

Clinical Governance Standards

This criterion applies the existing VSS Clinical Governance Framework within this broader Standards document. The framework was 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 Victim Support Programme (VSP) and Peace Programmes. It also provides a framework to promote continuous improvement and to create an environment in which high quality services will flourish.

Its purpose is to ensure that quality services and evidence-based support and care is delivered.

Standard	What this means	What this might look like in practice	Linked Standard	
Criteria X Risk management				
CX.1	<p>Personnel are 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 have and implement the following:</p> <ul style="list-style-type: none"> • Client risk management policy and associated risk register. • Data protection policy. • Referral procedure. 	<p>Policies and procedures are in place, in date and can evidence they are reviewed as stipulated.</p> <p>Training stipulated in policies and procedures has been undertaken and evidenced.</p> <p>Client risk register is in place and up to date.</p>	<p>C9.7 C1.2 C3.2 C5.8 C8.4 C9.6 C9.8 C10.6 CGC3.5</p>
CX.2	<p>The organisation works to ensure that the welfare and protection of children and vulnerable adults in its care is paramount.</p>	<p>Organisations have in place and implement the following:</p> <ul style="list-style-type: none"> • Adult safeguarding policy. • Child protection policy. 	<p>Policies and procedures are in place, in date and can evidence they are reviewed as stipulated.</p> <p>Adult safeguarding register is in place and up to date.</p> <p>Safeguarding updates are reported to the organisation's board, as stipulated in their policy.</p> <p>Stipulated training in policies and</p>	<p>CGC3.5</p>

			procedures has been undertaken and evidenced.	
CX.3	The organisation has in place processes to identify and respond to serious adverse incidents.	Serious adverse incidents policy adhered to, with a complaints policy.	<p>Policies and procedures are in place and up to date, and reviewed as stipulated.</p> <p>Evidence of adverse incident updates being reported to the organisation's board, as stipulated in its policy.</p> <p>Training stipulated in policies and procedures undertaken and evidenced.</p>	CGC3.7

Standard	What this means	What this might look like in practice	Linked Standard	
Criteria X Education, Training and Continuing Professional Development				
CX.4	Counselling personnel are in receipt of appropriate clinical supervision in line with the requirements of their regulatory body.	<p>Regular supervision, ongoing mentoring and support.</p>	<p>The organisation has a copy of the appointed clinical supervisors Clinical Supervision qualification (Level 6 Clinical Supervision)</p> <p>Evidence of registration with an appropriate regulatory body, e.g. BACP, IACP, IACT, UKCP, ICP, AFT, BPS, BABCP, IABCP</p> <p>Sessional counsellors may obtain their own external clinical supervision, but organisation to ensure system in place to check sessional counsellors are obtaining clinical supervision.</p> <p>The organisation has individualised audit logs for all clinical staff members in place.</p> <p>BACP Accredited organisations which have renewed their five year accreditation period within the same financial year of the governance check can satisfy this requirement with evidence of successful renewal.</p>	<p>C3.8 C9.4 C9.9 C10.4 C11.4 CG6.5</p>
	Clear support and supervision arrangements are in place.	<p>Quarterly review</p> <p>Regular supervision and ongoing mentoring and support.</p> <p>Implementation of personal development</p>	<p>Organisation has a clinical supervision contract in place.</p> <p>Organisation has a copy of the appointed clinical supervisors Clinical Supervision</p>	<p>C2.3 C6.4 C6.5 C6.2 C6.3 C7.3 C7.4 C7.7</p>

		<p>plans.</p> <p>Attendance and successful completion of workforce training programme.</p>	<p>qualification (Level 6 Clinical Supervision).</p> <p>Evidence of registration with appropriate regulatory body.</p> <p>The organisation has individualised audit logs for all clinical staff members in place.</p> <p>BACP Accredited organisations which have renewed their five year accreditation period within the same financial year of the governance check can satisfy this requirement with evidence of successful renewal.</p>	<p>C7.8 C8.3 C9.3 C10.3 C10.9 C10.10</p>
	<p>The provision of training and relevant training programmes is in line with the provider's constitution and strategic direction.</p>	<p>Successful completion of workforce training programme and induction programme.</p>	<p>Workforce training and induction plan.</p>	<p>C4.1 C4.2 C4.6 C8.12 C9.3 C10.3</p>

Standard	What this means	What this might look like in practice	Linked Standard
Criteria X Evidence-based care and effectiveness			
CX.4	Existing and new legislation and guidance which might impact upon the service is complied with.	Quarterly reviews. Regular supervision and ongoing mentoring and support.	Policy register in place and spot-checked to ensure up to date.
	Accurate and appropriate records relevant to service provision maintained.	Quarterly review. Regular supervision.	Appropriate record management system in place.
	Full consultation carried out by the practitioner providing the treatment, in a manner that is relevant to the client.	Quarterly review External evaluation Service user feedback. Outcome measures, e.g. MYMOP, WSAS and CoreNet.	Initial assessment and risk screening templates in place to identify client needs. Organisations providing counselling have clinical counselling and risk screening templates in place.
			C1.4 C8.7 C8.8 C8.9 C8.10 CG3.4
			C3.3 C5.7 C7.6 C9.10 CG3.4
			C5.5 C9.4 C9.5 CG3.4

Standard		What this means	What this might look like in practice	Linked Standard
Criteria X Service User and Carer Experience and Involvement				
CX.4	Informed consent gained.	Compliance with confidentiality agreements.	Confidentiality agreements in place and adhered to.	C5.7 CG3.5
	The organisation promotes respect and protects the confidentiality of all service users at all times.	Compliance with <ul style="list-style-type: none"> • Confidentiality agreements. • Data protection policy. • NISCC code of practice and conduct. • Supervision and regular mentoring and support. • Professional code of conduct. • Ethos of their organisation. 	Data protection policies and procedures are in place, in date, and reviewed as stipulated in the policy. Supervision, regular mentoring and support reviewed.	C3.4 C8.8 C8.5 C8.6 C8.7 C8.8 C8.14 C9.9 C9.10 C9.13 C11.2 CG3.5
	Service providers and relevant personnel demonstrate an active commitment to self-care.	Organisations embrace the NISCC code of conduct and practice. Regular supervision, mentoring and support.	Supervision, regular monitoring and support reviewed.	C4.13 C7.8 CG3.5

Standard	What this means	What this might look like in practice	Linked Standard	
Criteria X Staffing and Staff Management				
CX.4	<p>Practitioners must be registered with a relevant professional body.</p> <p>Practitioners (Clinical Leads) who assess or refer directly to the Regional Trauma Network (RTN) must also operate within an organisation that:</p> <ul style="list-style-type: none"> - Employs a HWB Caseworker - Delivers psychological therapies in line with clinical governance standards - BACP (British Association of Counselling and Psychotherapy) accredited as an organisation (or in the final stages) 	<p>Supporting organisations comply with the VSS recruitment policy and clinical governance standards associated with the delivery of psychological therapies.</p> <p>Registrations kept up to date.</p> <p>Supporting organisations with a Clinical Lead who assess or refer directly to the Regional Trauma Network comply with the requirements of the Network.</p> <p>Continuous professional development supported.</p>	<p>Organisation has evidence of all counsellors' registration with a regulatory body as a condition of their employment.</p> <p>Organisation has evidence of all complementary therapists' registration with a regulatory body as a condition of their employment.</p> <p>Individualised audit logs for all clinical staff members.</p> <p>Case managers maintain a record of all HWB case worker registrations and monitor regularly against the NISCC public facing register.</p> <p>The organisation can evidence BACP accreditation and are listed on the BACP register (applies to C&V RTN partners only)</p> <p>The organisation can evidence that they employ a HWB Caseworker (applies to C&V RTN partners only)</p> <p>BACP Accredited organisations which have renewed their five year accreditation period within the same financial year of the governance check can</p>	<p>C5.3 C6.3 C6.5 C6.6 C7.3 C7.4 C7.7</p> <p>CG3.6</p>

			satisfy this requirement with evidence of successful renewal.	
	<p>Practitioners must be suitably qualified and work within the limits of their knowledge, understanding, skills and competence.</p> <p>Practitioners (Clinical Leads) who assess or refer directly to the Regional Trauma Network must also operate within an organisation that:</p> <ul style="list-style-type: none"> - Employs a HWB Caseworker - Delivers psychological therapies in line with clinical governance standards - BACP (British Association of Counselling and Psychotherapy) accredited as an organisation (or in the final stages) 	<p>Support compliance with professional standards of practice where relevant.</p> <p>Supporting organisations with a Clinical Lead who assess or refer directly to the Regional Trauma Network comply with the requirements of the Network.</p> <p>Continuous professional development supported.</p>	<p>Organisation can produce evidence of qualifications for all counsellors, being a recognised minimum Level 4 Diploma in Counselling as a condition of their employment.</p> <p>Organisation can produce evidence of qualifications for all complementary therapists, being a recognised qualification from the Complementary and Natural Healthcare Council (CNHC) / Federation of Holistic Therapists (FHT) or a European or International equivalent.</p> <p>Organisation can produce evidence of each counsellor's and complementary therapist's valid indemnity insurance cover.</p> <p>Individualised audit log for all clinical staff members</p> <p>The organisation can evidence BACP accreditation and are listed on the BACP register (applies to C&V RTN partners only)</p> <p>The organisation can</p>	CG5.4

			<p>evidence that they employ a HWB Caseworker (applies to C&V RTN partners only)</p> <p>BACP Accredited organisations which have renewed their five year accreditation period within the same financial year of the governance check can satisfy this requirement with evidence of successful renewal.</p>	
	<p>Staff and volunteers have appropriate qualifications and skills for their current role.</p>	<p>Supervision requirements are in line with their regulatory body's codes of conduct and practice.</p> <p>Personal development plans implemented.</p>	<p>Workforce training programme checked and reviewed.</p> <p>Individualised audit log for all staff members</p>	<p>C2.4</p> <p>C5.3</p> <p>C5.4</p> <p>C6.3</p> <p>C6.4</p> <p>C7.3</p> <p>C7.4</p> <p>CG5.4</p>