Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

2018

Disability Community Services: Intellectual Disability Residential Services: Governance Structure Framework

A framework for supporting effective Governance arrangements in the management of residential services for people with intellectual disability

HSE Social Care Division
May 2017

SC ID Res 01/2017: Governance Structures Version: 2 Date approved: 23.05.17
Revised: March 2018

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1.0 Foreword

The HSE has the statutory function of providing Health and Social Care services for people with disabilities (Health Act 2004). The HSE discharges this function through the direct provision of services for people with disabilities and through funding both Voluntary and For Profit Service Providers to provide these services on behalf of the HSE. The HSE fully acknowledges its responsibilities in providing leadership, guidance and support in striving towards best practice in the delivery of services for persons with a disability. Thus the development of this framework and the attached resources have been developed to support all service providers in ensuring good governance structures are in place to deliver on high quality and safe services.

To provide high quality and safe services for people with intellectual disabilities, the need to have robust governance arrangements in place for the management of the services has been well acknowledged in the international literature. The Quality Improvement Division of the HSE has done significant work in providing guidance for the Health Sector on developing Clinical Governance. However effective governance arrangements still remains a significant issue within HSE provided and funded Residential Intellectual Disability Services as evidenced by HIQA reports since regulation of the Sector came into place in November 2013.

The National Social Care Division Quality and Safety committee commissioned a National Subgroup to develop clear guidance specific to Disability Services on the type of Governance Structure that should be put in place to develop and support high quality, safe services that will meet standards and regulations as set out in the Health Act 2007 (Regulations 2013).[1]

In 2016 this subgroup was convened and included members with background and experience including Human Resources, Service managers, Quality Improvement and Family Representation. Please see Appendix 3 for membership of this group.

2.0 Purpose

This Framework, guidance notes and supporting documents and tools will support services in both recognising their responsibilities as a service provider and equally understanding the unique nature of providing residential services for people with disabilities. Supporting a person to live a life of their choosing while being supported by services, twenty four hours a day, seven days a week, will always have the challenge of providing safe services but ensuring people are being supported to live a life of their choosing which will sometimes involve positive risk taking within a culture of “keeping people safe”. Furthermore, good governance will assist in ongoing quality improvements within all the services to ensure that the HSE continue to strive for the best possible life for the people living in Intellectual Disability residential services.

Governance for Quality and Safety is a framework through which healthcare/social care teams are accountable for the quality, safety and experience of people in the care they

[1] Healthcare Act 2007 – (Care and Support of residents in Designated Centred for Persons (Children and Adults) with disabilities) Regulations 2013.

deliver. For health and social care staff, this means specifying the standards they are going to deliver and which should have measurable quality of life improvements for persons with disabilities.

Governance for quality and safety is an integral component of governance arrangements where:

- Each individual, as part of a team, knows the purpose and function of leadership and accountability for good health and social care.
- Each individual, as part of a team, knows their responsibility, level of authority and to whom they are accountable.
- Each individual, as part of a team, understands how the principles of quality and safety can be applied in their diverse practice.
- A culture of trust, openness, respect and caring is evident among managers, staff and residents.
- Each individual, as part of a team, consistently demonstrates a commitment to the principles of quality and safety in decision-making.
- Quality and safety is embedded within the overall corporate governance arrangement for the statutory and voluntary health and personal social services in realising improved outcomes for service users.

3.0 Scope

This Framework and supporting resources have been developed to support HSE Intellectual Disability (ID) residential services in establishing robust governance structures within the overall management structures within the HSE and specifically within each CHO. It is the intention that this Framework will be adopted by all HSE ID directly provided residential Services. It is furthermore the intention that this framework will be adopted by HSE funded services, both Section 38 and Section 39 services. However, it is acknowledged that these organisations may have different internal structures for the governance of their residential services and in those circumstances, it may be more appropriate to self assess the service using the Governance and Leadership checklist and then put in place any actions required to ensure the service is fully compliant with this Framework.

While this Framework has been designed specifically for persons with Intellectual Disability living in Residential Services, it is intended that it can also be adapted for use in Residential Services for people with Physical and Sensory Disabilities.

It is outside the scope of this Framework to consider relationships between Residential services and Day services

4.0 Assumptions

Residential services for people with intellectual disabilities are delivered across all CHOs through a combination of HSE directly providing services and HSE funded service providers to provide services on their behalf. The range and complexity of services vary hugely across the country where there are still a number of congregated settings to one person living in a

house. The number of Services, Designated Centres and Management Structures vary all across the country. For the purposes of this framework, the following assumptions have been made:

- A Designated Centre will be supporting no more than 20 people across a variety of settings.
- There will be a Full Time Person in Charge per Designated Centre.
- A number of Designated Centres can be managed through one Governance Structure. This is called an "Allocated Service".
- There will be a Director of Services managing an Allocated Service who will be the Provider Nominee for all the Designated Centres within the Allocated Service.
- There will be a Governance Structure in place for each Allocated Service that reports to the Head of Social Care within each CHO Area.
- In the event that there are HSE provided day services in the area, consideration will need to be given to the management of these and how these day services will interact with the Residential Services.

5.0 Principles

The guiding principles underpinning the delivery of service and supports through a good governance structure, for adults with Intellectual disabilities, are set out as follows:

1. Person Centredness
2. Positive Risk taking
3. Self-determination - being supported to live a life on one's own terms
4. Friendships, Relationships - meaningful and freely chosen
5. Inclusion
6. Equity
7. Equal citizenship

The implementation of a robust governance structure to meet the identified needs of the residents will support the service in meeting Standards and Regulations as set out in the Health Act 2007 (Regulations 2013), but a value based culture developed by the service, underpinned by the above principles will support the service to continually strive to provide individualised services in line with the **Will and Preference** of the resident.

The premise of this structure is that it devolves responsibility and decision making ability to the closest level possible to the resident but provides oversight to ensure that decisions are being made in line with national standards to ensure good practice and that Due Process is being followed.

In line with the underpinning principles of the governance structure, it is the expectation that, where possible, management meetings will be held in a Designated Centre (with the consent of the residents living there) within the Allocated Service. Meetings can be rotated among the Designated Centres with residents in each house invited to attend to update on house meetings/resident forums, where appropriate. While this may pose logistical

challenges, it will provide visible, transparent and person centred governance which can be replicated across all aspects of the service.

6.0 Guidance on the Governance Structure

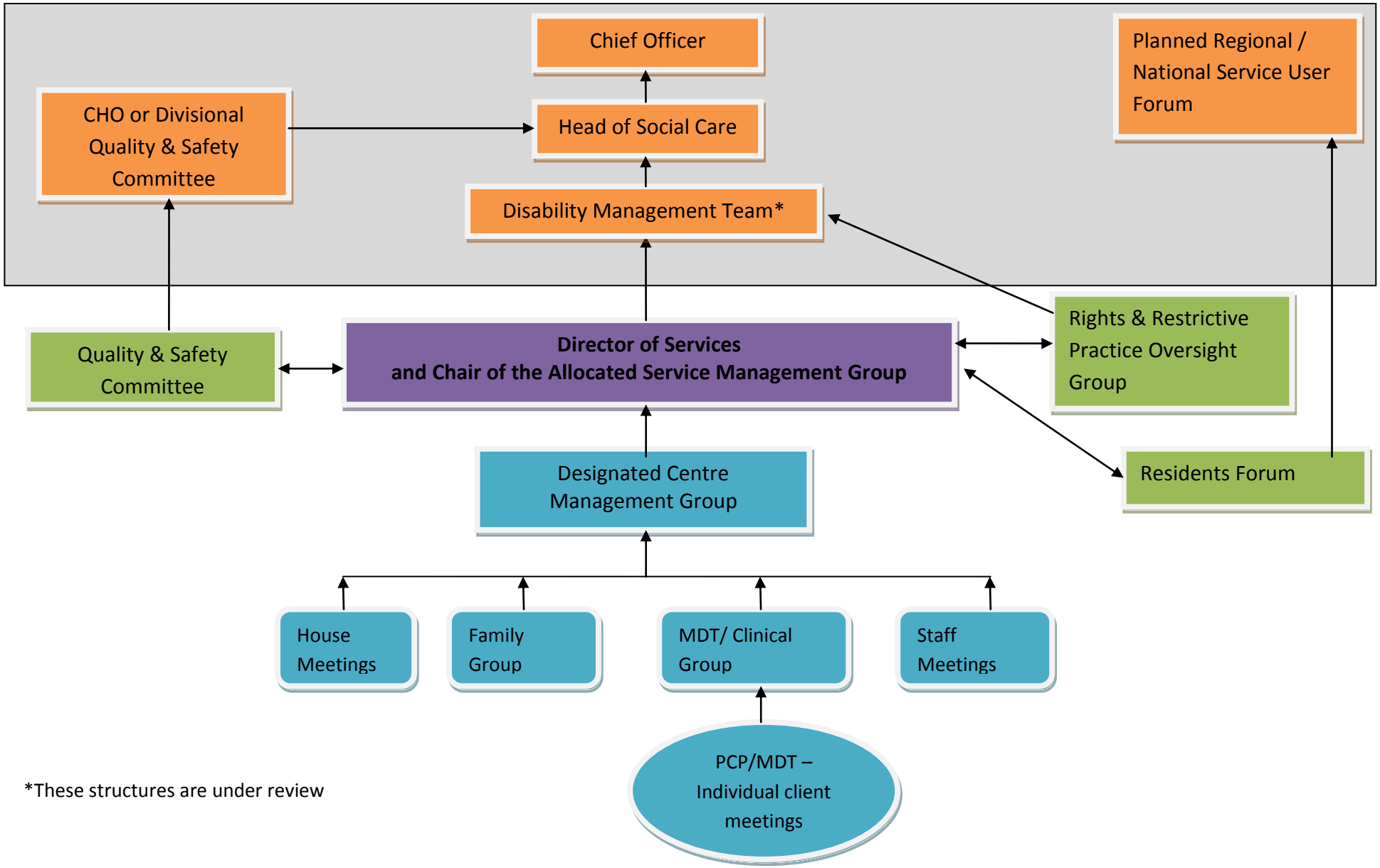
The National Social Care Division recognises the divergence of services in each CHO area so has provided flexibility within the structure to accommodate this. The structure contained within this document is the core structure recommended which will ensure the service is providing good governance and leadership that will support residents to live meaningful lives of their choosing.

The core structure is the minimum governance structure required but based on the level of services in the area, different approaches may be required, i.e.

a) Setting up specific working groups in response to an identified need which requires a targeted response, such as an Incident and Complaints Review Group.
b) As part of quality improvement projects in a specific area such as Person Centred Planning, a working group may be established.
c) Where there is only one Designated Centre within an Allocated Centre, there will only be a need for one Management Group.
d) In situations where a Designated Centre comprises of only one house with 3 to 4 residents, it may be appropriate to create a "Cluster" of single Designated Centres and substitute the Designated Centre Management Structure as a Cluster management structure.
e) Combining the Terms of Reference of the Allocated Service Management Group and the MDT/Clinical Group. The functions of these groups could be standing agenda items on the Allocated Service Management Group. Careful management of the agenda would need to happen to ensure that all the items on the agenda get the appropriate time.
f) Scheduling the meetings immediately after each other may assist in time management.

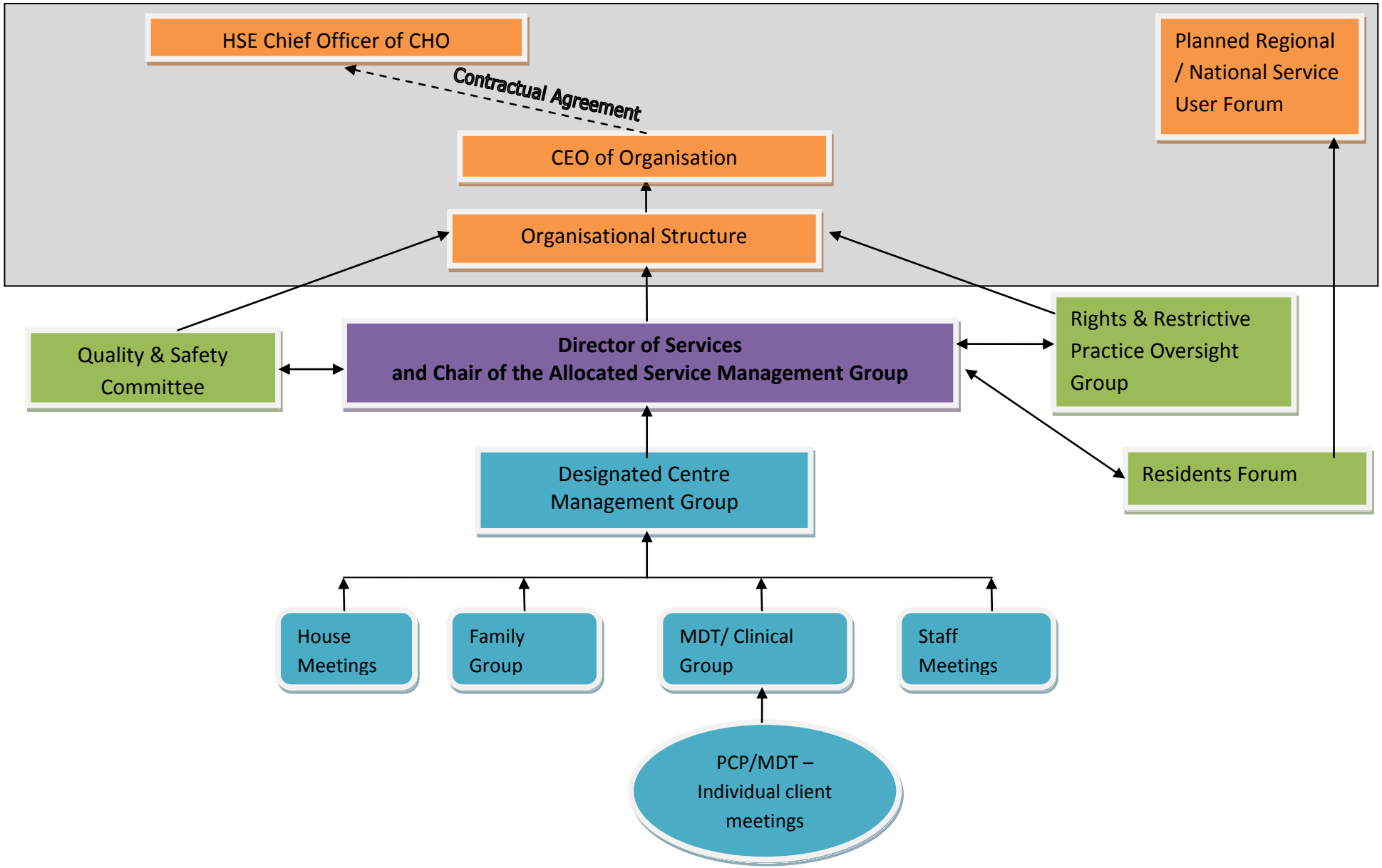
To assist you in setting up the Governance structure for your service, please see Appendix 1 – Governance and Leadership checklist. This document will provide you with an opportunity to consider the key components required for good governance and leadership, to ensure that quality improvement remains an integral part of your service and there is an ongoing focus on meeting the Will and Preference of every resident being supported within your service.

7.0 Proposed Management and Governance Structure for HSE-provided services



*These structures are under review

8.0 Proposed Management and Governance Structure option for HSE-funded services



9.0 Support

To support the implementation of this governance structure a number of resources have been developed as follows:

Table 1: The list of groups that will need to be set up within your service with an outline of the purpose of each group. As part of the Governance Resource Pack, terms of reference have been developed for each of these groups.

Please note: that services may have to adapt this structure and the Terms of Reference of the various groups to suit their individual service. However, it is very important to ensure that the work of each group is carried out somewhere within the service and it all feeds into the overall management of the service.

Table 2: Details of all the additional resources developed to support this Framework. These will all be contained in the Governance Structure Framework Resource Pack.

Also see Appendix 2 for list of resources.

Table 1: Groups required to support the implementation of this Framework

Name of Group	Purpose
Resource 2 Designated Centre – Family Forum TOR	The purpose of the Family Forum is to provide a forum for families and friends of residents within a Designated Centre to meet and discuss relevant matters of interest. The Family Forum can then communicate directly with the Designated Centre Management Group in order to pursue those relevant matters of interest.
Resource 3 Designated Centre – Staff meetings TOR	The purpose of staff meetings is to provide an information sharing process between staff and management that is inclusive of all staff members, and to facilitate staff to raise concerns about the quality and safety of the care and support provided to the resident- Healthcare Act 2007, regulations 2013 23. 3(b).
Resource 4 Allocated Service – Rights and Restrictive Practice Oversight Group TOR	The purpose of the Rights and Restrictive Practice Oversight Group is to provide assurances to the Chief Officer and the Allocated Service Management Group that individual Rights of residents are being upheld and in instances where restrictions have been placed on an individual, that due process has been or is being followed and any such restrictions imposed should be the least restrictive, for the shortest period of time and are reviewed.
Resource 5 Allocated Service - Quality and Safety	That effective arrangements are in place to direct and guide the delivery of quality, person-centred, responsive and safe care to residents in line with the Statement of Purpose and function of the Designated Centre. To support and empower staff at Designated Centres to work through the Quality Improvement initiatives using Quality Improvement methodology.

Resource 6 Allocated Service – Management Group	That management systems are in place to support and promote the delivery of good quality services as set out in the Health Act 2007, and in line with the Service and HSE Social Care Division vision and mission statement for residential services for people with intellectual disability.
Resource 7 Designated Centre – Management Group TOR	That effective management systems are in place to support and promote the delivery of safe, quality services as set out in the Health Act 2007 and to ensure that services are delivered in line with the values as set out in the Statement of Purpose and Function of the Designated Centre.
Resource 8 Designated Centre – MDT/Clinical Group TOR	Overall purpose of this group is to work collaboratively to ensure that; (a) A Person Centred Plan is in place for each individual within the Designated Centre that is updated at least annually. (b) A Health and Personal care Support Plan is in place for each individual that is underpinned by person centred processes and is reviewed at least annually or in response to changing needs. (c) Effective systems are in place to ensure any restrictive practices in place are appropriate and reviewed regularly.
Resource 9 A quick guide to House Meetings	To create an opportunity for staff and residents to share information and to discuss important matters relating to the operation of the house on a day-to-day basis. It also provides an opportunity for residents to share their ideas and experiences of things they think would help make a house run well.
Resource 10 Incidents and Complaints review Group TOR	The purpose of this group is to ensure that incidents and complaints are being managed appropriately, trends and causative factors are being identified and learning from incidents, near misses and complaints inform quality improvement plans for the service.
Resource 15 Framework for a Residents Forum	The purpose of this framework is to outline the principles for developing and establishing a Resident's Forum in an Allocated Service area

Table 2: Additional Resources available

Resources	Purpose
Resource 11 A quick guide to reviewing, analysing and learning from incidents and complaints	This quick guide to reviewing, analysing and learning from incidents and complaints has been developed to support the managers in this area. it can be used to support the management of incidents and complaints through the Quality and Safety committee or through a group set up to manage incidents and complaints – see Resource 10
Resource 12 Designated Centre Management Walk - Round Guide	This tool has been designed to help managers assess the effectiveness of the governance arrangements that designated centres have in place to meet National Standards for Residential Services for Children and Adults with Disabilities (HIQA, 2013)

	and regulatory compliance.
Resource 13 Documentation management system	This is a guide on the management of information that will be required in each house to support staff in having easy access to relevant information as well as ensuring compliance with the statutory regulations.
Resource 14 Leadership and Governance checklist	This tool has been developed based on the recommended Governance Structure detailed in this document. It provides a checklist for managers to consider the various elements of service delivery to ensure that effective governance is in place. Where gaps are identified, this tool provides a structure to develop appropriate action plans.
Resource 15 Framework for a Residents Forum	The purpose of this framework is to outline the principles for developing and establishing a Resident's Forum in an Allocated Service area.
Resource 16 The role of the Registered Provider – in accordance with Regulations 2013	This document has identified the responsibilities of the Registered Provider in accordance with the provisions of the Health Act 2007 (2013 Regulations).
Resource 17 The role of the Person in Charge – in accordance with Regulations 2013	This document has identified the responsibilities of the Person in Charge in accordance with the provisions of the Health Act 2007 (2013 Regulations).

10.0 Conclusion

The National Social Care Division (SCD) remains committed to supporting people within HSE Residential Services for people with Intellectual Disabilities, to live full and active lives within their local communities that reflects the Will and Preference of the individual.

The National SCD recognises the challenges posed by this through the learning gained through HIQA inspections and reviews carried out, such as the Time for Action[2] report, July 2016 on HSE provided services.

The HSE recognises the requirement to provide national guidance and leadership in supporting the services to engage in a process of service improvement that is underpinned by the principles outlined above including person centredness, inclusion and equity.

The National SCD has already embarked on a number of initiatives to support services which includes; rolling out training in Person Centredness, the establishment of National Subgroups to develop guidance on a number of common issues throughout HSE Intellectual Disability Residential services, such as risk management and medication management.

A project team arising out of a partnership between the Quality Improvement Division and the Social Care Division continues to provide supports to services engaging with quality improvement.

The rollout of a Governance Structure is an important step in preparing services for ongoing quality improvement in all areas of service as the HSE continues to strive to deliver quality services that reflect the Will and Preference of the people that we support.

[2] Aras Attracta Swinford Review Group July 2016 - Time for Action

11.0 Acknowledgements

The Governance and Leadership Subgroup would like to acknowledge the contribution of both the Voluntary Service providers and HSE Intellectual Disability residential service providers for their very valuable contribution to the work of this group. The sharing of documentation, experience and expertise with this group in the development of the Governance Structure was invaluable.

12.0 Abbreviations

CEO	Chief Executive Officer
CHO	Community Health Organisation
HIQA	Health Information and Quality Authority
HR	Human Resources
HSE	Health Service Executive
ID	Intellectual Disability
MDT	Multi-Disciplinary Team
PCP	Person Centred Plan
QID	Quality Improvement Division
SCD	Social Care Division
TOR	Terms of Reference

13.0 References

Aras Attracta Swinford Review Group July 2016 - Time for Action (HSE 2016).

European Convention of Human Rights (European Court of Human Rights, Council of Europe Amended 2013).

Framework for Quality Improvement (HSE 2016).

Health Act 2004 Office of the Attorney General Part 2 No. 7. (4)
http://www.irishstatutebook.ie/eli/2004/act/42/enacted/en/print

Healthcare Act 2007 – (Care and Support of residents in Designated Centres for Persons (Children and Adults) with disabilities) Regulations 2013 – Regulation 5 (4) and Regulation 9 (2).

HIQA National Standards for Children and Adults with Disabilities (HIQA 2013).

National Social Care Division operations plan (HSE 2017).

Transforming Lives Programme – this is a programme to implement the recommendations of the 'Value for money and policy review of the disability services in Ireland' (HSE 2012).

Appendix 1: Governance and Leadership Checklist

How to use Governance and Leadership Checklist

This checklist should be used in conjunction with the Governance Structures Residential Services for People with Intellectual Disabilities Framework.

The series of practical statements are grouped under the 6 drivers for improving quality as outlined in the HSE Framework for Improving Quality in our Health Service (2016).

Each statement should be discussed and answered at the Allocated Service Management Meeting.

The statements describe the structures and processes required under the Governance and Leadership structures and asks for evidence of them.

In preparation for completing the check, reference should be made to the principles for clinical governance development and the matrix (see www.hse.ie/go/clinicalgovernance) that underpin the clinical governance assurance check.

For each section:

- Answer Yes or No to the questions provided.

Where a statement is checked as ***'structure/process established and working effectively'***,

The next question to be answered is:

- How do we know? And
- Where is the evidence that the structure/processes are in place and effective?

Where a statement is checked as ***'structure/process under development'*** or 'no structure/process in place for this'

The next step is to:

- Complete the action plan

	Governance and Leadership Checklist using 6 key drivers of quality improvement								
	Each statement should be discussed and answered at the Allocated Service Management group Meeting	Structure/Process evaluation		ACTION PLANS for 'No' answers in Structure/Process				
		Structure/ Process in place & working effectively Enter Yes or No	How do you know that your structure/processes are in place and effective	Process under development Enter Yes or No or N/A	No process in place Enter Yes or No or N/A	Action	Responsible person	Due Date
	Driver 1- Leadership for Quality							
1	There a clearly defined management structure which identifies the lines of authority, responsibility and accountability for the overall service							
2	The provider (or the provider nominee) completes an unannounced visits to each of the designated centres at least once every six months and completes a Governance and Management Report							
3	Formal structured management walkrounds take place with a defined process for frequency and for considering the feedback gained.							
	Driver 2-Person and Family Engagement							
4	Has established a Family Forum with agreed membership and TOR for each designated centre							
5	Feedback from House meetings are a set agenda item for staff meetings in designated centres							
6	Has established a Residents Forum							
	Driver 3- Staff Engagement							
7	Has established staff meetings with approved TOR for each designated centre							
8	Facilitated staff engagement sessions scheduled for each designated centre							
	Driver4-Use of Improvement Methods							
9	A process is in place to increase staff knowledge and skills and provide support to sustain and spread quality improvements methods							
10	A process is in place to standardise support processes where appropriate to reduce variation							

	Driver 5-Measuring for Quality							
11	A service users experience survey is conducted with all residents annually and results are shared							
12	Has an effective flow of information to and from the Allocated Service Management Group to all the relevant groups within the allocated service area							
	Driver 6-Governing for Quality							
13	Has established Designated Centre Management Group with approved TOR							
14	Has established Allocated Service Rights and Restrictive Practice Oversight Group with approved TOR							
15	Has established Allocated Service Quality and Safety Group with approved TOR							
16	Has established Designated Centre MDT/Clinical Group with approved TOR							
17	The Designated Centre Management Group monthly meeting has a set agenda with standing items from 13 to 16 where groups at the Allocated service area are not established							
18	The 21 Policies and Procedures required in the Regulations Schedule 5 are current, approved and implemented							
19	There is an annual review of the quality and safety of care in the designated centre which is made available to residents							
20	Effective measures are in place to safeguard and keep people safe							
21	There are arrangements in place for responding to emergencies							
22	Arrangements are in place for learning from serious incidents/adverse events involving residents							

Document completed by (include group & all names)	**Signature of Chair:** **Date:**	Note: Adapted from Health Service Executive (2012) Quality and Patient Safety Clinical Governance Development an assurance check for health service providers. Other reference: Monitor (2015) Well-led framework for governance reviews: guidance for NHS foundation trusts

Appendix 2: Governance Resource Pack contents

Resource 1: Governance Structure Framework (this document).
Resource 2: Designated Centre – Family Forum Terms of Reference.
Resource 3: Designated Centre - Staff meetings, Terms of Reference.
Resource 4: Allocated Service – Rights and Restrictive Practice Oversight Group Terms of Reference.
Resource 5: Allocated Service – Quality and Safety Committee Terms of Reference.
Resource 6: Allocated Service – Management Group Terms of Reference.
Resource 7: Designated Centre – Management Group Terms of Reference.
Resource 8: Designated Centre – MDT/clinical meetings Terms of Reference.
Resource 9: Quick Guide to House Meetings.
Resource 10: Allocated Service – Complaints and Incidents Review Group.
Resource 11: A quick guide to reviewing, analysing and learning from incidents and complaints.
Resource 12: Designated Centre Management Walk-Round Guide.
Resource 13: Documentation Management system.
Resource 14: Governance and leadership checklist (attached to document).
Resource 15: Framework for a Residents Forum.
Resource 16: The role of the Registered Provider.
Resource 17: The role of the Person in Charge.

Appendix 3: Membership of the Governance and Leadership subgroup

Caralyn Horne - Chair	Quality Standards and Compliance Officer, Social Care Division
Paudie Galvin – Vice Chair	Service Lead, Service Quality Improvement Team, Disability August 2016 replaced by Ann Sheehan:
Ann Sheehan – Vice Chair	Disability Reform Programme
Ann Gilmartin	SCD/QID Project Team Member
Martina Greene	Registered Provider and Director of Nursing, Disability
JP Kehoe/Emma Lynch	Business Support
Marie Kilduff	National Leadership and Innovation Centre
Mellany McLoone	HR Manager, National Social Care Division – July 2016 replaced by Tess O'Donovan:
Tess O'Donovan	Assistant National Director of HR
Maura Morgan	General Manager, Disability
David Quinn	Inclusion Ireland
Siobhan Reynolds	Governance for Quality & Safety – Quality Improvement Division
Anna Shakespeare	National Federation of Voluntary Bodies

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Health Service Executive

Reference Number:	SC ID Res 01/2017	**Terms of Reference developed by:**	Disability Governance and Leadership Subgroup
Version Number:	2 – Revised March 2018	**Terms of Reference approved by:**	Divisional Quality & Safety Committee
Date Approved:	23.05.17	**Revision date:**	March 2019

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