



Northern Ireland Clinical and Social Care Governance Support Team

# Social care governance A practice workbook



Department of  
**Health, Social Services  
and Public Safety**

An Roinn  
**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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# Social care governance

## A practice workbook

# Endorsements

*Northern Ireland leads the way in the UK in developing social care governance. The concept of clinical governance is now well established in health services but only in Northern Ireland is there an equivalent duty of quality in social care.*

*This workbook, which was developed with social work teams, takes what could be seen as an abstract concept and shows that governance, is built on core social work skills. The workbook brings together definitions of and accountabilities for social care governance and includes relevant SCIE material on which to draw for knowledge based practice. It includes a self-audit tool to help social work teams and their organisations identify how their practice contributes to governance arrangements.*

*It is an innovative and timely piece of work based on the best available knowledge and firmly grounded in practice.*

## **Bill Kilgallon**

Chief Executive,  
Social Care Institute for Excellence (SCIE)

*The Association of Directors of Social Services have supported a need for a clearer definition of what is the essence of social care governance. In particular the need to engage front line staff in testing and refining tools to demonstrate good governance. This will go a long way to embedding social care governance into day to day practice.*

## **Cecil Worthington**

Chair,  
Association of Directors of Social Services, Northern Ireland

*Social workers put people who use their services at the centre of what they do. Meeting the social care governance agenda gives the opportunity for staff to reflect on and make sense of the work they are engaged in. This helps us embrace multi-disciplinary and multi-agency working with confidence, helps develop a safe service, a service user focus and gives evidence of effective practice. This workbook is a framework for good social work practice and is endorsed by The British Association of Social Workers as a means of maintaining high professional standards.*

## **Lindsay Conway OBE**

Chair, Northern Ireland  
British Association of Social Workers

*Health and Social Services in Northern Ireland are currently undergoing reform and modernisation. It is pleasing to note the number of key initiatives that have been put in place by many agencies to improve the quality of service provision in Northern Ireland. This workbook provides an excellent and comprehensive guide for front line managers and staff to enable them to build on and strengthen their existing activity in order to improve their clinical and social care governance arrangements. It is important that social care services promote the independence and well being of service users and carers, offer protection when required and seek to maximise potential by establishing partnership arrangements to ensure that the quality of care delivered is both safe and effective.*

## **Dr Ian Carson**

Chair,  
Regulation and Quality Improvement Authority

*The world in which social services are delivered is changing dramatically and social care workers and employers must adapt to maintain and improve their professionalism to meet new challenges.*

*Through social care governance, social care providers are accountable for continuously improving the quality of their services and safeguarding high standards of care; they are building on and strengthening existing activity relating to the delivery of high quality care.*

*I wholeheartedly endorse this practice workbook as a means of supporting social care staff and their managers to work effectively with service users and carers to provide a high quality and professional service.*

## **Brendan Johnson**

Chief Executive, Northern Ireland  
Social Care Council

|   |           |
|---|-----------|
| <b>Foreword</b>   | <b>iv</b> |
| <b>Introduction</b>   | <b>1</b>  |
| <b>About this workbook</b>  | <b>5</b>  |
| <b>A model of social care governance</b>                          | <b>8</b>  |
| <b>Core elements of social care governance</b>                    | <b>11</b> |
| <b>Leadership and accountability</b>                              | <b>13</b> |
| 1 Leadership and management                                       | 13        |
| 2 Human and financial resources                                   | 15        |
| 3 Organisational learning and continuous professional development | 16        |
| 4 Supervision and performance appraisal                           | 17        |
| 5 Regulation and registration                                     | 18        |
| <b>Safe and effective practice</b>                                | <b>19</b> |
| 6 Risk management   | 19        |
| 7 Adverse incidents and near misses                               | 21        |
| 8 Research, evidence-based practice and informed decision-making  | 22        |
| <b>Accessible, flexible and responsive services</b>               | <b>23</b> |
| 9 Service user/carer/public involvement                           | 23        |
| 10 Integrated working   | 25        |
| <b>Effective communication and information</b>                    | <b>26</b> |
| 11 Information management   | 26        |
| 12 Standards and outcomes   | 28        |
| 13 Audit  | 30        |
| 14 Complaints and compliments                                     | 31        |
| <b>Templates</b>  | <b>32</b> |
| <b>Appendices</b>   | <b>34</b> |
| 1 Steering group members  | 39        |
| 2 Pilot sites   | 40        |
| 3 Roles and responsibilities                                      | 41        |
| <b>References</b>   | <b>43</b> |
| <b>Feedback form</b>  | <b>45</b> |

## Foreword

As Chief Officer for Social Services in Northern Ireland, I am committed to improving the quality, safety and effectiveness of social work and social care. Involving service users, carers and practitioners is vital if we are to secure improvements that make a real difference to people's experiences of our services.

Social care governance provides a framework for staff to be involved in improving services based on their experiences and the experiences of those who use the services. It puts service users and carers at the heart of all we do.

This practice workbook demystifies social care governance and provides a structured approach to support practitioners, managers and teams to reflect on and evaluate their practice and make improvements in what they do.

I congratulate the Association of Directors of Social Services who had the vision to commission this work which will support staff to contribute to the reform and modernisation of the HPSS. I also congratulate all those, in particular the pilot teams, who have helped shape this guidance. I would encourage you to use this workbook as a means of improving the quality, safety and effectiveness of your services.



Paul Martin  
Chief Officer for Social Services

## Introduction

There has been a greater focus over the last few years on the safety, accountability and improvement of services delivered by health and social care organisations. This has led to a clearer expectation from those who receive services as well as the responsibility this places on individual members and on organisations to deliver safe and effective care. We are in a unique position in Northern Ireland with an integrated system of health and social services in both commissioned and delivered services to look at good clinical and social care governance.

This work has built on the defined concept of clinical governance which has allowed us to translate and unpick aspects relevant to social care. We have developed new knowledge and understanding of the differences and challenges in social care governance. You will notice a cross reference to the Quality Standards for Health and Social Care.

We have written this document to guide you through the implementation process and one which will lead to robust clinical and social care governance arrangements for your service.

We cannot be naive to assume that this has been an easy piece of work to develop and implement; it is an approach that requires commitment from all parts of the service and I would like to pay tribute to members of the steering group and the pilot sites who stayed with us throughout this journey. The dedication of Lorraine Simmons, Programme Manager has been relentless in making this work a reality.

I ask you to endorse these changes, to rise to the challenge and to call on your expertise to work through this agenda. We can only do this if we work together, and I know I can rely on your support to make this happen.



Anne O'Brien  
Director  
Northern Ireland Clinical & Social Care Governance Support Team

## What is social care governance?

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 service users 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 (Jan 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](http://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 Boards (Health and Social Services Authority when this is established) 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 best 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 front-line 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, (see Appendix 1) and a steering group of key stakeholders was established to give strategic direction (see Appendix 2). 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 covering the five new Trust areas which came into existence on 1st April 2007 (see Appendix 3). 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 have been compiled into two documents:

Part 1: Practice workbook

Part 2: Additional learning materials

## Who is the workbook for?

While the focus for the development of this workbook was for all social work staff within boards, trusts and special agencies, the materials have wider application to social care workers and other disciplines who work together to deliver personal social services. It could also be relevant to staff within the independent sector.

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
- programme of care/directorate 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. At the outset it is useful for teams/programmes of care 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 13-31 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 found on p 32.

Compiling the templates and discussing the questions they raise is more effective if undertaken as a team rather than as individuals working alone.

It is not necessary to use this workbook in a sequential way. 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.

'Improving practice' (see page 12) 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 on page 33. 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. The Information section includes a brief explanation of the element, key audit questions and reference to SCIE

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.

This workbook is a dynamic document, which will develop further as staff use it. Completing the feedback form on page 45 will enable you to contribute to the knowledge and skills base for social care governance and influence how this workbook evolves.

### 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 service users and carers.
- Encourage staff to engage in the work.
- Value the contribution of front-line staff.
- Put line management supports in place for senior social workers who may feel isolated in the process.
- Facilitate a team approach.
- Allocate protected time for the work.
- Create good communication systems which ensure two-way information between front-line staff and managers.
- Have policies and procedures in place to help staff carry out the work.
- Have access to computers for front-line 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.

### Model of social care governance



(Smyth, C. and Simmons, L., 2006)

## 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 social work 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

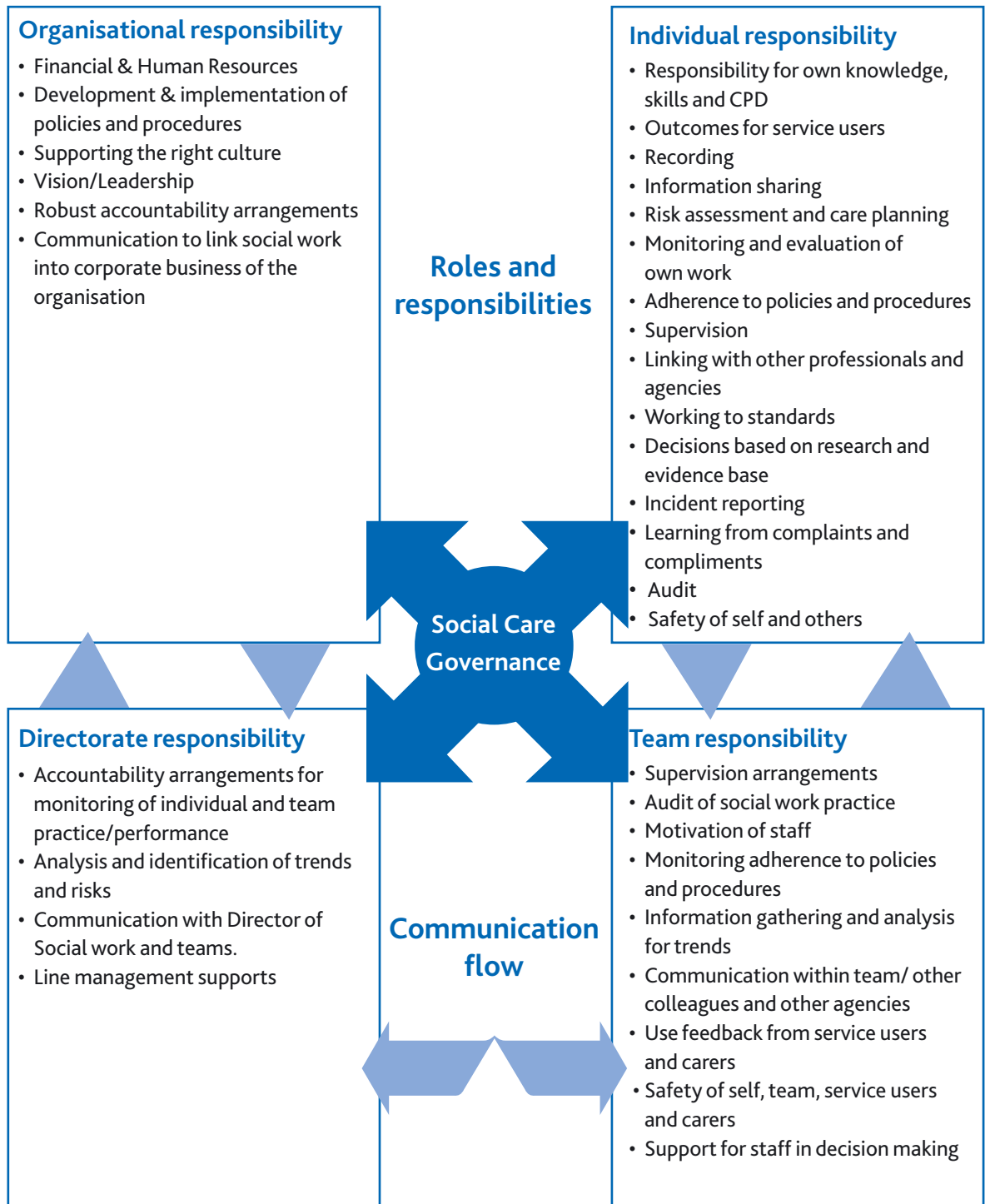
Social care governance has to be part of a dynamic quality cycle so that improvements can be made. It is through checking progress against standards and action plans that outcomes for service users and carers can be improved and learning gained for the whole service.

### Roles and responsibilities

Each organisation has to take responsibility for ensuring key components are in place. The quality of a social worker's practice is influenced by the culture, working practices and the performance of the organisation in which they work. The social worker also has 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.

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.

See also Appendix 4 for a description of social care governance tasks and responsibilities.



## 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 resource information on the SCIE Knowledge Base.

If you access this workbook electronically via the SCIE website ([www.scie.org.uk](http://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 well-being 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

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

#### Individual level

- What has been your learning? 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 has been the learning?
- What changes need to take place?
- Have you identified any skills development that could help the team as a whole?

#### Programme of care/Directorate level

- What has been the learning?
- What changes need to take place?
- Have you identified any skills development that could help you?
- What needs to be shared with the wider organisation?

#### Organisation

- What has been the learning?
- What changes need to take place?
- What supports/resources need to be put in place?

# 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. Corporate leadership is about ensuring there is a competent workforce, clarity about roles and responsibilities, clear structures which address current and future service needs and accountability regarding relevant legislative requirements. Controls and assurances should be in place to manage anticipated risks linked to achieving strategic and operational objectives. Professional leadership is essential to support sound decision-making and improving practice and the service.

## 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

## Resources

Senior managers have to identify, secure and manage financial and human resources to ensure a quality service.

## Accountability

The accountability for the care and safety of service users 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 front-line worker to the director of social work and the wider organisation.

### Audit questions 1

- 1.a) What is the culture of the organisation?
- 1.b) What are the professional lines of accountability?
- 1.c) What systems are in place to support the discharge, monitoring and reporting of statutory functions?
- 1.d) What communication systems are in place to share information with the wider organisation?
- 1.e) What is your social care governance committee structure and how does it link with corporate responsibility?
- 1.f) What changes have been made as a result of learning from social care governance?

### The knowledge base

- *Leading practice: a first-line managers' development programme*. This material acknowledges the importance of non-hierarchical leadership models to social care – that is, that leadership and expertise can be found at all levels within the organisation. It places the team manager learning firmly within the context of a learning organisation. It sets out arrangements to ensure that the team manager's learning is applied and influential throughout the organisation and the roles for senior managers in leading this.
- The People Management website offers a resource directory on leadership and management
- The Skills for Care Leadership and Management Strategy provides extensive supportive materials on leadership and management about relevant standards, supervision and a whole systems model.

Forthcoming SCIE titles:

- *Looking to the future - Developing social care: building a new and lasting culture in social care*. This online resource guide will provide information about developing a culture in social care of participative change management
- *Improving services in social care and health*. This knowledge review will look at effective improvement methods in social and health care.

## 2 Human and financial resources

An organisation will only be effective in developing safe and quality social care if there are enough staff who are appropriately trained to deliver high standards of care. To ensure there are sufficient staff in September 2006 the Health and Social Services Minister, Paul Goggins, announced a workforce strategy to ensure a highly skilled and flexible workforce able to respond to changing demands. Organisations must also have a strategy to address the retention of staff and the continuing development of staff.

Adequate financial 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. The assurance framework ensures there are clear financial accountability arrangements in place throughout the organisation to manage anticipated risks.

### Audit questions 2

- 2.a) What pre-employment checks are carried out for new staff?
- 2.b) With reference to your workforce strategy, what gaps have you identified in:
  - human resources?
  - financial resources?
- 2.c) How can these be addressed?
- 2.d) How is lifelong learning addressed to meet post-registration training and learning requirements?

### The knowledge base

- The People Management website offers an audit and a resource directory on:
  - strategic planning
  - business planning
  - workforce planning
- *Practice guide 08: Improving outcomes for service users in adult placements – Commissioning and care management.* This gives practice points for care managers, line managers and their managers, directors of adult social care services and adult placement schemes to help improve outcomes for people using adult placement services. The practice survey findings look at effective commissioning and value for money.

### 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-registration training and learning. If training and development needs are linked to organisational and individual priorities this supports the ongoing enhancement of quality and safety.

#### Audit questions 3

- 3.a) What is the organisation doing to establish a learning culture which is open and fair?
- 3.b) Have you been inducted into your current post and received mandatory training?
- 3.c) If you are a registered worker how are you being supported to meet your post-registration training and learning/continuous professional development?
- 3.d) What arrangements do you and your colleagues have in place to share and apply learning to your practice?

#### The knowledge base

The following SCIE resources set out how organisations can create and sustain structural and developmental links so that an individual's or team's learning and skills contribute to organisational learning and expertise.

- *Leading practice – a first-line managers' development programme*
- *Position paper 02: A framework for supporting and assessing practice learning*
- *Learning organisations – a self-assessment resource pack*

## 4 Supervision and performance appraisal

Supervision is a key tool in ensuring accountability, support, learning, professional development and service development. Social work has a tradition of supervision which addresses the outcomes for service users, support for the worker in complex work and decision-making, 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).

Appraisals facilitate the review of individual performance on a regular basis and the identification of development needs to support staff in the development of their practice.

### Audit questions 4

- 4.a) Do you have a social work supervision policy in place?
- 4.b) What are the formal professional supervision arrangements for you?
- 4.c) What are the responsibilities of supervisor/supervisee?
- 4.d) What recording/documentation takes place?
- 4.e) 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?
- 4.f) How is the collective experience and knowledge of individual supervision shared with the team, directorate and the wider organisation?
- 4.g) Do you have an annual appraisal and how is this used to improve practice?

### The knowledge base

- *Learning organisations*. This looks at front-line staff accountability, supervision and the organisational structures that support them.
- *Practice guide 01: Managing practice*. This gives information and practice examples on managing individual and team supervision and on managing poor performance.
- *Leading practice – a first-line managers' development programme*. This looks at supervision skills and the team manager's role in using supervision to distinguish between work stress and working with distress as a normal aspect of social care.
- The People Management website offers an audit and a resource directory on performance management.

## 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 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.

### Individual level

It is the individual's responsibility to register with the Northern Ireland Social Care Council, to adhere to the Code of Practice for social care workers, and to meet the post-registration training and learning requirements (90 hours or 15 days over three years) for re-registration. The completion of this workbook will contribute to these requirements. 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.

### Audit questions 5

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

### The knowledge base

- *Practice guide 01: Managing practice*. This gives examples of organisational procedures and systems for reporting and managing poor performance. (It includes a complete section on 'whistle-blowing'; that is, reporting poor practice).

## 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. Risk taking can bring both rewards and penalties and the occurrence of certain risks have to be accepted. It is important to understand more fully what those risks are and the potential consequences of taking them.

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.

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 service user and carer experience. 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 service users. 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.

### Audit questions 6

- 6.a) Have you identified the risks and who is responsible for:
  - risks to service users (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)?
- 6.b) What evidence do you have that you assess and manage those risks?
- 6.c) What evidence do you have that policies and procedures have been adhered to?
- 6.d) What evidence is there that service users and carers have been involved in risk management and decision-making?
- 6.e) How are the risks in your team passed through to the corporate risk register?
- 6.f) What feedback do you receive about how identified risks are being managed?
- 6.g) What evidence is there of multi-professional working?
- 6.h) What evidence is there of inter-agency working?
- 6.i) How is unmet need identified and what system is in place to record and use this information?

### The knowledge base

- *Practice guide 08: Improving outcomes for service users in adult placement – Commissioning and care management*
- *Practice guide 02: Assessing the mental health needs of older people.* Both of these guides give help on risk management within the particular service setting. Section 7 of PG 02 looks at institutional abuse and findings on how this is linked to 'lack of governance'
- *Report 06: Managing risks and minimising mistakes in services to children and families.* This looks at the current extent of and capacity for social care to learn from mistakes and develop risk analysis tools. A key message is that this practice is still in an emergent stage.
- *Practice guide 09: Dignity in care*
- The People Management website offers an audit and a resource directory on health and safety

## 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 guidance on reporting adverse incidents and near misses (HSS9MD; 2006 How to classify incidents and risk). 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. It is important that consideration is given to what this means in your practice and programme of care.

### Audit questions 7

- 7.a) How do you record and report near misses and adverse incidents?
- 7.b) Have there been any incidents and what is the learning?
- 7.c) What feedback do you receive from the organisation when adverse incidents/near misses are reported?
- 7.d) What methodologies are used to follow up serious adverse incidents? (i.e. root cause analysis)
- 7.e) 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?

### The knowledge base

- *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

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

Evidence-based practice aims to incorporate research and knowledge into social work interventions and decision-making. Social care workers and their managers will be involved in decision-making that affects the lives of service users 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 service users and carers in the decision-making process is fundamental to good practice and acknowledges them as experts in their own lives. Other relevant sources of knowledge also include law and policy, messages from research, inspections, training, examples from best practice and professional experience.

### Audit questions 8

- 8.a) Do you have access to information and evidence sources?
- 8.b) What knowledge/theories do you use to evidence a transparent decision making process?
- 8.c) What supports you in informed decision-making?
- 8.d) How can you contribute to the evidence base in your area of work (e.g. learning from experience, audit, and action research)?
- 8.e) Does your organisation support you in research activities?
- 8.f) Are time and resources allowed for staff to keep up to date with new evidence?
- 8.g) Are there any areas of your practice or service that you would like to research?
- 8.h) Are there arrangements in place for you to do this? What help would you need from your organisation to do this?

### The knowledge base

All SCIE knowledge reviews and guides are evidence-based.

- *Learning organisations – a self-assessment resource pack*. Key characteristics 3 and 4 outline what informed decision-making is, how it can be demonstrated and what supports it.
- *Report 10: Developing the evidence base in social work and social care practice*. 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*. 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.

## 9 Service user and carer involvement

Clinical and social care governance promotes greater openness and accountability and the active participation and partnership of service users and carers is key to good governance arrangements.

Organisations must have a strategy and a clear policy to involve service users and carers in ways which are meaningful and acceptable. This provides a way of showing accountability and a method of using the expertise of service users. Service users can be involved in giving feedback about their own individual care and/or feedback about a service including planning and improvements to a service.

### Audit questions 9

- 9.a) How can you demonstrate the active participation of service users and carers in your work?
- 9.b) How do you know what service users and carers feel about their experience of you as a worker and the services they are receiving?
- 9.c) How does your organisation promote and support service user and carer involvement in your practice and in your area of work?
- 9.d) How are human rights and equality for service users upheld in your practice and in your team?
- 9.e) How is the experience and knowledge of service user involvement shared – within your team, programme of care/directorate and the wider organisation?

## The knowledge base

Service user and carer participation is a core element of SCIE's work. Specific aspects of service user and carer participation are covered in:

- *Practice guide 06: Involving children and young people in developing social care.*
- *Practice guide (forthcoming): Involving adults in developing social care.*  
These companion guides offer social care organisations a framework for systematically developing the effective and meaningful participation of children, young people and adults in the design, delivery and review of their services. They provide substantial practice examples.
- *Knowledge review 11: Supporting disabled parents and parents with additional support needs.* This review of current research shows that family perspectives are a vital aspect of service design and delivery and that these perspectives are best achieved through participative working.
- *The Road Ahead – Information for young people with learning difficulties, their families and supporters at transition.* This website shows the information needed by young people with learning disabilities, their parents and supporters at transition. The design of the website demonstrates effective formats for information sharing.
- *Report 14: Doing it for themselves: participation and black and minority ethnic service users.* This reviews practice in the last decade and identifies the conditions of effective participation. It also identifies particular difficulties, such as when consultation only includes community elders and is not directly with service users.
- *Position paper 05: Working together: Carer participation in England, Wales and Northern Ireland.* This reviews what is happening in the social care sector about the involvement of carers and the impact participation has had on service improvement. Key messages include:  
the lack of consistent definition or consensus about carer participation  
the importance, but neglect, of respite care support  
effective carer participation usually depends on their participation at all levels of the organisation.

It complements

- *Position paper 03: Has service user involvement made a difference to social care services?* This brings together the main findings from six reviews that looked at whether service user participation made a difference to changing and improving social care services. They set out the ways organisations can undertake effective service user participation.

## 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.' (Service 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.

### Audit Questions 10

- 10.a) How does your role fit with other professionals in the team? To answer this you will need to identify your role and responsibilities.
- 10.b) Do you understand the role of other professionals in your team?
- 10.c) How are decisions made about the allocation of work?
- 10.d) Who carries the accountability for the work and where does that authority come from?
- 10.e) How does your organisation support integrated working?
- 10.f) What assists integrated working towards achieving continuity of care?
- 10.g) Can you identify any problems in integrated working?
- 10.h) How has integrated working in your service produced better outcomes for service users and carers?
- 10.i) What partnership arrangements are in place for your organisation?
- 10.j) Are there protocols for joint working?
- 10.k) What still needs to happen to facilitate work with other agencies?

### The knowledge base

- *Resource guide 01: Families that have alcohol and mental health problems: a template for partnership working.* This sets out a 'to do' list for partnership working from policy development, through implementation to monitoring and evaluation. Although set in the interface between child welfare and adult mental health services, the organisational principles apply to integrated working in all social care settings.
- *Knowledge review 11: Supporting disabled parents and parents with additional support needs.* One of the key messages here is the importance of collective ownership – across adults' and children's services, and across health, social care, housing and the non-statutory sector. The review notes examples of good practice in integrated working across and within services.
- *The social work contribution to mental health services: the future direction.* This report is intended for people who have an interest in the social work contribution to mental health now and in the future. However, it has a clear outline of social work roles and responsibilities, which would be applicable to other programmes of care.

## 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.

### Audit Questions 11

#### Information management

- 11.a) What data do you currently collect?
- 11.b) What is the purpose of the information and where does it go?
- 11.c) How is information recorded?
- 11.d) What is the feedback cycle to ensure understanding of how the information is used and improvements made and how future service planning is informed?
- 11.e) What other information would be helpful to inform learning and practice/service development?

#### Case recording:

- 11.f) How do you ensure case records are relevant and support decision-making?
- 11.g) How are case files audited?

#### Communication

- 11.h) How is social care governance information shared across the organisation (top down/bottom up)? Does it include information about social care governance, reports on statutory functions, audits undertaken, risk registers, analysis and trends and feedback and learning from service users?
- 11.i) How is the information shared at:
  - team level?
  - Programme of care/directorate level?
  - corporate level?
- 11.j) What changes need to take place?

## The knowledge base

- *Practice guide 01: Managing practice.* 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.* This offers an audit tool to all levels of the organisation, front-line 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.* This study, jointly undertaken with the National Knowledge Service, makes recommendations for information sharing and recording in care settings.
- The People Management website offers an audit and a resource directory on administration and records.
- *SCIE accessibility guidelines. How to produce information in an accessible way.* 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 accessibility guidelines for events.* These provide information about how you can make an event accessible for your guests. Events can include one-to-one meetings, larger meetings, conferences, and so on. It looks at the different stages from planning and support, to travel on the day of the event itself. The guidelines start with some general points about making events accessible and then includes information specific to different groups.

## 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)

### Audit Questions 12

- 12.a) What standards do you work to?
- 12.b) How do standards help you to assess the quality of your work?
- 12.c) How do standards help you address outcomes for service users?
- 12.d) How do standards help you in your professional development?
- 12.e) How is compliance against standards measured?
- 12.f) How are the outcomes of the measurement shared and managed?
- 12.g) How does your organisation promote and support the use of standards in your practice and your area of work?

## The knowledge base

- *Knowledge review 05: Fostering success: an exploration of the research literature in foster care.* 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.
- The People Management website offers an audit and a resource directory on induction: introducing new staff to the standards required of them by the organisation.

Non-SCIE information sources:

The Northern Ireland Social Care Council website ([www.niscc.info/intro.htm](http://www.niscc.info/intro.htm)) sets out the standards for social care.

Skills for Care have produced a *manager's guide to developing strategic uses of national occupational standards* 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).

### Audit questions 13

- 13.a) How do emerging trends and themes in your area of work influence decisions on audit priorities?
- 13.b) What audits have been undertaken?
- 13.c) How are the outcomes of audit shared with your team, directorate and organisation?
- 13.d) Can you give an example of how your practice has been informed by the outcome of audit activity?

### The knowledge base

- Two of SCIE's resources are audit-based
- *Learning organisations* helps to apply audit methods and information gathering to gain a 'whole picture' view of the organisation.
- The People Management website 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.

## 14 Complaints and compliments

Front-line 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.

Complaints and compliments give organisations valuable information for service improvement and development. A complaint is an expression of dissatisfaction that requires a response. The DHSSPS's consultation paper (Nov. 2006) issued guidance on complaints procedures. 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 Worker." (NISCC Jan. 2005) Service users 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 and have a confident workforce.

### Audit questions 14

- 14.a) How do you inform service users and carers of how to raise concerns and give feedback?
- 14.b) What system is in place within your organisation for responding to complaints?
- 14.c) How does your organisation support service users and carers in making complaints?
- 14.d) How does your organisation support staff who are the subject of a complaint?
- 14.e) How do you share feedback from service users and carers about the quality of the service they are receiving?
- 14.f) Can you provide an example of how service user feedback from a complaint/compliment has influenced you to change your practice?
- 14.g) How is the analysis and learning from complaints/compliments used to improve practice/the service?

### The knowledge base

*Practice guide 09: Dignity in care.* This guide has a comprehensive section on what an organisation should do to enable and to learn from complaints.

## Assessment and action plan template

| ELEMENT | WHERE ARE WE NOW? | WHAT DO WE WANT TO ACHIEVE? | WHAT ARE THE STEPS? | BY WHOM, AND WHO ELSE NEEDS TO BE INVOLVED? | TIME |
|---------|-------------------|-----------------------------|---------------------|---|------|
|         |                   |                             |                     |   |      |

## Improving Practice template

| ELEMENT                          | Individual level | Team level | Programme of care/<br>Directorate level | Organisation level |
|----------------------------------|------------------|------------|---|--------------------|
|                                  |                  |            |   |                    |
| What has been the learning?      |                  |            |   |                    |
| What changes need to take place? |                  |            |   |                    |
| Identified skills development.   |                  |            |   |                    |

# Appendix 1

## SOCIAL CARE GOVERNANCE: KEY POLICY DOCUMENTS AND ASSOCIATED DHSSPS CIRCULARS, STANDARDS AND GUIDANCE

### Legislation

Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003

Protection of Children and Vulnerable Adults (NI) Order (2003)

### Statutory rules (regulations)

Regulation and Improvement Authority (Registration) Regulations (NI) (2005)

Fees and Frequency of Inspections Regulations (NI) (2005)

Care Tribunal Regulations (NI) (2005)

Children, Records and Schools (Boarding Schools) (NI) Regulations 2005

Children's Homes Regulations (NI) (2005)

Independent Health Care Regulations (NI) (2005)

Nursing Agencies Regulations (NI) (2005)

Nursing Homes Regulations (NI) (2005)

Residential Homes Regulations (NI) (2005)

On-line access to Northern Ireland legislation and regulations can be obtained through the website of the Office of Public Information: [www.opsi.gov.uk/legislation/](http://www.opsi.gov.uk/legislation/)

### Policy

*Best Practice, Best Care (2002): A framework for setting standards, delivering services and improving monitoring and regulation in the HPSS (DHSSPS)*

*Safety first: A framework for sustainable improvement in the HPSS (DHSSPS), March 2006*

## Circulars

HSS (CC) 3/96: Release of persons held, charged or convicted of Schedule 1 Offences

HSS (THRD) 1/97 (DHSSPS): Notification of untoward events in psychiatric and specialist hospitals for people with learning disability

HSS (THR) 1/1999 (DHSSPS): Management of food services and food hygiene in the HPSS

HSS (PPM) 3/2002 (DHSSPS): Corporate governance: statement on internal control

HSS (PPM) 6/2002 (DHSSPS) – AS/NZS 4360: 1999: Risk management

CC3/02 (DHSSPS): Role and responsibilities of directors for the care and protection of children, June 2002

HSS (PPM) 8/2002 – Risk management in the Health and Personal Social Services (DHSSPS)

HSS (PPM) 10/2002 (DHSSPS): Governance in the HPSS: Clinical and social care governance – guidance on implementation

HSS (PPM) 13/2002 (DHSSPS): Governance in the HPSS – risk management

HSS (F) 20/2002 (DHSSPS): Clinical negligence: prevention of claims and claims handling

HSS (PPM) 5/2003 (DHSSPS): Governance in the HPSS: Risk management and controls assurance

HSS (F) 2/2004 (DHSSPS): Statement on Internal control – full implementation for 2003/04

HSS (PPM) 5/2005 and 2/2006 (DHSSPS): Reporting and follow-up on serious adverse incidents: interim guidance

HSS (PPM) 8/2004: Governance in the HPSS: Controls assurance standards – update

HSS (Statutory Functions) 1/2006: Responsibilities, accountability and authority of the Department

## Standards

Quality Living Standards for Services: Children living in a family placement (DHSSPS), 1995

Quality Living Standards for Services: Children who live away from home (DHSSPS), 1995

Quality Standards: Assessment and care management (DHSSPS), 1999

Quality Standards: Consumer Involvement in Community Care Services (DHSSPS), 1999

Partnership in caring – standards for services (DHSSPS), April 2000

Draft Standards for Disabled Children in Hospital (DHSSPS), January 2003

Standards for Social Work Services for Young Disabled Adults, January 2003

Draft Standards for Child Protection (DHSSPS), September 2003

Draft Standards: Approved Social Workers (DHSSPS), November 2004

Standards for the Inspection of Child Protection (DHSSPS), 2004

Care Standards for Northern Ireland (draft) (DHSSPS), 2004-05, including draft standards for:

- child minding
- children's homes
- crèches
- day care centres
- domiciliary care agencies
- fostering agencies
- full day care
- independent healthcare
- nursing agencies
- nursing homes
- out of school care
- pre-school session care
- regulation of early years by HPSS trusts
- residential family centres
- residential homes

Draft standards available on [www.dhsspsni.gov.uk/governance-careconsultation](http://www.dhsspsni.gov.uk/governance-careconsultation)

Controls Assurance Standards (DHSSPS), current range of standards available from: [www.dhsspsni.gov.uk/index/health\\_and\\_social\\_services/governance-controls.htm](http://www.dhsspsni.gov.uk/index/health_and_social_services/governance-controls.htm)

From Dependence to Independence – Standards for Social Work Services for Young Disabled Adults, Key Standards and Criteria (DHSSPS), March 2003

The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (DHSSPS), January 2006

## Guidance (governance)

Guidance on Handling HPSS complaints: hospital, community health and social services (DHSSPS) April 2000

Complaints in the health and personal social services, a consultation paper, November 2006

Doing less harm; improving the safety and quality of care through reporting, analysing and learning from adverse incidents (Department of Health and NPSA), August 2001

Protecting personal information in the HPSS (DHSSPS), July 2002

HSS (MD) 7/2003 A reference guide to consent for examination, treatment or care; and good practice in consent, consent for examination treatment or care: a handbook for the HPSS

Implementing the Health, Social Services and Public Safety (HSSPS) good practice reviews (DHSSPS), July 2003

Self-assessment against core risk management controls assurance standard (September 2003)

Safety alerts (NIAIC, Health Estates Agency, Northern Ireland)

DAO (DFP) 25/03 Statement of Internal Control, DAO (DFP) 25/03

NIAIC Safety Notice MDEA (NI) 2006/01: Reporting adverse incidents and disseminating medical device / equipment alerts (Health Estates, Northern Ireland Adverse Incident Centre)

Expected levels of compliance with controls assurance standards 2005/06

*Good management, good records* (DHSSPS), December 2004  
AS/NZA 4360: 2004: Risk management, HSS (PPM) 4/2005

Reporting of serious adverse incidents within the HPSS, HSS (PPM) 5/2005

Establishing an assurance framework: a practical guide for management boards of HPSS organisations (DHSSPS), January 2006  
[www.dhsspsni.gov.uk/assurance\\_framework.pdf](http://www.dhsspsni.gov.uk/assurance_framework.pdf)

### **Governance in HPSS – website links**

Reporting compliance with controls assurance:  
[www.dhsspsni.gov.uk/index/health\\_and\\_social\\_services/governance/governance-reporting.htm](http://www.dhsspsni.gov.uk/index/health_and_social_services/governance/governance-reporting.htm)

Guidance papers:  
[www.dhsspsni.gov.uk/index/health\\_and\\_social\\_services/governance/governance-guidance.htm](http://www.dhsspsni.gov.uk/index/health_and_social_services/governance/governance-guidance.htm)

## Appendix 2

### Steering group members

| Name                         | Job title                                 | Organisation  |
|------------------------------|---|---|
| Anne O'Brien<br><i>Chair</i> | Director                                  | NI Clinical and Social Care Governance Support Team     |
| Eileen Ashenhurst-McGratten  | Professional Adviser                      | British Association of Social Workers                   |
| Barbara Campbell             | Assistant Principal Social Worker         | Newry & Mourne Health and Social Services Trust         |
| Gabriel Carey                | Director of Mental Health                 | Sperrin Lakeland Health and Social Care Trust           |
| Roy Catney                   | Carer Representative                      |   |
| Stella Cunningham            | Chief Officer                             | Southern Health and Social Services Council             |
| Alyson Dunn                  | Director of Care and Development          | Praxis Care Group                                       |
| Anna Jack                    | Commissioner for Social Services Training | Western Health and Social Services Board                |
| Patricia Kearney             | Director of Practice Development          | Social Care Institute for Excellence                    |
| Stephen Knox                 | Assistant Director                        | Guardian Ad Litem Agency                                |
| Fionnuala McAndrew           | Director of Social Work                   | Southern Health and Social Services Board               |
| Anne McGlone                 | Service User Representative               | Willowbank Community Resource Centre                    |
| Lorraine Simmons             | Programme Manager (Social Care)           | NI Clinical and Social Care Governance Support Team     |
| Christine Smyth              | Social Services Officer                   | Department of Health, Social Services and Public Safety |
| Colleen Stirling             | Professional Adviser                      | NI Social Care Council                                  |
| Dr Brian Taylor              | Senior Lecturer                           | University of Ulster, Belfast                           |

## Appendix 3

### Pilot sites

#### **Sperrin Lakeland Health and Social Care Trust**

Mental health programme

#### **North & West Belfast Health and Social Services Trust**

Adolescent (child care) team

#### **Newry & Mourne Health and Social Services Trust**

Learning disability programme

#### **Ulster Community and Hospitals Health and Social Services Trust**

Older people programme

#### **Homefirst Community Trust**

Team for people with physical and sensory disabilities

## Appendix 4

### 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 front-line staff in decision-making
- collect data regarding the discharge of statutory functions, unmet need and unallocated cases

## Front-line workers

Front-line workers through direct contact with service users and carers contribute to their well being 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. He/she 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.

## References

*Best Practice, Best Care, DHSSPS, 2002.*

Children (NI) Order 1995: Guidance and Regulations on the Representations and Complaints Procedures.

Clinical and Social Care Governance/Risk Management Strategy (draft), Newry & Mourne Trust, April 2006.

'Complaints in the Health and Personal Social Services' (consultation paper), DHSSPSNI, November 2006.

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HSS (PPM) 10/2002 (DHSSPS) Governance in the HPSS: Clinical and social care Governance.

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## Feedback form

Completing the following questions is a way of helping us improve the value of the workbook.

### Comments

- 1 Was the workbook useful?  
If so please specify.

- 2 Was there anything you did not understand?  
If so please specify.

- 3 Are there any gaps in the workbook?  
If so, please specify.

- 4 What else would help?

- 5 Any other comments

**Please copy and return this form to:**

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Improving services for users and carers is a priority for health and social care organisations.

This workbook uses a social care governance framework to support practitioners, managers and teams to reflect on and evaluate their practice and to make improvements.

It has been field-tested in different programmes of care in 5 pilot sites across Northern Ireland, and has been endorsed by staff at all levels in the organisation.

*“This has brought social care governance down to a working practical level. It has been an opportunity to take time out, keep up to date, develop the service, be creative and to see things from another angle.”*

This is a dynamic and evolving document based on current knowledge and practice, which will be supplemented by other materials in the future.

Lorraine Simmons  
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