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

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

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

- disseminate knowledge-based good practice guidance

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

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

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Foreword

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

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

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

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

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Acknowledgements

What is social care governance?

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

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

Why is social care governance so important?

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

Policy context

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

Legislation

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

Departmental guidance

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

Standards

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

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

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

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

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

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

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

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

Key principles of social care governance

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

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

The key principles fundamental to good governance are:

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

(From HPSS Controls Assurance Standard Governance 2004)

About this workbook

Why was this workbook developed?

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

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

How was this workbook developed?

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

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

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

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

Who is the workbook for?

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

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

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

How should this workbook be used?

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

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

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

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

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

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

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

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

How can organisations support staff to use this workbook?

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

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

- Facilitate a team approach.
- Allocate protected time for the work.
- Create good communication systems which ensure two-way information between frontline staff and managers.
- Have policies and procedures in place to help staff carry out the work.
- Have access to computers for frontline staff.

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

A model of social care governance

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

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

Figure 1 Core elements and overarching themes

Leadership and accountability

Supervision and performance appraisal

Organisational learning and continuous professional development

Human and financial resources

Leadership and management

Safe and effective practice

Risk management and adverse incidents

Research, evidence-based practice and informed decision-making

Quality services through meaningful engagement leading to effective outcomes for service users and carers

Complaints and compliments

Standards and outcomes and audit

Effective communication and information

Information management

Involvement of people who use services and carers

Integrated working

Accessible, flexible and responsive services

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

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A whole systems approach to social care governance

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

Communication

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

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

Coordination and planning

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

Monitoring and evaluation

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

Roles and responsibilities

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

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

Figure 2 Responsibilities at different levels in the organisation

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

Roles and responsibilities

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

Social care governance

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

Communication flow

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

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

Core elements of social care governance

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

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

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

Leadership and accountability

1 Leadership and management

2 Human and financial resources

3 Organisational learning and continuous professional development

4 Supervision and performance appraisal

5 Regulation and registration

Safe and effective practice

6 Risk management

7 Adverse incidents and near misses

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

Accessible, flexible and responsive services

9 Service user/carer/public involvement

10 Integrated working

Effective communication and information

11 Information management

12 Standards and outcomes

13 Audit

14 Complaints and compliments

Promoting, protecting and improving health and social well being

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

Improving practice

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

Improving practice learning and development plan

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

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

Individual level

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

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

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

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

Team level

- What are the strengths and weaknesses of your team?

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

- What changes need to take place?

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

Directorate/ Organisational level

- What has been the learning?

- What changes need to take place?

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

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

- What needs to be shared with the wider organisation?

1 Leadership and management

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

Culture

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

Structures and processes

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

The following processes should be in place:

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

Accountability

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

Points for consideration

1a) What is the culture of the organisation?

1b) What are the professional lines of accountability?

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

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

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

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

Resources

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

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

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

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

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

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

2 Human and financial resources

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

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

Points for consideration

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

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

- human resources?

- financial resources?

2c) How can these be addressed?

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

Resources

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

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

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

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

3 Organisational learning and continuous professional development

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

Points for consideration

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

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

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

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

Resources

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

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

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

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

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

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

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

4 Supervision and performance appraisal

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

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

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

Points for consideration

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

Resources

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

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

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

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

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

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

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

5 Regulation and registration

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

Individual level

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

Organisation level

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

Points for consideration

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

Resources

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

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

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

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

6 Risk management

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

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

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

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

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

Points for consideration

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

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

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

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

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

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

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

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

Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

7 Adverse incidents and near misses

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

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

Points for consideration:

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

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

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

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

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

Resources

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

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

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

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

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

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

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

Points for consideration

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

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

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

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

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

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

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

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

Resources

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

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

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

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

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

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

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

9 User and carer involvement

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

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

Points for consideration

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

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

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

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

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

Resources

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

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

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

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

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

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

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

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

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

10 Integrated working

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

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

Points for consideration

Questions for people working in multi-disciplinary teams:

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

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

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

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

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

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

10f) How does your organisation support integrated working?

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

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

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

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

10k) Are there protocols for joint working?

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

Resources

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

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

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

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

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

11 Information management and communication

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

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

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

Points for consideration

Information management

> 11a) What data do you currently collect?

> 11b) What is the purpose of the information and where does it go?

> 11c) How is information recorded?

> 11d) What is the feedback cycle to ensure understanding of how the information is used and improvements made and how future service planning is informed?

> 11e) What other information would be helpful to inform learning and practice/service development?

Case recording

> 11f) What makes case recording clear and understandable?

> 11g) What makes case recording difficult to understand and follow?

> 11h) How do you make sure case records evidence and support decision-making?

> 11i) What procedures are in place for the safe storage of confidential information?

> 11j) How are case files audited?

Communication

> 11k) How is social care governance information shared across the organisation (at team, directorate and corporate level) and how could this be developed?

11l) Does it include information about social care governance, reports on statutory functions, audits undertaken, risk registers, analysis and trends and feedback and learning from people who use services?

Resources

Guide 01: Managing practice (SCIE, 2012). This guide includes information and examples about information management. It focuses on the work of the team manager as a contributor to management information for the whole organisation. It gives help on data collection and flow, as well as 'need to know' analysis.

Learning organisations: a self-assessment resource pack (SCIE, 2008). This offers an audit tool to all levels of the organisation, frontline teams, policy developers and senior managers, to help them assess their performance as informed decision-makers.

R**eport 15: Using digital media to access information and good practice for paid carers of older people.**(SCIE, 2006) This study, jointly undertaken with the National Knowledge Service, makes recommendations for information sharing and recording in care settings.

The **People Management** section of the SCIE offers an audit and a resource directory on administration and records.

SCIE accessibility guidelines. How to produce information in an accessible way (SCIE,2005). These look at how to make sure information is accessible – that is, written and presented in a way so as to be easily understandable in general and for various groups of people. The guidelines start with some general points about making information accessible and then includes information specific to different groups. Use of text, images, photographs, symbols, video, DVD and audio are covered.

SCIE also has a range of resources on communication skills. These include the web resource **Dementia Gateway – Getting to know the person with dementia** and **elearning: Communication Skills** (SCIE, 2008).

12 Standards and outcomes

Standards help achieve greater consistency and accountability in the quality of care provided. A range of standards have been developed:

- to assist organisations demonstrate they are managing environmental risk effectively (controls assurance standards)
- to help agencies provide consistent care (minimum care standards)
- to support clinical and social care governance (quality standards for health and social care)
- to help staff in their everyday work (occupational standards, inspection standards, codes of practice).

Points for consideration

12a) What standards do you work to?

12b) How do standards help you to assess the quality of your work?

12c) How do standards help you address outcomes for people who use services?

12d) How do standards help you in your professional development?

12e) How is compliance against standards measured?

12f) How are the outcomes of the measurement shared and managed?

12g) How does your organisation promote and support the use of standards in your practice and your area of work?

Resources

Finding excellence in adult social care services: an overview of selected approaches to excellence in social care (SCIE, 2010)

SCIE has a range of topic-specific research and guidance on needs of different groups of people who use services. Here are some examples:

Knowledge review 5: Fostering success: An exploration of the research literature in foster care (SCIE, 2004). The section on outcomes in foster care is applicable to outcomes-focused work in all service settings as it sets out why it can be difficult to measure outcomes; the various kinds of outcome and the measures appropriate to them.

Knowledge review 13: Outcomes-focused services for older people (January 2007)

Guide 43: Improving access to social care for adults with autism (SCIE, 2011)

Research briefing 32: Access to social care and support for adults with autistic spectrum conditions (ASC) (April 2010)

Research briefing 33: The contribution of social work and social care to the reduction of health inequalities: four case studies (June 2010)

The **People Management** section of the SCIE website offers an audit and a resource directory on induction: introducing new staff to the standards required of them by the organisation.

The Department of Health, Social Services and Public Safety has produced **care standards** for a range of practice settings. **RQIA** inspections are based on minimum care standards. The **Northern Ireland Social Care Council** website sets out standards and **codes of practice** for social care workers and employers.

Skills for Care has produced a **manager's guide to developing strategic uses of national occupational standards** (Skills for Care, 2006) and their contribution to:

- business planning
- workforce management
- benchmarking
- change management
- contract specification for care services
- marketing
- risk management.

13 Audit

Audit offers the opportunity to check what is being done and give consideration to whether it could be done better. It is a method of checking against defined standards, targets, objectives and performance indicators and assists with planning change and setting priorities. This is a key component when considering continuous quality improvements. All members of staff should be involved in audit at an individual level and this should be shared with the whole organisation (Munroe 2004).

Points for consideration

13a) How do emerging trends and themes in your area of work influence decisions on audit priorities?

13b) What audits have been undertaken?

13c) How are the outcomes of audit shared with your team, directorate and organisation?

13d) Can you give an example of how your practice has been informed by the outcome of audit activity?

Resources

Learning organisations: a self-assessment resource pack (SCIE, 2008), helps to apply audit methods and information gathering to gain a 'whole picture' view of the organisation.

The **People Management** self-audit tool allows the organisation to assess and improve its performance. Audits are evaluated and scored and resources suggested to help improve practice. Evaluations are saved so that improvements can be tracked in subsequent audits.

14 Complaints and compliments

Frontline workers are often on the receiving end of feedback about the service they are providing. Sometimes this can be negative feedback which requires an immediate response. Social services staff are committed to resolving the difficulty through a process of listening and resolution whenever possible. However, there are occasions when an agreed solution cannot be achieved and the problem goes into the organisation as a formal complaint. Whilst complaints require action to address dissatisfaction, it is nonetheless important to acknowledge and record compliments too.

Complaints and compliments give organisations valuable information for service improvement and development. A complaint is an expression of dissatisfaction that requires a response. People who use services should be aware of their right to complain and when appropriate given support to articulate their concerns. When problems do occur it is important that this is put right as quickly as possible. All HSC organisations must have procedures in place for investigating and resolving complaints. It is also important that these incidents are used to improve the quality of services. It is important therefore that the organisation is ready to accept and encourage feedback about what is working well and what should be changed. Organisations that welcome comment are less defensive, are responsive to need, more likely to develop a learning culture and have a confident workforce.

Points for consideration

> 14a) How do you inform people who use services and carers of how to raise concerns and give feedback?

> 14b) What system is in place within your organisation for responding to complaints?

> 14c) How does your organisation support people who use services and carers in making complaints?

> 14d) How does your organisation support staff who are the subject of a complaint?

> 14e) How do you share feedback from people who use services and carers about the quality of the service they are receiving?

> 14f) Can you provide an example of how user feedback from a complaint/compliment has influenced you to change your practice?

> 14g) How is the analysis and learning from complaints/compliments used to improve practice/the service?

Resources

NISCC has produced a leaflet to help service users make a complaint about a social worker **'How to make a complaint about a registered social care worker.**' (NISCC, 2012)

DHSSPS has produced guidance on complaints about health and social care: **Complaints in health and social care: Standards and guidelines for resolution and learning** (DHSSPS, 2009).

All regulated establishments and agencies must operate a complaints procedure that meets the requirements of applicable Regulations, relevant Minimum Standards and the HSC Complaints Procedure: Refer to your employer's complaints and compliments policy.

Guide 15: **Dignity in care** (SCIE, 2010). This guide has a comprehensive section on what an organisation should do to enable and to learn from complaints.

Appendix 1: Assessment and action plan template

Team Action Plan

Element	Where are we now	What do we want to achieve	What are the next steps	Feedback to the organisation	Who by and who else involved	Time scale

Appendix 2: Improving practice template

Element	Individual level	Team level	Programme of care/ Directorate level	Organisation level
What has been the learning?				
What changes need to take place?				
Identified skills development				

Appendix 3: The relevance of team groupwork to the social care governance process

Undertaking a social care governance audit is a process that involves staff working *together* to achieve the specific purpose of improving services. This is achieved by *teams* reflecting in a structured way on the service they currently provide and then on how it could be developed. The reflection is conducted *in team groups* and there is an emphasis on the importance of *everyone's voice* being heard. A facilitator introduces and explains the process before engaging the *team* in a series of *group* activities that enables critical reflection and assessment of the *team's* delivery of service.

If we take a team groupwork perspective of social care governance it opens up the possibility of drawing on the substantial body of knowledge about team groups to inform the social care governance process. An alternative view would be that it is *only by taking due account of group processes* that we can expect success and this was a firm conclusion of the evaluation of the Somerset pilot project.

Appendix 3: The relevance of team groupwork to the social care governance process

Undertaking a social care governance audit is a process that involves staff working *together* to achieve the specific purpose of improving services. This is achieved by *teams* reflecting in a structured way on the service they currently provide and then on how it could be developed. The reflection is conducted *in team groups* and there is an emphasis on the importance of *everyone's voice* being heard. A facilitator introduces and explains the process before engaging the *team* in a series of *group* activities that enables critical reflection and assessment of the *team's* delivery of service.

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Figure 2: Explaining group work processes and objectives using Tuckman's theory.

Team group goes through a process of thrashing out its norms, i.e. aims, objectives and ground rules for process

Review can occur at any stage

Team members seek to make connections

Team achieves objectives satisfactorily

STORMING AND NORMING

REVIEW

FORMING

FUNCTIONING

ENDING

PERFORMING

The ending stage is often associated with strong feelings that can drive problematic behaviour

Individuals and sub-groups perform specialised tasks. Leadership role is diffused. Added value is achieved for all and aims are met

We are all members of groups in and out of work and one first task for team group members could be to identify examples of groups that have really worked well and some that haven't. Groupwork theory suggests that groups that work well share features in common and it would be likely that examples of effective groups proposed by group members would demonstrate formally or informally some or all of the following characteristics:

1. a set of explicit ground rules
2. shared and agreed aims and objectives
3. clarity about what resources the group has at its disposal
4. clear and commonly understood roles and responsibilities that correspond to the objectives and the resources available to the group
5. regular reviews.

The social care governance process has explicit aims and clear objectives. Programme facilitators should present these in ways that promote a sense of ownership in them, rather than a sense of imposition. Clarity about the team group's resources is enhanced by the process of the group reflecting on and discussing the work of the team, and matching the resources to objectives and identifying gaps is very much in accordance with the subsequent action planning and review stages.

The implication is that for social care governance teams to become performing groups all that remains to be done is to agree an explicit set of ground rules.

Ground rules and how to do them

The challenge is to engage team groups in ways that are interesting, relevant and energising and there are some key principles for teams to consider.

- The effectiveness of ground rules is dependent on the quality of the process by which they are agreed.
- Be aware of, and break away from, the boredom and sense of tokenism that the words 'ground rules' can engender. Instead the team group should take responsibility for finding a term to describe their ground rules.
- Create a process that makes sure that every team member participates and contributes so that ownership is built in.
- Focus on how you *will* behave towards each other rather than how you *won't* behave.
- Go behind every suggestion so that there can be discussion from which a shared understanding is achieved. For example, so often 'respect' is flagged up as an important ground rule, but what does this mean and how is it transferred into behaviour? Ask the question 'Why should you behave with respect?'
- Make sure that, as part of the process, you discuss what happens when behaviour is not in keeping with your ground rules.
- Record the ground rules as articulated by the team group.
- Having invested time and effort in creating ground rules, use and review them regularly to make sure they do the job they are supposed to. This is particularly important when people join your team. It is important that they have an opportunity to contribute to them and develop a sense of ownership.

Finally, keep the end purpose of social care governance constantly in mind. The workbook and the processes which accompany it are a means to the end of improving services and not the end in itself. Your workbook is a route map that will help you to reach your destination but do not get absorbed in it to the extent that you miss your turning. Set this against the knowledge that the quality of the outcome will be determined by the quality of the process that precedes it and that arriving is impossible without travelling.

Source: Henchman and Walton (2010)

Appendix 4: The Change, Influence, Accept model

Use of the Change, Influence, Accept model

The Change, Influence, Accept (CIA) model (see Figure 7) was used to maintain focus during the audits, encouraging teams to discuss what they could change, and influence, and what they needed to accept.

It was also useful from another perspective – to get teams to think about how they may have learned to accept things such as the pressure of workload, with little time to reflect on what they were doing and what they could change or influence.

> '*Interesting to reflect on the skills we use/theories in practice as so often we just do the work.*'
> (Feedback from social care governance session)

This was useful when teams reported not having enough time, as I could explain with the help of the CIA model that this was about making positive changes that would as a result make better use of time and better outcomes for all.

CIA: Change, influence or accept?

Some aspects of a situation you will be able to change because you have the power to do so, others you will be able to exert some influence over. The rest you will have to acknowledge and accept that you cannot change. Apply this tool to see where to put your energy.

Figure 3: The CIA model
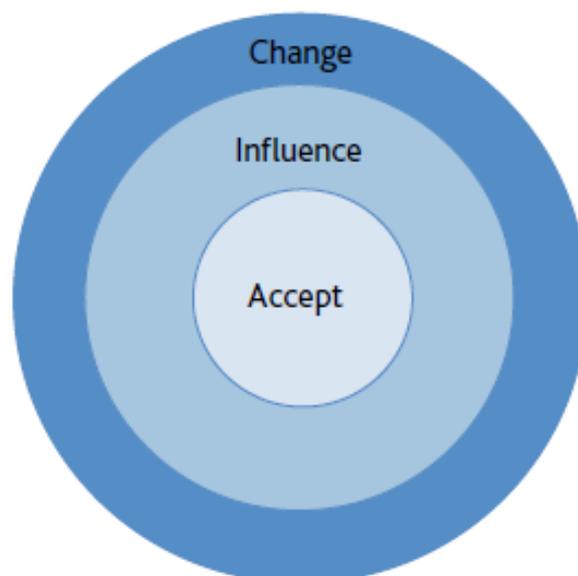
> '*Give me the serenity to accept the things that I can't change, the courage to change the things that I can change and the wisdom to know the difference.*'
> (Francis of Assisi)

Appendix 5: Community directorate: social care governance action plan

This action plan sets out what the directorate needs to do to improve governance as it relates to staff practice. The areas identified for action have been identified by staff, through team audits and by the organisation itself.

Actions are set out within the social care governance framework, which has four themes:

A   Leadership and accountability

B   Safe and effective practice

C   Accessible, flexible and responsive services

D   Effective communication and information

(Social Care Governance Working Group)

A Leadership and accountability

Ref	Social care governance framework heading	Issue/identified by whom	Status	Action/by whom/by when	Outcome	Review date

B Safe and effective practice

Ref	Social care governance framework heading	Issue/identified by whom	Status	Action/by whom/by when	Outcome	Review date

C Accessible, flexible and responsive services

Ref	Social care governance framework heading	Issue/identified by whom	Status	Action/by whom/by when	Outcome	Review date

D Effective communication and information

Ref	Social care governance framework heading	Issue/identified by whom	Priority	Action/by whom/by when	Outcomes	Review date

Appendix 6: Roles and responsibilities

Senior managers

The vision and leadership to achieve a quality service has to start with the commitment of senior managers. Their role is to:

- create the right culture
- set the strategic direction
- secure resources
- establish lines of communication
- ensure clarity about organisational and professional lines of accountability
- develop competent and confident staff
- promote performance management
- support staff
- act out the values of the organisation.

Middle managers

Middle managers have to ensure the smooth running of the organisation through developing, implementing and reviewing systems and processes. They have to:

- set clear standards
- oversee service delivery
- monitor outcomes
- compile information/data
- communicate the strategic direction to first-line managers and practitioners
- analyse and identify trends and resource difficulties (i.e. unmet need and unallocated cases)

First-line managers

First-line managers have to support and develop practice and monitor outcomes for service users. They need to

- audit social work practice and adherence to legislation and policy
- identify trends in practice
- supervise and support frontline staff in decision-making
- collect data regarding the discharge of statutory functions, unmet need and unallocated cases

Frontline managers

Frontline workers through direct contact with people who use services and carers contribute to their wellbeing and independence. They need to:

- assess need and risk

- manage risk

- report incidents/near misses

- be accountable for their own practice

Other roles within the organisation

The **clinical and social care governance coordinator** has a responsibility to provide support and advice throughout the organisation on clinical and social care governance and risk management issues.

The **clinical and social care governance manager/director** is responsible for the operational implementation of policies and procedures to support the organisation's risk management and clinical and social care governance arrangements. They will ensure compliance with standards and overall risk management system and provide an operational policy describing the function, purpose and best practice guidance.

The **Trust board** is responsible for ensuring there are effective systems and processes in place throughout the organisation, so they can be assured that there is safe accountable care.

References

DHSSPS (2002) Best practice, best care. Belfast, DHSSPS.

DHSSPS (2002) (HSSPPM)10/2002: Clinical and social care governance: Guidelines for implementation. Belfast, DHSSPS.

DHSSPS (2006) The quality standards for health and social care-supporting good governance and best practice in the HPSS. Belfast, DHSSPS

DHSSPS (2004) HPSS Controls assurance standard governance. Belfast, DHSSPS.

Northern Health and Social Care Trust (2009)Everyone's responsibility. A seven step guide for care workers. Ballymena, Northern Health and Social Care Trust

SCIE and DHSSPS (2007) Social care governance: a practice workbook. London, SCIE.

SCIE and Somerset County Council (2011) Social care governance: a workbook based on practice in England. London, SCIE

SCIE (2013) A review of the impact of the SCIE/DHSSPS social care governance workbook. London, SCIE.

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