

## Procedural Management Process in Western Care

Policies and procedures are generally developed for two principal reasons; there may be a concern that practice in an important area is inconsistent and requires some standardised guidance or direction. Alternately there may be a statutory requirement to have a particular policy in place. Requirements for new policies and procedures continue to arise from both of these sources. There is also a constant requirement to ensure that policies and procedures are revised in the light of experience or as a result of an external imperative.

**Co-ordination:** The Evaluation and Training Dept. (ETD) are charged with the oversight for policies and procedures. This covers a range of tasks including assuring policies/procedures have a current assigned “owner”, reviewing all new or amended policies/procedures for congruence with organisation values and ensuring the impact across other policies/procedures are identified and taken into account. For example a change in one document may require revisions in a number of related policies/procedures. ETD co-ordinate the policy/procedural development, distribution and maintenance/revision process. The Dept. functions as the sole distributor of policies/procedures to ensure effective gatekeeping and documentation management. In addition to hard copy and documentation ETD are responsible for maintaining all live policies & procedures and associated Forms on the organisations intranet.

**Development:** When a policy /procedure needs to be developed there is typically a logical “owner” employed in a particular role or function to which the task can be assigned. At times there may not be a neat fit between the requirements and organisational job roles and a process of best approximate fit is used to identify the “owner”. The role of the “owner” is to develop the policy/procedure according to a plan that addresses a variety of requirements such as the need for an appropriate knowledge base, the need for consultation and the extent of same, the identification of implementation challenges and consideration to the dissemination process that will best address communication issues. The type of consideration required by policy/procedure owners is contained in the attached appendix 2.

**Consultation:** The degree of consultation will vary significantly based on a number of factors. In some cases the requirements are very clearly determined by external factors such as legislation and regulation. For example the “Children’s First” policy had to conform to a set of national principles and requirements. Other policies/procedures such as those based in HR, Freedom of Information, Data Protection and Health and Safety legislation will have similar determinations which are beyond the scope of the organisation to change. Where there is little scope for amendment the level of consultation is typically low and will focus on practical implementation factors rather than content issues.

The nature of the consultation process will also be determined by the extent to which the content of the policies/procedures impacts people in services and frontline staff. In some cases there may be a significant degree of consultation which might include the Leadership Team and/or focus groups of frontline managers and staff. There may be a working group comprised of representatives from various key functions involved in the drafting process.

An ongoing issue that has presented a challenge has been how best to include representatives beyond paid staff membership. Family members, people supported, community members and those involved in Governance have had limited scope in terms of contributing to or commenting on policies/procedures. In part this has been a function of volume as the Governance structure has typically had a busy agenda. There has also been a structural difficulty in identifying a forum with such a mandate other than the Board. Where committees of the Board exist, such as the Finance committee, they can and do play a role in contributing to the development of policy & procedure. The Rights Review Committee which contains people using services, family and community members has also been in a position to comment upon particular policy/procedural documents. Historically working committees of the Board such as the Family Committee or the Challenging Behaviour Committee would have had extensive input into policy development and also into subsequent policy & procedural developments that arose as a result of their deliberations.

There is an advocacy structure in place in the organisation and their input has been sought on a number of policies/procedures. The experience has been mixed due to the level of interest people have in such a typically dry business. The complexity of some of the issues also makes it a challenge for facilitators to be confident about the extent to which the content is truly understood. The difficulty of addressing this for people who process and communicate quite differently means that those who use words will more often participate than those who don't.

Finally the degree of consultation is heavily influenced by time constraints. If there is concern about a lack of guidance and direction in an area that emerges as a significant problem there may need to be a more rapid process to come up with workable solutions in terms of a policy/procedure to address the gap. Time constraints also significantly impact organisation capacity to consult if there are external requirements to meet a deadline imposed by the HSE etc.

**Distribution:** Once a policy/procedure comes forward for drafting a timeline is sought for the completion date. The process for releasing policies & procedures will depend on the nature, significance and complexity of the document to be released. The standard distribution process is via email in a 3 week cycle which reflects the typical residential roster. A Study Version is released so that staff can become familiar with the content during that 3 week period. If it is a revised version of an existing policy/procedure the amendments are highlighted in red so that staff can focus on the changes. During this "study" period staff sign off the Staff Register which is a record for that specific policy/procedure to show that each team member has read the document and agrees to abide by it. Staff Registers are maintained on site and are viewed during internal inspections. At the end of the 3 weeks a "clean" version is distributed and the policy/procedure goes "live" i.e. it is officially operational and all staff are expected to follow it.

Where there are different policies/procedures competing for distribution time a process of prioritisation is considered based on the relative importance of the particular documents. This may be decided between the head of Evaluation and Training and the Executive Director or it may have been part of a wider discussion on priorities for procedure release at Leadership Team.

Where there are minor changes to documents which do not have any significance for changes in staff practice there can be a short circuiting of the 3 week release cycle. The revised version can be distributed via email and becomes operational within a short period. This facilitates the internal “legislative” process as it were and reduces the probability of log jams.

**Supporting Implementation:** The manner of distribution for policies/procedures can vary based on the significance and anticipated impact on staff practice. The option of briefings for managers and staff may be used. A balance is sought between briefing and the cost of bringing groups together for briefings etc. One solution which appears to be the most effective and efficient is where each manager attends along with a member of their team. This gives broader representation and increases the communication flow when they return to brief the other staff.

In addition to the option of briefings, a number of policies/procedures have a training programme which supports staff understanding and strengthens their practice. For example there are training events to prevent the occurrence of abuse and inform staff of the required reporting process which is a mandatory training programme. Other mandatory training events include Fire Safety and Minimal Handling. Discretionary training events can support the implementation of policies/procedures that have varying degrees of relevance to different staff such as Managing Challenging Behaviour, First Aid, Supporting Epilepsy, Medication Administration etc. In addition to the standard events there is a practice of using bespoke training to address particular implementation issues where the level of complexity requires extra problem solving around a local concern such as a safe handling strategy for a fire evacuation, a behavioural challenge arising from an individual who is experiencing ongoing periods of stress etc.

**The Policy & Procedure Framework:** Currently there are 80 organisational policies & procedures in place. These range between substantial documents that address issues of considerable depth in both policy and procedure for services and others that are largely descriptions of operating and transactional processes which have an administrative focus such as how to submit pay sheets etc. The documentation structure is set out within a framework of 3 Folders.

The first Folder is called the *Individual Planning Folder* and contains the Associations Individual Planning process and also all other policies & procedures that result in a plan about an aspect of a person’s life. For example a person may have in Individual Plan that describes significant goals in their life but may also include specific needs such as a Health Action Plan, an Intimate Care Plan, a Communication Plan, a Personal Risk Management Plan etc. All policies & procedures contained in this Folder provide a template for a plan to address some aspect of the person’s life. By connecting all potentially separate plans within the overall Individual Plan it helps keep the whole person in focus and reduces the risk of fragmented plans and uncoordinated actions. There are currently 13 policy/procedure documents in Folder one.

The second Folder is concerned with *Safeguards, Transitions and Progression*. This Folder has two sections. The first section is for Safeguards and the second contains all of those policies/procedures that relate to Transitions and Progression, the latter being

the term HIQA use for movement through education, training or employment options with a focus on the preparation for and management of transitional periods.

Typically Safeguards are concerned with policies and procedures that address protection and security for people in services and also include Health and Safety for staff as well as people being supported. They include significant policy & procedural documents such as those which address the awareness and reporting of abuse, safe evacuation in the event of a fire, infection control, loss and bereavement etc. there are 17 policy/procedure documents in this section. Policies & Procedures that address Transitions and Progression focus on opportunities for the person's development and in particular on predictable points of significant change in their support arrangements such as leaving school or admission to a new service. This section contains 5 policy/procedure documents.

The third Folder also has two sections. One contains all 31 HR policies and procedures while the second contains all 14 Financial ones. The policies & procedures in this Folder are generally more relevant to managers, although frontline staff may use some of these regularly too depending on the purpose. For example staff need to know how to address their attendance and sick leave obligations. The Folder structure and a list of the policies/procedures contained in each is contained in appendix 1.

**Accessible Formats:** A number of polices/procedures that have direct relevance to people using the services have an accessible or easy read version to assist them to understand the content. These accessible versions are developed by the Assistive Technology Team which is chaired by the Principal Speech and Language Therapist. Accessible formats are also intended to provide an opportunity to consult with people using services about the content of Association policies & procedures. Given the major time pressure on the release and distribution process in late 2013 arising from the HIQA Regulations there was precious little time for consultation. However the Advocacy forum does provide an ongoing reference point for such consultation.

**Policy & Procedure Review:** In the past we have typically used judgement about the need to revise policy/procedure documents. cursory reviews i.e. simply relooking at a document that was known to be functional and meeting the purpose it was designed for was not standard practice. Revisions were largely based on the experience of operating the policy/procedure and feedback about implementation challenges over time. This led to an iterative process where the learning from one version being implemented results in a revision which may be quite significant for sections of the document or its entirety.

Currently we have set a 3 year cycle as the standard for reviewing all policies & procedures. This also fits in with the HIQA requirement. The "owners" are aware of their obligations and will be reminded of the need to plan ahead in due course. Revisions may be simply a change of date on the front page or may lead to minor or major amendments. All policies/procedures contain feedback forms and when these are submitted these are maintained by ETD until the due date for review unless the feedback requires urgent action by the "owner" which would be extremely rare.

Given the situation where we had to relaunch many policies/procedures in Nov 2013 the due date for revision may need to be staggered throughout 2016 to avoid a logjam.

We will focus on the policies & procedures that impact most in order to plan and prioritise our work in this area for next year. This will need to take into account any emerging drivers in the external environment particularly legislative changes. There will also be many policies/procedures that are administrative in nature and deal with operations and transactions which in general do not require much change unless the workflow processes are being revised.

Tom Hughes  
Head of Evaluation and Training  
Western Care Association

Appendix 1; The Procedural Framework  
Appendix 2; Questions to Consider for the “Owner” when Developing or Revising a Policy/ Procedure

Western Care Association - Policy and Procedural Framework			
Code No.	Procedure Title	Procedure Owners	Review Date
<b>Folder 1: Individual Planning</b>			
1.1	Individual Planning (Adults)	ETD	30/10/2016
1.1	Individual Planning (Children's Respite)	ETD	30/10/2016
1.2	Communication	Marion Earley	31/10/2016
1.3	Natural Supports and Volunteer Networks	Noreen McGarry	31/10/2016
1.4	Personal Intimate Care	Regina Chambers	31/10/2016
1.5	Food and Nutrition	Marian Murphy	31/10/2016
1.6	Best Possible Health	Marian Murphy and Carmel Hanley	25/02/2018
1.7	Medication	Marian Murphy and Carmel Hanley	05/02/2019
1.8	Risk Management	Tom Hughes	31/10/2016
1.9	Listening and Responding to People who Challenge and the use of Restrictive Practices	Marian Murphy and Michael Kneafsey	31/10/2016
1.10	Incident Reporting	Tom Hughes and IMG	08/07/2017
1.11	Rights	Connie O'Regan	31/10/2016
1.12	Regulations for Service Users' Monies	James Rocke	31/10/2016
1.13	Dysphagia Policy	Marion Earley	20/10/2017
1.14	Guidelines on Manual Handling	Tom Hughes, Pat Walsh and Pauline Brennan	26/02/2019
<b>Folder 2a: Supporting Safeguards</b>			
2A.1	Child Protection Procedure	David Toumey and Regina Chambers	30/07/2014
2A.2	Adult Safeguarding Policy	David Toumey and Regina Chambers	26/11/2017

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Code No.	Procedure Title	Procedure Owners	Review Date
2A.3	Procedure for the Resolution of Concerns and Complaints to Western Care Association	Bernard O'Regan and Rita Lavelle	18/12/2018
2A.4	Records Management Procedure	Records Mgmt/Caroline Barrett	15/11/2016
2A.5	Information to Residents	Tom Hughes	15/11/2016
2A.6	Visitors Policy	Tom Hughes	15/11/2016
2A.7	Organisational Safety Statement	Pat Foley	15/11/2016
2A.8	Department Safety Statement	Pat Foley	Yearly 15/11/2015
2A.9	Fire Safety Guidelines	Pat Foley	15/11/2016
2A.10	Emergency Procedure	Pat Foley	15/11/2016
2A.11	Missing Person Procedure	Pat Foley	15/11/2016
2A.12	Infection Control Guidelines	Marian Murphy	15/11/2016
2A.13	Loss and Bereavement Procedure	Edel Keane	15/11/2016
2A.14	End of Life Care		
2A.15	Managing and Reporting a Death in Service	David Toumey and Regina Chambers	15/11/2016
2A.16	Guidelines for Services using Western Care Association Transport	Pat Foley	15/11/2016
2A.17	Guidelines on the use of CCTV in Western Care Association	Bernard O'Regan	15/11/2016
Folder 2b: Supporting Transitions			
2B.1	Referrals, Admissions, Transfers and Discharges	Bernard O'Regan	15/11/2016
2B.2	Education for Children Policy	Childrens Respite Services	15/11/2016
2B.3	Access to Training and Development for People using Services	Maureen Harrington	15/11/2016
2B.4	Empowering People through Work	Carmel Hanley	15/11/2016

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Code No.	Procedure Title	Procedure Owners	Review Date
2B.5	School Leavers Process	Angela Regan	15/11/2016
Folder 3a: HR Procedures			
3A.1	Recognised Qualification Procedure	Pauline Brennan and Tom Hughes	15/11/2016
3A.2	Inclusive Recruitment Procedure	Annette Joyce	15/11/2016
3A.3	Garda Vetting Procedure*		
3A.4	Code of Conduct for Western Care Employees	Pauline Brennan and Connie O'Regan	15/11/2016
3A.5	Induction Procedure	Annette Joyce	15/11/2016
3A.6	Supervisory Support	Pauline Brennan and Tom Hughes	15/11/2016
3A.7	Staff Development through Training	Tom Hughes and Joan Murray	15/11/2016
3A.8	Dignity at Work	National Policy	27/11/2018
3A.9	Grievance Procedure	Pauline Brennan	15/11/2016
3A.10	Disciplinary Procedure	Pauline Brennan	15/11/2016
3A.11	Protected Disclosures of Information in the Workplace	Tom Hughes	15/11/2016
3A.12	Managing Investigations	Pauline Brennan	31/10/2017
3A.13	Court Procedure	Bernard O'Regan	15/11/2016
3A.14	Employee Assistance Programme	Pauline Brennan	27/11/2018
3A.15	Serious Assault Payment Scheme	Pauline Brennan	15/11/2016
3A.16	Replacement of Staff at Grades above Assistant Level	Pauline Brennan	15/11/2016
3A.17			
3A.18	Job Sharing Procedure	Pauline Brennan	15/11/2016
3A.19	Employment Following Retirement	Pauline Brennan	15/11/2016

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<b>Code No.</b>	<b>Procedure Title</b>	<b>Procedure Owners</b>	<b>Review Date</b>
3A.20	Staff Attendance Record	Pauline Brennan	15/11/2016
3A.21	Completion of Payroll Returns for all Employees (incl. Disturbed Sleep and Overtime)	Pauline Brennan and James Rocke	15/11/2016
3A.22	Sick Leave Policy	Pauline Brennan	27/11/2018
3A.23	Attendance Management Policy and Procedure	Pauline Brennan	27/11/2018
3A.24	Time in Lieu	Pauline Brennan	27/05/2016
3A.25	Lone Workers Procedure	Pat Foley	15/11/2016
3A.26	Adverse Weather Policy	Pauline Brennan	27/11/2018
3A.27	Driving for Work Procedure	Pat Foley	08/02/2016
3A.28	Guidelines for Manual Handling	Pat Foley and Pat Walsh	15/11/2016
3A.29	Smoke Free Workplace	Pat Foley	15/11/2016
3A.30	Policy on the use of Information Technology	Tia Crowley	15/11/2016
3A.31	WCA Guidance for Implementing Trust in Care	Pauline Brennan and Tom Hughes	31/10/2017
<b>Folder 3b: Finance Procedures</b>			
3B.1	Payroll Systems Regulations	James Rocke	15/11/2016
3B.2	Regulation for Travelling Expenses and Subsistence Allowance	James Rocke	15/11/2016
3B.3	Capital Expenditure Income Regulations	James Rocke	15/11/2016
3B.4	Regulation for Tenders and Quotations	James Rocke	15/11/2016
3B.5	Regulation for Purchasing, Goods Received and Invoice Processing	James Rocke	15/11/2016
3B.6	Petty Cash - Imprest Account Regulations	James Rocke	15/11/2016
3B.7	Regulation for Income and Receipts	James Rocke	15/11/2016
	Regulations for Service Users' Monies	James Rocke	31/10/2016

Western Care Association - Policy and Procedural Framework			
Code No.	Procedure Title	Procedure Owners	Review Date
3B.8	Budget Process	James Rocke	15/11/2016
3B.9	Budget Management Philosophy and Best Value	James Rocke	15/11/2016
3B.10	Maintenance Procedures	James Rocke	15/11/2016
3B.11	Internal Audit Procedure	James Rocke	15/11/2016
3B.12	Statement of the System of Internal Financial Control	James Rocke	15/11/2016
3B.13	Conflict of Interest Policy	James Rocke	15/11/2016
3B.14	Post Opening Regulations	James Rocke	15/11/2016

Yellow = HIQA Regulations

Green = Other Regulations/Statutes

Red = Not Specified in Schedule 5 which contains the list of 21 required procedures but is explicitly or implicitly referenced in the text of the HIQA Regulations

**Questions to Consider for the Owner In Developing or Revising a  
Policy/Procedure**

**Owner's name:** \_\_\_\_\_

**Policy/Procedure name:** \_\_\_\_\_

Question:	Response:
Is this a Policy/Procedure Review process or is it a new Policy Procedure requiring Development ?	
What is the starting date for the Development /Review process?	
What is the estimated completion date	
What is the driver for the development / review of this policy/procedure <i>(Internal Decision, Legal/Regulatory Changes, Time for regular Review)</i>	
Does it impact all staff or just a particular group? Please describe.	
How significant are the implications for <i>changes in practice</i> across the organisation. Will this require a major change in the practice of those impacted?	
Who will be consulted for content, legal/regulatory knowledge( Give names )	
Who will be consulted for practical / feasibility knowledge for implementation ( Give names )	
How will people using services be consulted?	
How will families be consulted?	
What form of consultation will be best <i>(Small Authoring Group, Working Group, Reference Group, once off focus group, individual contributions, submissions, surveys)</i>	
How will practical and feasibility issues be addressed ( Consultation Process, Informal 'Try Out', Field Test and Review)	
What are the time and resource implications of your approach?	

Question:	Response:
If the policy/procedure is already in place, is there strong practice around this or if not, what needs to be changed to address practice issues	
How will the product be disseminated so that it is likely to be implemented	
What is the monitoring process to ensure implementation in practice	
If there is data generated by the policy/procedure, what is the process for gathering and using this data.	
Is there an assigned function/role to monitor the use of the data	
Are there implications for other policies/procedures, if yes please specify what these are. Check with ETD if unclear.	
Are you recommending this should be included on the staff register, please justify	
Have you an agreement with the AT group to develop an accessible version if this is appropriate?	