

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 Quality and Compliance Manager is 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. The Quality and Compliance Manager co-ordinates policy/procedural development, distribution and maintenance/revision. This role functions as the sole distributor of policies/procedures to ensure effective gatekeeping and documentation management. In addition to hard copy and documentation, this department is 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 Executive Management Team/Senior Operational Management Committee 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: Procedures are available on the Staff Intranet for ease of access. Each frontline service site has been provided with a hard copy procedures folder. All policies must be reviewed early three years. A timetable of updating and circulation is coordinated by the Quality and Compliance Manager taking into account availability of procedure owners to review each procedure and a manageable workload for all staff to review updated procedures and complete a staff register.

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 Quality and Compliance Manager and the Director of Operations.

Where there are minor changes to documents which do not have any significance for changes in staff practice, these are updated directly through the Intranet and direct communication through line management.

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.

Accessible Formats: A number of policies/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. Mayo Self Advocacy, an organisation wide group for self advocates using association services provides an ongoing reference point for consultation on accessible policies.

The Policy & Procedure Framework: Currently there are 87 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 complete list of current policies is available at the line below.

Appendix 1: Procedure Listing 2020

<i>Essential Procedures</i>				
Code	Procedure Title	Owner	Register Required	HIQA
1.1	Adult Safeguarding	Social Work	All	√
1.2	Best Possible Health	Training & Development	Frontline Staff & Management	
1.3	Child Protection Procedure	Social Work	All	√
1.4	Code of Conduct for Western Care	Human Resources	All	√
1.5	Communication	Speech and Language Therapy	Frontline Staff & Management	√
1.6	Community Connections	Community Inclusion Coordinator	Frontline Staff & Management	
1.7	Complaints Procedure	Complaints Administrator	All	√
1.8	Department Safety Statement	Health & Safety Officer	All	√
1.9	Dignity at Work	Human Resources	All	
1.10	Emergency Procedure	Health & Safety Officer	Frontline Staff & Management	√
1.11a	Fire Safety Guidelines – Non residential	Health & Safety Officer	All	
1.11b	Fire Safety Guidelines –residential/respite	Health & Safety Officer	Residential/Respite Staff & Management	√
1.12	Incident Reporting	Quality & Compliance	All	
1.13	Infection Control Guidelines	Training & Development	Frontline Staff & Management	√
1.14	Listening and Responding to People	Training & Development	Frontline Staff & Management	√
1.15	Manual Handling Guidelines	Training & Development	All	
1.16	Medication	Training & Development	Frontline Staff & Management	√
1.17	Missing Person Procedure	Social Work	Frontline Staff & Management	√
1.18	Organisational Safety Statement	Health & Safety Officer	All	√
1.19	Personal Intimate Care	Social Work	Frontline Staff & Management	√
1.20	Protected Disclosures	Training & Development/Human Resources	All	

1.21a	Records Management Procedure	Data Compliance Officer	All	√
1.21b	Data Protection Procedure	Data Compliance Officer	All	√
1.22a	Restrictive Practice	Training & Development/Quality & compliance	Frontline Staff & Management	√
1.22b	Rights	Training & Development	Frontline Staff & Management	
1.23	Risk Management	Quality & Compliance/BSS	Frontline Staff & Management	√
1.24	Service Users' Monies	Head of Finance	Frontline Staff & Management	√
1.25	Supervisory Support	Human Resources	All	
<i>Supporting Procedures</i>				
2b.3 /2020	Access to Training and Development	Day Service	Frontline Staff & Management/ as applicable	√
2a.17/2020	CCTV Guidelines	Senior Management	Frontline Staff & Management/ as applicable	√
2a.16/2020	Driving for Work	Health & Safety Officer	All	
1.13/2020	Dysphagia Policy	Speech and Language Therapy	Under Review	
2b.2/2020	Education for Children Policy	Children's' Area Team	Staff in Children's Services & Management	√
2b.4/2020	Empowering People through Work	Day Services	Frontline Staff & Management/ as applicable	
2a.14 /2020	End of Life Care	Social Work	Frontline Staff & Management/ as applicable	√
1.15/2020	Epilepsy Policy	Training & Development	Frontline Staff & Management/ as applicable	
1.16/2020	Falls Risk Reduction Policy	Training & Development	Frontline Staff & Management/ as applicable	
1.5/2020	Food and Nutrition	Training & Development	Frontline Staff & Management/ as applicable	√
1.1/2020	Individual Planning (Adults) Individual Planning (Autism) Individual Planning (Children's Respite)	Training & Development Quality & Compliance	Frontline Staff & Management/ as applicable	
2a.5/2020	Information to Residents	Training & Development	Frontline Staff & Management/ as applicable	√
2a.13/2020	Loss and Bereavement Policy	Social Work	Frontline Staff & Management/ as applicable	
2a.15/2020	Managing/Reporting a Death in Service	Social Work	Frontline Staff & Management/ as applicable	√

2a.18/2020	Organisational Risk Management	Quality & Compliance	All	√
1.18/2020	Peg Feeding	Training & Development	Frontline Staff & Management/ as applicable	
2b.1/2020	Referrals	Senior Management	Under Review	√
2b.5/2020	School Leavers	Senior Management	Under Review	
2a.6/2020	Visitors Policy	Training & Development	Frontline Staff & Management/ as applicable	√
<i>Human Resources</i>				
3a.26/2020	Adverse Weather Policy	Health & Safety Officer	Frontline Staff & Management/ as applicable	
3a.23/2020	Attendance Management Procedure	Human Resources	Frontline Staff & Management/ as applicable	√
3a.21/2020	Completion of Payroll Returns	Human Resources	Frontline Staff & Management/ as applicable	
3a.13/2020	Court Procedure	Human Resources	Frontline Staff & Management/ as applicable	
3a.27/2020	Disciplinary Procedure	Human Resources	Frontline Staff & Management/ as applicable	
3a.19/2020	Employee Assistance Programme	Human Resources	Frontline Staff & Management/ as applicable	
3a.3/2020	Employment Following Retirement	Human Resources	Frontline Staff & Management/ as applicable	
3a.9/2020	Garda Vetting	Human Resources	All	√
3a.5/2020	Inclusive Recruitment Policy	Human Resources	Frontline Staff & Management/ as applicable	
3a.18/2020	Induction Procedure	Training & Development /Human Resources	Frontline Staff & Management/ as applicable	
3a.30/2020	Information Technology	Head of IT	Frontline Staff & Management/ as applicable	
3a.12/2020	Lone Workers Procedure	Human Resources	Frontline Staff & Management/ as applicable	
3a.17/2020	Managing Investigations	Human Resources	Frontline Staff & Management/ as applicable	
3a.1/2020	Probation Policy	Human Resources	Under Review	
3a.16/2020	Recognised Qualification Procedure	Human Resources	Frontline Staff & Management/ as applicable	
3a.15/2020	Replacement of Staff at Grades	Human Resources	Frontline Staff & Management/ as applicable	
3a.22/2020	Serious Assault Payment Scheme	Human Resources	Frontline Staff & Management/ as applicable	

3a.29/2020	Sick Leave Policy	Human Resources	Frontline Staff & Management/ as applicable	
3a.20/2020	Smoke Free Workplace	Human Resources	Frontline Staff & Management/ as applicable	
3a.7/2020	Staff Attendance Record	Human Resources	Frontline Staff & Management/ as applicable	
3a.24/2020	Staff Development through Training	Training & Development	All	√
3a.31/2020	Time in Lieu	Human Resources	Frontline Staff & Management/ as applicable	
1.3/2020	Volunteer Policy	Human Resources	Frontline Staff & Management/ as applicable	
3a.31/2020	WCA Guidance Implementing Trust in Care	Human Resources	All	
<i>Finance Procedures</i>				
3b.9/2020	Budget Management Philosophy Best Value	Head of Finance		
3b.8/2020	Budget Process	Head of Finance		
3b.3/2020	Capital Expenditure Income Regulations	Head of Finance		
3b.13/2020	Conflict of Interest Policy	Head of Finance		
3b.11/2020	Internal Audit Procedure	Head of Finance		
3b.10/2020	Maintenance Procedures	Head of Finance		
3b.1/2020	Payroll Systems Regulations	Head of Finance		
3b.5/2020	Petty Cash - Imprest Account Regulations	Head of Finance		
3b.15/2020	Policy on Repayment	Under Development – Finance/HR		
3b.14/2020	Post Opening Regulations	Head of Finance		
3b.7/2020	Regulation for Income and Receipts	Head of Finance		
3b.5/2020	Regulation for Purchasing, Goods Received	Head of Finance		
3b.4/2020	Regulation for Tenders and Quotations	Head of Finance		
3b.2/2020	Regulation for Travelling Expenses	Head of Finance		
3b.12/2020	System of Internal Financial Control	Head of Finance		

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>	

Question:	Response:
How will practical and feasibility issues be addressed (Consultation Process, Informal 'Try Out', Field Test and Review)	<i>Appendix 2: Questions to Consider</i>
What are the time and resource implications of your approach?	
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?	