



VSS Clinical Governance Framework

Version	Approved By	Approval Date	Scheduled Revision Date
2.0	CEO	13.12.22	December 2024

CONTENTS

1. Introduction	3
2. Definition of Clinical Governance	3
3. Key Components of Clinical Governance	3
4. Key Organisational Structures	9
5. VSS Health and Wellbeing Caseworker Network	12
6. The Regional Trauma Network	13
7. Individual Roles and Responsibilities	14
8. Corporate Governance	15
Annex 1	Commission for Victims and Survivors (CVS) <i>Standards for Services provided to Victims and Survivors.</i>
Annex 2	VSS Board Terms of Reference
Annex 3	VSS Health & Wellbeing Committee Terms of Reference
Annex 4	VSS Health & Wellbeing Caseworker Network Terms of Reference

SECTION 1

1 Introduction

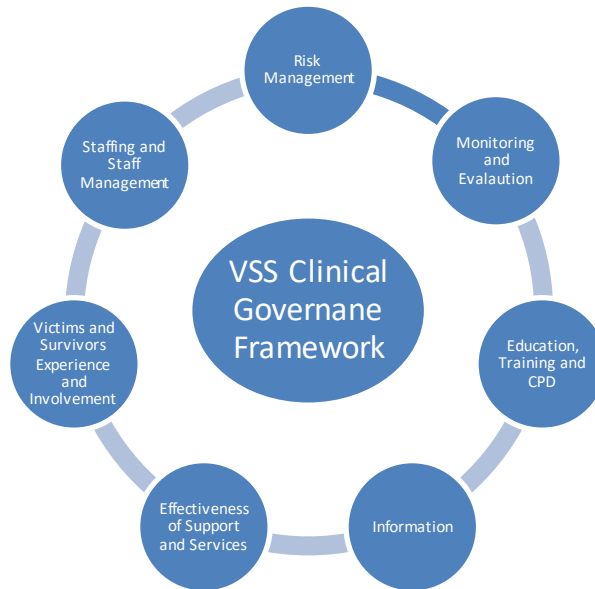
- 1.1 The vision of the Victims and Survivors Service (VSS) is to improve the health and wellbeing of victims and survivors.
- 1.2 The VSS Clinical Governance Framework has been established to ensure recognised and consistent standards of care and support apply to the delivery of services to victims and survivors by the VSS and all organisations funded under the Victims Support Programme (VSP), PEACE Programmes, HIA & MBMLW Programme. It also provides a framework to promote continuous improvement and to create an environment in which high quality services will flourish.

The VSS Clinical Governance Framework has been developed in line with the Commission for Victims and Survivors (CVS) *Standards for Services provided to Victims and Survivors* (see [Annex 1](#)), and should be read in conjunction with that document.

The Commissioner for Survivors of Institutional Childhood Abuse (COSICA) was appointed in December 2020. The Commissioner will make recommendations of matters concerning the interests and specific needs of victims and survivors of Historical Institutional Abuse. In the interim, the clinical governance framework below applies and VSS will work in partnership with victims and survivors and COSICA to develop quality assurance standards.

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 service providers are expected to demonstrate their capacity and competency in each of the following areas:



3 Key Components of Clinical Governance

3.1 Clinical Risk Management

Clinical risk management involves minimising risks to victims and survivors availing of services and supports by:

- identifying what may go wrong when an individual is accessing services, and putting in place appropriate safeguards to ensure client safety;
- understanding the factors that influence presenting risks;
- taking appropriate action in response to issues as they arise;
- learning lessons from any adverse events;
- ensuring appropriate action is taken to prevent recurrence;
- ensuring all appropriate policies, procedures and training is updated in relation to clinical risk management;
- putting additional systems in place to reduce risks; and
- promoting a 'no-blame culture' to encourage everyone to report problems and mistakes.

3.2 Monitoring, Evaluation and Use of IT and Research

Monitoring and evaluation measures the quality, impact, and outcomes of the care, interventions and support offered to victims and survivors. It allows the VSS and funded organisations to assess their current delivery and to identify

opportunities for improvement. On that basis, changes can be made, followed by further evaluation to measure if these changes have created an impact and what additional actions may be required.

The VSS will require and support funded organisations to monitor and evaluate the services and support that they deliver, in line with the monitoring and evaluation frameworks that have been agreed at a strategic level. (*VSS Guidance Note G6 - Monitoring & Evaluation*).

As well as monitoring and evaluating interventions at an individual level, the VSS will also, where appropriate, provide qualitative and quantitative data to CVS to inform research projects aimed at better understanding the needs of victims and survivors. Similarly, VSS will also where appropriate, provide qualitative and quantitative data to COSCIA for monitoring purposes.

It is essential in clinical governance to ensure that victims and survivors 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 quality of outcomes and develop services tailored to victims and survivors needs.

3.3 Education, Training, and Continuing Professional Development

This is a key component of mitigation against Clinical Risk as it is vital that those providing care, interventions and support to victims and survivors have the knowledge and skills they need to do so. In order to support this, the VSS delivers a Workforce Training and Development Plan aimed at building the capacity and skills of individuals working with victims and survivors.

The VSS Workforce Development Training Plan offers the staff within the VSS and its funded organisations the opportunity to learn new skills, to keep up to date with key developments in the field/sector, and to adopt and maintain reflective practice in relation to their work with victims and survivors.

The Plan also provides opportunities for Continuous Professional Development for staff registered with a Professional Body.

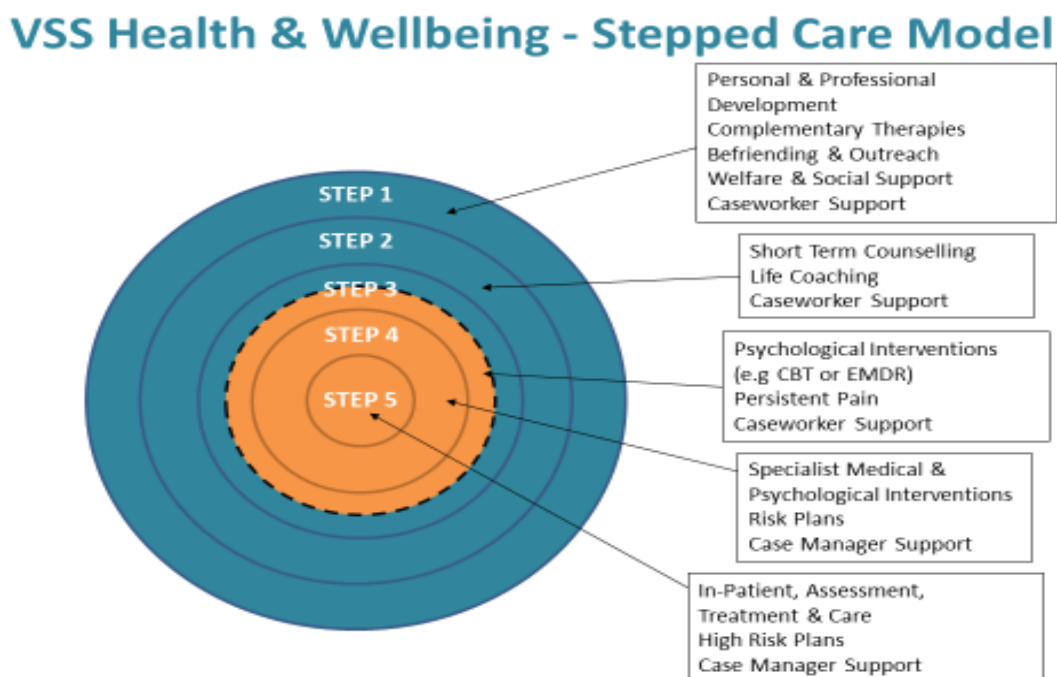
3.4 Evidence-Based Care and Effectiveness

All care, interventions and support delivered to victims and survivors by the VSS and funded organisations should be based on best practice and in line with the VSS Stepped Care Model (see Figure 1 below).

The VSS funds step 1 and 2 care, interventions and support within the VSS and the community and voluntary sector. The VSS funds step 3 where appropriate and where equipped to do so.

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 standards such as NICE guidelines and other national standards to ensure optimal care (when they are not superseded by more recent and more effective treatments).

Figure 1: VSS Stepped Care Model



3.5 Victims and Survivors and Family Experience and Involvement

To offer the highest quality of care and build good clinical governance it is important that the VSS and all funded organisations work in partnership with victims and survivors and their families.

This includes gaining a better understanding of the priorities and concerns of individuals who avail of services and support and those who care for individuals who avail of services and support by involving them in the work.

Victims and survivors and family experience and involvement is about ensuring that the services provided suit the victims and survivors, that they and their

families feedback is used to improve services into day-to-day practice to ensure an increased level of quality and suitability, and that victims and survivors and their families are involved in the development of services, the monitoring of outcomes and implementation of clinical risk policies.

3.6 Staffing and Staff Management

Appropriate staffing and staff management is 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 in a well-supported environment. Where relevant, staff will be required to be registered with a relevant Professional Body. The VSS and funded organisations must ensure they have considered the need for, and where necessary acquired, the appropriate relevant indemnity insurance.

3.7 Policies and Procedures

To ensure consistent practice, the VSS Clinical Governance Framework requires the VSS to establish the following policies and procedures as part of their normal operations:

- Adult Safeguarding Policy
- Child Safeguarding Policy
- Protect Life Policy
- Policy for Reporting Serious Adverse Incidents
- Lone Worker Policy
- Policy on Handling Unacceptable Behaviour from Members of the Public
- Alcohol, Drugs and Substance Abuse Policy
- Data Protection Policy
- Health and Safety Policy
- Code of Conduct Policy
- Code of Ethics
- Dignity at Work Policy
- Whistleblowing Policy
- Policy for the application of Access NI checks
- Clinical Governance Framework Guidance (for funded organisations)

To ensure consistent practice, the VSS Clinical Governance Framework requires all funded organisations to establish the following policies and procedures, **as a minimum**, as part of their normal operations:

- Adult Safeguarding Policy
- Child Safeguarding Policy

- Protect Life Policy
- Data Protection Policy
- Social Media Policy
- Lone Worker Policy
- Health and Safety Policy
- Code of Conduct Policy
- Policy for the application of Access NI checks

3.8 Review & Compliance

The VSS Clinical Governance Framework will be reviewed annually in line with guidance from any relevant best practice or changes within the structure of the VSS and supporting committees.

The VSS Clinical Governance Framework, guidance for funded organisations and overall clinical governance arrangements will be subject to internal audit on a three year cycle in accordance with all VSS internal audit structures.

The VSS will review all funded organisation clinical policies in two ways:

- Annual compliance check in line with the VSS Clinical Governance Compliance Framework (see [Annex 2](#))
- Bi-annually one essential policy will be reviewed in detail to confirm all key requirements of the policy are included and meet best practice. This review will be overseen by VSS HWB Case Managers, Programmes Staff, or others (dependent upon the nature of the policy selected for review)

SECTION 2

4 Key Organisational Structures

4.1 The key organisational structures which support the delivery of clinical governance in the VSS are the:

- VSS Board;
- VSS Health & Wellbeing Committee;
- VSS Senior Management Team (SMT);
- VSS Health and Wellbeing Caseworker Network
- Regional Trauma Network

VSS Board

4.2 The Chairperson and Members of the Victims and Survivors Service Board are appointed by Ministers. The Board takes an objective long-term view of the activities of the VSS, leading its strategic planning process and assisting the Chief Executive Officer (CEO) in meeting the clinical governance responsibilities for the VSS.

4.3 The Board provides leadership to the organisation as a whole, takes ownership of the VSS's performance and provides support to the CEO. The Board is comprised of the Chair of the Victims and Survivors Service and the non-executive Directors (Independent Board Members). The Chief Executive/Accounting Officer (AO) is present at each meeting in addition to the Head of Health and Wellbeing, Head of Service Development and Head of Corporate Services.

4.4 The Board Terms of Reference, which are included at [Annex 3](#) make its responsibility to ensure appropriate systems are in place which effectively monitor and manage risk. Notwithstanding this, all tiers of management have commensurate responsibilities for ensuring that good clinical governance practices are followed at an organisational/funded organisational level.

4.5 The key aspects of the Board's role include:

- Ensuring that there are long-term goals and a strategic planning process in place within the framework set by Ministers and TEO. The AO, with approval of the Board, must establish long term goals for the VSS. The AO formulates the VSS's policies and proposed actions, and presents them to the Board for approval. The Board brings objectivity and judgement to this process.
- Ultimately approving, on an annual basis, the strategic corporate and delivery plan which takes into account, among other things, the opportunities and risks for the VSS.
- Establishing values and standards of the VSS and ensuring that it adopts and complies with established codes of practice.
- Identifying and have an understanding of the principal risks associated with the service's business, and ensuring that appropriate systems are in place which effectively monitor and manage those risks.
- Ensuring the necessary internal policies, procedures and management systems are in place that effectively monitor the VSS's operations and ensure compliance with applicable laws, regulations and policies.

Board sub-committees

- 4.6 The Board is supported and advised in its role by a Health and Wellbeing Committee, and an Audit & Risk Committee.

Health & Wellbeing Committee

- The Health & Wellbeing Committee (HWBC) does not have executive powers and its membership is compiled from the Independent Members of the VSS Board.
- The CEO/AO attends the Committee, along with the Head of Health and Wellbeing and a VSS Health and Wellbeing Case Manager.
- The Committee's purpose is to consider strategies in relation to the implementation and evaluation of Health and Wellbeing Services delivered by and on behalf of VSS.
- The CEO/AO has responsibility to assure himself/herself that there are appropriate arrangements in place within VSS to ensure effective clinical

governance, manage client risk, operate internal controls and achieve outcomes for victims and survivors.

- The VSS Health and Wellbeing Case Manager ensures the functions of secretariat are carried out.
- The Committee Terms of Reference, which are included at [Annex 4](#) make clear its responsibility to consider strategies in relation to the implementation and evaluation of a Clinical Governance Framework.

4.7 The Health and Wellbeing Committee will meet quarterly, and provide the CEO and Board with an Annual Report, timed to support finalisation of the Annual Report and Accounts and the Annual Outcomes Based Monitoring and Evaluation of Services, summarising its conclusions from the work it has done during the year.

Audit & Risk Committee

- The Audit & Risk Committee (ARC) does not have executive powers and its membership is compiled from the Independent Board members of the VSS Board, plus an independent Chair and where required, other specialist independent members.

4.8 The Committee gives advice to the CEO/AO on the adequacy of coverage of audit arrangements (internal and external) to provide the required assurances and assessing the completeness and effectiveness of the Service's corporate governance arrangements forms part of the Internal Audit work programme.

4.9 The Committee's Terms of reference are set out in the Corporate Governance Framework. Further details are included within the VSS Corporate Governance Framework.

Rights

4.10 The Committees can:

- Co-opt additional members for a period not exceeding a year to provide specialist skills, knowledge and experience.
- Opt to include a VSS member of staff to attend as required.
- Procure specialist ad-hoc advice at the expense of the VSS, subject to budgets agreed by the Accounting Officer/Board.

VSS Senior Management Team & Operations Team

- 4.11 The VSS is managed on a day to day basis by the Senior Management Team (SMT). This team consists of:
- CEO
 - Head of Health & Wellbeing Services
 - Head of Corporate Services
 - Head of Service Development
- 4.12 The SMT meets on a monthly basis, reporting by exception.
- 4.13 The SMT is supported by an Operations Team consisting of all team managers:
- Regional Health and Wellbeing Case Managers
 - Finance & Governance Manager
 - Programmes Manager (VSP & PEACE IV)
 - Monitoring & Evaluation Manager
 - HIA Health and Wellbeing Case Manager
 - Human Resources Manager
- 4.14 The Operations team meets on a monthly basis with the Head Health and Wellbeing, Head of Service Development and Head of Corporate Services to review operational issues including budget, corporate and clinical risk management, Delivery Plan progress, and a range of standing items.

5 VSS Health and Wellbeing Caseworker Network

- 5.1 As part of the Stormont House Agreement (2014), the Northern Ireland Executive made the following commitment to establish a comprehensive Mental Health Trauma Service:

The Commission for Victims and Survivors' recommendation for a comprehensive Mental Trauma Service will be implemented.

This will operate within the NHS but will work closely with the

Victims and Survivors Service (VSS), and other organisations and groups who work directly with victims and survivors.

(Stormont House Agreement, 2014 – paragraph 27)

- 5.2 This commitment, made in the context of the Agreement’s discussion around dealing with ‘The Past’, refers to recommendations informed by a Comprehensive Needs Assessment published by the Commission for Victims and Survivors (CVS) in 2012. In this research, the CVS identified mental health as the number one priority for victims and survivors and recommended the development of a trauma-focused coordinated service network lead by the Department of Health (DOH) in partnership with the Executive Office (TEO).
- 5.3. In line with the recommendation the Health and Wellbeing Caseworker Network was established in 2017 as the community led support element of the trauma focused coordinated services network for victims and survivors.
- 5.4. The Health and Wellbeing Caseworker Network consists of: the Caseworkers who are employed by 10 organisations in the voluntary and community sector; the managers within these funded organisations; and the VSS staff. It has been set up in a co-design style with organisations and Caseworkers input to every aspect of design and development. They meet in line with the TOR and meetings are facilitated by the VSS Head of Health and Wellbeing or representative.
- 5.5 The role of the Health and Wellbeing Caseworker Network is to:
- To share/improve good practice to benefit service providers and users;
 - To support collaborative working;
 - To provide VSS with evidence of the needs of victims/survivors;
 - To assist VSS understanding of the barriers to participation and access;
 - To enable and empower effective signposting and engagement of individuals who need services and support;
 - To inform policies and strategies relevant to support for victims and survivors; and
 - To provide peer support.

6.

- 5.6. The Health and Wellbeing Caseworker Network's Terms of Reference, which are included at **Annex 5** make clear its responsibility to consider strategies in relation to the implementation and evaluation of a Clinical Governance Framework.

6. The Regional Trauma Network

- 6.1. In February 2022, the Health Minister announced that a regional service will be available to victims and survivors from **Autumn 2022** following a period of Co-Design with HSC Trusts, VSS and Community Partners.
- 6.2. Following a collaborative design programme involving TEO, DoH, SPPG, VSS, HSC Trusts, and community and voluntary organisations a managed care network that connects specialist trauma care by drawing on existing resources and expertise from the statutory and community and voluntary sector was established.
- 6.3. This network will deliver a comprehensive regional trauma service across both statutory and community services to enable those who need support to access it at the right place at the right time.
- 6.4. Phase 1 of a 3-year pilot with a focus on victims and survivors, will commence in Autumn 2022 and begin operating within that live environment at the end of October 2022, with a substantive service launch anticipated in early Spring 2023.
- 6.5. In addition to the existing clinical governance arrangements and standards in place, three additional controls are required of service delivery partners operating with the Regional Trauma Network.

In order to assess and refer directly to statutory services, the community partner must also:

- Employ a HWB Caseworker (in line with their application to PEACE IV/HIA which formed the key community infrastructure of the Regional Trauma Network) **AND**
- Deliver psychological therapies in line with clinical governance standards **AND**
- Be currently BACP (British Association of Counselling and Psychotherapy) accredited as an organisation (or in the final stages)

7. Individual Roles and Responsibilities

- 7.1 All VSS officials are expected to act in accordance with the NICS Code of Ethics when carrying out their duties and VSS internal policies & procedures.

Chief Executive Officer

- 7.2 In terms of the VSS's clinical governance arrangements the CEO has overall accountability for clinical risk management.
- 7.3 As an employee of the VSS he/she is directly accountable to the Board for the overall organisation, management and staffing of the VSS.

Chair of the VSS Board

- 7.4 The Chair of the Board is appointed by Ministers and the process fully complies with the guidance issued by CPANI. The terms of office are for a period of four years with the possibility of a further four year appointment and on such terms and conditions as may be specified in the appointment.
- 7.5 The Chair shall ensure that the VSS's policies and actions support the wider strategic policies of Ministers; and that the VSS's care, interventions and supports are conducted with the highest standards of best practice and clinical governance. The Chair is responsible, with the other Board members of ensuring the VSS fulfils the aims and objectives set by TEO and approved by Ministers.
- 7.6 Chair Performance Review: This is carried out on an annual basis with a senior TEO official. The Sponsorship team in TEO initiates this process and prepares the information for the senior TEO Official.

Independent Board Members

- 7.7 The strategy of the VSS is set & monitored by the Board. In the VSS those appointed are:
- Chair of the VSS.
 - Independent Board Members
- 7.8 The role of the Independent Board Members is to provide strategic advice, contribute to decision making and support good governance (both clinical and corporate) of the VSS.
- 7.9 Independent Board Members should ensure all aspects of strategy and delivery of policy are scrutinised for effectiveness and efficiency.

8 Corporate Governance

- 8.1 In addition to the detailed clinical governance arrangements described above, the VSS has developed and adopted a framework for Corporate Governance. This is a crucial element in ensuring the delivery of quality services that meet the needs of victims and survivors.
- 8.2 The Corporate Governance Framework has been established to provide the system of direction and control within the VSS. It confirms the scope of the VSS corporate governance arrangements and explains the importance placed on organisational structures, policies, plans and review arrangements which have been established to properly manage the VSS affairs, both internally and externally.
- 8.3 The Corporate Governance Framework is available as a stand-alone document.

Approved: *A. Walker* Date: 13.12.22
VSS Interim Chief Executive Officer