



Mother and Baby Institutions  
and Magdalene Laundries

**HEALTH AND WELLBEING  
SUPPORT AND SERVICES  
FOR SURVIVORS  
OF  
Mother and Baby Institutions, Magdalene  
Laundries and Workhouses**

Clinical Governance Framework  
GN2/MBMLW

## **Table of Contents**

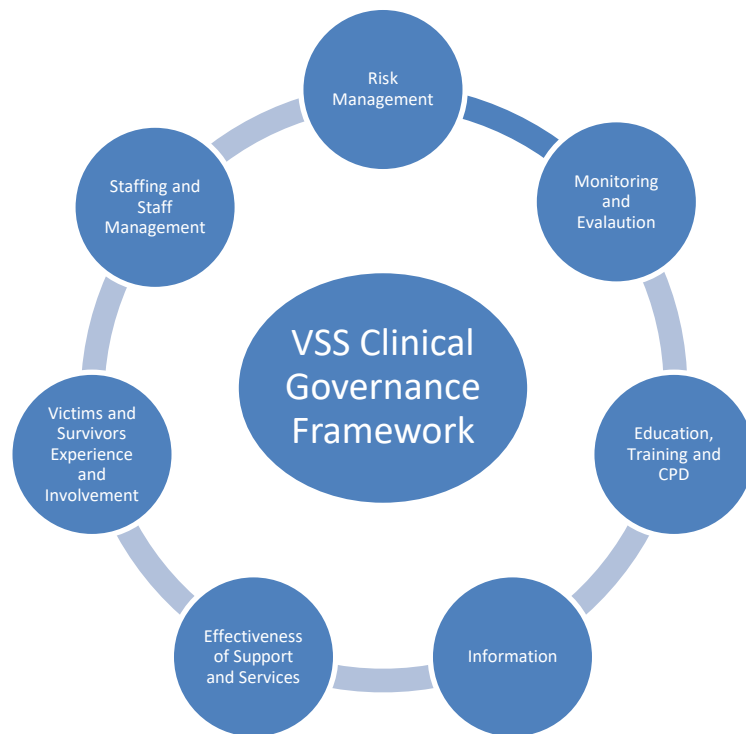
1	Introduction .....	3
2	Key Components of Clinical Governance .....	3
3	The VSS Clinical Governance Framework .....	

## **1 Introduction**

- 1.1 The vision of the Victims and Survivors Service (VSS) is to improve the health and wellbeing of victims and survivors and their families by ensuring the delivery of quality services that meet their needs.
- 1.2 On 13th January 2022 the VSS was confirmed by TEO as the service delivery body responsible for the delivery and coordination of dedicated and specialist health and wellbeing support and services for those impacted by Mother and Baby Institutions, Magdalene Laundries and Workhouses in Northern Ireland.
- 1.3 The MBMLW funding scheme aims to deliver services that support Information recovery and family tracing within the context of Mother and Baby Institutions, Magdalene Laundries and Workhouses requires specialist facilitation of the following interventions:
  - Therapeutic support groups
  - Psychological therapies specialising in adoption.
  - Recovering and collating information (birth certificates, medical records & biological parent information) from a variety of sources including religious/ state institutions, NHS trust services, GP, PRONI, GRONI by a qualified genealogist with GDPR expertise.
  - Family tracing and intermediary services.
  - Wrap around therapeutic support services associated with family tracing e.g. DNA interpretation and pre, during and post psychological support.

## **2 Clinical Governance Framework**

The VSS Clinical Governance Framework will ensure quality services and evidence-based support and care is delivered both by VSS and any community partners. The framework is based on 7 key principles. All applicants are expected to demonstrate their capacity and competency in each of the following areas:



### 3. Key Components of Clinical Governance

#### **Risk Management**

Clinical risk management involves improving the quality of support and services through identifying and minimising risks to victims and survivors availing of interventions and support.

#### **Monitoring and Evaluation**

Monitoring and evaluation will measure the quality, impact, and outcomes of the services, interventions and support offered to victims and survivors.

#### **Education, Training, and Continuing Professional Development**

This is a key factor of mitigation against Clinical Risk. Those providing services, interventions and support to victims and survivors must have the knowledge and skills required to do so.

#### **Information**

Information technology is essential in clinical governance to ensure that victims and survivor's data is accurate and up-to-date, confidentiality and data protection is adhered to, and full and appropriate use of data is made to measure the quality of outcomes and develop services tailored to victims and survivors needs.

#### **Effectiveness of support and services**

Adopting an evidence-based approach in the management of clinical risk includes changing practice, developing new protocols or guidelines based on experience and evidence if current practice is shown inadequate. This includes implementing national and international standards to ensure safe and effective support and service delivery.

### **Victims and Survivors Experience and Involvement**

Victims and survivors experience and involvement is about ensuring the services provided meet their needs and feedback is used to improve day-to-day practice, leading to increased quality and suitability.

### **Staffing and Staff Management**

Appropriate staffing and staff management are vital for the provision of high-quality care and safe practice. This includes the recruitment and retention of skilled staff, working in an efficient team and a well-supported environment. Where relevant, staff will be required to be registered and adhere to the occupation standards of their Professional Body.

Applicants must evidence their experience of clinical governance and demonstrate the capacity to adhere to the VSS clinical framework below. Copies of documents listed below do not need to be attached to the application. This will be subject to a pre-contract check following the assessment process.

**Table 1: Overarching Standards and Organisational Implementation**

Taking into account the strategic context and the key components of the VSS Clinical Governance Framework, the following section provides further practical guidance. Practical approaches and processes which should be established are outlined below in order to ensure sound and robust clinical governance.

**1. Risk Management**

1	Overarching Standards	Organisational Implementation
1.1	<p>Pro-active approach to ensure services and programmes are targeted to marginalised, disadvantaged &amp; higher-risk groups.</p> <p>Personnel is aware of the risk factors relating to participant groups and are competent in responding to risks should they be identified.</p> <p>Services and activities should ensure practical and emotional safety is considered.</p> <p>Organisations must have in place a risk management strategy that covers the strategic and operational risk.</p>	<p>Organisations must have in place and be able to evidence before the commencement of contract:</p> <ul style="list-style-type: none"> <li>• Adult Safeguarding Policy</li> <li>• Child Safeguarding Policy</li> <li>• Protect Life Policy</li> <li>• Data Protection Policy</li> <li>• Social Media Policy</li> <li>• Lone Worker Policy</li> <li>• Health and Safety Policy</li> <li>• Code of Conduct Policy</li> <li>• Policy for the application of Access NI checks</li> </ul> <p>Organisations must demonstrate a commitment to:</p> <ul style="list-style-type: none"> <li>• Ensure all staff, sessional workers and volunteers who have direct contact with clients, attend and complete Mental Health First Aid and/or ASIST training at least every three years.</li> </ul>

		<ul style="list-style-type: none"> <li>Ensure all staff, sessional workers and volunteers have competence in managing risk, to include monitoring mechanisms for providing feedback from appraisals, line management and External Clinical Supervision</li> </ul>
1.2	<p>Accurate and appropriate records relevant to service provision are systemically maintained.</p> <p>Appropriate referral pathways and processes are utilised.</p>	<p>In addition to the above, organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>Appropriate and timely referral pathways and processes</li> <li>The availability of appropriate clinical supervision for staff, sessional workers and volunteers and recording of same</li> </ul>
1.3	<p>The organisation works to ensure that the welfare and protection of children and vulnerable adults in its care are paramount.</p>	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>Adult Safeguarding Policy</li> <li>Child Protection Policy</li> <li>Ongoing commitment to safeguarding training</li> </ul>
1.4	<p>The organisation has in place processes to identify and respond to serious adverse incidents</p>	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>Serious Adverse Incident Policy</li> <li>Attendance at Serious Adverse Incident training for all relevant staff, sessional workers, and volunteers</li> </ul>

## 2. Monitoring and Evaluation

2	Overarching Standards	Organisational Implementation
2.1	<p>Robust monitoring of all support and services provided</p>	<p>Organisations must be able to evidence and demonstrate for each clinical member of staff, sessional worker, and volunteer (as appropriate) the following:</p>

2	Overarching Standards	Organisational Implementation
		<ul style="list-style-type: none"> <li>• Professional Registration (relevant body and registration number).</li> <li>• Accreditation Status (relevant body and registration number).</li> <li>• Insurance Provision (name of the provider, policy number, date for renewal, level of indemnity)</li> <li>• Details of the External Clinical Supervisor and monitoring of attendance.</li> <li>• Successful completion of Adult and Child Safeguarding training, including dates of last attendance</li> <li>• Training relevant to the role, including dates of last attendance</li> </ul>
2.2	All staff, sessional workers and volunteers have appropriate qualifications and skills for their current role.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• Recruitment and Selection Policy (with a Clinical Representative present on each panel for clinical appointments).</li> <li>• Record of all qualifications/accreditations.</li> </ul>
2.3	<p>Robust monitoring and evaluation of organisational outcomes.</p> <p>Close evaluation of current service delivery, assessment of outcomes to identify trends, themes, and opportunities for improvement.</p>	<ul style="list-style-type: none"> <li>• Organisations must demonstrate a commitment to client monitoring tools and outcome measures relevant to service delivery, including MYMOP, CORE, WSAS, CoreNet</li> </ul>



### 3. Education and Training and Continual Personal and Professional Development

3	Overarching Standard	Organisational Implementation
3.1	Clear support and supervision arrangements are in place.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• Relevant induction and training by all staff, sessional workers, and volunteers</li> <li>• Personal development plans for all staff</li> <li>• Provision of relevant training to all staff within organisations</li> <li>• Line management/supervision/appraisal arrangements in place for all staff</li> <li>• Clinical Practice Management Policy</li> <li>• Monitoring of external clinical supervision attendance</li> </ul>
3.2	A clear commitment to ongoing training and development for all staff, sessional workers, and volunteers.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• A commitment to learning, training and ongoing professional development guided by the occupational standards of their professional body (where appropriate)</li> <li>• Monitoring of all training and CPD for staff, sessional workers, and volunteers</li> <li>• The circulation of CPD opportunities to all relevant staff, sessional workers, and volunteers; provided by the VSS Workforce Training and Development Programme and other local and regional initiatives</li> </ul>

#### 4. Effectiveness of support and services

4	Overarching Standard	Organisational Implementation
4.1	Compliance with all existing and new legislation, evidence and best practice that might impact service provision.	<p>Organisations are required to:</p> <ul style="list-style-type: none"> <li>• Knowledge and implementation of relevant NICE Guidelines and other relevant guidelines or Acts (e.g., Disability Discrimination Act etc.)</li> <li>• Knowledge and implementation of up-to-date legislation and legislative changes within the field</li> <li>• Attend VSS network meeting and forums to learn and share practise.</li> <li>• Monitor attendance of relevant training events and forums</li> </ul>
4.2	A full consultation and/or assessment is carried out, by the practitioner providing the intervention, in a way that is relevant to the client.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• Victim centred and trauma-informed assessment and consultation processes in line with best practice and proportionate to support and service being delivered.</li> <li>- Clinical Assessment for Psychological Therapies and consultation for Complementary Therapies</li> <li>- Individual Needs Consultation for other support and services with a Health &amp; Wellbeing Caseworker</li> <li>- A commitment to working in partnership with the VSS Case Manager to discuss more complex cases</li> </ul>

4.3	Risk is managed throughout the engagement process and appropriate onward referrals to other agencies or organisations are sought where necessary.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• Assessment and Referral Policy</li> <li>• Established onward referral pathways.</li> <li>• Knowledge of and partnership building with other community, voluntary and statutory service providers</li> <li>• Documented rationale for onward referrals/signposting recommendations</li> <li>• Documented communication with service users around onward referrals</li> <li>• Monitoring of external signposting and referrals</li> <li>• Documented monitoring of onward Adult Safeguarding/Child Protection referrals as set out in the relevant policy</li> </ul>
4.4	Routine monitoring of service effectiveness and other aspects of service delivery.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• Monitoring and Evaluation Policy</li> <li>• Use of monitoring tools and outcome measures relevant to service delivery (MYMOP, CORE, WSAS, CoreNet)</li> <li>• Commitment to service evaluation and client feedback</li> <li>• Submission of case studies when required.</li> </ul>

## 5. Information

5	Overarching Standard	Organisational Implementation
5.1	Accurate and appropriate records relevant to service provision are systemically maintained.	Reference 1.2 above
5.2	Clients are aware of what information is held about them, how it may be used, how it is stored and their right to access this information, as well as the process for them to do so.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• Confidentiality/Consent Agreement</li> <li>• Data Protection/GDPR Policy</li> <li>• Document Retention Policy</li> <li>• Subject Access Request Policy</li> <li>• A set out Subject Access Request process that is available to service users in a variety of formats</li> <li>• Induction and training processes for staff around Subject Access request compliance</li> </ul>
5.3	Clients are aware of what information will be shared when making an onward referral on their behalf.	<ul style="list-style-type: none"> <li>• In addition to the above, organisations must ensure the implementation of and be able to evidence any onward referral (outside of safeguarding issues where consent may not be necessary) is discussed with service users and agreed collaboratively, with clear communication and updates provided where necessary</li> </ul>

## 6. Victims and Survivors Experience and Involvement

6	Overarching Standards	Organisational Implementation
6.1	Informed consent is gained from all service users.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• Confidentiality/Consent Agreement</li> <li>• That any engagement with service users is agreed collaboratively with individuals and written consent given</li> </ul>
6.2	The respect for and the confidentiality of service users is protected at all times.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• Confidentiality Agreement</li> <li>• Data Protection/GDPR Policy</li> </ul> <p>This will also include:</p> <ul style="list-style-type: none"> <li>• Robust induction process</li> <li>• Attendance and successful completion at relevant training</li> <li>• Use of supervision and line management functions</li> </ul>
6.3	Clients are made aware of their right to complain and the mechanisms by which they can so do.	<p>Organisations must ensure the implementation of and be able to evidence:</p> <ul style="list-style-type: none"> <li>• Complaints Policy</li> <li>• A set out complaints process that is available to service users in a variety of formats.</li> <li>• Recording and monitoring of all complaints received to the service and outcomes</li> </ul>

## 7. Staffing and Staff Management

7	Overarching Standard	Organisational Implementation
7.1	Practitioners must be suitably qualified and work within the limits of their knowledge, understanding, skills and competence.	Organisations must ensure the implementation of and be able to evidence: <ul style="list-style-type: none"> <li>• Recruitment and Selection Policy (with a Clinical Representative present on each panel for clinical appointments)</li> <li>• Clinical Practice Management Policy</li> <li>• Record of all qualifications/accreditations</li> <li>• Monitoring and recording of CPD</li> <li>• Feedback from External Clinical Supervisors</li> <li>• Ongoing line management of practitioners</li> </ul>
7.2	Staff, sessional workers, and volunteers have appropriate qualifications and skills for their current roles.	Per 2.1 and 2.2 above
7.2	Organisations and relevant personnel demonstrate an active commitment to self-care.	Organisations must ensure the implementation of and be able to evidence: <ul style="list-style-type: none"> <li>• Wellbeing Policy</li> <li>• Regular line management/appraisal/supervision with staff, sessional workers, and volunteers</li> <li>• Feedback from External Clinical Supervisors</li> <li>• The availability of appropriate clinical supervision for staff, sessional workers and volunteers and recording of same</li> <li>• The availability of debriefing and support functions following a Serious Adverse Incident</li> <li>• The monitoring of caseloads</li> </ul>

		<ul style="list-style-type: none"><li>• The monitoring of practitioner's commitment to self-care under relevant ethical frameworks, codes of conduct and organisational staff guidance/handbooks</li></ul>
--	--	--