management in the Health and Personal Social Services

HSS (PPM) 10/02 Governance in the HPSS – Clinical and Social Care Governance: Guidelines for Implementation

HSS (PPM) 13/02 Governance in the HPSS: Risk Management

HSS (PPM) 5/03 Governance in the HPSS: Risk Management and Controls Assurance

HSS (PPM) 8/04 Governance in the HPSS: Controls Assurance Standards – Update

NHS Internal Audit Manual

HM Treasury *Management of Risk: A Strategic Overview*. 2000

National Audit Office 2000, *Supporting Innovation: Managing risk in government departments*. The Stationery Office, London, HC 86f4 Session 1999-2000

Priorities for Action

HPSS HR Strategy – The Employer of Choice

HSS (SM)4/03 - Code of Conduct for HPSS Managers

INDEX OF HUMAN RESOURCE CRITERIA

Criterion 1

Board level accountability for human resources is clearly defined and there are clear lines of responsibility for human resource matters throughout the organisation, leading to the Board.

Criterion 2

A comprehensive regional workforce plan will be produced annually. HSC Organisations will be required to develop workforce plans at organisational level to input to the regional plan. The plan will support DHSSPS Regional strategy and Priorities for Action and the local health economy.

Criterion 3

The organisation has achieved full accreditation in Investors in People and maintains that accreditation.

Criterion 4

All staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.

Criterion 5

The organisation takes action to prevent and tackle all forms of harassment, in accordance with the requirements of HSS (Gen 1) 3/1999 and HSS (Gen 1) 4/2000.

Criterion 6

Staff sickness rates are consistently recorded, monitored, reported and reviewed against the targets published by the Department.

Criterion 7

Workplace accidents are consistently recorded, monitored, reported and reviewed.

Criterion 8

Incidents of workplace violence against staff are consistently recorded, monitored, reported and reviewed in line with the current Zero Tolerance Policy.

Criterion 9

All staff have access to a confidential occupational health service.

Criterion 10

All staff have access to a confidential counselling service.

Criterion 11

The Working Time Directive for all staff groups is implemented and living and working conditions for all staff groups comply with current guidance.

Criterion 12

There is a comprehensive induction programme in place for all staff, whether in permanent posts or on temporary, casual, flexible or rotational contracts.

Criterion 13

Staff are given the opportunity to be involved in planning and delivering services.

Criterion 14

A regular staff survey is undertaken to measure the quality of working life.

Criterion 15

The organisation provides both personal and professional learning and development opportunities that are accessible and open to all staff.

Criterion 16

The human resource function has access to up-to-date information on employment and related legislation and guidance,

Criterion 17

The system in place for human resources is monitored and reviewed by management and the Board in order to make improvements to the system.

Criterion 18

The Board seeks independent assurance that an appropriate and effective system of managing human resources is in place and that the necessary level of controls and monitoring are being implemented.

CRITERION 1

Board level accountability for human resources is clearly defined and there are clear lines of responsibility for human resource matters throughout the organisation, leading to the Board.

Source

- Investors in People Standard
- Programme for Government
- Priorities for Action
- HPSS HR Strategy – The Employer of Choice
- HSS (PPM) 10/2002 – Governance in the HPSS - Clinical and Social Care Governance: Guidelines for Implementation
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- Standards Australia Risk Management AS/NZS 4360:2004

Guidance

The Chief Executive of the organisation has the overall statutory responsibility for managing human resources.

A Board member (ideally, a professionally qualified HR specialist) should be allocated direct responsibility for human resources across the whole organisation, and both executive and non-executive accountability for implementing the IIP standard should be clearly defined. The organisation should have a clear human resources strategy which demonstrates management capacity and capability to deliver the human resources agenda. It is the responsibility of the Board to establish a performance management framework which allows it to monitor performance against targets, and for ensuring that the organisation is committed to implementing the IIP standard.

There should be clear lines of accountability for human resource issues throughout the organisation. Many managers will have direct responsibility for the recruitment and subsequent management of staff once in post, and the extent of individual responsibility and duties should be clearly defined, with appropriate training given where it is necessary.

Examples of Verification

- Job descriptions
- Organisation chart
- Board minutes
- Performance management framework reporting to the Board on key performance indicators
- Human resources strategy and action plan for maintaining IIP accreditation
- Conditions of service requiring compliance with the Code of Conduct.
- Evidence of a review by the board of its compliance with the Code of Accountability
- Induction process for new directors
- Signed statements by board members subscribing to Code of Conduct.
- Procedure for complaints from staff
- Register of interests
- Policy on hospitality and entertainment expenditure
- Comparison of Standing Orders with Departmental examples
- Formal schedule of reserved decisions and scheme of delegation
- Counter-fraud and corruption policy
- Regular board reports on the quality of clinical and social care
- Minutes of board sub-committee responsible for clinical and social care Governance
- Links between key organisational strategies, e.g. IT, finance, clinical and social care quality, HR

CRITERION 2

A comprehensive regional workforce plan will be produced annually. HSC Organisations will be required to develop workforce plans at organisational level to input to the regional plan. The plan will support DHSSPS Regional strategy and Priorities for Action and the local health economy.

Source

- Department of Health (2001) Shifting the Balance of Power: Securing Delivery Human Resources Framework. Department of Health, London.
- NHS Executive (1999) Continuing Professional Development: Quality in the new NHS. HSC 1999/154. 1999.
- NHS Executive (1999) Primary Care Groups: Taking the next steps. HSC 1999/246. 1999.
- NHS Executive (2000) Human Resources Performance Framework. HSC2000/030. 2000
- NHS Executive (1999) Working Together: Securing a quality workforce for the NHS HSC 1999/079. 1999
- Programme for Government
- Priorities for Action
- HPSS HR Strategy – The Employer of Choice
- Best Practice – Best Care
- Circular HSS (PPM) 10/2002 – Governance in the HPSS - Clinical and Social Care Governance: Guidelines for Implementation.

Guidance

Effective planning is needed to ensure that local organisations recruit and retain a workforce that has the capacity, skills, diversity and flexibility to meet the demands on the HSC– which are increasing in volume and complexity. Achievement of the Government’s target to reduce waiting lists, for example, requires increasing activity levels, which will in turn make extra demands on recruitment and retention policies.

It is essential that the pivotal role of workforce planning, effective personal and organisational development and staff involvement is recognised from the

outset and reflected in the associated performance management arrangements.

Workforce planners in HSC Organisations will need to be aware of and take into consideration the workforce needs of others in the local health economy.

Examples of Verification

- Business Plan
- Robust Workforce data
- HR Strategy
- Training and Development Plan
- Set of prioritised key objectives
- A “vision and values” statement
- Board minutes documenting approval of objectives
- Board reports and minutes
- Records of service planning and commissioning meetings
- Record(s) of communication of objectives to staff
- Business Plans should reflect that Departmental requirements including the PfA initiatives have been taken into account in determining objectives
- Records of surveys, workshops, etc.
- Equal Opportunity Monitoring Reports

CRITERION 3

The organisation has achieved full accreditation in Investors in People and maintains that accreditation.

Source

- Investors in People Standard
- HPSS HR Strategy – The Employer of Choice
- DAO (DFP) 5/2001 - Corporate Governance: Statement on Internal Control
- HSS (F) 24/2001- Corporate Governance: Statement on Internal Control
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 8/2002 - Risk Management in the Health and Personal Social Services
- Standards Australia, Risk Management AS/NZS 4360:2004
- Circular HSS (PPM) 10/2002 – Governance in the HPSS - Clinical and Social Care Governance: Guidelines for Implementation.

Guidance

Underpinning The Employer of Choice HR Strategy is the need to ensure that the HSC secures improvements in the management of human resources. Delivery of the IIP standard is a key element of the HR Strategy. All HSC organisations will be assessed against the HR Strategy and all HSC employers are expected to have achieved the full IIP standard.

All HSC Organisations must have achieved, and maintain, full IIP accreditation.

Examples of Verification

- IIP Statement by Chief Executive
- Evidence of Board commitment to implement the IIP standard
- Business case for supporting the IIP
- Action Plan for maintaining IIP accreditation

CRITERION 4

All staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.

Source

- The Fair Employment and Treatment (Northern Ireland) Order 1998
- The Employment Rights (Northern Ireland) Order 1996
- Northern Ireland Act 1998 c.47
- Northern Ireland Act 1998 Section 75
- Human Rights Act 1998 c.42
- Data Protection Act 1998 c.29
- Freedom of Information Act 2005
- Working Time Regulations (Northern Ireland) 1998 No. 386
- Maternity and Parental Leave etc Regulations (Northern Ireland) 1999 No. 471
- Part-time Workers (Prevention of Less Favourable Treatment) Regulations (Northern Ireland) 2000 No. 219
- Safer Organisations Safer Children, 2002
- Children's Safeguards Review: HSS (Gen 1) 2/1999
- NHS Executive (1998) Guidance on the management of AIDS/HIV infected health care workers and patient notification. HSC 1998/226. 1998
- Junior doctors' hours pay for intensive working patterns. HSS (TC8) 14/1998
- Living and Working Conditions for Hospital Doctors in Training. HSS (TC8) 1/2000
- Priorities for Action
- Best Practice – Best Care

- Circular HSS (PPM) 10/2002 – Governance in the HPSS - Clinical and Social Care Governance: Guidelines for Implementation
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 8/2002 - Risk Management in the Health and Personal Social Services

All statutory employment legislation and mandatory requirements can be accessed via a range of sources. It is important that the organisation is able to respond to any changes as and when they arise.

Guidance

There is a raft of statutory employment legislation and mandatory DHSSPS requirements to which all HSC organisations must comply. In particular, it is important that:

- HSC employers take account of current employment and equality legislation when recruiting staff
- Staff receive a pre-employment health assessment before starting work
- Staff involved in recruitment receive appropriate training
- Appropriate checks with statutory bodies such as NMC, NISCC, GMC, HPC are made before applicants take up post
- All staff receive induction to the organisation in general and to the area in which they will be working
- Pre-Employment Consultancy Checks

Examples of Verification

- Recruitment policy
- Evidence of implementation of recruitment policy, to include checklists
- Induction packs

CRITERION 5

The organisation takes action to prevent and tackle all forms of harassment, in accordance with the requirements of HSS (Gen 1) 3/1999 and HSS (Gen 1) 4/2000.

Source

- Northern Ireland Act 1998 (Section 75)
- HSS (Gen 1) 3/1999, Guidance on Tackling Racial Harassment in the HPSS
- HSS (Gen 1) 4/2000 Health and Safety in Health and Personal Social Services
- HPSS HR Strategy – The Employer of Choice

Guidance

The HSC should use its influence and resources as an employer to make a difference to the life of its local community, especially those who are shut out or disadvantaged. Employer of Choice required employers to take action to achieve a representative workforce and to tackle harassment within their organisation. Guidance established the strategic equality aims to be achieved, together with priorities, and objectives.

Chief Executives of Trusts should ensure that their policies and practices are reviewed in light of HSS (Gen 1) 3/1999, and a local action plan should be drawn up with the involvement of staff including minority groups. The aim is to: -

- Inform users of HSC services and those providing them that any form of harassment will not be tolerated
- Ensure that this message is widely disseminated and visibly evident
- Deter perpetrators
- Ensure that staff have the knowledge, structures and skills to fulfil these commitments

Equally, all organisations should ensure that they are fair employers, and should work to achieve equality of opportunity and outcome in the workplace. Specifically:

- HSC organisations should publish an Equality Statement as part of their Annual Report
- They should aim to recruit, develop and retain a workforce that is able to deliver high quality services that are accessible, responsive and

appropriate to meet the diverse needs of different groups and individuals

Examples of Verification

- Harassment policy
- Evidence of implementation at all levels
- Staff surveys
- Equality Statement
- Recruitment Policy
- Local HR Strategy
- Evidence of Training Records for staff

CRITERION 6

Staff sickness rates are consistently recorded, monitored, reported and reviewed against the targets published by the Department.

Source

- HPSS HR Strategy - Employer of Choice
- *Priorities for Action* – Monitoring and Accountability

Guidance

Levels of staff sickness have a major impact on both the operational and financial management of any organisation. Employer Of Choice sets out recording requirements for all HSC organisations regarding staff sickness. The Department has set a Management Improvement target aimed at reducing levels of absenteeism within HSC. The target will require HSC Employers to report absenteeism to the Department on a bi-annual basis.

All employers should produce and consider information on sickness absence levels and their costs on a regular basis. All organisations should have in place policies covering the management of sickness absence based on best practice and these should include arrangements for rehabilitation and redeployment of staff who are long term sick.

In monitoring staff sickness rates, it is essential that consistent methods of recording staff sickness absence levels are used. This should be based on the equation below, which encompasses the varying patterns of work undertaken by the differing groups of staff within the Service:

“Hours lost compared to hours available”

and employers are required to meet individual reduction targets in sickness absence.

The figures produced should:

- Allow progress to be measured for each employer and also across the HSC
- Reflect a sickness absence rate which includes all staff groups

Examples of Verification

- Staff absence policy
- Sickness absence management strategy
- Staff absence forms
- Standard computerised staff absence recording system

- Appropriate training and support for managers
- Minutes of reports to Board

CRITERION 7

Workplace accidents are consistently recorded, monitored, reported and reviewed.

Source

- The Health and Safety at Work (Northern Ireland) Order 1978
- The Equality (Disability etc.) (Northern Ireland) Order 2000
- Reporting Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (No. 455)
- Social Security (Claims and Payments) Regulations (Northern Ireland) 1977 (No. 351)
- NHS Executive (1998) Guidance on the management of AIDS/HIV infected health care workers and patient notification. HSC 1998/226. 1998
- Occupational Health: Services for Health and Personal Social Services Staff, HSS (Gen 1) 2/1995
- Health and Safety in the Health and Personal Social Services, HSS (Gen 1) 4/2000
- HPSS HR Strategy – The Employer of Choice

Guidance

HSS (Gen1) 5/2000 sets out recording requirements for HSC organisations regarding workplace accidents. It recommends action by employers to involve staff developing local policies addressing safe working conditions, to include a full assessment of the risks to staff and the development of local prevention and reduction strategies. HSS (Gen 1) 4/2000 emphasised the importance of complying fully with statutory obligations and ensuring that best practice is being followed throughout the organisation. The circular also recommended the findings of a National Audit Office Report which recommended that employers have in place policies and procedures to investigate, record, monitor, review and assess the causes and costs of accidents, sickness absences, ill health retirement and occupational ill health.

In order to achieve consistency in reporting, it is essential that common definitions are used throughout the HSC. Accordingly, organisations should have systems in place for recording incidents to staff using the following definition:

“personal injury” includes any disease and any impairment of a person’s physical or mental health (HSW(NI) O) 1978

and should have in place a strategy for reducing accidents to staff.

Examples of Verification

- Accident forms and reporting procedure/policy
- Evidence of appropriate accident system
- Reports on staff absenteeism
- Evidence of work based assessments by Occupational Health
- Strategy for dealing with workplace accidents
- Evidence of reporting to HSE as required by RIDDOR

CRITERION 8

Incidents of workplace violence against staff are consistently recorded, monitored, reported and reviewed in line with the current Zero Tolerance Policy.

Source

- The Health and Safety at Work (Northern Ireland) Order 1978
- Reporting Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 (No. 455)
- Social Security (Claims and Payments) Regulations (Northern Ireland) 1977 (No. 351)
- NHS Executive (1998) Guidance on the management of AIDS/HIV infected health care workers and patient notification. HSC 1998/226. 1998
- Occupational Health: Services for Health and Personal Social Services Staff, HSS (Gen 1) 2/1995
- Health and Safety in the Health and Personal Social Services, HSS (Gen 1) 4/2000
- Campaign to Stop Violence Against Staff Working in the HPSS, HSS (Gen 1) 5/2000
- HPSS HR Strategy – The Employer of Choice

Guidance

The NHS Zero Tolerance Zone Resource Pack was commended to HSC employers under cover of Circular HSS (Gen 1) 5/2000. Consequently all employers should have in place systems for monitoring and reducing instances of workplace violence. In order to achieve consistency in recording the following definition of an incident of violence should be adopted:

“Any incident where staff are abused, threatened or assaulted in relation to their work, involving an explicit or implicit challenge to their safety, well-being or health.” European Commission DG-V 1997

Individual target reductions for violent incidents to staff should be agreed and incorporated into the organisation’s performance management system. It is important that all employers work closely with the police to formulate and implement local crime and disorder strategies.

Examples of Verification

- Incident forms and reporting procedure/policy
- Evidence of appropriate incident system
- Strategy for dealing with workplace incidents of violence
- Evidence of reporting to HSE as required by RIDDOR

CRITERION 9

All staff have access to a confidential occupational health service.

Source

- Occupational Health: Services for Health and Personal Social Services Staff, HSS (Gen 1) 2/1995
- Review of OHS in the HPSS – '*Supporting a Healthy Workforce*'
- Review of OHS for General Practitioners and their directly employed staff
- Health and Safety in the Health and Personal Social Services, HSS (Gen 1) 4/2000
- HPSS HR Strategy - Employer of Choice

Guidance

Employers should provide their staff with access to confidential competent occupational health services.

In addition, employers should ensure they continuously review the effectiveness of their current local health and safety policies and procedures, in consultation with staff and local representatives. They should also:

- Ensure they set audit standards for both the organisational and clinical effectiveness of the OH service and that this audit is carried out on a regular basis
- That they work to develop more effective partnership between health and safety management, OH, health promotion services, infection control and human resources.

Examples of Verification

- Occupational health policy
- Audit of OH services

CRITERION 10

All staff have access to a confidential counselling service.

Source

- Occupational Health: Services for Health and Personal Social Services Staff, HSS (Gen 1) 2/1995
- HPSS HR Strategy - Employer of Choice

Guidance

Employers should provide staff with access to a confidential counselling service which includes the following essential functions:

- Face to face contact
- Telephone counselling
- Responses to traumatic incidents
- Feedback is integrated into decision/policy making practices of the organisation
- Referral to outside services if required

In providing counselling services, employers must ensure that confidentiality is maintained and that those providing the counselling service should meet the minimum professional qualifications laid out in guidance.

An advisory group should be set up to monitor and support the development of the service.

Examples of Verification

- Counselling policy
- Communication and publicity relating to service available to staff
- Annual report

CRITERION 11

The Working Time Directive for all staff groups is implemented and living and working conditions for all staff groups comply with current guidance.

Source

- HSS (TC1) 5/98 – Amendment to the General Working Terms and Conditions of Service Handbook – Working Time Regulations
- HSS(GEN1) 3/98 – Supporting Guidance to HSS(TC1) 5/98
- Department of Health (1999) Improving Working Lives Standard. Department of Health, London
- Great Britain (1992) Workplace (Health, Safety and Welfare) Regulations 1992. The Stationary Office, London
- NHS Executive (2000) Junior Doctors' Contracts HSC 2000/036. 2000
- NHS Executive (2000) Living and Working Conditions for Hospital Doctors in Training. HSC 2000/036. 2000
- NHS Executive (1998) Management of Health, Safety and Welfare Issues for NHS Staff. HSC 1998/64. 1998
- NHS Executive (1998) Working Time Regulations: Implementation in the NHS. HSC 1998/204. 1998
- Agenda for Change – Terms and Conditions of Service

Guidance

HSC Employers are required to implement the Working Time Directive for all staff groups, and each organisation must identify areas of current non-compliance and develop action plans to address the position.

Information obtained in respect of non-compliance with the Working Time Directive must be used to inform regional workforce plans. Additionally employers must examine current service configuration to determine if compliance can be achieved by reviewing the means for service delivery.

Examples of Verification

- Local policy on accommodation and catering for on-call staff
- Working Hours compliance audits

- Action Plans for introducing new working patterns and practices
- Minutes of local WTD Implementation Groups
- Staff Surveys and questionnaires

CRITERION 12

There is a comprehensive induction programme in place for all staff, whether in permanent posts or on temporary, casual, flexible or rotational contracts.

Source

- HPSS HR Strategy – The Employer of Choice
- Department of Health (2000) Medical Training in the United Kingdom: A Guide for International Graduates. Department of Health, London
- NHS Executive (2001) NHS Professionals: Flexible Organisations, Flexible Staff. HSC 2001/002. 2001
- NHS Executive (1999) Working Together: Securing a quality workforce for the NHS, HSC 1999/079. 1999

Guidance

Comprehensive and appropriate induction training is a key aspect of any member of staff's early experience of working in the HSC and is crucial in ensuring that all staff (whatever their working arrangements) are familiar with the organisation, its policies and procedures. Provision of information, induction and training is an important measure of achieving competence and helps to ensure compliance of safe working practices. It contributes to the organisation's risk management culture and is needed at all levels, including senior management and the Board.

Induction should include organisation-wide guidance together with targeted support for individuals, members or groups of staff. In order to maintain an up to date programme of induction all arrangements should be subject to regular review and improvement and agreed with local staff.

In order to ensure that appropriate induction is provided, records of attendance at training should be maintained and inadequate attendance rectified. Equally, job rotation or re-location should trigger a training needs review.

It is also important to ensure that arrangements are in place to ensure that staff from outside the UK are given appropriate induction training before commencing work. Training might include, for example, information concerning the system of healthcare provision across the local health economy, the wider HSC and key legislation.

Examples of Verification

- Local policy on induction training for staff

- Induction/training records
- Induction packs and checklists
- Personal Training records
- Monitoring arrangements

CRITERION 13

Staff are given the opportunity to be involved in planning and delivery of services.

Source

- HPSS HR Strategy – The Employer of Choice
- Framework Document: Partnership Arrangements for the HPSS in Northern Ireland

Guidance

Staff involvement is not of course, an end in itself. It is one important aspect of good practice in managing staff, and is part of a much wider spectrum of good organisational development. It is important for staff to feel that if they are invited to contribute to discussions and development plans, that their views are given credence and that it is a meaningful exercise. Staff involvement can take place at a number of different levels across the organisation - for example, consultation may be undertaken at a 'whole' organisation level, according to different staff groups, within different departments or may address specific topics or concerns.

Organisations should have in place a range of mechanisms for involving staff in the planning and delivery of services. There should be a local policy relating to how the organisation elicits the views of staff across a range of issues and this policy should be subject to regular updating and review. Consideration should also be given as to how the information obtained via this process is used.

Examples of Verification

- Local policy document
- Minutes of joint staff meetings
- Communication strategy
- Partnership agreements
- Human resources forum
- Consultation documents
- Organisational structures

CRITERION 14

A regular staff survey is undertaken to measure the quality of working life.

Source

- HPSS HR Strategy – The Employer of Choice

Guidance

There are a number of approaches which can be used by organisations to enable them to obtain the views of staff –

Examples of Verification

- Arrangements in place for undertaking survey
- Survey results
- Action plans

CRITERION 15

The organisation provides personal and professional learning and development opportunities that are accessible and open to all staff.

Source

- HPSS HR Strategy – The Employer of Choice
- NHS Executive (1999) Continuing Professional Development: Quality in the new NHS. HSC 1999/154.1999
- NHS Executive (1999) Working Together: Securing a quality workforce for the NHS, HSC 1999/079. 1999
- Knowledge and Skills Framework Document 2004

Guidance

All HSC organisations should provide opportunity to all staff to access a range of appropriate training and development opportunities. All staff should be supported in undertaking some form of development each year. The Lifelong Learning concept is underpinned by personal training and development plans (PDPs), which should be annually reviewed, for all HSC staff, effective appraisal systems, improved organisational multi-disciplinary learning and skills capacity focusing on the delivery of quality services and appropriate access to training opportunities in line with the organisation's training plans.

Continuous Professional Development (CPD) is key to the delivery of Government objectives for the HSC. It should focus on the needs of service users by delivering the HSC outcomes and priorities as set out in the HSC Regional Strategy and Priorities for Action. CPD should be a partnership between the individual and the organisation, but it also needs to meet the individual's career aspirations and learning needs.

All organisations should by now have undertaken an audit of current arrangements for, and investment in, CPD to make sure they are aligned with clinical governance priorities. Wherever possible, more opportunities should be created for multi-disciplinary and team based learning. CPD programmes should follow the standards set by the relevant professional and regulatory bodies. Good partnership working between employers, trade unions and these outside bodies is essential.

The majority of staff should now have a personal development plan (PDP). This can be a simple written record of training planned or undertaken, or a more detailed device, e.g. a detailed electronic planner that can be regularly updated. Individuals should be encouraged to think creatively about the range of work-based learning activities they might undertake as part of their

PDP, which can be reviewed and evaluated on a regular basis, at least annually. Review can include one-to-one discussions with line managers, team discussions, peer review etc.

The system of professional and personal development should be available to all staff working within the organisation, irrespective of their working arrangements

Examples of Verification

- CPD policy/strategy document
- Training strategy document
- Details of expenditure on training and development
- Guidance to staff on appraisal
- Training Records for staff
- Training Development Plan
- Personal Development Plans
- Training reports
- Minutes of Training Steering Groups

CRITERION 16

The human resource function has access to up-to-date information on employment and related legislation and guidance.

Source

- <http://extranet.dhsspsni.gov.uk/>
- <http://www.hmsso.gov.uk/>
- Legal Advisors
- Institute of Personal Development

Guidance

Access to relevant guidance is essential in order to ensure that the organisations policies and procedures comply with current legislation and policy. There are many sources of information including books, subscriptions to relevant HR journals and Internet information providers. Up-to-date Department of Health Social Services and Public Safety guidance can be accessed on the Extranet.

All organisations should be engaged in development and use of key indicators for their own internal performance, but they should also maximise the value of such measures by benchmarking themselves against like organisations, whether those are other NHS Trusts or others who measure similar processes. The Health Care Standards Support Unit benchmarking site can be accessed via the following link; <http://www.hcsu.org.uk> Full text copies of legislation issued from 1991 can be downloaded from: <http://www.hmsso.gov.uk>

Examples of Verification

- HR 'library'
- Training records of staff
- CD-ROM based information on employment legislation etc.
- Use of Specialist Legal Advisors
- Internet access to:
<http://tap.ukwebhost.eds.com/doh/coin4.nsf/Circulars?ReadForm> and
<http://tap.ukwebhost.eds.com/doh/point.nsf/Publications?ReadForm>
databases will provide access to UK wide publications

CRITERION 17

The system in place for human resources is monitored and reviewed by management and the board in order to make improvements to the system.

Source

- HPSS HR Strategy – The Employer of Choice

Guidance

It is the responsibility of management and the Board to monitor and review all aspects of HR system, including:

- Accountability arrangements
- Processes, including risk management arrangements
- Capability
- Risk management arrangements
- Outcomes
- Internal audit findings

The Risk Management Committees will play a role in monitoring and reviewing all aspects of the system as a basis for establishing significant information that should be presented to, and dealt with by the Board. The Committee with responsibility for Clinical and Social Care Governance will also play a significant role in monitoring and reviewing human resources as it impacts on the quality of clinical service provision. The Audit Committee should review internal audit findings.

Examples of Verification

- Internal audit reports(s)
- Audit Committee minutes
- Minutes of Committee(s) responsible for Risk Management and Governance
- Organisation Management Board reports

CRITERION 18

The Board seeks independent assurance that an appropriate and effective system of managing human resources is in place and that the necessary level of controls and monitoring are being implemented.

Source

- HPSS HR Strategy – The Employer of Choice
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- HSS (PCD) 1/2002 – Local Health and Social Care Groups – Constitution, Governance and Accountability Arrangements
- NHS Executive (1995) NHS Internal Audit Manual 1995. NHS Executive, London.

Guidance

Management should consider the range of independent internal and external assurance available, and avoid duplication and omission. The adequacy of the independent assurance will depend upon the scope and depth of the work performed, bearing in mind its timeliness and the competency of the staff performing it. The level of reliance that can be placed upon such assurances should consider, among other things, the professional standing of the assurer, their level of independence, and whether they could reasonably expect to provide an objective opinion. It is important that any review that takes place results in a report, recommendations for action where necessary, and the retention of sufficient evidence to enable other potential reviewers to rely upon the work already undertaken. The reports should be made to the appropriate sub-committee of the Board.

Management arrangements will include an internal audit function, as well as other quality control and assurance functions such as clinical audit. The internal audit function is required to give an opinion to the Board on the adequacy and effectiveness of the overall system of internal control. In doing so, they will seek to work with, and rely on the work of, other review bodies as far as is practical. The HSC is given external assurance by such bodies as:

- External auditors, as appointed by the Audit Commission

More specific assurance for this standard may be gained from visits by:

- Professional bodies
- Post-graduate deaneries
- DHSSPS Performance Management Team

Examples of Verification

- Schedule of planned reviews
- Copy of reports
- Committee minutes
- Action plans
- Notes of follow up of actions
- Evidence file
- Details of staff involved in the review
- Reports to Equality Commission
- Charter Mark accreditation
- liP Accreditation