

BHSCT PROCESS FOR MONITORING AND REPORTING NMC REGISTRATIONS AND REVALIDATIONS FOR NURSES AND MIDWIVES

CENTRAL NURSING

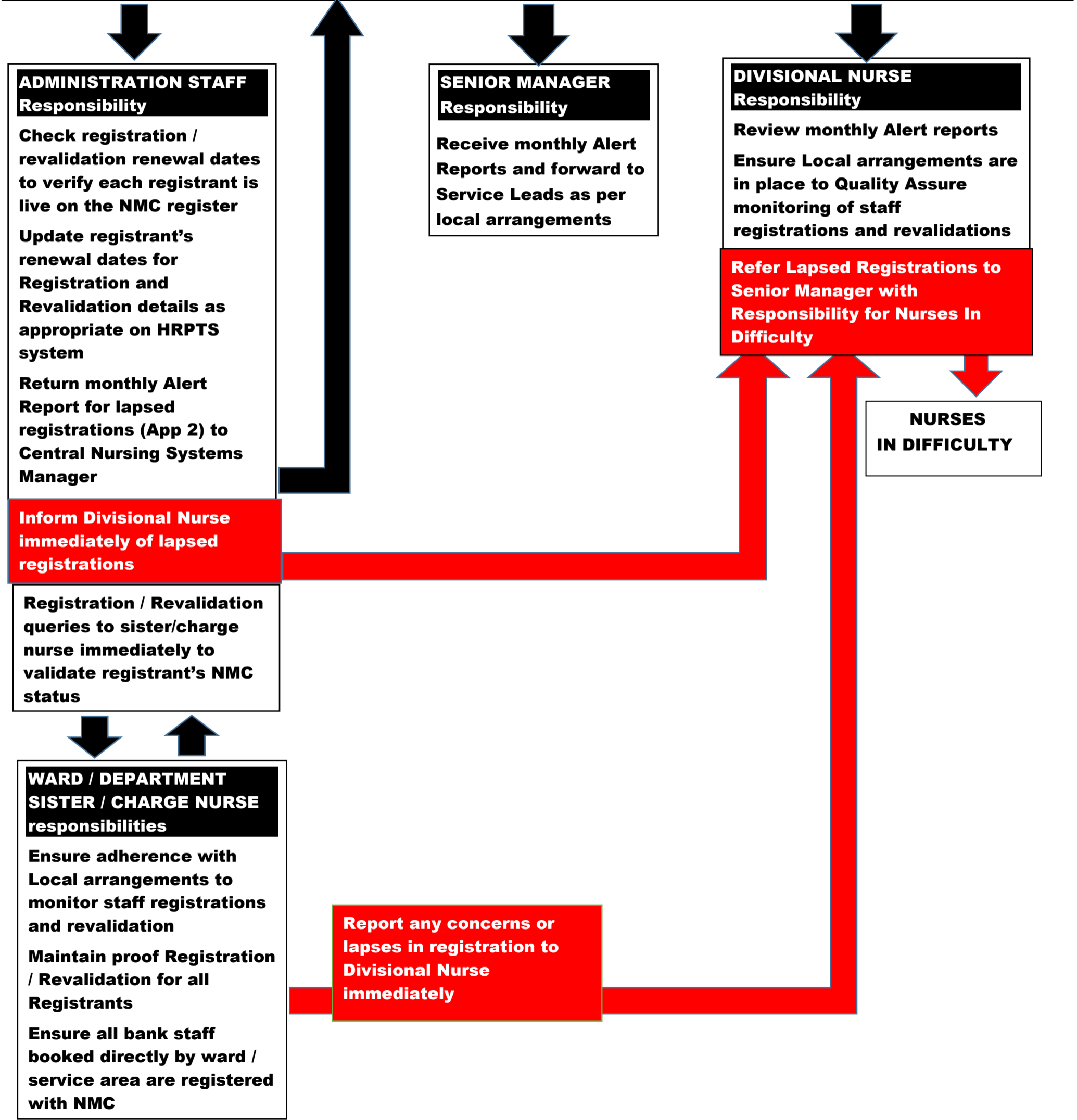
LEAD NURSE REGULATION LEARNING & INFORMATICS Responsible for

Monitoring Registrations and Revalidation to provide assurance that all Nurses and Midwives employed by BHSCT are live on NMC register

SYSTEMS MANAGER Responsibility to

Send Monthly Registration / Revalidation Alert reports to Divisional Nurses, Senior Managers and Administration Staff

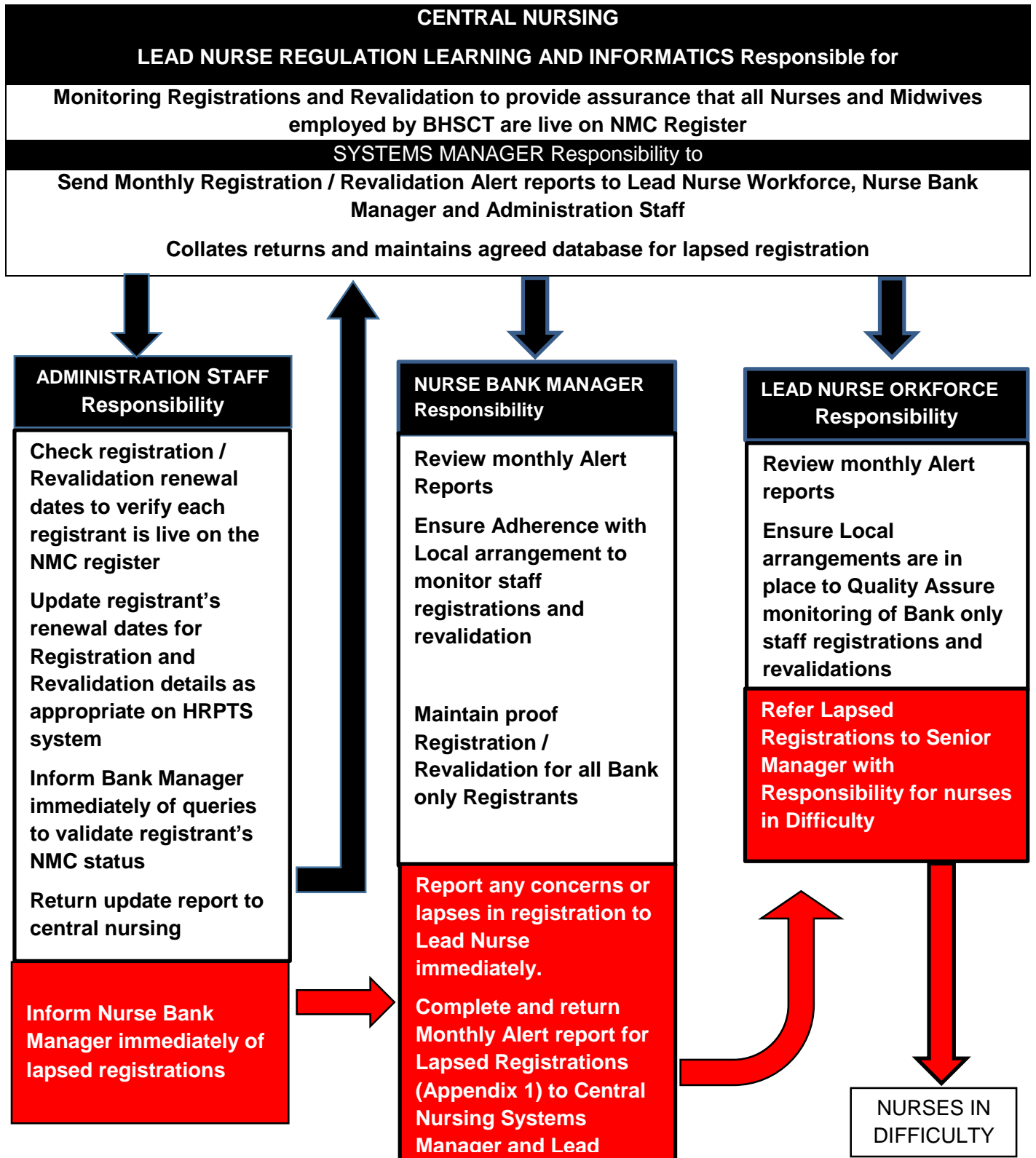
Collates returns and maintains agreed database for lapsed registrations



Link: Registrations and Verification Policy Ref No TP057/08

<http://intranet.belfasttrust.local/Learning/Documents/Registration%20Policy%20Passed%20by%20Policy%20Committee%20Oct%202016.doc>

BHSCT PROCESS FOR MONITORING AND REPORTING NMC REGISTRATIONS AND REVALIDATIONS FOR BANK ONLY NURSES AND MIDWIVES



Link to Registrations and Verification Policy Ref No TP057/08

<http://intranet.belfasttrust.local/policies/Documents/Registration%20and%20Verification%20Policy.pdf>

MAHI - STM - 102 - 6442
Monthly Alert Report for Lapsed Registrations and Revalidations
Bank Only Registrants

APPENDIX 2

MONTH:									DATE ACTION TAKEN			
NMC PIN NUMBER	BANK STAFF NUMBER	SURNAME	FORENAME	DOB	REGISTRATION RENEWAL DATE	REVALIDATION RENEWAL DATE	DATE CONFIRMED ON NMC WEBSITE Y/N	LAPSE IDENTIFIED Y/N	INFORM LEAD NURSE	REMOVE REGISTRANT FROM BANK	DIRECT BOOKING FROM WARD AREAS STOPPED	EMPLOYEE ON LINE ACCOUNT SUSPENDED

March 2020 Final

NURSE BANK REGISTRATION PROCESSES

Central Nursing System Manager forwards three Monthly Registration / Revalidation Alert reports to Lead Nurse/Bank Managers and Admin Staff.

The Admin Staff Check registration / revalidation renewal dates to verify each registrant is live on the NMC register

The Admin Staff notify the Lead Nurse/Bank Manager of any lapses immediately

When the registrant renews his/her Registration and Revalidation the details are updated as appropriate on HRPTS system

Admin Staff forward template showing Long Term Nurse Bank lapsed registrations to Central Nursing Systems Manager



Revalidation for Registered Nurses and Midwives

1st April 2020 – 31st March 2021

Annual Report for Executive Director of Nursing and User Experience

28th June 2021

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DRAFT

1.0 Introduction

The NMC Council introduced a model of Revalidation for all nurses and midwives from December 2015 by order of the Privy Council. Taking effect from April 2016, Revalidation will require registrants to demonstrate how they meet the standards of the updated NMC Code “*Professional Standards of practice and behaviour for nurses, midwives and nursing associates*” (NMC 2018)

NMC 2018 version of the ‘Code’ is substantially similar to the 2015 version; however, it now reflects the new responsibilities for the regulation of Nursing Associates within England

The purpose of Revalidation is to improve public protection by ensuring that nurses and midwives continue to remain fit to practice throughout their career. The process requires all Nurses and Midwives to demonstrate every three years a continued ability to practise safely and effectively to remain on the NMC register.

Central to the Revalidation process is the NMC Code (2018) reinforcing that all registrants reference the Code to underpin all the Revalidation requirements including their written reflective accounts and reflective discussion.

The process of Revalidation:

- Requires the registrant to revalidate every three years upon renewal of NMC Registration
- Reinforces the registrant’s duty to maintain fit to practice within the scope of practice
- Encourages the incorporation of the Code in day-to-day practice and personal development
- Encourages reflection on the role of the ‘Code’ to practice and demonstrates how each registrant is ‘living’ the standards set out within it
- Encourages engagement in professional networks and discussions
- Encourages a culture of sharing, reflection and improvement.
- Enhances employer engagement in NMC regulatory standards and increases access and participation in appraisals and continuing professional development.

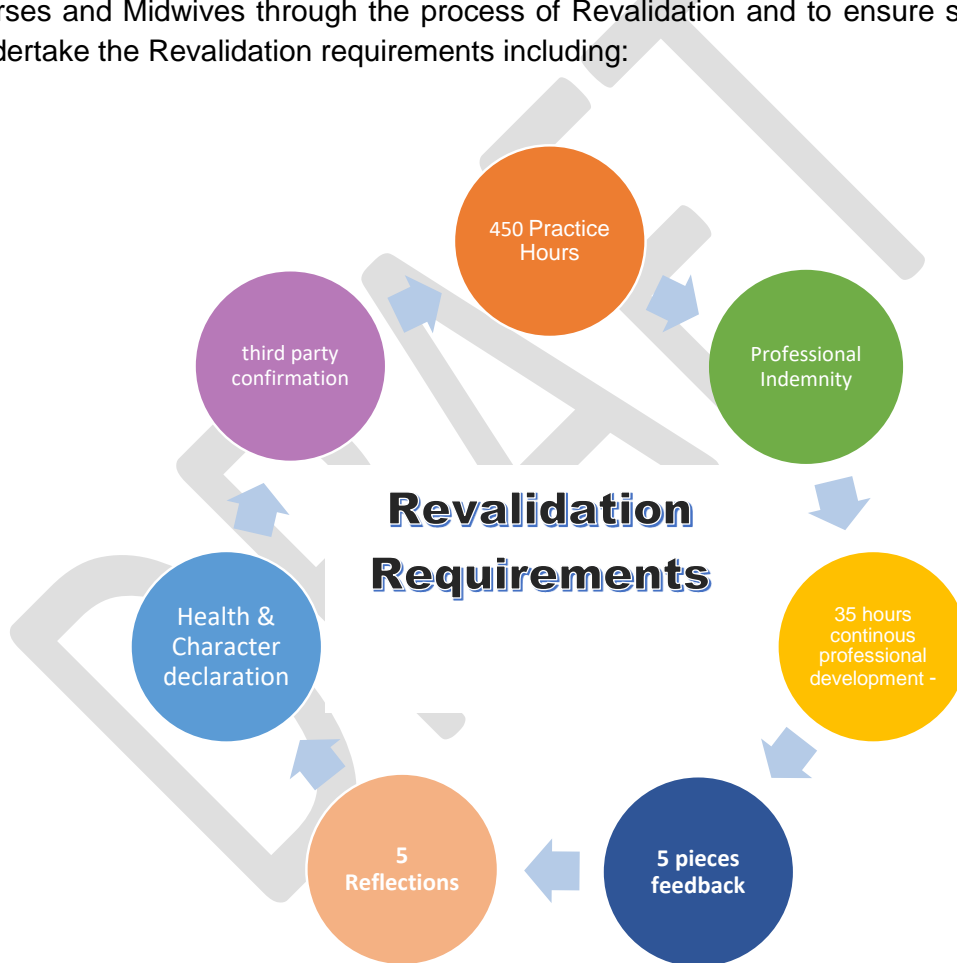
In March 2019, the NMC updated the ‘Revalidation guidance’ first published in October 2015. These updates reflect:

- how the NMC standards for proficiency relate to Revalidation.
- additional resources to support how registrant’s can meet key components of Revalidation to include, Practice Hours, Reflective Discussion, CPD, Confirmation and Appraisal and Exceptional Circumstances.
- Updates to revalidation templates.
- Updates to data protection implications for registrants.
- Further advice on the verification process to include registration appeals.

- reference to the new Nursing Associate role (England only)

In December 2017, RCN published 'Professional registration and employment considerations for registered nurses who work in social care settings in Northern Ireland' outlining that Health and Social Care across Northern Ireland has seen a growth in community based care. As a result, Registered Nurses who formerly employed in hospital settings are now increasingly providing care in a social care model. NMC has confirmed that it does not perceive a barrier for nurses working in social care context to revalidate so long as each registrant is able to demonstrate that they are relying on their nursing knowledge and skills.

In 2016 /17, BHSCT Internal Implementation Group overseen a number of key work streams to ensure Trust 'Revalidation Readiness'. To support and guide all Registered Nurses and Midwives through the process of Revalidation and to ensure support to undertake the Revalidation requirements including:



2.0 Governance Arrangements

- An Annual Report is provided to Executive Director of Nursing and User Experience for Revalidation of Registered Nurses and Midwives within BHSCT.
- There is an established Divisional Nurse / Head of Midwifery role across the BHSCT to support the Professional Nursing and Midwifery agenda including revalidation.

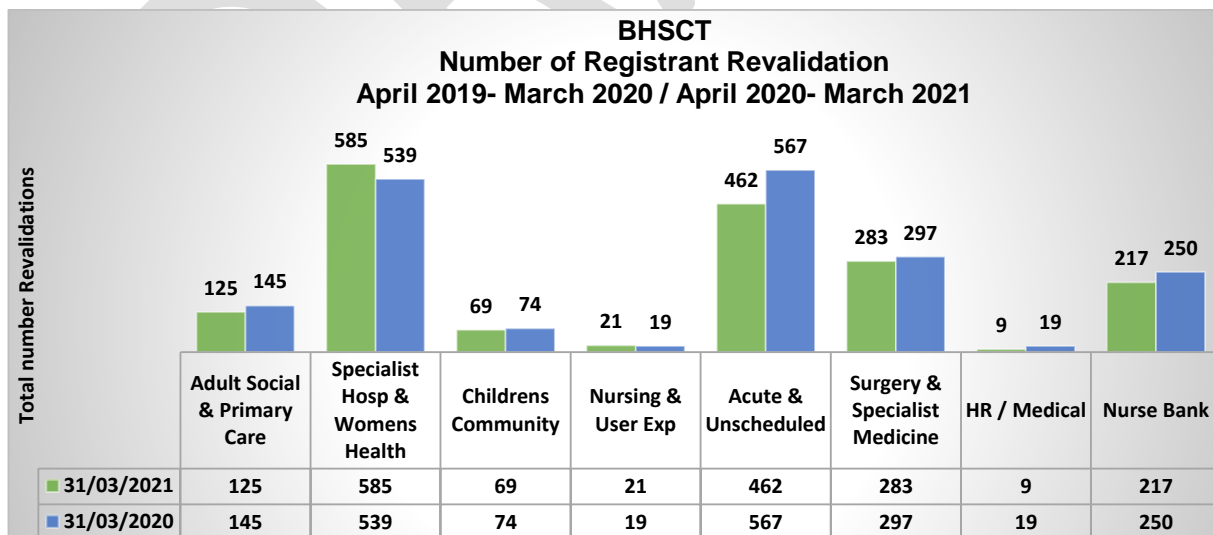
- Each Divisional Nurse / Head of Midwifery is accountable to ensure local processes are in place to monitor and report on the revalidation status of Nursing and Midwifery Registrants within areas of their responsibility.
- HRPTS continues to be the agreed Regional system to capture and monitor the revalidation data.
- Monthly Alert Reports are disseminated from Central Nursing to Divisional Nurses / Head of Midwife to support local processes to ensure all Registered Nurses and Midwives Revalidation details are 'live' on NMC Register and updated on HRPTS. This data provides the Executive Director of Nursing with assurance of revalidation compliance.
- The Trust adheres to the guidance from the NMC in relation to Revalidation. It has a robust Nursing and Midwives in Difficulty process already established to support registrants who are unable to meet revalidation requirements.

3.0 Results

Throughout April 2020 - March 2021, **1771** Registrants across the BHSCT Directorate's successfully completed Revalidation as outlined in **Table 1.0** below, compared to a total **1910** Registrants undertaking Revalidation process throughout the previous twelve months April 2019 – March 2020.

Table 1.0, outlines the Number of Registrants completing Revalidation by Divisions throughout 2020/ 2021 compared to 2019/2021

Table 1.0



4.0 Continuous Improvement

- Throughout 2020 / 2021, HRPTS reports were provided to the Nurse Bank team to undertake a review of internal databases and to ensure Nurse Bank Only

registrants' numbers were accurate. This would inform monthly local monitoring processes for the upload of Revalidation and Registration details of Bank Only Registrants to HRPTS to ensure robust governance monitoring arrangements were in place.

- Ongoing provision of training to support new staff and provision of refresher training within the Nurse Bank Team to include roles and responsibilities of the Nurse Bank team to monitor and record Revalidation / Registration data for Bank Only registrants as agreed. (**Appendix 1**)
- In addition, we continue to request return of monthly revalidation / registration updates for Bank Only registrants who have not successfully revalidated and/or registered on an agreed template as outlined in **Appendix 2**. The Monthly Alert Report provides a robust reporting mechanism between the Nurse Bank and Central Nursing to ensure that all Bank Only Registrants identified as not meeting the requirements of their revalidation are identified and supported through referral to Nurses in Difficulty.
- Throughout 2020-2021, two refresher-training sessions were facilitated for Directorate Administration staff to provide ongoing support and training to Directorates to ensure accuracy of the revalidation dates on HRPTS.
- Within BHSCT, we are committed to continue to avail of learning opportunities with our registrants who are new to the organisation, providing revalidation awareness updates to **253** registrants following implementation of digital Nursing & Midwifery Induction programmes from November 2020 to March 2021.

5.0 Achievements

Throughout 2020 / 21, there has been on-going engagement with the Lead Nurse for Workforce to ensure a robust improvement plan was in place to undertake work within an agreed timeframe to cleanse the current HRPTS report to ensure it reflects only existing Bank Only staff in post. Following the cleanse of data and implementation of robust local monitoring, the Nurse Bank successfully reported that all Bank Only staff NMC Registrations and Revalidations had been checked, verified and uploaded to HRPTS reporting accurate Nurse Bank Only registrants to provide assurance of the data held.

Throughout 2020-21, a review of existing resources and content linked to Revalidation on the Belfast Trust Education Intranet site was undertaken to update and add to existing resources where appropriate.

Working in partnership with Divisional Nurses / Midwife, a review of manager contacts was completed to ensure monthly reports are disseminated to agreed managers to

support local processes for monitoring and updating HRPTS with revalidation renewal dates.

6.0 Challenges and Key Priorities

Challenge 1

Throughout 2020-2021, as result of pandemic NMC introduced a period of automatic and applied extensions to revalidation to support registrants. For registrants due to revalidate March 2020–June 2020, an automatic 12-week extension was applied. From July 2020, registrants could avail of the 12-week extension however; it was not automatic and required discussion with the manager and an application to the NMC. The significant increase in automatic and applied revalidation extensions proved a challenge for several service areas to ensure robust local processes were in place to continue to update and monitor HRPTS records following update NMC Registration details to ensure Revalidation extension dates were verified and updated.

Priority 1

Work was completed on existing HRPTS reports to identify an implement an additional data entry field within the HRPTS system to enable divisional / directorate areas to record and monitor the additional revalidation status. Throughout this period, additional communications with divisional colleagues was required to ensure robust local processes to monitor and update revalidation status.

Challenge 2

Following Quality Assurance checks of Revalidation reports generated by Central Nursing throughout 2020-2021, a number of inconsistencies have been identified indicating incomplete or inaccurate upload of Revalidation dates on HRPTS for Registrants commencing post within the Trust.

Priority 2

We will continue to work in collaboration with divisional nurse / midwife to highlight all anomalies to inform review of local processes to ensure upload of accurate information to HRPTS for monitoring Revalidation.

We will continue to provide additional training and guidance for the upload of information to HRPTS system as required.

We will continue to engage with divisional nurse / midwife to ensure service area contacts for dissemination of monthly reports remain up to date to reflect changes to management structures.

We will continue to receive HR monthly new starts reports for cross reference with existing revalidation monthly directorate reports to assist with monitoring upload of accurate revalidation dates on HRPTS.

We will continue to work in collaboration with HR colleagues to advice of anomalies to ensure accurate record of Registration and Revalidation dates entered on HRPTS on commencement of employment as a Registered Nurse or Midwife within BHSCT.

Priority 3

To provide continued assurance, a key priority for 2021 / 22 will be the continued engagement with the Nurse Bank Team to ensure local processes are in place to update revalidation on the HRPTS report to ensure it reflects only existing Bank Only staff in post.

Priority 4

Throughout 2021-22, existing resources and content linked to Revalidation on the Belfast Trust Education Intranet site will link to launch of Intranet Central Nursing Home page

7.0 Summary

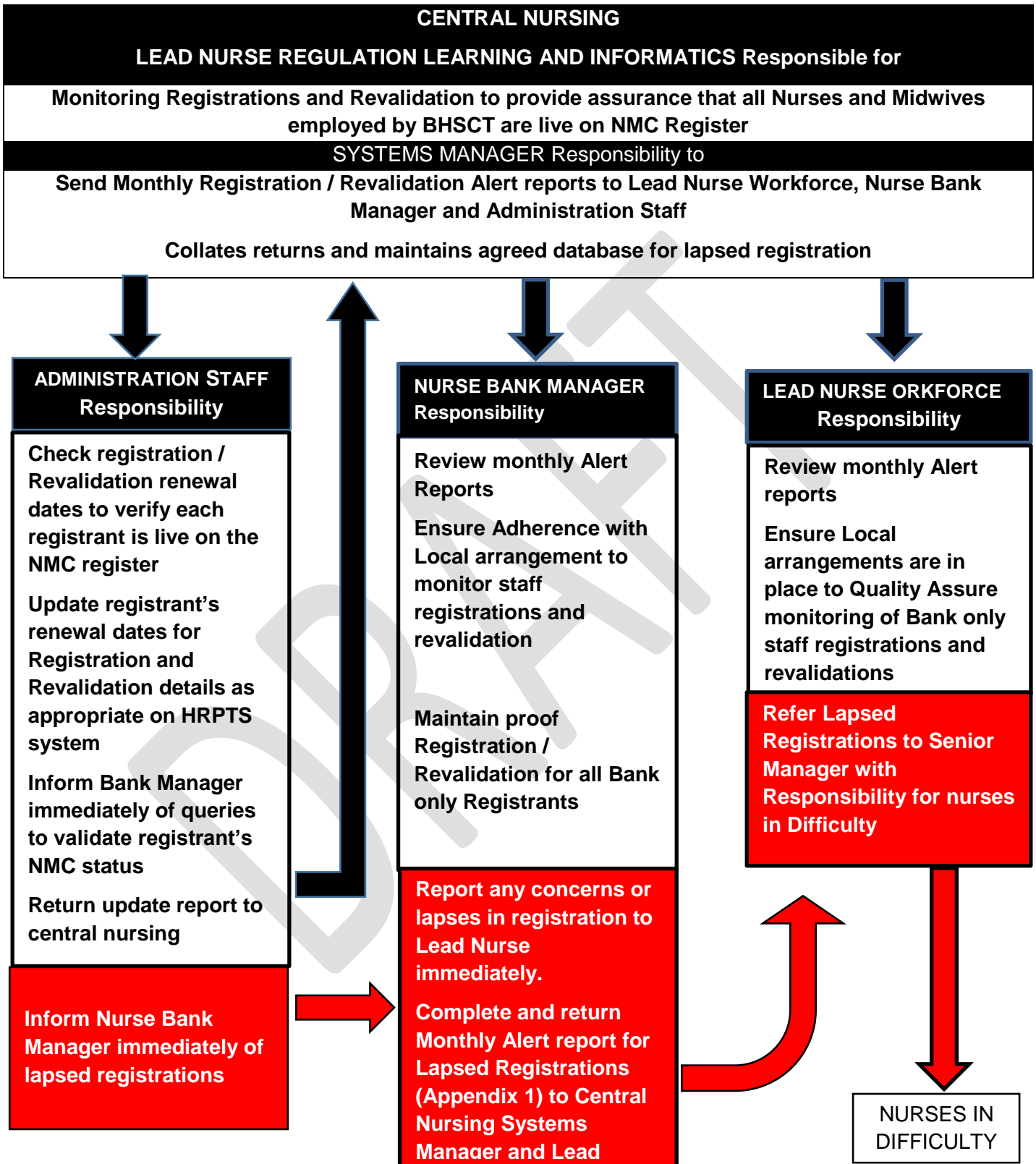
Throughout 2020/2021, BHSCT has provided ongoing support and guidance to **1771** Registrants to ensure success in meeting NMC Revalidation requirements.

We will continue to engage with Nurse Bank colleagues to ensure a robust process is in place to ensure all 'Nurse Bank Only registrants' have registration and revalidation dates entered on HRPTS.

Throughout 2021/22, we will continue to ensure dissemination of monthly directorate reports to support local directorate areas processes to monitor and update revalidation compliance on HRPTS.

We will continue to provide ongoing support and guidance to meet NMC Revalidation requirements through a range of both internal and external educational programmes, and continue to encourage the incorporation of the Code to reflect on the day-to-day practice of registrants to ensure a commitment to employ safe, effective practitioners to ensure public protection.

APPENDIX 1: BHSCT PROCESS FOR MONITORING AND REPORTING NMC REGISTRATIONS AND REVALIDATIONS FOR BANK ONLY NURSES AND MIDWIVES



Link to Registrations and Verification Policy Ref No TP057/08

<http://intranet.belfasttrust.local/policies/Documents/Registration%20and%20Verification%20Policy.pdf>

APPENDIX 2: Monthly Alert Report for Lapsed Registrations and Revalidations Bank Only Registrants

MONTH:									DATE ACTION TAKEN			
NMC PIN NUMBER	BANK STAFF NUMBER	SURNAME	FORENAME	DOB	REGISTRATION RENEWAL DATE	REVALIDATION RENEWAL DATE	DATE CONFIRMED ON NMC WEBSITE Y/N	LAPSE IDENTIFIED Y/N	INFORM LEAD NURSE	REMOVE REGISTRANT FROM BANK	DIRECT BOOKING FROM WARD AREAS STOPPED	EMPLOYEE ON LINE ACCOUNT SUSPENDED

**REPORT OF THE REVIEW
OF CLINICAL SUPERVISION FOR
NURSING IN THE HPSS 2006
ON BEHALF OF THE DHSSPS**



In May 2006, the Chief Nursing Officer for Northern Ireland, Professor Martin Bradley, asked NIPEC to review current guidance on clinical supervision in the HPSS, to evaluate current supervision systems and establish an action plan for ensuring that clinical supervision systems are in place. The CNO placed the importance of this review in the context of DHSSPS Quality Standards for Health and Social Care, published in March 2006, which set out five key quality themes for the development of standards. This Report is the product of that Review.

Review of Clinical Supervision for Nursing in the HPSS 2006

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Acknowledgements

NIPEC would like to thank a range of stakeholders who have contributed to this review. We would particularly like to thank the Review Group and Chair, Mrs Hazel Baird, for their time and dedication to this project.

Thank you also to the Directors of Nursing and senior nurses from the eighteen Trusts, who took part in the fieldwork undertaken.

We are indebted to the service colleagues who submitted their case study initiatives, took part in the workshops and facilitated the analysis of the findings that contributed to the action planning phase.

Finally, we give thanks to other colleagues who attended the Consultation workshop and contributed to further development of the guiding principles and action plan.

Executive Summary

In May 2006, the Chief Nursing Officer for Northern Ireland commissioned NIPEC to undertake a review of clinical supervision for nursing, across the Health and Personal Social Services (HPSS). A regional Review Group was formed (see Appendix 2 for membership) with a remit for reviewing current guidance and relevant literature on clinical supervision, to describe and evaluate current supervision systems, develop a set of guiding principles for future supervision, and report the review findings and a recommended action plan for improvement.

This report provides an analysis of the work of the Review Group between June and November 2006. A review of the literature on the topic indicates that despite having been prominent in health care for well over a decade, clinical supervision continues to be poorly defined, often misunderstood and is under evaluated from the perspective of both its processes and outcomes.

Methods used to undertake the fieldwork for this review included structured interviews with Directors of Nursing and Senior Nurses from each of the eighteen HPSS Trusts. Each of the interview transcripts was thematically analysed, and barriers to as well as enabling factors for establishing and sustaining supervision were generated. In addition, case-studies of valued supervision models were selected using a pre-determined set of criteria. At a workshop in

August 2006, barriers to and enablers for effective supervision within these case studies were also identified.

Feedback from both the interviews and case studies were considered by the Review Group, and a draft set of guiding principles and recommended actions for supervision across the HPSS were developed. These draft principles and actions were presented to a wide range of stakeholders in a Consultative workshop. The Review Group then produced this final report and action plan.

This Review has indicated that there is limited evidence of widespread implementation of effective systems of clinical supervision across nursing in Northern Ireland, however some examples of exemplary models and approaches have been analysed during this review and reported on. In response to this, the Review Group has offered a modernised definition for Supervision in Section 7 of this report.

Recommendations for implementing effective models of supervision are offered, underpinned by the modernised definition for supervision and emphasising the importance of linking supervision to appraisal, governance systems and performance management. Supervision should therefore be the responsibility of every nurse as integral to their practice, and for every organisation must be embedded within a culture of learning and development that focuses on delivering safe and effective care.

SECTION 1 - INTRODUCTION

1.1 In May 2006, the Chief Nursing Officer for Northern Ireland, commissioned NIPEC to undertake a review of clinical supervision across acute and community nursing in the Health and Personal Social Services (HPSS). Mrs Hazel Baird (Executive Director of Nursing, Homefirst Health and Social Services Trust (HSST) and NIPEC Council Member) was invited to Chair a Review Group whose membership was composed of colleagues from across the HPSS with related expertise in this area and who were representative geographically and from across all areas of nursing.

The terms of reference for the review group were as follows:

1. To review current guidance and relevant literature on Clinical Supervision in the HPSS
 2. To describe and evaluate current Supervision systems
 3. To develop a set of guiding principles for Supervision
 4. To report (by November 2006) the review findings and a recommended action plan for improvement, for presentation to the Department of Health, Social Services & Public Safety (DHSSPS) for implementation.
- 1.2 The Review Group agreed at its first meeting, that for the purpose of this review, the term 'clinical supervision' would

include a wide range of activities that have 'supervision' impact, and thus have the intention of developing practitioner competence and the enhancement of their practice. These include formal one-to-one or group clinical supervision, action learning, reflective or work-based learning groups, critical companionship, professional and peer supervision, particularly where such activities are formally identified as having similar principles to or being undertaken for supervision purposes.

- 1.3 This report provides an analysis of the work of the Review Group between June and November 2006, to meet the above terms of reference through fieldwork with colleagues and teams undertaking supervision across the HPSS, and culminating with a set of guiding principles and recommended actions for future supervision practice.

SECTION 2 - BACKGROUND

2.1 From a policy perspective, clinical supervision within the nursing profession in the UK was first formally highlighted in 1993 and has continued to gather policy momentum since this time (Department of Health 1993; United Kingdom Central Council for Nursing and Midwifery (UKCC) 1996; Barrowman 2000; Nursing and Midwifery Council (NMC) 2006). In offering one of a number of definitions, the NHS Management Executive (1995) defined clinical supervision as,

'...a formal process of professional support and learning which enables individual professionals to develop knowledge and competence, assume responsibility for their own practice, and enhance consumer protection and safety of care in complex situations.'

2.2 In supporting the establishment of clinical supervision as an important part of clinical governance, and in the interests of maintaining and improving standards of patient/client care, the NMC issued guiding principles for underpinning any system of clinical supervision, in use nationally (NMC, March 2006). These are available in Appendix 1. According to the NMC (2006) clinical supervision allows registrants to develop their skills and knowledge, and helps them to improve patient/client care.

Clinical supervision enables registrants to:

- Identify solutions to problems
- Increase understanding of professional issues
- Improve standards of patient care
- Further develop their skills and knowledge
- Enhance their understanding of their own practice.

2.3 National and regional inquiries have increased interest in and recognition of the importance of effective clinical supervision, for example The Clothier Report – The Allitt Inquiry (1994), The Bristol and Liverpool Inquiries, Shipman and more locally and recently, The Lewis Review (2003), Murtagh Review (2005) and McCleery Report (2006).

2.4 The Regulation and Quality Improvement Authority (RQIA) in Northern Ireland also recognises the importance of ensuring staff have access to effective supervision, and these are reflected in DHSSPS published Quality Standards for Health and Social Care (DHSSPS, March 2006) under five key quality themes:

- Corporate leadership and accountability of organisations;
- Safe and effective care;
- Accessible, flexible and responsive services;
- Promoting, protecting and improving health and social well-being; and

- Effective communication and information.

2.5 The Quality Standards recommend that an effective system for clinical supervision across the HPSS can help organisations to meet each of the above Clinical and Social Care Governance standards, and specifically by:

- Having in place appraisal and supervision systems for staff which support continuous professional development and lifelong learning (p11);
- Promoting a culture of learning to enable staff to enhance and maintain their knowledge and skills (p15);
- Ensuring that clinical and social care interventions are carried out under appropriate supervision and leadership, and by appropriately qualified and trained staff, who have access to appropriate support systems (p15).

(DHSSPS, Quality Standards, 2006)

2.6 In addition to the above policy recommendations and in recognition of the challenges faced by many organisations in their establishment of supervision systems this review is clearly justified. There is also an apparent lack of robust monitoring on the number of registrants undertaking supervision as well as limited evidence of evaluation of effectiveness of preparation for supervision, the experience itself and its impact on professional development and quality of practice.

2.7 In Northern Ireland, the DHSSPS undertook a survey and analysis of clinical supervision in mental health and learning disability nursing, before issuing best practice guidance (DHSSPS September 2004; DHSSPS November 2004). The current review has in part been commissioned to evaluate the impact of this guidance and review the range of supervision systems across general and specialist hospital and community nursing. A review of the literature on clinical supervision regionally, nationally and internationally would be a natural starting point for this work.

Review of relevant literature on Clinical Supervision

2.8 Despite having been prominent in health care for well over a decade, a review of the literature indicates that clinical supervision continues to not be clearly defined, is often misunderstood and is under evaluated from the perspective of both its processes and outcomes. Described by the U.K nursing pioneers of clinical supervision as,

‘an exchange between practising professionals to enable the development of professional skills’

(Butterworth and Faugier, 1992)

2.9 Clinical supervision aims to provide a supportive service for nurses to help them reflect on their actions or possible inactions

in the provision of patient care. Despite this, a continuing lack of understanding combined with underlying mistrust by nurses can still result in obstacles for those attempting to provide supervision for nurses (Bush, 2005).

2.10 Two further, widely used definitions provide an indication for how clinical supervision has been understood and applied in a number of areas nationally. The Department of Health's definition explains how supervision,

'provides a support system for practitioners to ensure the provision of high-quality treatments and services through the evaluation of practice and by encouraging practitioners to learn from their experiences'

(DoH, 1999)

The RCN (1999) states that clinical supervision,

'involves the meeting of one or more nurses regularly to discuss aspects of work in order to think critically about practice, check procedure and deal with emotional issues arising from work'.

2.11 Reviewing the existing literature on clinical supervision reveals that implementation is advanced in many parts of the U.K, however much more evidence is needed on the impact of the process in supporting practitioners during their work, promoting

learning and improving patient care through enhanced competence. Likewise, a range of other learning processes, closely aligned to the principles of clinical supervision are growing in popularity, for example, action learning, reflective learning groups, peer supervision, peer support, interprofessional supervision, professional-management supervision and critical companionship. Each of these activities hold similar values to clinical supervision and are utilised across a range of practice settings in Northern Ireland, however all require a stronger evidence base to understand and provide justification for the range of investments required to effectively establish their processes.

2.12 Gilmore (1999) conducted the largest evaluative review of clinical supervision to-date, commissioned by the UKCC in order to inform their continuing programme of work on clinical supervision. The majority of evaluations were found to be on the process of clinical supervision with evidence on the focus and quality of the clinical supervision provided. A number of issues were highlighted, including availability of clinical supervision, barriers to uptake, training of supervisors, record keeping, and confusion around the amalgamation of clinical supervision with managerial supervision. A range of studies have been published since this review within the UK, which have addressed the issues of effectiveness and clinical supervision (for example, Draper et al, 1999; Green 1999;

Jenkins, Rafferty and Parke, 2000; Cheater, 2001; Kelly et al 2001; Teasdale et al 2001).

2.13 Despite the above work, there is still a lack of knowledge on what makes clinical supervision effective. During the last three years however, a range of studies has begun to emerge that are providing clearer indication of the factors that impact upon the success of clinical supervision (for example, Freshwater et al 2003, Hyrkas et al 2003; Rafferty, Jenkins and Parke, 2003; Edwards et al 2005; Hyrkas et al, 2006). These factors for success relate to ensuring there is careful focus on the appropriate use of time, the environment for supervision, relationships, interventions to facilitate learning, organisational support, recording, evaluating effectiveness and competence (accountability).

2.14 In Northern Ireland, a range of evidence sources has provided an indication that over 80% of community psychiatric nurses were receiving regular supervision (Brooker and White, 1997); a high proportion of mental health nurses viewed clinical supervision as important, valuable, and highly beneficial (Kelly, Long and McKenna, 2001) and as outlined earlier, with reference to mental health nursing, Department guidelines have outlined a framework for guiding implementation of the process regionally (DHSSPS, 2004). There is however, very little evidence supporting the effectiveness of clinical supervision across the wider range of hospital and community nursing

services. In contrast to this, other models have emerged and are increasingly being reported in the literature, for example the benefits of reflective practice group sessions (McGrath and Higgins 2005), action learning as a means towards developing a nursing strategy (O'Halloran, Martin and Connolly 2005), the role of clinical education facilitators' in promoting work-based learning (McCormack and Slater 2006); group telephone supervision (O'Driscoll and Brown et al 2006) and critical companionship as a learning and development process aimed at supporting a culture of critical inquiry (Gribben and Cochrane 2006).

2.15 During 2005 NIPEC carried out a Workforce Development Survey of the registrant nursing and midwifery population of Northern Ireland as part of the design of the various components of the Development Framework project. A questionnaire was issued to the total registrant population (approximately 21,500) in February 2005 resulting in a 35% (n = 7,500) response rate. The survey provided valuable information in relation to registrant learning and development experience including formal and informal learning, appraisal activity, career development, personal development planning, supervision and participation in learning and development activities.

2.16 In relation to the above survey, when asked if they had undertaken 'supervision' sessions to support their role, 67% of

respondents said that they had no supervision (n=4754). Of those who did undertake supervision (33% of respondents to this question n=2273), 70 percent felt the experience was beneficial or very beneficial. There was strong evidence to suggest that those employed in midwifery (including hospital and community), mental health (including specialist roles in hospital and community) or organisation wide specialist posts are more likely (over 50%) to have supervision sessions to support their roles than those employed in other areas. Those employed within emergency nursing, intensive care and theatres, including specialist roles, surgical including surgical specialisms and specialist roles, or children's including specialist roles are the least likely (only around 20%) to have supervision sessions

Conclusion

2.17 From the relevant literature and survey information it is clear that there is limited evidence of widespread implementation of effective systems of clinical supervision or similar support and learning structures across nursing in Northern Ireland, thus the present review is timely and much needed. Firmer information is required on the number of practitioners undertaking clinical supervision (and similar models), the critical indicators of what organisations are calling clinical supervision, and evidence on the quality and impact of the supervision experience itself. In addition, evaluation is required on the training being undertaken

in preparation for supervision, policies and documentary reports guiding the process and enabling factors, as well as barriers to effective supervision.

SECTION 3 - PROJECT METHODOLOGY

3.1 In aiming to gain maximum insight to the range and impact of various clinical supervision models, it was agreed by the Review Group, that there would be two main aspects to the review approach, as follows:

1. The development of a structured interview schedule to be administered by NIPEC with Trust Nurse Directors (July 2006)
2. A stakeholder workshop to explore and analyse the impact of a range of supervision case studies from across the HPSS (August 2006)

3.2 The aim of this approach was to gather information on the extent and nature of supervision practice and to inform potential areas for further recommended action. It was agreed that the fieldwork process would focus on the level of supervision activity across the HPSS, what activities are currently going well, the barriers to effective supervision, what evidence there is of appropriate training, policy guidance, and the effectiveness of different models of supervision, and evidence for how supervision improves registrants' competence and practice.

3.3 The benefits of the above approach were agreed by the Review Groups as follows:

- A partnership approach would ensure that a clear service based focus informs the review process and promotes ownership of the review recommended action plan;
- Key informants will be directly involved in contributing to the review;
- Best practice exemplars will be identified and presented to inform enhancement of current supervision arrangements;
- Use of the Review Groups as a reference group to agree and validate the findings of the review and proposed action;
- The review objectives can be achieved in the tight timescale;
- The approach can provide focus that may continue beyond the life of the project.

SECTION 4 - INTERVIEW ANALYSIS

- 4.1 This section will provide a thematic overview of the main findings drawn from the interviews, with a particular focus on the barriers to establishing and sustaining supervision, as well as the enabling factors for effective supervision. Directors of Nursing were consulted regarding the review methodology and project plan, as well as the communication process to be followed throughout the review (see Appendix 3). Each of the eighteen HPSS Directors of Nursing agreed to be interviewed, either on a one-to-one or group basis. The majority preferred a group interview that included their senior team.
- 4.2 The full questioning framework followed in each interview is provided in Appendix 4. Each interview was undertaken by Bob Brown (Senior Professional Officer), recorded and transcribed verbatim by the interviewer. Having been transferred from the tape to a Microsoft Word document, the file was then sent to the relevant Director to validate the content of the transcript. A full question by question analysis summary is provided in Appendix 5.

Findings

Different models of supervision

4.3 Interviews with senior nurses suggest that HPSS Trusts recognise a wide range of learning, support and professional development activities, each of which were said to fall under a 'supervision' umbrella term. These include, formal clinical supervision (one to one and group); informal clinical supervision which might take place at the bedside, at a team meeting, or in the staff room; professional and managerial supervision; peer and clinical support supervision; action learning; mentorship, staff induction and development programmes; problem based learning; critical companionship; and through maintaining a reflective journal/diary:

'We use a multi-method approach to supervision, including one to one and group, action learning, mentorship and preceptorship, away days, 'live issues' model, ward managers steering group approach and strategic planning i.e. through a reflective strategy group'.

(Trust C)

'Our methods include one to one and group clinical supervision, action learning, critical companionship, reflective diaries and problem-based learning. In our

experience a multi-method approach that recognises diversity of interest, works best’.

(Trust A)

Defining Clinical Supervision

4.4 When asked to define clinical supervision, from their organisational perspective, around half of Trusts were working with the traditional definition of clinical supervision (similar to those offered earlier in this report). Some Trusts follow no definition and have not been successful in establishing extensive supervision, while other Trusts have moved away from the term clinical supervision, and now favour terms such as ‘critical inquiry framework’ to recognise the breadth of activities that come under an organisational framework for learning, support and development.

‘We define clinical supervision as a range of processes aimed at supporting practitioners to deliver safe and effective care for clients within a clinical governance framework. It is aimed at improving standards of care being delivered, while identifying weaknesses in practice, as well as risks that clients or staff are exposed to’.

(Trust J)

Organisational framework and policy

4.5 When asked about the level of robustness regarding supervision as part of a wider organisational framework for learning and development across the organisation, several Trusts were clearly able to articulate and evidence this, whereas the majority are working to address this. Around one third of Trusts however, appear to be somewhat behind in terms of an apparent lack of organisational impetus around supervision activity.

4.6 It is clear from the interview analysis that there is wide disparity regarding the development of policy for supervision activities. 60 percent of Trusts either have no operational policy for clinical supervision, or introduced one 'years ago' and this may or may not be functional. Some Trusts are currently revising their guidance on clinical supervision, while others are focusing their attention on a framework of supervision activities, embedded within a broader strategic directive set by the Director of Nursing.

'We have a trust policy from seven years ago, which now has to be updated to reflect the range of supervision activities'.

(Trust E)

'We are currently developing our clinical supervision policy, as part of a learning and development framework that includes a focus on clinical support'.

(Trust M)

'All of these activities are underpinned by the Nursing and Midwifery Research and Development strategy'.

(Trust Q)

- 4.7 Evidently there is a need for regional direction to ensure there is both a corporate and operational understanding of clinical supervision as one of a range of possible supervision models offering support, learning, contributing to practice development and linked corporately to the organisational governance infrastructure.

Leadership

- 4.8 Skilled leadership is often considered to be an essential prerequisite for facilitating and driving clinical supervision successfully. This study would suggest, however, that in around 25 percent of Trusts, there is no designated leader for this work. In the remainder of Trusts, supervision activities are being led either singly by the Director of Nursing, through a specialist role such as a Practice Development Facilitator/Clinical Education Facilitator, or by a specific team, such as a Nursing and Midwifery Development Team.

Numbers undertaking supervision

4.9 Regarding the number of staff said to be undertaking one or more supervision activities, the majority of organisations have no accurate or complete method for monitoring this work, whereas in a small number of Trusts there is a process in place for collecting this important information on a routine basis. The need to strengthen this process is therefore apparent, and will increasingly be so as part of governance requirements.

Enthusiasm for clinical supervision

4.10 An open-ended question regarding levels of enthusiasm for clinical supervision was asked, and opinion varied from limited or mixed interest in a few areas to statements by the majority of Trusts that there has been a renewed and growing eagerness for this form of learning, support and development. It was of interest to note that in some organisations, the term 'clinical supervision' is no longer used, in preference for an awareness of a wider range of activities that have supervision intent. Terms such as 'clinical support and learning', a 'framework for critical inquiry' or 'methods of reflective practice' are now being used in some cases. The following quote is representative of the experience in the small number of Trusts who are successfully developing this work:

'My experience is that people welcome supervision activities. A model of consultation allows protected time for managerial and practice issues to be discussed in a learning environment. The name, whether it is supervision or consultation isn't important, it is the process that counts. In the areas where it is not currently successful, a supportive framework for these activities is emerging'.

(Trust F)

4.11 There is concern in some areas that clinical supervision is being seen as of less importance due to an increased emphasis being placed on appraisal and the NHS Knowledge and Skills Framework. It may therefore be that greater recognition and awareness is required for how supervision activities can help a practitioner to demonstrate their learning and development individually as complementary to and integrated with appraisal and continuous professional development processes, thus promoting learning and development, as well as quality and safety of care.

'Roles are changing, services are modernising and staff are responding to the challenge and recognising that clinical supervision is a means of helping them to do this effectively'.

(Trust L)

Time for clinical supervision

4.12 The issue of 'protected time' is often perceived as a barrier to establishing clinical supervision effectively. In some areas (30-40 percent of Trusts), lack of time is seen as the main reason for not implementing widespread supervision, and it is suggested that a greater recognition of this requirement at a policy and commissioning level is needed to assist Trusts to move forward. It is interesting to note however, that a growing number of Trusts are 'getting on' with this type of learning activity without additional resource attainment because their focus is on enabling all staff to recognise the value of supervision as embedded in and essential to their everyday practice:

'Protected time isn't an issue, people want to do this and we have enabled a framework to be in place to help them to do so – it is integrated in everyday practice'.

(Trust G)

4.13 There are a number of models of supervision across the HPSS that do offer regular and protected time, such as in relation to staff nurse induction and development programmes, specialist roles such as in child protection, and in some areas of mental health. It would seem however, that widespread awareness is required at all levels of nursing to change the way many senior nurses manage the issue of 'time' for supervision activity. To

focus on the issue of 'protected' time is increasingly seen to be inappropriate, and instead attention is being given, at least in the areas where supervision appears more successful, to facilitate a greater awareness of this as an essential activity and to enable staff to use their time more effectively.

'Rather than focusing on the barrier of protected time, we are drawn towards developing new and creative ways of learning that become accepted and embedded in practice'.

(Trust C)

Evaluation of clinical supervision

4.14 Evaluation of clinical supervision models has been a topic of much consideration in the literature, however much of the focus has been on evaluating the process of the supervision experience, rather than on the outcomes of this in relation to improving practice. Another area receiving insufficient attention to-date has been the lack of evaluation on the connection between preparation for supervision and an effective supervision experience, as well as little attention being given to competency monitoring that would help to ensure that supervisors and supervisees maintain up-to-date skills in this area. When Directors were asked whether or not clinical supervision had been evaluated in their Trust 50 percent had no or very limited evidence of evaluation to offer. A few Trusts

have audited models of supervision and process evaluated other activities such as action learning, problem-based learning and critical companionship, however it was openly acknowledged that in most cases an evaluation strategy for supervision activities is only beginning to be established. One Trust has undertaken a lot of work in this area and created an evaluation framework to monitor the range of supervision activities they offer. This approach has been in place for several years and would provide a useful approach for other Trusts to utilise, as it is clear a lot of regional direction is required in this important area.

'Our action learning sets are being process evaluated, however as a result of this review we hope there will be recognition and guidance on developing a framework for evaluating the impact of action learning and other models of supervision'.

(Trust A)

Training for clinical supervision

4.15 Preparation for undertaking clinical supervision has tended to be through a programme delivered by the in-service education providers, with around 60 percent of Trusts utilising these short programmes to train supervisees and supervisors. There appears to be recognition, however, that these programmes alone do not adequately prepare registrants for undertaking

clinical supervision, and it has become apparent that more creative and integrated approaches to preparation for supervision are required than those currently available regionally:

'We use the in-service approach and as far as I understand it, training has been positive, but overall there are serious gaps about training and the promotion of clinical supervision among the services'.

(Trust O)

'The in-service training approach is somewhat narrow and hasn't moved on from many years ago. It needs to focus more on developing reflective practice, supporting and enabling people as they embark on supervision and for a period of time after this as they develop their skills'.

(Trust D)

4.16 Around 40 percent of Trusts are recognising the importance of providing practitioners with a range of training opportunities and in line with the growing number of supervision models on offer. Both universities offer post-graduate facilitation in learning modules, the RCN Practice Development School has been introducing the concepts relevant to practice development, including facilitation, for a number of years. Some Trusts are providing in-house supervision and facilitation training and ensuring this is part of leadership development programmes.

Analysis of the Trust interviews reflects the fact that training for supervision should not be time-limited to the preparation stage, thus opportunities for training in practice and for developing the wide-ranging skills of various supervision activities over time are recognised and should be encouraged. An increase in opportunities for accredited training, linked to individual portfolio development and which monitor competence for undertaking supervision throughout a registrants career could provide the kind of innovation required. This would offer the range of opportunities a number of senior nurses have been advocating regarding ways of ensuring supervision activities become embedded in practice, as a means of contributing reflective evidence that would then be used by a practitioner as part of their ongoing appraisal.

Recording supervision sessions

4.17 When interviewees were asked what records were kept to evidence the range of supervision taking place, e.g. proformas, and action plans etc, the majority of Trusts either had no record or were depending on the use of a record that was part of a supervision policy introduced some time ago. In around 40 percent of Trusts however, there is a record in place for one or more activities, and this may be used for evaluation or monitoring purposes. While there it limited evidence regionally to show how supervision records display an audit trail from the

supervision experience to a generated improvement in practice, this is the intended outcome for most Trusts.

‘There is a gap between the final supervision action plan and the communication of this to managers, and lack of a mechanism to deal with ways of working in a focused way on action plans’.

(Trust N)

‘We would welcome guidance on the formality and content of records for supervision activities’.

(Trust I)

Barriers to establishing clinical supervision

4.18 Trusts were then asked to indicate the ‘barriers’ they had experienced when implementing clinical supervision. Many barriers were offered and have been thematically analysed into the following areas:

1. Negativity, cynicism, lacking acceptance and lacking commitment to the concept of supervision.
2. Confusion and misunderstandings around what clinical supervision is about.
3. No one leading or championing the process.

4. No organisational framework, strategic direction or strong value base for supervision activities.
5. The sheer number of nurses across an organisation who would be required to avail of these opportunities.
6. Lack of a resource infrastructure to enable staff to engage in supervision i.e. funding to protect time for work-based learning, and the demands of service that make it difficult to find time for supervision activities.

Barriers to sustaining clinical supervision

4.19 A wide range of barriers to 'sustaining' clinical supervision were also offered in response to a separate question asking interviewees to outline the factors that prevent them from mainstreaming this activity throughout their organisation. These have been thematically analysed as follows:

1. Lack of a big enough pool of experienced and well trained supervisors/facilitators.
2. Increasingly integrated and cross-boundary working and the potential impact of organisational re-structuring may affect sustainability of these activities.

3. Increasing expectations on experienced nurses to mentor, teach, assess and supervise practitioners at a range of levels.
4. Failure to evaluate supervision activities through not creating a strong monitoring framework, and therefore not fulfilling the need to prove through evaluation that there are benefits to these activities.
5. Failing to recognise the importance of placing the wide range of learning and development activities under a single and well resourced organisational framework.
6. Lack of apparent value being placed on supervision activities at a commissioning level, and the need for appropriate funding streams if all forms of experiential learning are to work alongside formal classroom learning.
7. Lack of continual and ongoing leadership, drive and commitment.

Enabling factors for effective supervision

4.20 The final question invited Trust Directors and senior nurses to reflect on the factors that enable supervision activities to work effectively and become sustainable. This question was particularly directed to those Trusts that are experiencing success in one or more activities. A wide range of enabling

factors for effective clinical supervision was offered, and these have also been thematically analysed as follows:

1. Organisational commitment and gifted leadership.
2. Developed from the bottom up and driven from the top down.
3. Having a clear vision that becomes a strategic plan and supervision framework.
4. A strong professional value base that recognises the usefulness of these activities.
5. A critical mass of people who have the skills in this way of working and facilitation.
6. Integrated processes, flexibility of approach and working across professional groups.
7. Specific strands of project work and a range of developing tools and processes to underpin critical inquiry.
8. Modernising learning and building up the importance of experiential learning and the time for these activities.
9. Reciprocity in that all involved understand and share the benefits of supervision.

10. Robust evaluation of the processes and outcomes of supervision activities.

Conclusion

4.21 The findings of the eighteen interviews with senior nurses from each Trust have provided a comprehensive and detailed analysis of supervision experience, as it currently stands, across the HPSS. This evidence was then scrutinised by the Review Group, and combined with the workshop case-study analysis that follows, to develop a set of Guiding Principles and an Action plan, to be submitted to the DHSSPS for consideration.

SECTION 5 - CASE STUDY ANALYSIS

5.1 A workshop was held on 21st August 2006, to enable service colleagues to engage with the Review Group to share their supervision activities and reach consensus on the factors that enable effective supervision processes. The aim of the workshop was to appreciate the best of what is currently available across the HPSS on the subject of clinical supervision (and related models of reflective practice that include support, challenge and learning). The methodology guiding the workshop was one of an Appreciative Inquiry (Bushe, 1995), which is about appreciating what is good in relation to something and exploring this further.

“Appreciative inquiry, as a method of changing social systems, is an attempt to generate a collective image of a new and better future by exploring the best of what is and has been”.

(Bushe, 1995 p. 14)

5.2 Appreciative Inquiry has its roots as a methodology in action research and organisational development and is increasingly used to understand change processes in relation to the complexity of organisational systems, through encouraging stakeholder engagement, in a way that brings people together to develop practice in a specific area of concern. It is a collaborative approach that focuses on facilitating organisational learning. The method followed at the workshop

involved understanding the strengths of each model, developing consensus regarding what is required to enable each supervision activity to be successful, and to produce 'statements of intent' that could be used to inform future regional work in this area.

5.3 The criteria developed by NIPEC to be used by Directors when considering offering a model of supervision for the workshop is contained in Appendix 6, as well as an overview of the workshop programme (Appendix 3). Twenty-five submissions were received from across Northern Ireland, with most Trusts offering at least one model for consideration. These were assessed against the set criteria by a group of Review Group evaluators, and twenty-one models of supervision were then invited to the workshop. At the workshop four broad models of supervision activity were represented – one-to-one clinical supervision, staff nurse induction and development programmes, health visiting and child protection models and action learning (further information is contained in Appendix 3 and examples of each of the above models are contained in Appendix 7). The format of the workshop followed three cyclical stages. In stage one each of the groups discussed the following questions and fed back the work they had completed on flip charts:

1. What works about this example of a model of clinical supervision? i.e. what is effective

2. For whom does it work? i.e. individuals, team, organisation
 3. Why does it work?
 4. In what circumstances? i.e. we were looking at context here, such as the enabling factors and barriers to implementation etc.
- 5.4 As the group fed back their discussion on the above questions, an observer from each of the five groups noted key themes from the feedback session. The group of observers met over lunch to thematically analyse their notes and reached consensus on the key themes that had emerged from the 1st analysis cycle (see Appendix 3). The five groups then reconvened to discuss the thirteen factors and produce a series of 'provocative propositions' (statements of intent). Provocative propositions (Hammond, 1998) are challenging statements of goals developed in the Appreciative Inquiry process e.g. 'Everyone in the organisation will understand everyone else's role regarding clinical supervision'.
- 5.5 Once each group had reached consensus on their statements, the whole group met again to share feedback by reading out their statements. Following discussion it was agreed that the group of observers would negotiate a consensus on which statements would be taken forward, as a means of informing the next stage of the review. These were agreed as follows:

- There will be a shared commitment to supervision in each organisation.
- There will be an organisational framework that identifies structures and processes for supervision.
- Every member of staff will engage in supervision activities that demonstrate learning on and in practice.
- Organisations will develop a critical mass of skilled facilitators to enable the operationalisation of supervision activities.
- Individual champions of supervision activities will be recognised, nurtured and enabled to take this forward.
- There will be appropriate organisational wide preparation for engaging in supervision.
- Organisations should focus on the development and valuing of workplace learning cultures that aim to facilitate and develop person-centred care.
- At all levels within the organisation there must be strong leadership and commitment for supervision, with clear lines of responsibility and accountability.
- Development of robust monitoring and evaluation frameworks to identify the benefits of supervision for those involved and on the quality and safety of care will be a priority.

- Organisations and individuals will recognise the value of all types of learning and development, recognising that different situations require different types of learning (i.e. a blended approach).

5.6 The above statements were then considered by the Review Group in September 2006, and after comparing these with the analysis of the interviews, a set of Guiding Principles and Recommended Actions were developed and reported on, at a consultative workshop with senior nurses in October 2006.

SECTION 6 - CONSULTATION WORKSHOP ANALYSIS

6.1 A workshop was facilitated by NIPEC on 27th October 2006 to present to service colleagues the interview and case-study analysis, and through a group work approach to discuss the draft guiding principles and recommended actions that the Review Group had produced as a result of this work. The workshop was attended by forty-eight people and the majority of Trusts were represented at Director of Nursing, senior nurse, education facilitator or practice development level.

6.2 Following a presentation of the interviews and case-study workshop analysis by Bob Brown on behalf of the Review Group, participants attending focused on the following questions in their groups:

1. Do the guiding principles and recommended actions seem reasonable?
2. Having considered the guiding principles and recommended actions, does there appear to be any missing?
3. How easy would it be to implement the recommended actions?

Feedback from Groupwork

In response to the above questions, an intensive and wide-ranging discussion was undertaken by those attending the workshop and is summarised as follows:

- 6.3 It was considered important to share agreement on the difference between a guiding principle and a recommended action. A 'Guiding Principle' is a shared belief about something that should be achieved, whereas a 'Recommended Action' is the act(s) that must take place to ensure the guiding principle is achieved.
- 6.4 There was widespread agreement that we should be using the term 'Supervision' rather than Clinical Supervision, to reflect the range of activities and responsibilities and thus highlight that Supervision can have professional, managerial or clinical intent and be undertaken using a wide range of approaches.
- 6.5 It was suggested that the Guiding Principles should be fewer in number (eight had initially been offered), and not overly prescriptive. Thus the onus is on organisations to find the 'best fit' for this range of activities in their locality, through interpreting the guidance and actions in a meaningful and productive way. It was agreed that the recommended actions should have clear focus by stating what is required and be targeted at specific groups.

- 6.6 Emphasis is clearly placed on creating an organisational infrastructure for supervision activity, as part of a growing learning and development culture in each area, and facilitated by champions of supervision who display strong leadership qualities in this area, and through doing so, help registrant nurses to value this experience much more. Clearly, individual registrants have a personal responsibility to seek out opportunity for supervision, particularly when a strong infrastructure is in place.
- 6.7 There was concern about the practicalities of a recommended action that suggests supervision must be mandatory and that 'every nurse has the equivalent of 1-2 hours of supervision experience at least quarterly'. It was generally agreed that the focus should be on ensuring that a modernised approach to supervision activity is part of each organisations infrastructure, embedded in practice through strong leadership and facilitation and valued over time as essential by every registrant nurse. Employers and registrants have a shared responsibility to ensure effective supervision is available for all. Opportunities to fully integrate supervision with appraisal as an ongoing learning process and through individual career planning should help to emphasise and develop this ethos.
- 6.8 Monitoring of supervision activity across each organisation and implementation of a robust and systematic evaluation process

is seen as crucial, and must be linked to internal governance mechanisms and accountability review. It was agreed that emphasis must be placed on ensuring that supervision activities are evaluated in a range of ways, including the impact of training, on competence, quality of the supervision experience and the resulting impact on individual development, performance and ultimately quality and safety of care.

- 6.9 There was widespread agreement that to receive the attention it requires regionally, supervision needs to be accepted and embedded in the DHSSPS and HSSA/Trust performance management framework as a Priority for Action target.

SECTION 7 - RECOMMENDATIONS AND CONCLUSIONS

Context

- 7.1 This section provides recommendations for future supervision activity, by offering a series of Guiding Principles and an Action Plan to assist the establishment of effective models of supervision across nursing in the HPSS. As a result of the work of the Review Group, through carrying out interviews with senior nurses in every Trust, facilitating a case-study workshop of 'best-practice models' of supervision, and a consultation workshop with key stakeholders to create the action plan for approval, a modernised definition for supervision will also be offered.
- 7.2 As noted in the previous section, the Review Group understand a 'Guiding Principle' to be a shared belief about something that should be achieved, whereas an 'Action' is the act(s) that must take place to ensure the guiding principle is achieved.
- 7.3 In recent years there has been increasing recognition of the role of supervision in health settings throughout the UK. Supervision, when effective, remains a pivotal activity in delivering safe and efficient services, is central to workforce development across professional disciplines, and to the retention of skilled staff. In response to the Victoria Climbié Inquiry Report, for example, the Commission for Health Improvement included supervision and support as one of the

eleven core self-assessment areas for clinical teams. Similar requirements exist within the National Service Framework for Children, Young People and Maternity Service (Department of Health 2004), which states:

'High quality supervision is the cornerstone of effective safeguarding of Children and Young People and should be seen to operate effectively at all levels within the organisation'

(NSF, p. 170)

7.4 In Northern Ireland, the report of the McCleery Inquiry (EHSSB, May 2006) highlighted concerns about the operational structure of the Trust concerned, in terms of clinical governance, line management and professional accountability. The report cited clinical supervision as an area where they considered confusion or ambiguity to have been in evidence. The inquiry panel recommended that all policies and procedures should provide for a robust system of monitoring and evaluation and demonstrate how this will relate to clinical governance arrangements. This included clear identification of responsibility for putting in place a written policy to introduce and maintain clinical supervision for nursing staff.

7.5 Other contextual drivers for more effective supervision include the increasing move towards integrated service delivery which sees closer working between, for example, nursing and social

care professionals when undertaking assessments for earlier discharge, and community care assessment that impacts on continuing care policy, in relation to, for example, free nursing care. Supervision is crucial in supporting and quality assuring such assessments, and when undertaken effectively, can enable staff to manage changes, negotiate extended roles and work with confidence in integrated settings.

7.6 Other drivers for supervision include a growing spotlight across disciplines on supervision, focus on workforce development, employer liability for duty of care to staff under stress and increased expectations from newly trained staff for good supervision. It has also become clear as a result of this review that while effective resource management is important as a means of ensuring staff have an opportunity for regular and effective supervision, the most important implementation factor relates to the need to change staff mindsets around the importance of supervision as integral to their day-to-day work and complementary to their ongoing personal and professional development. Supervision should therefore be something that every nurse requests and can access through a clearly defined organisational infrastructure for learning and development that offers a range of supervision models and contributes to individual appraisal. Finally, for supervision to be effective, it must be located within an overall performance management framework, and linked to competency and clinical governance systems.

Introduction to Guiding Principles and Action Plan

7.7 As a result of the extensive fieldwork, case study analysis and consultative feedback, the Review Group has agreed a modernised definition, set of Guiding Principles and an Action Plan in order to achieve effective Supervision systems across the HPSS.

7.8 The following modernised definition for Supervision (adapted from the NHS Management Executive definition, 1995) is offered by the Review Group, and should be used to underpin the implementation of future supervision activities across the HPSS:

‘Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice, and enhance service-user protection, quality and safety of care’.

7.9 The following Guiding Principles and Action plan are presented, as a means of influencing effective supervision systems of the kind discussed above. They highlight four areas of responsibility and accountability – at a regional level,

organisational infrastructure level, Executive Director of Nursing and individual nurse level.

SUPERVISION GUIDING PRINCIPLES

1. A Regional Standard for Supervision should reflect a modernised definition, recognise diversity of approach and include key infrastructure components outlining documentation, monitoring and evaluation requirements.
2. Organisations should implement effective arrangements to meet Supervision, based on the Regional Standard in place, as part of their governance systems.
3. The Executive Director of Nursing should provide the professional leadership for Supervision within the organisation.
4. All registered nurses should recognise their responsibility and professional accountability for undertaking Supervision, as integral to their day-to-day practice.

SUPERVISION ACTION PLAN

- (i) A Regional Standard on Supervision will be developed to include a modernised definition and refer to a range of current and innovative approaches.

- (ii) A framework based on the Regional Standard for Supervision will be developed and implemented in every organisation and embedded with governance systems

- (iii) Responsibility for Supervision will be invested in the Executive Director of Nursing, who will report to Trust Board annually on Supervision monitoring and evaluation activity.

- (iv) Supervision activity should complement appraisal and performance review processes for all registrant nurses.

Timescale April 2007 - Responsibility DHSSPS

Timescale March 2008 - Responsibility Executive Director of Nursing

Timescale March 2009 - Responsibility Trust Chief Executive

Timescale March 2008 - Responsibility Executive Director of Nursing

(v) Service and education providers will review the quality of training and ongoing development for Supervision activity, based on the Regional Standard, and will modernise this accordingly.

**Timescale
March 2008 -
Responsibility
DHSSPS**

(vi) Organisations must address capacity building to implement the Regional Supervision Standard.

**Timescale
March 2008 -
Responsibility
DHSSPS,
Trusts and
Education
Providers**

(vii) Documentation for Supervision activities must be developed and implemented for recording and evaluation purposes.

**Timescale
October 2007 -
Responsibility
DHSSPS**

(viii) Robust monitoring and evaluation strategies must be developed and agreed, to demonstrate effectiveness of the Regional Supervision Standard and its impact on quality of care.

**Timescale
October 2009 -
Responsibility
Executive
Director of
Nursing**

Summary conclusions from the Review Group

- 7.10 This review has provided a robust and systematic evaluation of a range of supervision models across nursing in the HPSS in 2006. A wide range of barriers to and enabling factors for effective supervision has been identified, as well as a concise and targeted action plan for future development work in this area. This report builds on the work undertaken by the DHSSPS in 2004 when offering recommendations for 'clinical supervision' in mental health and learning disability nursing.
- 7.11 The Review Group have offered a set of Guiding Principles and an Action Plan that we believe offers clear guidance for those planning a 'Supervision framework' in the re-structured HPSS. It is crucial to see supervision as integral to and embedded within an organisational learning culture that recognises the complementary nature of supervision, alongside learning and development, performance management and through influencing a care system governed by patient safety and continually improving practice.
- 7.12 It is clearly recognised that the term 'Supervision' within the professional context, in differing from the supervision of work activity, includes a wide range of activities and approaches that have a 'supervision' impact, such as action learning, individual and team supervision, reflective learning groups, critical

companionship, professional, managerial and peer supervision. Rather than being restrictive to the use of specific models, those planning supervision are challenged to recognise the diversity of approach required, so that individual nurses not only have a choice, but can identify with a strong and supportive organisational infrastructure that advocates a shared responsibility for this work, and builds confidence in individual processes. This also requires organisations to establish a robust system for monitoring supervision activity and evaluating its effectiveness in terms of patient safety and continuous improvement to nursing care across a range of levels.

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APPENDICES

Appendix 1: NMC Guiding Principles for Clinical Supervision (March 2006)

The NMC supports the principle of clinical supervision but believes that it is best developed at a local level in accordance with local needs. The following set of principles has been defined, which the NMC believes should underpin any system of clinical supervision that is used:

- Clinical supervision supports practice, enabling registrants to maintain and improve standards of care
- Clinical supervision is a practice-focused professional relationship, involving a practitioner reflecting on practice guided by a skilled supervisor
- Registrants and managers should develop the process of clinical supervision according to local circumstances. Ground rules should be agreed so that the supervisor and the registrant approach clinical supervision openly, confidently and are aware of what is involved
- Every registrant should have access to clinical supervision and each supervisor should supervise a realistic number of practitioners
- Preparation for supervisors should be flexible and sensitive to local circumstances. The principles and relevance of clinical supervision should be included in pre-registration and post-registration education programmes
- Evaluation of clinical supervision is needed to assess how it influences care and practice standards. Evaluation systems should be determined locally.

The NMC supports the establishment of clinical supervision as an important part of clinical governance and in the interests of maintaining and improving standards of patient/client care.

Appendix 2: Review Group Membership

Name	Position
Hazel Baird	Executive Director of Nursing, Homefirst HSST Project Chair
Phelim Quinn	Director of Nursing, Regional Quality Improvement Authority
Pat Patten	Council Lay Member, NIPEC
Phil Mahon	Director of Healthcare, Foyle Trust
Mary Burke	Senior Manager/Education Facilitator, Craigavon Area Hospital Group Trust
Brendan Mullen	Director of Mental Health and Learning Disability, Ulster & Community Hospitals Trust
Paula Forrest	Practice Development Facilitator, Royal Belfast Hospital for Sick Children
Maurice Devine	Nurse Consultant, Learning Disability, Down and Lisburn Trust
Kathy Fodey	Nursing Officer, DHSSPS
Sharon Barr	Community Nursing Manager, North and West Belfast Community Trust
Tracey Lupari	Child Protection Nurse Specialist, Homefirst HSST
Geraldine Connolly	Primary Care Facilitator, SHSSB
Anne Canning	Education Manager, Educare
Avril Redmond	Clinical Education Facilitator, Belfast City Hospital
Wendy Megarrell	Training & Operations Support Manager, Fourseasons Health Care
Janice Smyth	Deputy Director, RCN
Paddie Blaney	Chief Executive, NIPEC
Bob Brown	Senior Professional Officer, NIPEC
Lesley Barrowman	Senior Professional Officer, NIPEC

Appendix 3: Review methodology, project time-table and communication process

The methodology guiding the review process was informed by Appreciative Inquiry (Bushe, 1995). Three main fieldwork components were undertaken.

Stage One: The first stage involved undertaking structured one-to-one or focus group interviews with senior nurses to explore the experience of supervision across the HPSS, and through a focus on the following:

- What level of activity is in place?
- What is currently going well?
- What are the barriers to effective clinical supervision?
- What would help to ensure clinical supervision goes well every time?
- What evidence is there of training, policy guidance, and the effectiveness of different models of supervision?
- What evidence is there that clinical supervision improves nurses' competence and practice?

Stage Two: The second stage involved facilitating a case-study workshop to consider the effectiveness of a range of supervision models. The aims of the workshop were to appreciate the best of what is currently available in N.I on the subject of supervision (and related models of reflective practice that include support, challenge and learning)

The method used at the workshop involved:

1. A grounded observation of the 'best of what is'
2. Collaboratively articulating through exercises in vision and logic, 'what might be'
3. Developing consensus and obtaining consent of those in the system to 'what should be'
4. Collectively experimenting with 'what can be' (Bushe 1995, p. 15)

The following people attended the workshop and took part in group work according to the following areas of interest:

Area 1 – One to One models of Supervision

Sharon Dunn and Shirley Forsythe – Role Supervision – Royal Victoria Hospital

Bernadette Gribben – Critical companionship – Royal Group of Hospitals Trust

Mary Charlton and Mary McShane – Specialist Practice Clinical Supervision – Belfast City Hospital Trust

Damien Brannigan – Mental Health Supervision – Ulster and Community Hospitals Trust

Area 2 – Staff Nurse Induction and development programmes

Judy Houlahan and Margaret Murphy – Clinical supervision development programme – Foyle Community Trust

Suzanne O’Boyle – Staff Nurse Induction and development programme – Mater Hospitals Trust

Mary Burke – Rotational programme – Craigavon Area Hospital Group Trust

Anne-Marie Tunney and Jean Lennox – Staff Nurse Development programme – Causeway Hospitals Trust

Area 3 – Health Visiting and Child Protection models

Roisin Toner and Julie McConville – Craigavon & Banbridge Community Trust

Denise Kerr – Homefirst Trust

Angela Boyle and Frances Donovan – Down and Lisburn Trust

Caroline Goldthorpe and Debbie McCormack – Armagh and Dungannon Trust

Area 4 – Action Learning

Margaret Devlin – Cardiology Set – Royal Victoria Hospital

Carol McCorry – Ward Managers Set – Craigavon Area Hospital Group Trust

Annetta Quigley – Action learning in Coronary Care – Sperrin and Lakeland Trust

Rita Devlin – Problem-based Learning model – Ulster and Community Hospitals Trust

Vicky Toner and Teresa McCann – PD Action Learning Sets – Newry and Mourne Trust

Carolyn Kerr and Geraldine McKay – Action Learning Sets – United Hospitals Trust

The workshop was facilitated by the following people:

Bob Brown, Senior Professional Officer, NIPEC

Lesley Barrowman, Senior Professional Officer, NIPEC

Kathy Fodey, Nursing Officer, DHSSPS

Brenda Creaney, Directorate Manager - RBHSC

Wendy Megarrel, Training & Operations Support Manager, Fourseasons Healthcare

The process engaged in was as follows:

Cycle 1: Each of the groups discussed the following questions and fed back the work they had completed on flips charts

- What works about this example of a model of clinical supervision? i.e. what is effective
- For whom does it work? i.e. individuals, team, organisation
- Why does it work?
- In what circumstances? i.e. we were looking at context here, such as the enabling factors and barriers to implementation etc.

Cycle 2: As the group fed back their discussion on the above questions, an observer from each of the five groups noted key themes from the feedback session. The group of observers met over

lunch to thematically analyse their notes and reached consensus on the key themes that had emerged from the 1st analysis cycle.

Cycle 3: The five groups then reconvened to discuss the themes and produce a series of 'provocative propositions' (statements of intent).

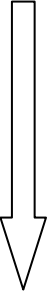

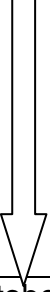

N.B Provocative propositions (Hammond, 1998) are challenging statements of goals developed in the Appreciative Inquiry process e.g. 'Everyone in the system will understand everyone else's role regarding clinical supervision'.

Once each group had reached consensus on their statements, the whole group met again to share feedback by reading out their statements. The observers then negotiated a consensus on which statements should be taken forward and these were then analysed by the Review Group and along with the interview analysis was used to inform the first draft of Guiding Principles and Recommended Actions.

Stage Three: This final stage involved facilitating a consultative workshop with senior nurses from across the HPSS, to enable a critical discussion to take place on the draft guiding principles and recommended actions that had emerged from the analysis of Phases One and Two. The following questions were addressed:

1. Do the guiding principles and recommended actions seem reasonable?
2. Having considered the guiding principles and recommended actions, does there appear to be any missing?
3. How easy would it be to implement the recommended actions?

Clinical Supervision Review Group Work Plan

<p>23 June 2006</p> 	<p>1st meeting of the Review Group</p> <p>Actions – Agree review methods and discuss fieldwork interview schedule/questioning content</p> <p>↪</p> <p>Continue e-mail correspondence with Review Group to agree interview questions and criteria for Case Studies</p> <p>↪</p> <p>Undertake fieldwork (Bob Brown)</p>
<p>25 July 2006</p> 	<p>Present fieldwork analysis to-date and discuss</p> <p>Plan case study workshop (Selected participants – date to be agreed – August 06)</p> <p>Plan format for analysis workshop (Review Group – workshop likely to take place in September/October 06)</p>
<p>25 August 2006</p> 	<ul style="list-style-type: none"> • Present all interview analysis • Undertake case study workshop analysis • Agree all review findings • Plan consultative workshop format - all key stakeholders will meet to validate analysis and draft action plans
<p>27 October 2006</p> 	<p>Consultation workshop with key stakeholders to discuss the above analysis and recommended action plan/guiding principles for future HPSS supervision activity</p>
<p>9 November 2006</p>	<p>Review Group meet to agree the recommended actions and guiding principles and discuss the structure of the review report.</p>

Communication Framework for the Clinical Supervision Review

1. Monthly meetings of the review group will take place at NIPEC between June and November 2006.
2. The Review Chair has written to each Director of Nursing, outlining the review and asking for their support.
3. A review group email has been set up to enable regular communication between NIPEC and group members. This will include the sending of agendas and minutes from meetings and consultation on the project methodology and timeframe.
4. The progress of the review will be reported on the NIPEC web-site and E-news.
5. As the review progresses, Directors of Nursing will be invited to take part in telephone or face-to-face interviews, offer case studies of good clinical supervision practice (according to set criteria) and have representation at stakeholder workshops. Communication regarding each of the above will be via email, letter and telephone.
6. The findings of the fieldwork undertaken during July and August will be consulted on with the review group and at a stakeholder workshop in September/October. In addition to face-to-face contact, the analysis of this information and eventual agreement on findings and an action plan will include e-mail correspondence.
7. The Review group will be invited to contribute to the final report, which will be available on the NIPEC web-site and forwarded to the DHSSPS in November 2006.

Appendix 4: Interview Questioning Framework

1. How does the organisation define clinical supervision and what activities come under the remit of 'supervision'?
2. Is there an organisational framework for supervision activities?
3. Who has led the implementation of clinical supervision across the Trust?
4. Is there a supervision policy in the Trust – when was it implemented, how effective is it in guiding organisational implementation of clinical supervision and has its impact been evaluated? Does the policy state that nurses 'must' undertake clinical supervision, or do they have a choice?
5. Can the Trust provide evidence of the number of people undertaking supervision and the regularity of this; length of sessions etc? How many supervisors are there and how do supervisees choose a supervisor? Are supervisees and supervisors matched?
6. What is the level of enthusiasm for undertaking supervision across the organisation? How do you believe clinical supervision is viewed across your organisation by supervisees, supervisors and others i.e. practitioners and managers?
7. Is there protected time allocated for supervision? If yes, how has time for clinical supervision been facilitated? If not, how has the process been established?
8. Has the Trust evaluated supervision methods i.e. establishing supervision, effectiveness of processes and outcomes – how and what evidence is there of this i.e. on individuals and on improving the quality of practice?
9. How are supervisors/supervisees and managers with responsibility for supervision trained – has the impact of

training been evaluated? Is there any feedback on whether the training itself was appropriate?

10. What records are kept on supervision i.e. contracts and written accounts of sessions, action plans from sessions – can the Trust provide examples of how effective this is?
11. Has the Trust faced any barriers to ‘establishing’ supervision? If so, what are these?
12. Has the Trust faced any barriers to ‘sustaining’ supervision and enabling ‘effective’ supervision? If so, what are these?
13. What (if any) is currently going well as a method of supervision in the organisation? What are the factors that are enabling this to work well? Is there a particular group of staff that it has been easier to establish clinical supervision for?

Appendix 5: Interview Analysis Overview

Analysis of principles and interviews/focus groups with Trust Directors of Nursing/Senior Nurses using the Questioning Framework (1-13 below) and undertaken during July and August 2006.

The following question format was used. For each question, an overview of the analysis follows

Q1. How does the organisation define clinical supervision and what activities come under the remit of ‘supervision?’

Interview analysis indicates that Trust definitions for clinical supervision fall under three main areas:

No definition for clinical supervision is being used	25% of Trusts have not defined clinical supervision
A traditional definition for clinical supervision has been in place for some time	50% of Trusts have followed this approach
More modern approaches to supervision are reflected in definitions other than for clinical supervision e.g. action learning	25% of Trusts have moved beyond a definition for clinical supervision and focus on defining other approaches to learning and development e.g. critical inquiry, clinical support and learning

The range of activities that fall under a broad definition of clinical supervision are widespread and include:

- Formal clinical supervision (one to one and group)
- Informal clinical supervision
- Professional supervision
- Managerial supervision
- Peer supervision
- Clinical support supervision
- Professional group meetings
- Team meetings
- Action learning

- Mentorship
- Staff nurse induction and development programmes
- Problem-based learning
- Critical Companionship
- Reflective diaries

Q2. The level of robustness of organisational frameworks for supervision activities would appear to fall into one of three groups, as follows:

Organisational wide framework	Several Trusts (5%) have established a framework that ensures a range of supervision activities are in place.
Recently addressing the importance of implementing effective supervision frameworks	Around 65% of Trusts are working to develop an organisational framework for supervision activities that encompass a range of models
Appears to be somewhat behind in terms of an apparent lack of organisational impetus around supervision activity	Around 30% of Trusts would appear to fall into this category

N.B. An organisational framework for supervision activities could be defined as a ‘clearly articulated and strategically focused organisation-wide approach to supervision, which is well established and has at least displayed emerging evidence of effectiveness’.

Q3. Who has led the implementation of clinical supervision across the Trust?

The level of leadership in each Trust to establish and sustain supervision activities falls into four categories, as follows:

No obvious leader for supervision activities	25% of Trusts
Being led by Director of Nursing	25% of Trusts
Being led by Senior Nurses and Practice Development/Clinical Education Facilitators	25% of Trusts
Being led by a specific team i.e. Trust Nursing and Midwifery Development Team	25% of Trusts

There is general consensus that the Director of Nursing has responsibility for leading clinical supervision, and this often involves promoting the concept of supervision at Trust Executive and Senior Management level, to gain support and feedback the impact of this work, increasingly from a governance context. While no Trust suggested that they were not interested in establishing clinical supervision, it is concerning that in approximately 25% of cases, there is no obvious leadership for this work.

Q4. Is there a supervision policy in the Trust?

The extent to which Trusts have an operational policy guiding clinical supervision fell into the following five categories:

No clinical supervision policy	Approximately 20% of Trusts
Old policy, which appears to be non-functional	10% of Trusts
Old policy that is/may be being followed in some areas of the organisation	30% of Trusts
Newly emerging clinical supervision policy directive	20% of Trusts
No clinical supervision policy	20% of Trusts

because guidance is focused on other areas e.g. nursing strategy	
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It is clear from the above information that there is wide disparity regarding the development of policy for supervision activities. Evidently there is a need for a regional organisational review to ensure there is both a corporate and operational understanding of clinical supervision and related models of learning and development.

Q5. Can the Trust provide evidence of the number of people undertaking supervision and the regularity of this?

There was an immensely variable response to this question, ranging from Trusts that were unable to give any indication of the number of nursing staff availing of supervision, to the other extreme when numbers are carefully monitored. There were three categories to summarise this as follows:

No numbers available to suggest how many staff are undertaking supervision activities	Approximately 25% of Trusts
Vague or incomplete information on the number of staff undertaking supervision	50% of Trusts
Clarity on actual numbers undertaking supervision activities	25% of Trusts

The above evidence suggests there is an urgent need for a robust monitoring arrangement for supervision activity in each organisation. Similarly, only a few Trusts were able to offer clear information on how often staff undertake supervision and the length of these sessions. A vague estimate suggests that for the majority of Trusts 10-20% of staff regularly avail of one or more supervision activities. In one or two Trusts this figure may be closer to 40-50%.

Q6. What is the level of enthusiasm for undertaking supervision across the organisation?

It has become evident from the responses to the above question that while in some areas enthusiasm for clinical supervision is limited,

mixed or sporadic, the majority of Trusts suggest that there has been a renewed and growing interest in these activities in recent years. In some areas, enthusiasm is building to the extent that staff are requesting supervision, are placing a high degree of value on the importance of this and increasingly accepting that supervision is essential in any learning, development and governance culture. Two points of caution however relate to concerns around the term clinical supervision, to the extent that some Trusts are focusing their attention on developing an overarching framework for 'clinical support and development' or 'critical inquiry'. Secondly, while Trusts in general recognise the importance of clinical supervision as contributing to performance review and Knowledge & Skills Framework development, a number have indicated that staff are so focused on appraisal that supervision activities are not being given the emphasis they require. This is therefore an area requiring greater awareness and promotion in a way that helps nurses to recognise the importance of integrating the wide range of learning and development activities available to them.

Q7. Is there protected time allocated for supervision?

The issue of protected time has long been the focus of much contention among those responsible for establishing and undertaking clinical supervision. The literature highlights the fact that for some, clinical supervision is unsuccessful because it is not resourced financially and therefore isn't time protected. Others will argue that time isn't as important a factor as developing an ethos for and organisational understanding of clinical supervision that sees it as part of everyday practice and underpinned by processes of structured reflective practice.

Analysis from this question in the current review falls into the following three categories:

No protected time is given because there is no resource available for this	40% of Trusts
Protected time is offered to some groups	40% of Trusts
The focus is not on protected time, but on facilitating time, thus the focus is on valuing and enabling processes of supervision and embedding these in practice.	20% of Trusts

Q8. Has the Trust evaluated supervision methods i.e. establishing supervision, effectiveness of processes and outcomes – how and what evidence is there of this i.e. on individuals and on improving the quality of practice?

Evaluation of the impact of clinical supervision has also been the focus of a wide body of national literature in recent years. Rarely however is evaluation undertaken on whether supervision has a positive impact on the quality and safety of clinical practice, as usually the focus is on evaluating the process of supervision and on individual learning and development.

The current review analysis suggests that there are four categories that encompass the range of evaluation experience across Trusts in Northern Ireland:

No evaluation has been undertaken	30% of Trusts
Clinical supervision processes have been audited	20% of Trusts
Action learning has been process and outcome evaluated	20% of Trusts
Limited evaluation has been undertaken, lacking any robustness	20% of Trusts
Evaluation is embedded in monitoring the impact of a framework of supervision activities	10% of Trusts

While evaluation of supervision activities is generally weak across much of the HPSS, there is recognition of the importance of developing a robust evaluation framework that assesses the quality of supervision experience, impact on the individuals taking part, and on the quality of care. Several Trusts have placed careful emphasis on ensuring an evaluation component is built into their supervision work, and are actively pursuing evidence that displays impact on practice and performance. Despite this, it is doubtful whether any trust has evaluated the impact of supervision activity on improving quality and safety of care. Clear recommendations are therefore required to develop this area of interest.

Q9. How are supervisors/supervisees and managers with responsibility for supervision trained; is there any feedback on whether the training itself was appropriate?

The issue of training and preparation for clinical supervision was of great interest to senior nurses taking part in interviews, judging by the number of occasions that concerns about the quality of this was mentioned in discussions alluding to this and other questions.

It has become apparent that there are three categories representing the experience of training and preparing for supervision:

No training has been commissioned	20% of Trusts
In-service Education provision	60% of Trusts commission this
A range of training through in-house, facilitation programme, academic modules and practice development school	40% of Trusts commission this

While the majority of Trusts commission the traditional approach to training for clinical supervision through their in-service education contract, there are widely held concerns about the ability of this programme to prepare practitioners for supervisor or supervisee roles. Opinions vary from stating that surveys show staff in one Trust felt inadequately prepared despite accessing this training, to views that the training is narrow, lacking in depth and requires a creative and modernised approach to delivery.

Increasingly staff from Trusts throughout Northern Ireland are attending the RCN Practice Development school in addition to or separate from undertaking the Postgraduate Diploma in Facilitation, Learning and Development, which offers RCN Facilitator Accreditation. These opportunities are relatively new and while they are usually positively evaluated as learning experiences, it will be a few more years before the impact of these programmes on the quality of facilitating supervision activities will be recognised.

As noted earlier, evaluation of supervision activities across the HPSS must include monitoring the effectiveness of facilitation or supervisor roles and the quality/impact of training and preparations. It is also likely that a recommendation is required that calls for a review of current in-service provision in this area.

Q10. What records are kept on supervision i.e. contracts and written accounts of sessions, action plans from sessions?

The maintenance of records in line with various supervision models is possibly the weakest area across the HPSS. The following three categories indicate the level of recording apparent at Trust level:

No records are kept	30% approximately
The operational policy that has been in use for a number of years, offers guidance on records, but there is limited awareness of whether this is followed	30% approximately
Records are in place and regularly monitored for clinical supervision and other activities e.g. action learning	40% approximately

Given the lack of clarity around recording apparent during interviews and guidance sought by some Trusts on how best to record supervision activities, it is likely that a recommended action around a minimum record will be offered as a result of this review. The above figures are only approximates because often those being interviewed could not indicate how robust recording approaches are in their organisation, suggestive of a general lack of appreciation and detailed monitoring. In future is it likely that Trusts will have to maintain a clinical supervision record for every employee that sits within the governance framework of the organisation.

N.B An analysis of questions 11-13 has been presented in the main text of this report (pages 30-33).

Appendix 6: Criteria for Case-study Submissions

Criteria followed by Directors of Nursing when considering offering a case-study on 'effective' Supervision

1. Someone is 'leading' it locally, nurturing ownership of/enthusiasm for this model of supervision
2. The process can be described locally, particularly the success factors
3. The positive outcomes of this form of supervision can be offered as evidence supporting an effective model
4. The process of supervision has been documented and records are available to show this. There may be other records that show an evidence trail for how supervision impacts on personal and practice development i.e. action plans.
5. This form of supervision has been established for a reasonable enough time frame to enable others to identify the success factors, issues and challenges that have been overcome and impact of the process on individuals and practice
6. There is evidence of investment in the development of those involved i.e. supervisors/supervisees have been trained and are continuing to learn and develop in different ways
7. There should be at least some evidence to indicate that this form of supervision is working.

In selecting case studies we are aiming for exemplars of supervision that offer experience in a range of settings and using different models.

Appendix 7: Case-study examples

Role Supervision in the Royal Group of Hospitals

The development of reflective practice strategies falls under the remit of the Director of Nursing Research and Practice development and is operationalised by the Nursing and Midwifery Development team. The Developing Practice Manager has the role of monitoring and quality assuring these activities.

Sharon Dunn has led the development of role supervision in the Division of Medicine and Surgery in the Royal Victoria Hospital. Role supervision offers an opportunity for a ward manager to engage with their line manager is a process of critical inquiry into their role and development of that role.

Role supervision offers high levels of challenge and support to ward managers, encourages critical dialogue between the ward manager and the supervisor which enables the individual to develop their own learning, practice and personal development. The supervision relationship is also developmental for the supervisor. Each individual maintains their own record of the sessions which forms the basis for evidence of development which will be maintained in the individual's personal portfolio.

Role supervision has been established for 18 months within the Medicine and Surgery Division and has been seen to have a positive outcome for those involved. Ward managers feel more supported in their role and have displayed increased confidence in decision making. These individual managers have also developed their skills as facilitators through experiential learning with their line manager who is an experienced facilitator and who is also in clinical supervision examining her own practice. Some members have developed further through undertaking the in-house 'Facilitation in practice' module. Individuals evaluate the experience using the critical inquiry framework.

Supervision in the Ulster and Community Hospitals Trust Mental Health Directorate

Dawn Heather White, Assistant Director, Mental Health is leading the supervision model within mental health (Adults and Children & Adolescent Mental Health Services) and monitors implementation through meetings with the Senior Management Team and quarterly reporting from these managers.

Damien Brannigan, Senior Manager and Professional Lead for Mental Health Nursing within the Mental Health Directorate chairs the monthly Mental Health & Learning Disability Senior Nurse Managers meetings and the monthly Mental Health & Learning Disability Professional Issues Forum.

The process is directed by a local policy. All community staff have monthly supervision with their Line Manager. They also have access to peer supervision through the monthly Professional Nursing Issues forum. Supervision sessions are minuted, as are the forum meetings. The arrangements have been in place for ten years.

One of the positive outcomes of the monthly supervision is that staff no longer felt the need for separate quarterly professional supervision as their professional needs were being met through both their supervision with their Line Manager and attendance at the Professional Nursing Issues forum. However, staff can request professional supervision if they encounter a particular professional issue that they wish to discuss.

Other positive outcomes:

- Staff come prepared with an agenda
- Attendance is good
- Minutes are recorded
- Actions are agreed and implemented
- Development needs are identified and addressed both on an individual and team/group basis
- Trends re. development needs or emerging issues are identified.

All supervision sessions are minuted and both supervisor and supervisee keep a signed copy. The minutes include a summary of discussion and any agreed action, which is then followed up during subsequent supervision sessions. The Managers include a list of the dates staff have engaged in supervision in their quarterly reports to Dawn Heather White.

All community staff within Mental Health have engaged in monthly supervision with their Line Manager since the teams were restructured at the beginning of 1996. When a Trust merger took place in 1998, the policy was then implemented with staff in the Mental Health Day Hospital.

Training for supervision was commissioned by the Directorate from The Beeches for several consultation days. All G Grades and above are being facilitated in completing the Nurse Leadership Programme which has an emphasis on reflective practice and practice development.

Staff attend supervision routinely and are prepared to seek an alternative date should they be unable to attend the timetabled session. There are Supervision files for each member of community and day hospital staff. As action is agreed at each session the minutes would indicate that the actions are followed up and reviewed during subsequent sessions. The Directorate has just drafted a Supervision questionnaire to evaluate staff satisfaction with the supervision arrangements and monitor adherence to the local policy.

Group Clinical Supervision for newly qualified nurses on the Rotational Programme at Craigavon Area Hospital Group Trust

As part of the Trusts recruitment and retention strategy a rotational programme was developed for newly qualified nurses in October 2003. This programme was seen as a new and innovative way of recruiting and retaining staff and one that would support the newly qualified nurses' individual personal and professional development. This 12 month programme consisted of four 3 month placements covering general medicine, general surgery, care of the older person and a speciality of the individual's choice.

Group clinical supervision was the model adopted to support and facilitate the newly qualified nurse to develop as a safe, reflective confident and competent practitioner. Group clinical supervision can be described as a process, whereby nurses are brought together to reflect on aspects of practice/professional issues in a secure and confidential environment.

The newly qualified nurses on the rotational programme have a two-hour workshop at the beginning of their rotational programme to prepare them for group clinical supervision. They are given the option as to whether they wish to participate in group supervision and to date no-one has refused. Following agreement to participate a contract is agreed between the supervisor and supervisee. Group clinical supervision is guided by this contract which consists of ground rules, time, dates, duration of session etc and these are revisited and amended if necessary at the beginning of each supervision session. The group meets approximately every 4-6 weeks for a 3-hour period.

What happens in a set?

- Icebreaker
- Review the ground rules
- Feedback from actions undertaken from previous session
- Decide who presents
- Presentation of issues
- Clarifying, enabling and reflective questions to the presenter
- Identify actions

- Review the learning
- Evaluation of clinical supervision session

The positive outcomes of this form of supervision can be offered as evidence supporting an effective model:

- Nurses recognise the importance of reflecting on practice/professional issues
- Practitioners take actions away from group clinical supervision
- Share experience of practice issues learning from each other
- Promotes safe accountable practice
- Develops individual confidence to deal with emergencies e.g. cardiac arrest, anaphylaxis, infection control
- Develops knowledge
- Develops problem solving skills and leadership skills
- Improves communication skills
- Develops ability to question/challenge practice at ward level
- Develops ability to manage conflict
- Highlights additional training requirements
- Contributes to life long learning
- Values practice – identifying and building on what nurses do well
- Identifies and exposes what nurses do least well
- Supports personal growth and development
- Develops individual confidence and competence
- Enables nurses to meet PREP requirements
- Offers protected time for nurses to attend clinical supervision.
- Supported and approved by Director of Nursing & Quality, Assistant Director of Nursing & Quality and Directorate Managers
- Supported by a designated person to lead and facilitate group clinical supervision

Nurses keep records of ground rules, personal reflections issues they have presented and the actions they have identified and undertaken from their presentations. This is recorded in their personal professional portfolio

The supervisor/facilitator keeps brief records on the following:

- Ground Rules
- Attendance
- Ice breaker used
- Issues discussed/presented
- Actions identified
- Feed back on actions
- Additional training highlighted
- Evaluation of session
- Hopes, Fears, Expectations undertaken with nurses at the beginning of their rotational programme, these are revisited and reviewed at the end of the 12 months

Clinical Supervision commenced in October 2003 with 8 rotational nurses on the first programme. To date we have had 38 Nurses who have received group clinical supervision within the Trust through the rotational programme. Evaluations have been carried out at the end of each programme using semi-structured questionnaires. This is evidenced through the positive evaluation of the programme from the newly qualified nurses and the ward managers. The Trust has retained these staff and there is evidence to suggest that they have a wider range of knowledge and skills acquired from the range of clinical settings they experience. These nurses are demonstrating that they have been able to apply and transfer their knowledge and skills to other clinical settings and there have been requests from Clinical Service Managers/Ward Managers for placement of them in particular wards/departments, as they are deemed more competent and confident to work in speciality areas. Their individual confidence and ability to question practice issues has been noted.

Health Visiting Supervision in Craigavon and Banbridge Community Trust

The Director of Elderly and Primary Care takes a strategic lead and appropriately delegates through line managers the on-going development and review of models of supervision across its nursing disciplines.

The Trust health visiting team managers have developed this model of supervision in partnership with the health visiting policies and procedures group and in consultation with senior nurse managers. The philosophy and benefits of supervision are embedded within health visiting policies and procedures and through the induction process of new staff.

This model has further influenced the development of supervision models for other groups of staff in the Trust. The supervision process is described in detail within the relevant policies and procedures. All health visitors have a personal copy of the supervision policy and procedure and it is also available on the Trust Intranet.

The supervision procedures include specific standards on frequency and content of supervision meetings. The Trust provides supervision to health visitors using 4 methods:

- Individual clinical supervision
- Open door contact
- Peer group mentoring
- Audit of health visiting records.

Kolb's experiential learning cycle (1984) is utilised to explore complex issues during individual clinical supervision and peer group mentoring. This model is utilised to promote reflective practice, learning and to enable effective problem solving. Newly appointed health visitors must undertake supervision twice weekly for the first three months, and then monthly for three months, before continuing supervision on a 2-3 monthly basis after that. Each of the stages may be increased in length according to individual needs. Feedback from staff would indicate that they place a high value on the supervision provided.

This model of supervision effectively provides an opportunity:

- For team managers to develop rapport and support staff
- To encourage reflective practice and professional development
- To highlight good practice and give positive feedback
- To encourage staff to comply with Trust standards
- To identify training needs
- To identify emerging deficits in practice at an earlier date in order to agree a personal development plan with the staff member.

The supervision procedure contains a number of proformas, which reflect the different types of supervision offered and records of supervision activity are retained by supervisor and supervisee. The proformas are structured to include discussion and the actions/outcomes required following supervision.

Supervision for health visitors has been integral to practice for many years but the process was formalised in 2002 and updated in 2005. The health visiting team managers have an induction programme which includes training in supervision of staff.

Health visitors engage positively with this process and actively seek out opportunities for supervision. Team managers have identified faltering performance with individual practitioners and have been able to put strategies in place to address issues.

Evaluation of supervision activity includes findings from audit reports (2002, 2004) which indicate that health visitors felt that supervision was supportive, allowed work related issues to be addressed and positively impacted on their practice.

Action Learning as an example of group supervision in Causeway HSST

In May 2005, the Director of Acute Services identified that the process of support provided for newly qualified nurses within the acute sector required review and development. The Practice Development Nurse was asked to develop a preceptorship programme for newly qualified nurses coming to work in Causeway Hospital. One aspect of this programme is the provision of action learning as a form of supervision for newly qualified nurses. The Practice Development Nurse continues to lead the project locally, supported by Senior Managers within the Hospital.

Twenty-nine newly qualified nurses commenced a twelve month preceptorship programme in January 2006. As well as having a ward based preceptor, the Practice Development Nurse acts as Lead Preceptor coordinating the process and addressing identified training and development needs. This is carried out on a one to one basis between newly qualified nurses and their Lead Preceptor. In addition, bi-monthly, newly qualified nurses come together as a larger group to attend in-house training sessions facilitated by specialist nursing staff.

All newly qualified nurses were provided with a Personal Development Portfolio at the outset of the programme and an awareness session provided them with information on what to put into the portfolio and how to format this.

The main success factor in the preceptorship programme has been the establishment of action learning sets for the group. The larger group has been broken down into four smaller groups for the purpose of action learning. The Practice Development Nurse (who has completed a Postgraduate Certificate in Lifelong Learning (Facilitators Course) facilitates the action learning sets.

To date, a number of success factors and positive outcomes from action learning have been noted. These are evidenced in the following quotes from those undertaking action learning:

- *“I feel that the action learning set enables nurses to realise that everyone has similar problems to deal with in nursing. Having the ability to present these issues and attempts to resolve them is quite satisfying”.*
- *“I really enjoy the action learning sets and learn a lot from each session. I find the learning sets a great way of talking through personal problems and helping other peers through their problems. Really look forward to the learning sets”.*
- *“It is nice to discuss problems with other colleagues from different departments and know it was all confidential. It also helps to hear how others would cope in the same situation”.*
- *“Allows us as nurses to share common problems in confidence. It makes me feel that I am not going through certain issues alone”.*
- *“I was a bit nervous about presenting but the feedback was helpful. I like the idea of learning from one another and hearing/understanding other nurses experiences”.*
- *“It was good to hear others also had concerns – useful to share your worries and get feedback”.*
- *“An excellent opportunity to discuss/liaise with other newly qualified staff members and to share each others views and experiences of the working environment. I feel it has provided me with additional support and guidance as a newly qualified nurse”.*

The Practice Development Nurse as facilitator of the sets keeps records pertaining to the action learning sets. These records contain information on who presented at each session and what they presented. These are kept confidential, as is all that is discussed within the sets. There is an individual section within the newly qualified nurses Personal Development Portfolio for written reflection

prior to them presenting their own issue and for written reflection on the experience of being a set member listening to others present.

Ward Managers have also commented on the success of the programme and a process has been established to ensure that the initiative continues for all newly qualified staff to the hospital. A formal evaluation day will take place in January 2007 (at the end of the twelve month period of preceptorship). This will be attended by Senior Managers, Ward Managers, preceptors and preceptees and will be facilitated by the Practice Development Nurse. This will give everyone the opportunity to evaluate the success of the initiative and to make recommendations for changes to current process. At the end of the twelve month period of preceptorship, clinical supervision will be provided on a one to one basis, organised at ward level.

Ward based preceptors have expressed an interest in action learning for themselves both as preceptors and for their own work environment. This demonstrates the positive impact that participation by newly qualified nurses in action learning has had on the rest of the work team.

Action learning among a group of coronary care staff nurses in Sperrin and Lakeland Trust

Action learning was adopted in Sperrin & Lakeland Trust, as a method of enabling critical reflection among a group of staff nurses in their new roles as lead coronary care nurses. Adopting an action research methodology, the seven nurses and the senior nurse for professional development became co-learners and co-researchers in agreeing the following objectives:

- To identify nurses' perceptions of the impact of action learning on their learning and development
- To establish individuals level of critical reflection
- To identify the actions that emerged from participation in action learning
- To identify any perceived barriers to individual's ability to undertake action
- To identify the level of autonomy achieved/experienced by the group

The action research methodology provided a systematic and rigorous means of evaluation that complemented the cyclical process of action learning. Moreover, reflective cycles of critical questioning, discovery and action are central to both processes. Also the nurses were already familiar with the techniques and the fundamental principles of collaboration, negotiation and critical questioning that was created through the unique researcher-participant relationship.

The process we engaged in involved 8 reflective sessions lasting 3 hours each, with the critical dialogue focusing on the impact of the components of action learning on individual experience. A range of evaluation evidence was collected, for example, through Values and Beliefs clarification, use of visual arts, set evaluations, reflective diaries and peer observation notes. In addition, the lead facilitator used audio taped narratives and field notes from open ended interviews written verbatim with co-researchers. As a result of an in-depth evaluation of this experience, the following learning outcomes became evident.

There was evidence of:

- Increased openness & honesty among individuals with the set;
- Increased support for each other and for those whom we worked with;
- Increased confidence as action learners and practitioners;
- Increased collaboration within and outside of nursing responsibilities;
- Increased levels of reflection within the workplace and individually;
- Increased skills in problem solving among the set;
- Increased focus on patient-centered care;
- Increased responsibility and accountability for decisions and actions;
- Increased critical dialogue with other colleagues and disciplines;
- Increased focus on involving patients in decision making about their care.

Whilst all participants reported that their confidence had increased significantly, this was interdependent upon how supported they felt within the group. In turn, the level of support was dependent upon disclosure from others, which only increased when others openly declared their apprehension and vulnerability. Sustaining an environment of mutual respect and collaborative working created significant trust among participants that had not been experienced before the meetings.

'Reflection' was accredited as having the most powerful impact on the nurse's learning and development. However, there were significant differences between the levels of reflection that each experienced. At its simplest, reflection caused all to think and to seek understanding and meaning. Some valued the structure of using a reflective cycle for solving problems on their own including its application in various situations in their wider lives.

Overall the findings reveal that action learning had a significant and mainly positive impact upon the participants learning and development. Challenges to the success of action learning include facilitating time for the process, encouraging commitment, and the potential for anxiety that can arise from in-depth and challenging critical dialogue, a factor that can be a feature of the emotional impact of the issues being discussed, and thus requires skilled facilitation. However the majority welcomed this self-determining and empowering form of learning, which supports the usefulness of adopting action learning in future staff development programmes and organisational initiatives.

Reference No: SG 44/14

Title:	Nursing Supervision for Registered Nurses – Facilitating Reflective Practice		
Author(s)	Dr David Robinson, Co-Director Nursing: Governance, Standards and Performance BHSCT Nursing Supervision Implementation Group.		
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Date	Version	Author	Comments
03/05/2009	2	A Dowd	Reviewed – no changes
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02/05/2013	4.3	Audrey Dowd	Revisions by M Davison & S McVeigh
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29/07/2013	4.6	Audrey Dowd	Following discussion with M Davison & S McVeigh
05/07/2013	4.7	Audrey Dowd	Following NSISG Meeting
11/08/2013	4.8	Audrey Dowd	Following NSISG Meeting
23/09/2013	4.9	Audrey Dowd	Following meeting with B Gribben/S McVeigh/ M Davison
23/10/2013	4.10	Audrey Dowd	Following NSISG Meeting
5/12/2013	4.11	Audrey Dowd	Following Nursing Supervision Implementation Group Meeting 5/12/13
13/05/2014	4.12	Patricia Sheppard	Review and comments from BHSCT/CEC personnel

17/07/2014	5.	Dr David Robinson	Review following comments received at Standards and Guidelines Committee Meeting
October 2018			Awaiting regional input – review date extended 1 year
July 2020			Awaiting regional input – review date extended 1 year
26/08/2021			Awaiting regional input – review date extended 6 months

1.0 INTRODUCTION

The importance of effective supervision has been highlighted in regional critical incident inquiries such as the Lewis Review (2003), Murtagh Review (2005) and McCleery Report (2006). The Quality Standards for Health and Social Care (DHSSPS 2006) and more recently the Francis Report (2013), recommend that an effective system for supervision across Health and Social Care can help organisations meet each of the Clinical and Social Care Governance Standards.

Supervision is defined as ‘a process of professional support and learning undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance quality, safety and service-user protection’ (NICE, 2007).

Nursing Supervision activities support registered nurses to:

- reflect on their practice and increase self-awareness
- support the delivery of safe and effective care
- encourage personal and professional growth
- reflect on their knowledge and skills
- reflect on challenging situations
- celebrate good practice

Nursing Supervision is underpinned by reflective practice and is different from other processes such as Performance Management and Personal Contribution Framework Annual Reviews. It is recognised that there are a wide range of approaches to Nursing Supervision, examples of which can be considered under the following headings.

Informal At handover, a staff member discusses their new knowledge following an Infection Prevention and Control (IP&C) training session and how to apply this to their practice. Other staff can be influenced by this and also change their practice. *Informal reflective activity (informal approach to Nursing Supervision) must be formally captured and used to prepare for Nursing Supervision (formal approach to Nursing Supervision)*

Formal You may then want to consider this in more depth during a formal supervision session. This will enable you to explore further the implications, including the challenges to implement and sustain change in a complex health care environment. This formal supervision session is facilitated by a supervisor, either during a 1:1 or in a group session. This enables you to reflect on and evaluate practice and agree areas for development using a structured approach. This process involves the development of a contract which enables privacy and confidentiality between supervisee/s and supervisor; agreed ways of working; through skilled facilitation. You then record your personal learning

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for your professional portfolio as evidence of your continuous personal development and compliance with both the CNO and NMC requirements.

There are a range of recognised approaches to formal Nursing Supervision (**Appendix 1**).

1.1 Background

The Chief Nursing Officer (CNO) for Northern Ireland published two Standards for Supervision in Nursing in July 2007.

Standard Statement 1

Supervision will contribute to the delivery of safe and effective care when practitioners have access to appropriate systems that facilitate the development of knowledge and competence through a culture of learning by reflection.

Standard Statement 2

An organisational framework supporting effective leadership and performance management will ensure that supervision will become an effective tool to improve the safety and quality of care.

1.2 Purpose

The purpose of the policy is to:

- outline how the CNO Standards are implemented and monitored
- outline supervision activities for Registered Nurses
- provide Registered Nurses with guidance in the process of Nursing Supervision
- outline the role of supervisors and supervisees
- standardise the templates for recording supervision activities in order to comply with CNO Standards
- outline how Nursing Supervision session is evaluated.

2.0 SCOPE OF THE POLICY

This policy will apply to all Registered Nurses employed by BHSCT.

NB The scope of Safeguarding Children supervision differs from supervision referred to in this policy. Safeguarding Children is separate from but complementary to other forms of supervision. Further information is available from the DHSSPS Safeguarding Children Supervision Policy for Nurses (2011).

3.0 ROLES/RESPONSIBILITIES

The BHSCT will ensure that processes are in place to facilitate Nursing Supervision activities for all Registered Nurses. All registrants will make themselves aware of the Nursing Supervision Policy and related information.

The roles and responsibilities of key individuals are outlined in **Appendix 2**.

4.0 KEY POLICY PRINCIPLES

Overarching Supervision Principles

- 4.1.1 Registered Nurses will undertake a minimum of two, formal Nursing Supervision sessions annually, beginning each year from 01 April.
- 4.1.2 A Nursing Supervision contract will be agreed between supervisee and supervisor (**Appendix 3**).
- 4.1.3 Records of the Nursing Supervision sessions (**Appendix 4**) will be completed and retained by the supervisee and supervisor. These should be maintained in either written or electronic format.
- 4.1.4 Where an issue of unsafe, unethical or illegal practice is identified, it will be dealt with outside of supervision but supportively via appropriate BHSCT procedures and as per NMC Code.

4.2 Supervisors will:

- 4.2.1 Be working as a Registered Nurse for a minimum of one year.
- 4.2.2 Complete the Nursing Supervision Self-Evaluation Tool (**Appendix 5**). Areas for development can be addressed through a variety of approaches e.g. attendance at a one-day workshop 'How to become an Effective Supervisor' at Clinical Education Centre (CEC), through Facilitation and Leadership module which can be accredited through 'Developing Practice in Healthcare Pathway' with University of Ulster Jordanstown or through experiential learning.
- 4.2.3 Ensure that they have availed of two Nursing Supervision sessions themselves as per CNO Standards.
- 4.2.4. Retain all Nursing Supervision records for a period of 5 years in the location of work; thereafter transfer to Human Resources personnel file of the supervisor, as per BHSCT Records Retention and Disposal Schedule Policy (references L2, L27 & P42). Where the supervisor is no longer an employee of the Trust, all supervision records are relocated to the main Human Resources personnel file of the supervisor.
- 4.2.5. Update supervisor record on HRPTS or provide information to the appropriate person to enable episode to be recorded.
- 4.2.6 Provide evidence of actively undertaking the role of a Nursing Supervisor to their Line Manager e.g. at time of Personal Development Review (PDR).
- 4.2.7 Demonstrate continuous professional development and continue to meet the competencies required as a Nursing supervisor. Nursing Supervisors will review 'Self Evaluation Tool' on a three yearly basis, utilising feedback from supervisees and their own supervisor to demonstrate competence and address any areas for development.

4.3 Supervisees will:

- 4.3.1 Identify a supervisor in partnership with their Line Manager.
- 4.3.2 Arrange Nursing Supervision sessions at least twice yearly with their identified supervisor.
- 4.3.3 Prepare for their Nursing Supervision session by completing a reflection on their practice using a reflective tool (**Appendix 6**).

4.3.4 Maintain a record of each Nursing Supervision session. This may be within their professional portfolios (**Appendix 4**).

4.4 Record Keeping:

4.4.1 Registered Nurses should be mindful that all records are discoverable and of their professional accountability with regard to the principle of confidentiality, ensuring information is appropriately protected as per BHST Records Management Policy. <http://intranet.belfasttrust.local/policies/Documents/Records%20Management%20Policy.pdf> and DHSSPSNI Good Management Good Records www.dhsspsni.gov.uk/gmgr

4.4.2 Patient/client records will only be accessed where necessary and completely anonymised. Where this happens, ethical principles and confidentiality apply.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This policy will be disseminated through Trust Directorate structures.

5.2 Resources

Supervisors who have identified learning and development needs will attend appropriate learning opportunities to prepare them for their role.
All Registered Nurses will themselves require a minimum of two supervision sessions each year in order to undertake Nursing Supervision.

A 'Frequently Asked Questions' leaflet has been developed to support nurses (**Appendix 7**).

6.0 MONITORING

Monitoring of this policy will be through:

- Support, Improvement and Accountability Framework (SIAF) by local ward/department areas.
- Returns on compliance with CNO Standards, from Directorates (generated from HRPTS) are submitted to Central Nursing & Midwifery Team to inform below reports:
 - i. Accountability Review Performance Report (six monthly), where performance/achievements are measured against Directorate Management Plans.
 - ii. Annual Assurance Report which is submitted to the Executive Director of Nursing and Chief Nursing Officer.

7.0 EVIDENCE BASE / REFERENCES

BHST Records Management Policy

<http://intranet.belfasttrust.local/policies/Documents/Records%20Management%20Policy.pdf>

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8.0 CONSULTATION PROCESS

- Co-Directors of Nursing
- Associate Directors of Nursing or Deputy Associate Directors
- Service Managers
- Nursing Development Leads

9.0 APPENDICES / ATTACHMENTS

Appendix 1	Examples of Recognised Approaches to Informal & Formal Supervision
Appendix 2	Roles and Responsibilities
Appendix 3	Example Contract for Supervision Sessions

Appendix 4	Example Supervision Record Sheet
Appendix 5	Self-Evaluation Tool
Appendix 6	Preparation for Supervision Sheet
Appendix 7	Frequently Asked Questions Leaflet

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

- Major impact
- Minor impact
- No impact.

SIGNATORIES

David S. Pollock

Date: November 2014

Name
Title

Sandra McCreary

Date: November 2014

Name
Title

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Examples of Recognised Approaches to Formal Supervision

Nursing Supervision is underpinned by reflective practice and is different from other processes such as Performance Management and Personal Contribution Framework Annual Reviews. It is recognised that there are a wide range of approaches to reflect on your practice, which can be considered under the headings of informal and formal. Whichever approach is used, the supervisor needs to ensure that they have the appropriate competence, knowledge and skills and experience required to engage in the activity.

Reflective practice is the process of thinking about your own practice and that of others in a structured way; this leads to new and better ways of working and helps you develop new levels of knowledge and competence. You may find it helpful to use one of the many reflective tools that have been developed.

Examples used within nursing include:

- Gibbs Reflective Cycle (1988)
- John's Model for Structured Reflection (2000)
- Mezirow (1991) six stages of critical reflectivity
- Rolfe's Framework for Reflective Practice (2001)

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Formal approaches to support Nursing Supervision (These processes are planned, structured and a record is always maintained)	
Coaching	Coaching is a partnership of equals whose aim is to achieve speedy, increased and sustainable effectiveness through focused learning in every aspect of the client's life. Coaching raises self-awareness and identifies choices. Working on the client's agenda, the coach and the client have the sole aim of closing the gaps between potential and performance (Rogers 2012).
Critical Companionship	Critical companionship is described as a helping relationship based on trust, high challenge and high support, in which an experienced practitioner accompanies a less experienced practitioner on a learning journey (Titchen 2001).
Managerial Supervision	Management Supervision is normally facilitated by your Line Manager. It is defined as 'A relationship applicable to all grades of staff working within the service, concerning the accountability and responsibility for work carried out and includes elements of support, learning and performance review' (Kadushin 1992).
Mentoring	Mentoring is achieved through a process of relationship building between you and a mentor and takes place over a period of time. The purpose of the mentoring process is to enable you to recognise your own skills and capabilities and maximise the development opportunities available to you e.g. with a nursing student and an experienced registered nurse.
Preceptorship	Preceptorship is a period of structured transition for the preceptee during which he or she will be supported by a preceptor, to develop confidence as an autonomous professional, refine skills, values, attitudes and behaviour and to continue on a journey of lifelong learning (adapted from Department of Health (DH), 2010).
Professional Supervision	Refers to groups of people getting together to review and reflect on practice issues. This may include reviewing roles and relationships, appraising the outcomes of nursing practice(s) and take advantage of the opportunities for wider learning.
Supervised Practice for Competency Development	This is a negotiated period of supervised practice, with agreed learning and competency outcomes. It involves being assessed at the end of the supervised practice to see if you can show that you have the necessary knowledge and competence. If you have not demonstrated this a further action plan will be drawn up.
One to One Clinical Supervision	Clinical supervision has been defined as 'a process that promotes personal and professional development within a supportive relationship that is formed between equals' (Butterworth and Faugier 1994). Clinical supervision is further defined as 'regular, protected time for facilitated, in-depth reflection on clinical practice (Bond and Holland 1998). It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development' The work is presented and they will together think about what was happening and why, what was done or said, and how it was handled - could it have been handled better or differently, and if so how?' (Wright 1989).

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<p>Action Learning Sets</p>	<p>Action Learning refers to a group of people who meet regularly to work and learn together, using a structured format. Action learning set can comprise uni- or multi-professional groups and the focus is on self-directed learning with participants deciding on the particular issue to be explored. The group is facilitated and supported by the Lead Facilitator in the solving of issues. Each member of the group is facilitated and supported by the others in the solving of issues and problems through the development and review of actions.</p>
<p>Group Supervision</p>	<p>A supervisor meets with more than one supervisee, to facilitate critical thinking and collaborative working bringing about improvements in practice using a structured format. During group supervision, one or more issues can be discussed. For group supervision, ratios of numbers of supervisor(s) to supervisee(s) will be such that effective supervision session is enabled and protected. It is recommended that a ratio of 1:5 (supervisor to supervisees) and not more than 1:8.</p>
<p>Problem Based Learning</p>	<p>Problem based learning refers to a group of professionals (usually between five and ten members) who meet to discuss cases, reflect on evidence base and consider what changes they may make to their own practice. Problem scenarios are presented to engage and facilitate critical thinking.</p>
<p>Group Clinical Supervision</p>	<p>Group clinical supervision follows the same principle as one to one clinical supervision and is provided with a group of individuals.</p>
<p>Critical Incident Review</p>	<p>A critical incident is a significant event or experience that has occurred in your workplace and that you feel has had an impact on you or the people you work with. This could be negative or positive; it could be a personal experience or it could result from observing how other people work. You examine the incident through a process of reflection to identify lessons to be learned.</p>
<p>Peer Review</p>	<p>A process which encourages you to work with colleagues at the same level and in the same area of practice, and to evaluate each other's performance, facilitating you to develop your critical thinking and collaborative working bringing about improvements in your practice. This needs to be set up within a structured format, to ensure that you and the other peer reviewers have the required skills and are supported by experienced colleagues.</p>
<p>Post Incident Review</p>	<p>A post-incident review involves the examining a specific incident, either individually or as a team, within a setting. The incident has usually resulted in a miss or near miss, where there has or could have been damage to a patient or client. The incident is analysed with your involvement and the involvement of all team members, using reflection, self-evaluation and/or facilitated learning to establish how the incident happened and how it could be avoided in the future. The final outcome must provide a clear description of risk factors and required action. This is a learning event for all involved, with the objective of learning to improve practice.</p>
<p>Work Based Learning</p>	<p>Seagraves et al (1996) defined work-based learning as 'learning at work from work for work'. Work-based learning opens your eyes to the fact that you can learn from your everyday practice through reflecting on what happened, from talking with your colleagues and sharing your learning.</p> <p>The Developing Practice in Health Care Pathway (UUJ/BHSCT) will provide you with accredited learning and lead to an academic qualification. It is concerned with helping you to bridge the practice/theory gap.</p>
<p>Experiential Learning</p>	<p>This is 'learning from experience' or 'learning through experience'.</p>

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Roles and Responsibilities

Chief Executive

The Chief Executive accepts responsibility and accountability for quality service provision at Trust Board level, which includes systems such as nursing supervision in nursing that support clinical and social care governance.

Executive Director of Nursing

The Executive Director of Nursing is accountable to the Chief Executive for the implementation and maintenance of nursing supervision in nursing.

Key responsibilities include:

- Presenting the Trust Report to both the Trust Governance Committee and the Chief Nursing Officer on an annual basis.
- Acting as a supervisor for Co-directors and other senior nursing professional roles when appropriate.

Associate Director of Nursing or Deputy

Associate Directors of Nursing are accountable to Executive Director of Nursing.

Key responsibilities include:

- Co-ordinating, facilitating, evaluating & maintaining a system of nursing supervision in the nursing workforce.
- Acting as a supervisor for Senior Managers, Lead Nurses, Specialist Nurses & other members of the senior professional team within BHSCT.
- Providing information about the quantity & quality of supervision within BHSCT through quarterly governance reports.
- Ensuring appropriate resources are in place to enable nurses to undertake at least two formal nursing supervision sessions annually.

All Registered Nurses with Leadership/ Managerial Responsibilities

All Registered Nurses with leadership/managerial responsibilities are accountable to the Associate Director of Nursing or Deputy.

Key Responsibilities include:

- Acting as a supervisor for Area Sisters, Charge Nurses, Specialist Nurses and other members of the senior professional team within the BHSCT.

Nursing Development Leads

Nursing Development Leads are accountable to the Associate Director of Nursing relative to their Directorate.

Key Responsibilities include:

- Promoting, co-ordinating, facilitating, implementing and maintaining nursing supervision for nurses within their individual directorates.
- Acting as a supervisor for Area Sisters/Charge Nurses/Team Leaders within their Directorate.
- Ensuring that Bank-only nursing staff have access to nursing supervision in the Directorates where they most frequently work. Information on the session will be forwarded to the Senior Manager responsible for Bank-only staff.

Area Sisters/ Charge Nurses/ Team Leaders

Area Sisters/Charge Nurses/Team Leaders are accountable to the Associate Director of Nursing and will review quarterly returns received from supervisors within their team e.g. through SIAF.

Key responsibilities include:

- Acting as role model.
- Facilitating, implementing and maintaining supervision for nurses within their teams.
- Acting as a supervisor for other members of staff, either within or outside their own team.

Roles and Responsibilities continued.....

Supervisor

Criteria: To be a registered nurse for a minimum of one year

Key Responsibilities are:

- To have completed a self-evaluation tool to identify skills deficits and attend supervisor training at Clinical Education Centre or other, if necessary.
- To develop and maintain own skills and competencies relative to the nursing supervision approach.
- To provide evidence of actively undertaking the role of nursing supervisor by forwarding quarterly session reports to the Line Manager.
- To agree a date, time and place for nursing supervision session in partnership with the supervisee, and communicate these to Line Manager.
- To adhere to identified ground rules in contract and conduct nursing supervision sessions within principles and processes outlined in the policy.
- To provide at least two formal sessions of nursing supervision annually for each supervisee, whether group or individual.
- To facilitate supervisee to complete the nursing supervision record sheet (Appendix 4).
- To maintain personal nursing supervision records.
- To highlight the need to share any information that may comprise patient/public safety or contravene NMC Code.
- To remind supervisee that all nursing supervision records are discoverable e.g. in coroner's court.
- To provide supervisee with clear, constructive feedback during sessions and be willing to take on board constructive criticism and engage in challenge and supportive interventions.
- To maintain, store and dispose of records in line with BHSCT/NMC policies.

Supervisee

Key Responsibilities are:

- To recognise own personal and professional development needs.
- To actively seek nursing supervision opportunities and assume responsibility for ensuring these are availed of within the timeframes.
- To agree a date, time and place for nursing supervision session in partnership with the supervisor.
- To prepare a reflective account of the issue you wish to discuss.
- To engage fully in the nursing supervision process; arrive promptly and adhere to ground rules identified in agreed contract of nursing supervision.
- To complete a nursing supervision record sheet with notes of relevant actions.
- To adhere to BHSCT policies.
- To make use of reflective learning opportunities.
- To be prepared to receive constructive feedback which can be used to make changes to your professional practice, aimed at improving patient outcomes.

All Registered Nurses will adhere to CNO Standards by undertaking the role of supervisee AND supervisor.

Example of a Contract for Nursing Supervision

Purpose of Nursing Supervision

The purpose of Nursing Supervision should be agreed between the supervisor and the supervisee. It should relate to their roles and responsibilities and can include any aspects of their personal development.

As supervisor I take responsibility for:

- Agreeing a date, time and place for Nursing Supervision in partnership with the supervisee and communicate these to line manager.
- Adhering to ground rules identified in agreed contracts and conducting Nursing Supervision sessions within principles identified in the policy.
- Highlighting joint responsibility to share any information that might compromise patient/public safety or contravene NMC code of conduct.
- Emphasising that all records are discoverable (e.g. in coroner's court).
- Providing supervisee with clear, constructive feedback during sessions and be willing to take on board constructive criticism and engage in challenging and supportive interventions.
- Facilitating supervisee to complete the Nursing Supervision Record sheet (written or electronic).
- Completing written/electronic records of the supervision sessions and ensuring that these are retained by the supervisee and supervisor. The supervisor's record will be stored in a secure, identified place on BHSCT sites.

As supervisee I take responsibility for:

- Agreeing a date, time and place for the Nursing Supervision session in partnership with the supervisor.
- Preparing a reflective account of the issue you wish to discuss and 'Preparation for Nursing Supervision Sheet' or other recognised reflective approaches.
- Adhering to ground rules identified in agreed contracts and conducting Nursing Supervision sessions within principles identified in the policy.
- Engaging fully in the supervision process; arriving promptly and adhering to ground rules identified in agreed contract of supervision.
- Completing a Nursing Supervision Record Sheet (written or electronic) with records of relevant actions, evaluating the benefit of the session.
- Being prepared to receive constructive feedback which can be used to make changes to your professional practice, aimed at improving patient outcomes.
- Maintaining, storing and disposing of supervisee records in line with BHSCT/NMC policies.

Ground rules will be agreed when developing the contract and reviewed at each session:

Ground rules and responsibilities will be clearly defined and the contract will demonstrate the commitment to these.

Some examples of ground rules agreed by supervisor/supervisee(s):

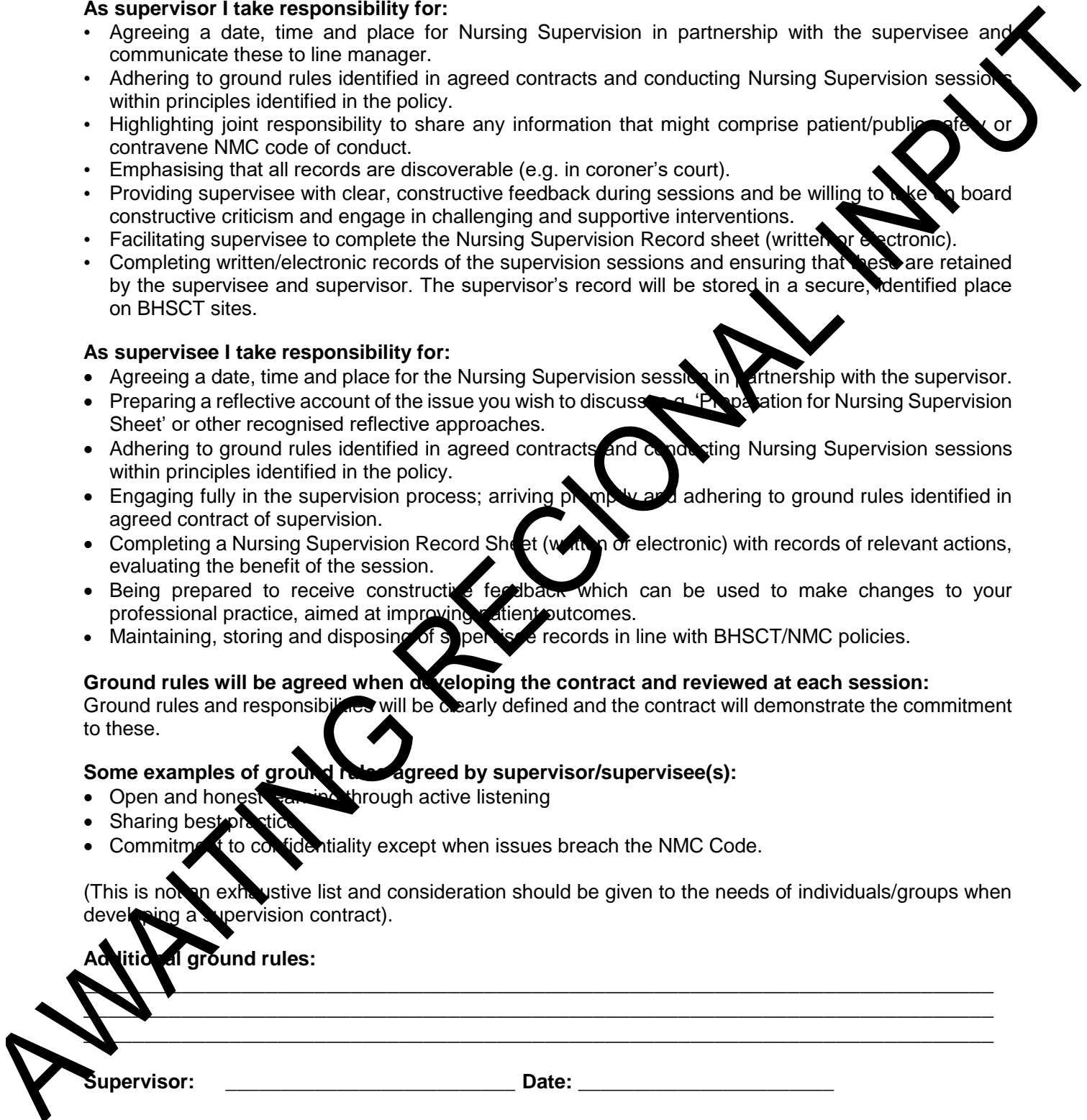
- Open and honest learning through active listening
- Sharing best practice
- Commitment to confidentiality except when issues breach the NMC Code.

(This is not an exhaustive list and consideration should be given to the needs of individuals/groups when developing a supervision contract).

Additional ground rules:

Supervisor: _____ **Date:** _____

Supervisee/s: _____



Example of a Nursing Supervision Record Sheet			
Date:		Department/Area:	
Nursing Supervisor:			
Supervisee(s):			
MODEL OF NURSING SUPERVISION: Group Supervision <input type="checkbox"/> 1-1 Supervision <input type="checkbox"/> Action Learning <input type="checkbox"/> Critical Companionship <input type="checkbox"/> Clinical Supervision <input type="checkbox"/> Peer Supervision <input type="checkbox"/> Other <input type="checkbox"/> _____			
Review of Action/Learning Points from previous session (if applicable)			Prompts
			Follow up on previous actions/learning points?
Issue(s)/discussed at this Nursing Supervision Session			What issue (s) were explored and discussed?
Agreed Action Plan for Supervisee/Supervisor		Person/s Responsible	Timescale
			What are you going to do about it?
Session Evaluation			
Like Best	Liked Least	Learning	

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**Self-Evaluation Tool for
Nursing Supervision**

June 2013

1.0 Introduction

The aim of this document is to support supervisors and supervisees to implement the two Standards for Supervision in Nursing (July 2007), within BHSCT.

This document acknowledges that registrants have a range of knowledge and skills in relation to supervision, which have been achieved through diverse experience and development opportunities. This document is presented under the following areas:

- Supervisors Preparation
- Guidance for completion of the self-evaluation tool
- Self-evaluation tool

This will be presented under the headings of Supervisee and Supervisor requirements

2.0 Nursing Supervisor preparation

Potential supervisors will have acquired significant knowledge and skills in supporting and developing other registrants, which may have been developed through a wide range of experiences. These will include leadership, conflict management, negotiation, facilitation, preceptorship, mentorship and feedback skills. To assist potential supervisors in determining if they meet the required competencies to be a supervisor, a self-evaluation tool has been developed (see over). Following completion of this self-evaluation tool, the individual registrant will meet with an experienced supervisor to discuss and verify the assessment and confirm supervisor status.

When an individual registrant is unable to evidence all these competencies, further learning and development opportunities will need to be accessed in collaboration with their line manager/professional lead.

Preparation for the role of supervisor may be accessed through a range of approaches and includes:

- a) Experiential learning: exposure to opportunities to develop the competencies e.g. self-facilitating action learning sets
- b) In-house preparation: e.g. preceptorship programme, mentorship programme.
- c) CEC: Service Level Agreement for Nursing and Midwifery Programmes: e.g. 'How to Become an Effective Supervisor' one-day workshop.
- d) University Programmes: PG Cert Facilitation, PG Cert Education, Developing Practice in Healthcare Pathway (Facilitation and Leadership Modules).

3.0 Guidance for completion of the self-evaluation tool

This self-evaluation tool has been designed for use by those registrants who have developed knowledge and skills regarding supervision processes through a variety of experiences and who will be able to evidence this against the competencies listed.

- a) Discuss with your Line Manager access to a skilled supervisor to support you to complete this self-evaluation document.
- b) Review the competencies listed and identify your own areas of competence.
- c) Identify the examples which demonstrate that these competencies have been met.
- d) Discuss your self-evaluation with an experienced supervisor and identify areas for verification of competence and areas for further development.

Self-Evaluation Tool – Competencies to be achieved			
1. Understand the concept of supervision and its influence on improving nursing practice		Please mark if achieved	
1.1	Demonstrate a knowledge base of supervision models/approaches that underpin your practice	<input type="checkbox"/>	
1.2	Demonstrate an understanding of knowing “self” and can articulate on beliefs and values regarding their practice	<input type="checkbox"/>	
1.3	Reflects on own practice and shares learning, acting as a role model	<input type="checkbox"/>	
1.4	Demonstrate an understanding of the role of supervisors and supervisees in implementing the range of activities of supervision	<input type="checkbox"/>	
1.5	Demonstrates an understanding of the role of supervision to enhance person centred care and improve practice	<input type="checkbox"/>	
1.6	Demonstrate an understanding of how supervision contributes to life-long learning for individuals	<input type="checkbox"/>	
3. Facilitate supervisee(s) to actively engage in the development of nursing practice			
3.1	Demonstrate the ability to supervise in the context in which health care is delivered.(e.g. clinical, legal, professional, employee and personal accountability)	<input type="checkbox"/>	
3.2	Utilise facilitation skills to support supervisees to reflect on their practice (e.g. open questions, consciousness raising, problem solving)	<input type="checkbox"/>	
3.3	Demonstrate ability to balance challenge and support within the supervision session.	<input type="checkbox"/>	
3.4	Promote personal responsibility of the supervisee(s) by the supervisee(s)	<input type="checkbox"/>	
3.5	Facilitate supervisee(s) in identifying significant issues and take action to address.	<input type="checkbox"/>	
3.6	Demonstrate an understanding of how to motivate, support, and enable supervisee(s) to fully engage in the process	<input type="checkbox"/>	
2. Manage one to one and group supervision processes		Please mark if achieved	
2.1	Facilitate supervision sessions which includes the demonstration of effective record keeping	<input type="checkbox"/>	
2.2	Facilitates a mutually agreed supervision contract including ground rules	<input type="checkbox"/>	
2.3	Adhere to the NMC Code (must take part in appropriate learning and practice activities that maintain and develop your competence and performance)	<input type="checkbox"/>	
2.4	Demonstrates skills dealing with complex situations	<input type="checkbox"/>	
2.5	Demonstrate an understanding of the skills in facilitating group processes within the context of supervision activities e.g. asking open questions, problem-solving, enabling others, challenging & supporting	<input type="checkbox"/>	
2.6	Facilitate supervisee(s) to engage in critical reflection to improve their practice	<input type="checkbox"/>	
2.7	Facilitate the supervisee to create, monitor and evaluate action plans arising out of the supervision session.	<input type="checkbox"/>	
2.8	Demonstrate the ability to critically evaluate their own supervision practice give and receive feedback on the impact on themselves and others.	<input type="checkbox"/>	
Name:			
Area/Department:			
NMC PIN:			
Signature of potential supervisor:			
Signature of verifying supervisor:			

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Evidence of Achievement of Competencies

Please provide a concise summary of some examples of activities undertaken in relation to supervision practice which provides evidence against the competencies outlined above. One example of evidence can be used to meet multiple competencies, please indicate which competencies relate to which section of evidence presented.

Competency No./No's	Evidence

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Signature of Supervisor confirming validity of evidence:

Date:

Self-Evaluation - Continued

On completing the self-evaluation tool, please completed below:

I meet the supervisor competencies: Yes No (please mark)

Signature:

Date:

If you do not consider that you have met all competencies please agree a development plan with your experienced supervisor.

Verifying Supervisor:

I have read the self-evaluation documentation and discussed with: _____ and confirm that **I am/am not** (please delete, as relevant) satisfied that he/she meets all the supervisor competencies based on available evidence. Where the required competencies have not been met the development plan identified below has been agreed.

Signatures:

Verifying supervisor:

Potential Supervisor:

Date:

Learning needs identified	Development Plan

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**Preparation for Nursing Supervision Sheet
Adapted from Rolfe et al (2001) Framework for Reflective Practice**

'What? So What? And Now What?'

What is the issue? – describe the topic/issue/situation (achievements, consequences, responses, feelings, and problems)

What have I learnt? – discuss what has been learnt: learning about self, relationships, models, attitudes, cultures, actions, thoughts, understanding, and improvements

What actions do I need to take forward? – identify what needs to be done in order to improve future outcomes and develop learning

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Q: What is the role of the Nursing Supervisor?

A: The role of the Nursing supervisor is to:

1. Be working as a Registered Nurse for a minimum of one year.
2. Complete the Supervision 'Self Evaluation tool'. Areas for development can be addressed through a variety of approaches e.g. attendance at a one day workshop 'How to become an effective Supervisor' at the Clinical Education Centre, through Facilitation and Leadership module which can be accredited through 'Developing Practice in Healthcare Pathway' with University of Ulster Jordanstown or through experiential learning.
3. Review the 'Self Evaluation Tool' on a three yearly basis, utilising feedback from supervisees and their own supervisor.
4. Ensure that they have availed of two Nursing Supervision sessions themselves, as per CNO Standards.
5. Provide evidence of actively undertaking the role of supervisor by forwarding activity, to their Line Manager.
6. Demonstrate continuous professional development and continue to meet the competencies required as a nursing supervisor.

Q: What is the role of the Supervisee?

A: The role of the supervisee is to:

1. Take personal responsibility to arrange Nursing Supervision sessions, at least twice yearly.
2. Identify a supervisor, in partnership with their Line Manager.
3. Reflect on their practice, in advance of the supervision session, by using a Preparation for Nursing Supervision Sheet (Appendix 6).
4. Maintain a record of each Nursing Supervision session e.g. professional portfolio.
5. Update supervisor record on NIPEC or provide information to the appropriate person to enable a note to be recorded.

Activities to Support Nursing Supervision

A range of activities can support Nursing Supervision for Registered Nurses. Whichever activity is used, each registrant must ensure they have the appropriate skills, competence, knowledge and experience required to engage in the activity (Appendix 1).

A range of activities are also available from the Northern Ireland Practice Education Council (NIPEC) www.nipecdf.org

Additional Questions

If you have any other questions or wish to become a Nursing supervisor please seek additional guidance from your Ward Sister/Charge Nurse or Nursing Development Lead (NDL).

References

1. Chief Nursing Officer for Northern Ireland (2007). Standards for Supervision for Nursing Belfast, DHSSPS.
2. Department of Health, Social Services and Public Safety (2006) The Quality Standards for Health and Social Care. Belfast, DHSSPS.
3. Kadushin, (1992) *Supervision in Social Work*. New York: Columbia University Press.
4. Kavanagh, D.J., Spence, S.H., Wilson, J. and Crow, N. (2002) *Achieving effective supervision*.
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6. McCleery Inquiry Panel (2006) Executive summary and recommendations from the report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board.
7. Nursing & Midwifery Council (2002) *Supporting Nurses & Midwives through lifelong learning*.
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This leaflet has been adapted from the leaflet developed by 2008 Main Working Group of the Supervision Regional Forum for the Implementation of the Regional Standards for Supervision in Nursing and produced in collaboration



Nursing Supervision for Registered Nurses - Facilitating Reflective Practice

Frequently asked Questions

Background to Nursing Supervision

The importance of effective supervision has been highlighted in regional critical incident inquiries such as the Lewis Review (2003), Murtagh Review (2005) and McCleery Report (2006), the Quality Standards for Health and Social Care (DHSSPS 2006) and more recently the O'Hara Inquiry (2012) and the Francis Report (2013), recommend that an effective system for supervision across Health and Social Care can help organisations meet each of the Clinical and Social Care Governance and Chief Nursing Officer (CNO) Standards for Supervision (2007).

In July 2007, the CNO published two Standards for Supervision in nursing.

Standard Statement 1: Supervision will contribute to the delivery of safe and effective care when practitioners have access to appropriate systems that facilitate the development of knowledge and competence through a culture of learning by reflection.

Standard Statement 2: An organisational framework supporting effective leadership and performance management will ensure that supervision will become an effective tool to improve the safety and quality of care.

Q: What is Nursing Supervision?

A: Supervision is defined as 'a process of professional support and learning undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance quality, safety and service-user protection' (NIPEC 2007).

Nursing Supervision is underpinned by reflective practice. It is recognised that there are a wide range of approaches to reflection on your practice, which can be considered under the heading - Formal (Appendix 1).

Q: What is Formal Nursing Supervision?

A: Formal Nursing Supervision is where regular, planned, and confidential one to one/group meetings take place a minimum of twice a year. The focus of formal supervision is on the individual, their personal/professional development providing nurses with an opportunity to discuss practice/professional based issues. **(These sessions are planned, structured and a record is maintained).**

with NIPEC

Q: What is Informal Nursing Supervision?

A: Informal Nursing Supervision is not planned or structured and a record is not always kept. It can take place between formal Nursing Supervision sessions. For example: at shift ward handover a staff member takes the opportunity to discuss their knowledge of infection prevention and control. Those taking part in the handover may be influenced by this new practice and use this opportunity to enhance and improve their practice and the quality of the care.

It is recommended that diary entries are kept in order to provide information for the next formal supervision session.

Q: How will Nursing Supervision help me?

A: Nursing Supervision will help you to reflect on/in practice, helping you to:

- Reflect on your practice and increase self-awareness
- Support the delivery of safe and effective care
- Encourage personal and professional growth
- Reflect on your knowledge and skills
- Reflect on challenging situations
- Celebrate good practice

Q: How is Nursing supervision carried out?

Nursing Supervision is carried out using a structured process with a skilled supervisor. A supportive learning environment is established and ground rules agreed. A supervision contract is developed that clearly defines the role of the supervisor and supervisee (Appendix 2).



Q: What do I discuss at Nursing Supervision?

A: You will discuss a practice or professional topic/issue that is **significant to you** e.g. you may talk about a formal complaint that you were involved in.

Q: How do you prepare for Nursing Supervision?

A: As a supervisee, you will complete a Nursing Supervision preparation sheet. (See example Appendix 6).

Preparation will increase your understanding of:

- The purpose, structure and process of supervision
- The importance of reflecting upon your topic/issue
- Your role as supervisee



Q: Is there a difference between Nursing Supervision and Performance Management?

A: Yes. The ethos of Nursing Supervision is to create a reflective, positive learning culture, wherein supervisees can reflect on a practice or professional experience of their choosing. Performance management relates to your Line Manager measuring your performance against agreed objectives. i.e. KSF/PCF/Attributes.

Both systems are different in approach, it is possible that one of your Nursing Supervision sessions may be used to support identification of a training need that will influence your personal/professional development requirements, you should discuss the identified training need with your Line Manager.

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SUPERVISION REPORT

MEETING	Assurance Committee Report for discussion at Executive Team		
DIRECTOR	Brenda Creaney	Date	28 th June, 2017
	<ul style="list-style-type: none"> • <i>Annual Report for Executive Director of Nursing and User Experience and the Chief Nursing Officer for Northern Ireland – Supervision for Registered Nurses 2016-2017</i> 		
Purpose	<ul style="list-style-type: none"> • <i>Assurance</i> • <i>Annual update on compliance of the Chief Nursing Officer's Standards for Supervision in Nursing.</i> 		
Corporate Objective	<ul style="list-style-type: none"> • <i>Safety and Quality</i> • <i>People</i> 		

**Supervision for Registered Nurses
2016 - 2017**

**Annual Report for Executive Director of Nursing
and User Experience and the
Chief Nursing Officer for Northern Ireland**

28th June 2017

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3.0 Conclusion	Page 6
Annex 1: Directorates Supervision Compliance Table 2016-17	Page 7-8

1.0 Introduction

In July 2007, the Chief Nursing Officer (CNO) for Northern Ireland published two Standards for Supervision in Nursing:

Standard Statement 1

Supervision will contribute to the delivery of safe and effective care when practitioners have access to appropriate systems that facilitate the development of knowledge and competence through a culture of learning by reflection.

Standard Statement 2

An organisational framework supporting effective leadership and performance management will ensure that Supervision will become an effective tool to improve the safety and quality of care.

Supervision is defined as:

'a process of professional support and learning undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance quality, safety and service-user protection' (NIPEC, 2007).

The Belfast Health and Social Care Trust (BHSCT) Policy entitled 'Nursing Supervision for Registered Nurses – Facilitating Reflective Practice' (reviewed in July 2014) states as a key policy principle (4.1.1) that

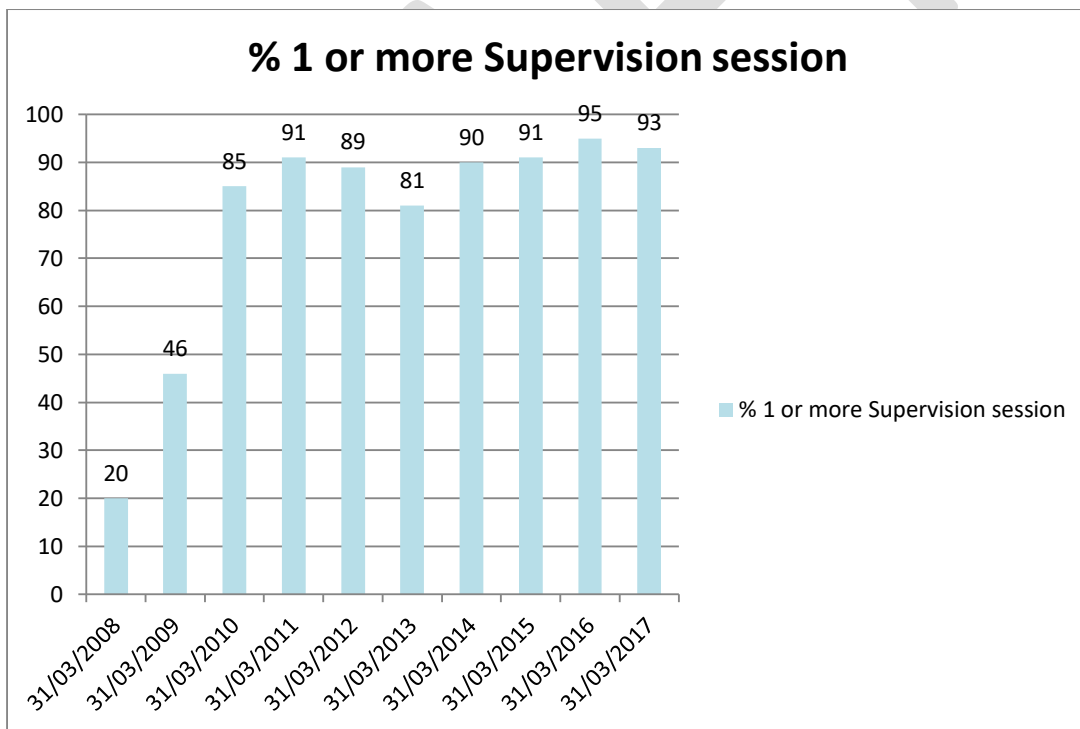
'Registered Nurses will undertake a minimum of two formal nursing Supervision sessions annually, beginning each year from 1st April'.

This report outlines BHSCT's progress in meeting the CNO Standards for Supervision. It should be emphasised that while 'informal' supervision is an integral aspect of nursing practice in BHSCT, this Report focuses only on 'formal' supervision, that is, planned, structured and recorded supervision.

2.0 Results

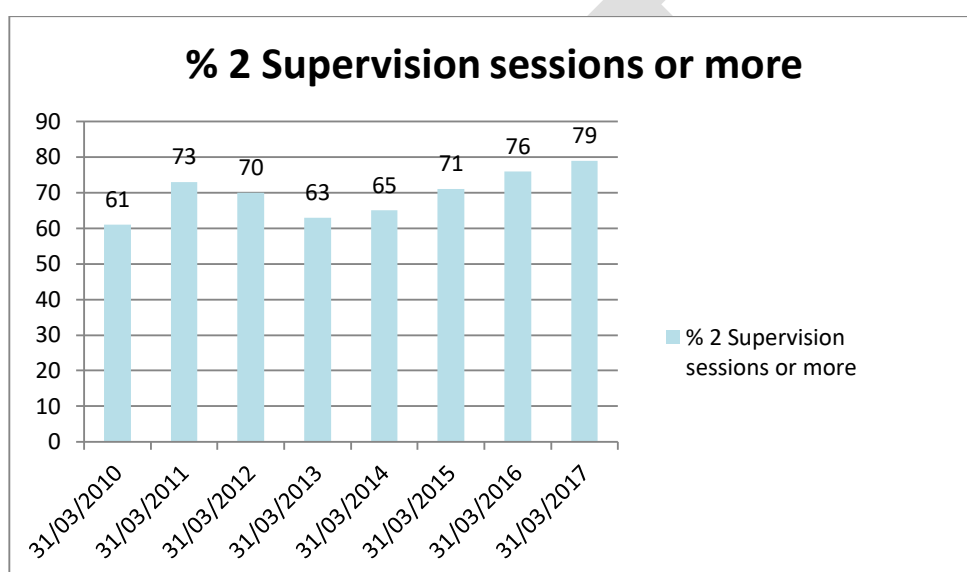
When first introduced in BHSCT in 2007, a baseline figure of 20% for completion of one or more Supervision sessions was agreed. As demonstrated in Table 1.0 below, the figure for one or more Supervision sessions has continued to increase. With competing demands of work pressures and an average 5% vacancy rate, 2016-17 recorded 2% reduction of staff completing one supervision session from 2015-16. However BHSCT continues to achieve a positive 93% completing one supervision session.

Table 1.0 Percentage of Registered Nurses in BHSCT who have completed one or more Supervision sessions each year from 2007/2008 to 2016/2017



The BHSCT has given a commitment that Registered Nurses will undertake a minimum of two formal nursing Supervision sessions annually. Table 2.0 demonstrates that in 2016/17 the percentage of Registered Nurses who completed a minimum of two Supervision sessions was 79%. This is an increase of 3% from 2015/16, and is the highest figure since 2010.

Table 2.0 Percentage of Registered Nurses in BHSCT who have completed two Supervision sessions each year from 2009/2010 to 2016/2017.



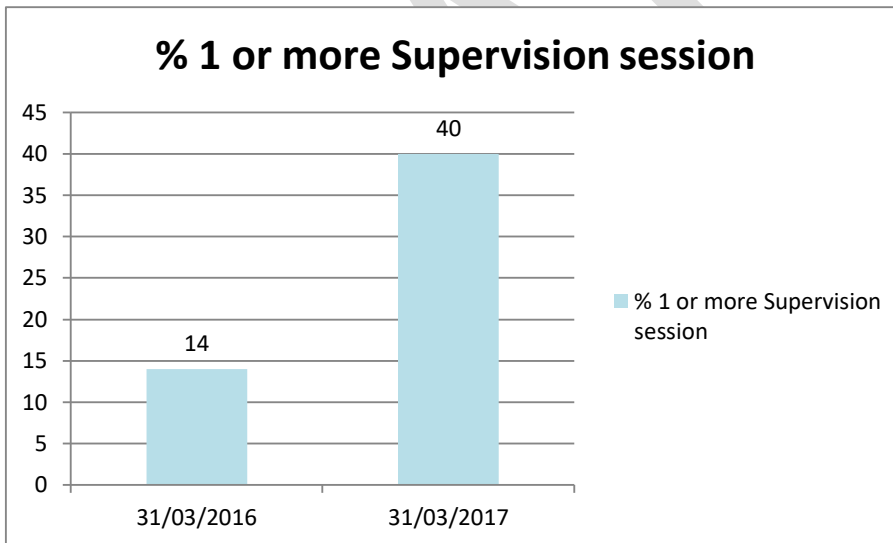
It is important to note that the total number of Registered Nurses used to calculate the percentages above includes those who are unavailable as result of maternity leave, and long-term sickness absence, as well as new employees undertaking preceptorship. The total number of Registered Nurses does not include Bank-only Registered Nurses.

Bank only Registrants

BHSCT commenced monitoring of Bank only Registrants compliance with Supervision requirements in 2015/16. Table 3.0 demonstrates 14% of Bank only Registrants had completed one supervision session. As result of partnership with the Nurse Bank Office a plan was developed to engage with and support Bank only Registrants to meet Supervision standards.

2016/17 Nurse Bank reported a positive improvement from 2015/16 with 40% of Registrants completing one supervision session, as demonstrated on Table 3.0 and a further improvement of 20% Registrants having completed two or more supervision sessions.

Table 3.0 Percentage of Bank Only Registrants in BHSCT who have completed Supervision sessions since 2015.



2.1 NIPEC Supervision in Nursing Questionnaire

NIPEC are currently Reviewing the 'Supervision Framework for Nurses and Midwives in Northern Ireland' and there had been a Regional agreement not to run 2016/17 Supervision in Nursing Questionnaire

2.2 Reasons for improved performance

The improved performance during 2016/2017 was due to a range of approaches. These included:

- The continued commitment of the Executive Director of Nursing and User Experience and her Team to support and encourage nurses across the Trust to engage meaningfully in Supervision.
- Regular submission of returns throughout the year from Associate Directors of Nursing and the requirement for teams, supported by Nursing Development Leads, to develop and deliver on action plans for sustained improvement where necessary. These returns and action plans was discussed regularly with teams in a range of Governance and Accountability forums across the Trust, including Support Improvement and Accountability Framework (SIAF) meetings, as well as with the Executive Director of Nursing and User Experience.
- The continued provision of training for Supervisees delivered by colleagues in the Clinical Education Centre and supported by experienced and skilled facilitators in BHSC. During 2016/17 a total of 84 delegates attended the Nursing Supervision Preparation Programme.
- As Registered Nurses start to prepare for Revalidation, they will be more aware of the need for reflection and discussion and the requirement to record a minimum of five written reflections on the Code, their CPD and practice related feedback over the three years prior to the renewal of their Registration.

2.3 Challenges encountered

The challenges encountered by both Supervisors and Supervisees during 2016/2017 continue to include a number of competing demands on their time such as service modernisation and change as well as workforce issues, In particular, the Trust's 5% vacancy rate throughout 2016/17

In 2016/2017, the Trust continued to support ongoing work to enable Bank-only Registered Nurses to engage in Supervision. This work has increased compliance of one supervision session from 14% in 2015/16 to 40% in 2016/17 as outlined in Table 3.0. This work has proven to be challenging, not least because of the time available for staff to undertake Supervision sessions when working in a Ward/Department requiring Bank staff support. It is recognised that this group of staff pose an on-going challenge and who continue to be supported by the Trust's systematic plan to engage all Bank Only Registrants for continuous improvement, ensuring they meet the Supervision requirements in accordance with BHSCT Policy 'Nursing Supervision for Registered Nurses – Facilitating Reflective Practice'.

3.0 Conclusion

Across the Trust, we acknowledge the continued efforts made by staff to engage in innovative and meaningful ways to ensure Supervision is valued and integrated into day-to-day practice. In 2016/2017, the percentage of Registered Nurses who completed two or more Supervision sessions was 79%, an increase of 3% from the previous year. With continued commitment to support Bank only Registrants in 2016/17 40% of registrants had completed supervision with 20% having completed two or more supervision sessions This improved performance was a result of a range of approaches, including the provision of practical support to enable effective Supervision. A number of challenges remain, including the competing demands and workforce challenges. The focus for 2017/2018 is to continue to encourage all staff to engage meaningfully in the process, support workforce agenda to reduce the current 5% vacancy rate and build on this year's performance.

ANNEX 1

Supervision Directorate Compliance Year Ending March 2017

Contact Name	Directorate	No of RNs	One Session Only	%	Two or More Sessions	%
Adult Social & Primary Care						
G Tinsley	Older People & Community/ICT	499	79	16	385	77
M Carney	Mental Health & CAMHS	410	36	9	325	79
E Rafferty	Learning Disability	192	23	12	169	88
Directorate Total		1101	138	13	879	80
Specialist Hospitals & Women's Health						
B Kelly	(NICU) RMH	95	22	23	43	45
B Kelly/J Wells	Gynae/GUM/RFC/S&RHS	83	6	7	72	87
J Lewis	RBHSC inc SoD	383	44	11	309	81
R Jenkins	ENT	53	13	25	37	70
M Kearney	Trauma/Orthopaedics/Neurorehab	465	2	0.43	417	90
Directorate Total		1079	87	8	878	81
Children's Community Services						
N Toner	Community Child Health	171	27	16	136	80
N Toner	Community LD Nurses	4	0	0	4	100
N Toner	Forest Lodge	10	0	0	10	100
Directorate Total		185	27	15	150	81
Nursing & User Experience						
J Donnelly	Tissue Viability	11	2	18	9	82
K Devenney	Falls Nurse	1	0	0	1	100
M Devlin	Workforce	2	1	50	1	50
A Pelan	Hospital @ Night	14	4	29	10	71
R Finn	Infection Prevention & Control	12	5	42	4	33
I Thompson	Governance	3	0	0	3	100
M Mannion	Workforce & Learning/Development	3	0	0	3	100
E MacDougall	Learning & Development	10	0	0	10	100
Directorate Total		56	12	21	41	73
Human Resources						
M Boyle	Vocational Learning Team	5	2	40	2	40
C Anderson	Occupational Health	15	6	40	8	53
Directorate Total		20	8	40	10	50
Surgery & Specialist Services						
P McKinney	Nephrology	107	14	13	100	93
P McKinney	Immunology	7	4	57		0
P McKinney	Oncology/Haematology	293	52	18	238	81
P McKinney	Rheumatology/Dermatology	55	8	15	35	64
P McKinney	Haemovigilance Services	6	5	83		0
P McKinney	Urology	27	6	22	21	78
P McKinney	Genetics	4		0	4	100
S Boyd	Cardiac/Vascular/Burns/Thoracic	230	82	36	125	54
S Boyd	Ophthalmology (J Robson)	63	19	30	46	73
S Boyd	MIH Ward F and ESU	43	0	0	43	100
P McK/S Boyd	Outpatients	83	20	24	54	65
P McK/S Boyd	General Surgery	101	28	28	79	78
Directorate Total		1019	238	23	745	73

Unscheduled and Acute Care						
G Byers/L Bingham	Medicine/ED/Endoscopy/Neuroscienc	809	60	7	687	85
J McCormick - Ths	RVH - Level 3 Theatres	95	12	13	71	75
	RVH - Recovery	35	7	20	25	71
	RVH - E/ENT Theatres & DPU Eyes	30	4	13	25	83
	RVH - DOS	7	3	43	0	0
	RVH - Interventional	22	2	9	13	59
	BCH - Tower Theatres	47	11	23	26	55
	BCH - DPU	14	3	21	11	79
	BCH - DOS	6	3	50	2	33
	BCH - Recovery	22	9	41	12	55
	BCH - Pre AX	9	3	33	0	0
	MIH - Pre AX	2	0	0	0	0
	MIH - Theatres	19	5	26	17	89
	MIH - DPU	19	3	16	15	79
	RVH - RICU-HDU	150	37	25	117	78
	RVH - Critical Care Outreach Team	7	0	0	7	100
J McCormick - Critical Care & Specialist Team	RVH - Acute Pain Team	4	0	0	4	100
	RVH - Resuscitation Team	5	0	0	5	100
	BCH - Critical Care Unit	41	2	5	39	95
	BCH - Chronic Pain Team	9	0	0	9	100
	MIH - Critical Care Unit	23	5	22	18	78
Directorate Total		1375	169	12	1103	80
BHSCT TOTAL		4835	679	14	3806	79
M Devlin	Nurse & Midwifery Bank	380	75	20	76	20



**A Supervision
Framework for
Northern Ireland
Project Initiation Document
December 2016**



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A Supervision framework for Northern Ireland

1.0 Background

- 1.1 Supervision across the professions of nursing and midwifery has been practiced in a range of different formats in Northern Ireland:

Supervision (Nursing)

- 1.2 NIPEC completed a regional review of clinical supervision in 2006 which resulted in the development of two standards for supervision in Nursing, launched by the Chief Nursing Officer (CNO) in 2007 and implemented into service through work led by NIPEC in 2008. Since then supervision in nursing has been monitored across all care settings in Health and Social Care (HSC) through an annual report to the CNO from each Executive Director of Nursing (EDoN).

Supervision (Midwifery)

- 1.3 Midwifery Supervision has been in statute since 1902. Following the publication of a review of midwifery supervision in NI, the CNO tasked NIPEC to facilitate and lead in the next steps in light of these proposed legislative changes that are due to be confirmed in March 2017. These next steps include engagement, working in partnership with the key stakeholders in the HSC system and liaising with the other three countries of the UK on the future of Midwifery Supervision. This work commenced in January 2016 and is directed by a Task and Finish Group currently chaired by Mrs Patricia McStay and co-chaired with Mrs Eileen McEaney, EDoN in the NHSCT.

Safeguarding Children Supervision

- 1.4 In February 2011, DHSSPS issued a Safeguarding Children Supervision policy and procedure for Nurses and Midwives. The policy set the framework and minimum standards for Health and Social Care Trusts to implement an effective and consistent approach to safeguarding nursing practice., This approach is used alongside Trust nursing supervision policies supporting practitioners to deliver a high standard of service to children and families, carry out their duties according to policy and procedures and meet departmental and corporate targets. Safeguarding children nursing supervision is complementary, but additional to nursing supervision.

Revalidation

- 1.5 April 2016 saw the first registrants in the United Kingdom moving through the process of revalidation as described by the Nursing and Midwifery Council

(NMC)¹. Eight requirements are described to fulfil the criteria set down by the NMC. Three criteria relate to elements included within supervision, namely:

- Practice related feedback (5)
- Written reflective accounts (5)
- Reflective discussion (1)

1.6 In Northern Ireland the translation of the CNO standards during implementation mandated that each registrant should receive two sessions per annum of supervision. It has been discussed that supervision may afford a vehicle through which the reflective practice elements required for revalidation may be, in some part, supported.

2.0 Introduction

2.1 At the Central Nursing and Midwifery Advisory Committee (CNMAC) held on 10 June 2016, the Chief Nursing Officer (CNO) sought and secured agreement to take forward work to explore the potential of the development of a Nursing and Midwifery Supervision Framework for Northern Ireland that could be positioned under one policy directive.

2.2 The work will recognise that nursing and midwifery are two separate professions along with recommendations for legislative changes to the Nursing and Midwifery Order 2001 to remove the statutory supervision of Midwives. As part of this work CNO also intends to explore if the DHSSPS policy for Safeguarding Children Supervision for Nurses and Midwives should be reviewed and if this can also be included within the Framework. NIPEC has been commissioned by the CNO to develop an encompassing model framework for midwifery supervision in NI, in readiness of the legislative changes to the Nursing and Midwifery Order 2001 (section 60). The model will seek to provide professional accountability assurances to the Chief Nursing Officer, Executive Directors of Nursing and other stakeholders in NI. In addition the new model must also provide accountability assurances to the public.

3.0 Plan

3.1 The rationale for setting up three task and finish groups is to ensure that the unique circumstances and requirements across midwifery, safeguarding and nursing areas of practice are recognised.

Aim:

3.2 To develop an overarching Supervision Framework for the nursing and midwifery professions in Northern Ireland.

¹ Nursing and Midwifery Council. (2015) *Revalidation*. London, NMC. Available for download at: <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf>

Objectives

- 3.2 The following objectives will support the achievement of the aim:
- i. Conduct a time limited review of current supervision processes in NI across all sectors for:
 - Nursing - to determine process enablers and barriers to supervision, to review the current model and its fitness for purpose
 - Midwifery - to inform the development of a model for midwifery supervision in NI, in readiness of the legislative changes to the Nursing and Midwifery Order 2001.
 - Safeguarding - to determine process enablers and barriers to safe guarding supervision, to review the current model and its fitness for purpose
 - ii. Analyse the collective findings of the reviews and early progress towards revised models.
 - iii. Review existing evidence nationally and internationally on supervision frameworks.
 - iv. Theme areas of commonality between models and determine an outline framework within which each model can co-exist.
 - v. Develop a draft process and accountability framework and required associated resources to support supervision and revalidation processes across the professions in NI.
 - vi. Make recommendations for adoption, implementation and monitoring to the CNO.

4.0 Methodology Overview

- 4.1 The following methodology will be employed to support the achievement of the objectives:
- i. Convene a Programme Board, and three Sub Groups comprised of members with expertise in the areas of nursing, midwifery and safeguarding supervision to progress the Programme objectives.
 - ii. Establish time limited project plans to support the work of the three Sub Groups. The project plans should be developed to support the purpose of each Sub Group and include a review of the evidence to support each work stream.
 - iii. Produce reports for each area of supervision practice with recommendations for a forward facing regional model that aligns with revalidation processes nationally.
 - iv. Determine areas of commonality across the three work streams and agree an outline framework that incorporates common areas, levels of supervision frequency and rigour.

- v. Define a risk matrix based on the potential for harm, complexity of care and predictability of outcome that will support the provision of supervision along a continuum of frequency and rigour.
- vi. Agree a Framework for Supervision with recommendations relating to implementation, resourcing and monitoring.
- vii. Consider and carry out requirements for piloting and consultation of the proposed framework.
- viii. Submit a final report with the Final draft Framework for Supervision to the Chief Nursing Officer.

5.0 Resources

The Northern Ireland Practice and Education Council for Nursing and Midwifery will be responsible for supporting and coordinating the work plan progress and outputs on behalf of the Chief Nurse for NI.

Should there be a requirement for development or production costs of a final product, the matter will be discussed with the Chief Nurse, Chief Executive of NIPEC and Executive nurses of the HSC Trusts.

6.0 Project Screening

A risk and equality screening has been completed on this project document and can be found at pages 10 – 11.

7.0 Evaluation

Evaluation of the project process will be conducted at the conclusion of the project period by the lead NIPEC Officer. The evaluation will focus on the process and any learning from coordinating the work, to be used in future opportunities.

Appendix 1: Membership of Programme Board (PB)

Name	Designation	Role
Angela McLernon	CE NIPEC	Chair of PB
Nicki Patterson	Exec. Dir. Nursing SEHSCT	Member
Eileen McEaney	Exec. Dir. Nursing NHSCT	Co-Chair Midwifery Sub Group (SG)
Sharon McRoberts	Asst. Dir. Nursing SEHSCT	Chair of Nursing SG
Patricia McStay	LSAMO PHA	Co-Chair Midwifery SG
Una Turbitt	Asst. Dir for Public Health Nursing, PHA	Chair of Safeguarding SG
Breedagh Hughes	Director RCN NI	Member
Garrett Martin	Director RCN NI	Member
Mary Frances McManus	Nursing Officer DoH	Member
Heather Finlay	Nursing Officer DoH	Member
Verena Wallace	Midwifery Officer DoH	Member
Fiona Bradley	Senior Education Manager, CEC	Member
Gail Anderson	Head of Midwifery, QUB	Member
Aishlinn Long	Ulster University	Member
Maura McKenna	Partnership Forum	Member
Ethel Rodrigues	Unite the Union	Member
Angela Reed	Senior Professional Officer, NIPEC	Lead Officer

TERMS OF REFERENCE PROGRAMME BOARD SUPERVISION FRAMEWORK IN NORTHERN IRELAND

1. MEMBERSHIP OF GROUP

If a member is unavailable, he/she should nominate an appropriate member of staff to attend on his/her behalf, providing the relevant required information in advance for the alternate member to attend and participate appropriately and advising the Chair of Programme Board.

2. CHAIR OF THE GROUP

Advised by the CNO as Angela McLernon, CE NIPEC.

3. QUORUM

Quorate membership is 50% of the total membership number with all three Chairs of Sub Groups / Vice Chairs in attendance.

4. FREQUENCY OF MEETINGS

Every 10 weeks

5. RECORD OF MEETINGS

NIPEC staff are responsible for agenda setting, record keeping and circulation of relevant papers in collaboration with the Chair of the Group.

6. ACCOUNTABILITY OF THE PROGRAMME BOARD

The Programme Board is accountable through the Chair to the Chief Nursing Officer for Northern Ireland.

7. ROLE AND RESPONSIBILITIES

- Agree a project plan and associated timescales to meet the stated objectives and aim
- Contribute to the achievement of the project plan
- Undertake on-going monitoring of the plan against the activity and timescales and agree remedial actions arising
- Represent the nominating stakeholder organisation communicating to and from PB appropriately
- Participate in respectful, open debate
- Participate in shared learning across organisations
- Welcome and provide constructive challenge
- Manage information related to the project responsibly, ensuring confidentiality when required
- Contribute to progress reports to the Chief Nursing Officer

Appendix 2 – Risk and Equality Screening

Area	Comments
Risk Management questions	
<ul style="list-style-type: none"> • Have any risks been identified? • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them? 	<p>Resourcing, timescales and engagement</p> <p>Failure to complete project successfully, loss of credibility to individuals involved.</p> <p>Project management processes, terms of reference. Appropriate nominations to programme Board and Sub-Groups. Appropriate governance processes in place.</p> <p>Not as yet, where negative impacts are emerging rather than potential.</p>
Equality and Human Rights questions	
<ul style="list-style-type: none"> • What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)? • Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group? <p>NB – please refer to NIPEC’s Equality Screening Policy and Screening Templates to assist in considering equality and human rights</p>	<p>Process is underway to equality screen project plan and determine any implications from a human rights perspective.</p>

Appendix 2 – Risk and Equality Screening

Contd.

Privacy Impact Assessment (PIA) questions	
<ul style="list-style-type: none"> • Will the project use personal information and/or pose genuine risks to the privacy of the individual? • Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way? 	<p>No</p> <p>No</p>
Personal and Public Involvement (PPI) questions	
<ul style="list-style-type: none"> • Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? <p>NB – please refer to and use NIPEC’s PPI Decision Tree/Algorithm to assist in considering PPI</p>	<p>To be determined through the Programme Board.</p>

For further Information, please contact:

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This document can be downloaded from the
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December 2016



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Reflective Supervision

A Framework to
Support Nursing and
Midwifery Practice in
Northern Ireland



Reflective
Supervision



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1. INTRODUCTION

Nurses and Midwives, as the largest health related workforce in Northern Ireland, have a vital part to play in achieving the transformation agenda set out in our local policy *Health and Wellbeing 2026: Delivering Together* (1). The Nursing and Midwifery Task Group report (2) provides a roadmap to help secure this agenda and enhance nursing and Midwifery roles across a wide spectrum of sectors, services, settings and areas of practice.

Effective implementation of Reflective Supervision for all Nursing and Midwifery Council (NMC) Registered Nurses and Registered Midwives is an essential enabler to support the workforce, improve practice and enhance the quality of care and lived experience of those receiving care. This Reflective Supervision Framework identifies the necessary organisational systems and processes required to support NMC registrants with access to supervision. Provision of Reflective Supervision sessions will enhance the capability and capacity of NMC registrants, in addition, to motivating them to develop themselves and others and to take up new opportunities and roles throughout their careers.

2. BACKGROUND

NMC Revalidation encourages a culture of sharing, reflection and improvement and highlights the benefits for Registered Nurses and Registered Midwives as well as those they care for.

Reflective Supervision can, in turn, provide the practitioner with support in: their practice; the acquisition of new knowledge, skills and abilities; and promoting staff wellbeing and positive relationships.

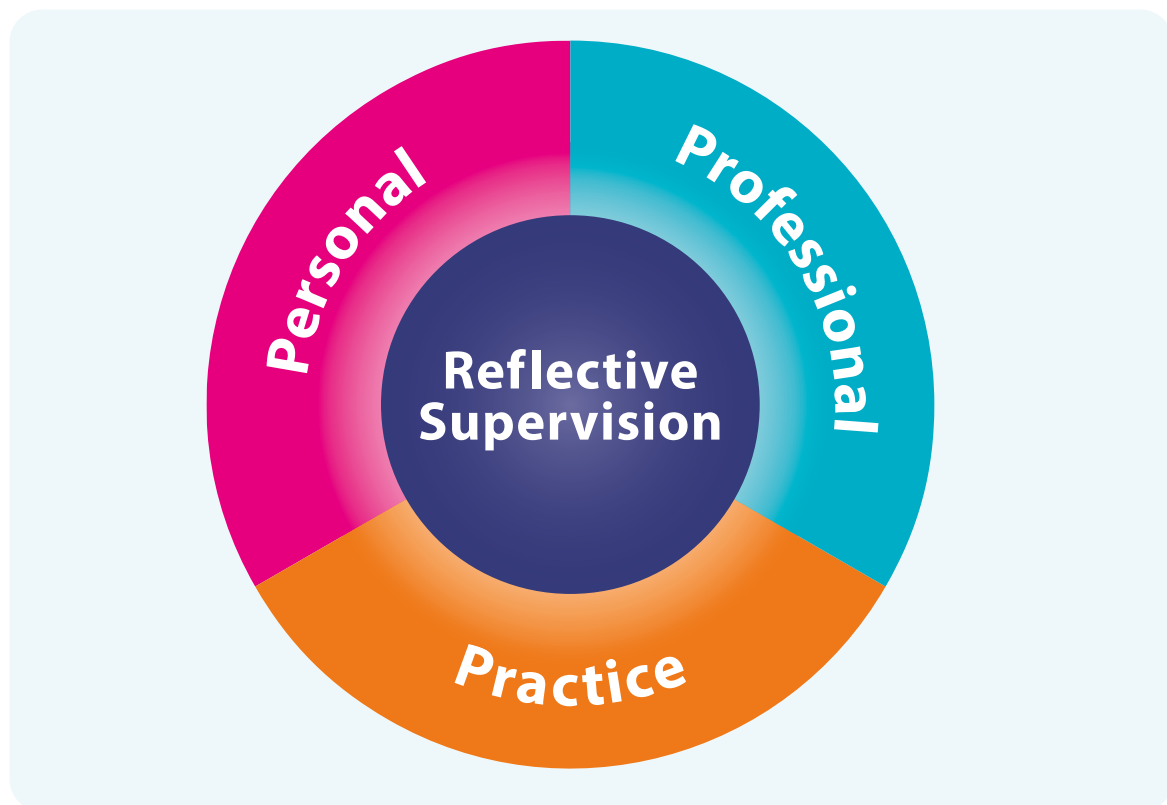
Preparation for Supervisors is essential for the successful implementation of Reflective Supervision. The Health and Social Care (HSC) Clinical Education Centre provides a regionally agreed preparation programme for Supervisors of Nurses and Supervisors of Midwives and a transition programme available for those who are existing Supervisors. These are both available to access at [Clinical Education Centre | Clinical Education Centre \(hscni.net\)](https://www.hscni.net)

3. REFLECTIVE SUPERVISION

Reflective Supervision is defined as a participative process of supported reflection that enables individual Nurses and Midwives to develop personally and professionally to improve the quality, safety and person-centredness of their practice (Figure 1).

The process of Reflective Supervision should be adopted by all organisations employing Nurses and Midwives in Northern Ireland and an annual assurance should be provided to the Chief Nursing Officer by the Executive Director of Nursing or the organisation's Lead Nurse or Lead Midwife.

Figure 1. Process of Reflective Supervision



The model of Reflective Supervision piloted with Nurses and Midwives in Northern Ireland is based on the work of Dr Sonya Wallbank (3). The initial model was derived from working with Midwives, Doctors and Nurses. It was designed to support professionals working within roles where they have a significant emotional demand. The findings from the Northern Ireland pilot testing of the model demonstrated a broad consensus that Reflective Supervision was highly valued. It gave Supervisees the opportunity to reflect, talk things through, and consider strategies to deal with challenges. They also appreciated that they were being listened to and unanimously reported that they found the process supportive.

Reflective Supervision

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The Reflective Supervision Model promotes an approach which is Supervisee led and provides the individual with the opportunity to discuss a topic or their choosing; one which is significant to them. The Supervisor utilises a range of skills in order to facilitate the discussions with the Supervisee. Core skills include utilisation of communication skills including active listening and a range of questioning to support the individual to critically reflect on aspects of the discussion. The six key skills necessary for Supervisors to facilitate effective Reflective Supervision are drawn from those employed in Restorative Resilience Supervision:

- ▶ Emotional containment
- ▶ Reflective practice
- ▶ Stress inoculation
- ▶ Resilience training
- ▶ Action learning
- ▶ Foundation coaching

The use of the six skills is dependent on the identified needs of the Supervisee during the Reflective Supervision session.

It should be noted that the model of safeguarding supervision which is primarily about maintaining the safety of the child or adult at risk of harm, is different to the model of Reflective Supervision presented in this Framework. Therefore those NMC registrants that are employed in a safeguarding role should continue with their safeguarding supervision in addition to their Reflective Supervision sessions.

4. CONTINUUM OF LIFELONG LEARNING AND PROFESSIONAL DEVELOPMENT

Reflective Supervision is a part of the learning and development experience for Nurses and Midwives, commencing with: **Practice Supervision** for Student Nurses and Student Midwives; moving onto **Preceptorship (4)** in the early stages of registered practice; and when employed as a Registered Nurse or Registered Midwife, they can access **Reflective Supervision** supporting lifelong learning in practice throughout their career (Figure 2).

Figure 2. Continuum of Lifelong Learning and Professional Development



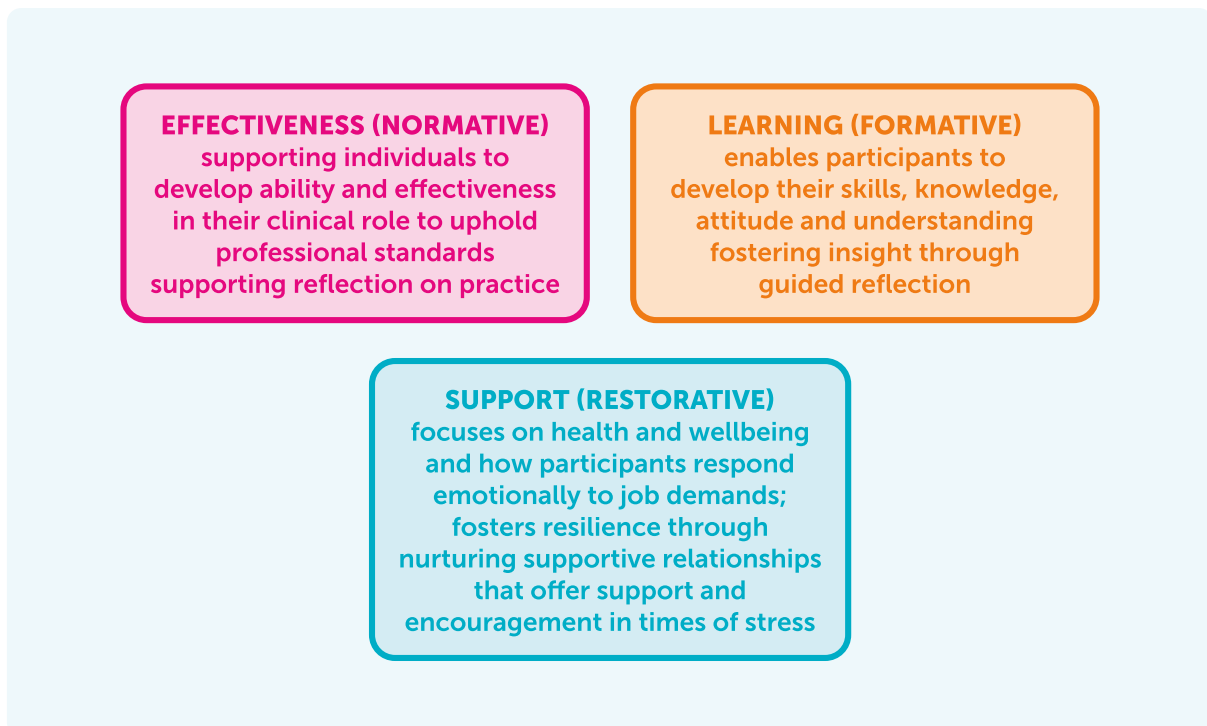
All Nurses and Midwives should be supported to reflect on their skills and contribution to the environment where they work – wherever that may be. Conversations with their Supervisors should help them understand how much they are valued, where their future career might be heading and how they might identify learning needs to expand and improve their practice and fulfil their potential. This process will involve preparation by the Supervisee in advance of the supervision session and an intention to understand their personal strengths and areas for improvement.

5. ELEMENTS OF REFLECTIVE SUPERVISION

Reflective Supervision encompasses three elements: Effectiveness (Normative); Learning (Formative); and Support (Restorative), which aligns with Proctor's Model (5) see Figure 3.

Each one of the three elements has a separate purpose and registrants can choose the one that best meets their needs for their Reflective Supervision session. Examples of how these may be used in practice are presented in Appendix 1.

Figure 3. Three Elements of Reflective Supervision



Time should be set aside to have the Reflective Supervision session and the discussion should be confidential to those involved unless a concern is raised that requires escalation (see Section 7.0). Reflective Supervision can be used as part of the revalidation process for Nurses and Midwives.

6. STANDARDS FOR REFLECTIVE SUPERVISION

Four standards have been developed to support the implementation of Reflective Supervision for all those employed as a Nurse or Midwife. The standards help clarify the responsibilities of employing organisations, Supervisees, Supervisors and Senior Nursing and Midwifery Leads. They have also been used for the development of education programmes to support Supervisors. Those who are receiving care and treatment can also contribute to the Reflective Supervision process.

Standard 1 - Supervisors

- ▶ Supervisors of Nurses and Midwives must be a NMC Registered Nurse or Registered Midwife.
- ▶ A Supervisor should have a minimum of three years' experience as a Registered Nurse or Registered Midwife. This requirement may be challenging for some organisations however, this is the preferred length of experience to enable the Supervisor to fulfil the role effectively.
- ▶ Supervisors must, as a minimum, have undertaken a Supervisor preparation programme¹ and have an understanding of Reflective Supervision. The Supervisor should be on the organisation's Register of Supervisors of Nurses and Supervisors of Midwives.
- ▶ A Supervisor should have knowledge and skill specific to the composition of the Supervisee's role, taking account of any particular specialised and expert requirements. For example, where the purpose of the Reflective Supervision session is related to a specialised area of clinical practice then the Supervisor would require a certain level of knowledge in relation to this area. However, if the Supervisee wished to use the supervision session to reflect on feedback from a person receiving care or a recent activity of learning, then the Supervisor could be chosen from a wider area of practice.
- ▶ Each Supervisor should only keep a record of the number of sessions they undertake annually for each Supervisee, with the exception of any records relating to an issue of concern for escalation, raised during a supervision session. Supervisors must seek their own Reflective Supervision sessions.
- ▶ A Supervisor must be available to provide at least two formal sessions of Reflective Supervision annually for each Supervisee. The sessions may be provided as a one-to-one or group format.
- ▶ A Supervisor should only provide a maximum of sixteen Reflective Supervision sessions annually.

¹ The Regional Reflective Supervision Preparation Programme and Transition Programme are accessible via the Clinical Education Centre website - <https://cec.hscni.net/>

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Standard 2 - Supervisees

- ▶ Supervisees are NMC Registered Nurses or Registered Midwives. They should participate in two formal Reflective Supervision sessions a year, keeping personal reflective accounts including relevant actions.
- ▶ Supervisees should choose an appropriate Supervisor from the organisation's list and agree this with their line manager².
- ▶ Supervisees will need to prepare for each supervision session. As a guideline this preparation time should be between 30 and 60 minutes, prior to each Reflective Supervision session.
- ▶ Supervisees should actively identify a focus for the meeting and be open to constructive feedback.
- ▶ Supervisees should evaluate the perceived benefit of the session to their personal and professional life, reflecting on the opportunity to impact on safety, quality, experience of those they care for or staff experience. This can help registrants meet NMC requirements for revalidation.
- ▶ Supervisees can contribute to their appraisal and Personal Development Plan process through identification of learning and development needs in partnership with their Supervisor.
- ▶ Each Supervisee should consider a range of factors that might trigger the need for the review of frequency and type of Reflective Supervision: They might include:
 - Risks that could compromise the quality of services.
 - Risks that could compromise the experience of the person being cared for.
 - Risk of negative impact to the staff experience.
 - Reported personal stress.

Standard 3 - Supervision Sessions

- ▶ Supervision sessions can be delivered via a range of formats, for example face-to-face sessions in person or using video-conferencing on a one-to-one basis. Alternatively a Supervisor may provide Reflective Supervision for a number of people.
- ▶ As a guide, a one-to-one session should typically last up to one hour. This time should be ring fenced and where possible Reflective Supervision should be carried out in an environment which is free from disturbance. Group sessions should typically last up to two hours. Sessions can be extended at the discretion of the Supervisor as required. The time for Reflective Supervision is generally calculated as 4 percent of the funded establishment for each post, which also includes study leave.

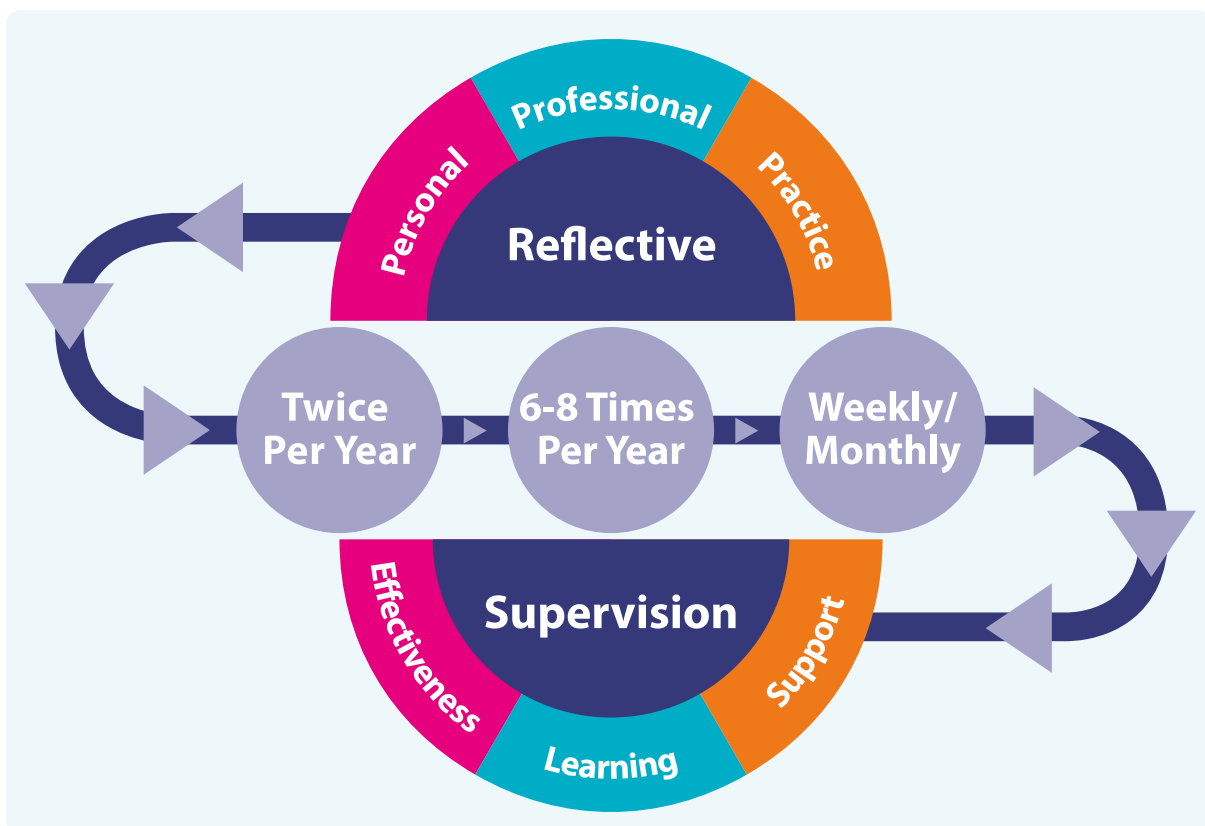
2 Supervisees select their own Supervisor with the exception of safeguarding children supervision where the Supervisor is appointed

Reflective Supervision

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- ▶ Each Supervisor must agree ground rules, see Appendix 2, with the Supervisee and undertake the following responsibilities in each session:
 - Protect the allocated time and maintain an environment conducive to supervision.
 - Appropriate exploration of the Supervisee's expectations.
 - Follow the focus identified by the Supervisee(s) and allow the Supervisee(s) to express their individuality.
- ▶ Provide clear constructive feedback.
- ▶ Evaluate the perceived benefit of the Reflective Supervision session including identification of agreed action plans.
- ▶ Manage areas of conflict, including onward action.
- ▶ Nurses and Midwives work in challenging environments and in circumstances that might, on occasion, require an increased level of support for practitioners. This may mean that the mode and/or frequency of Reflective Supervision will change depending on circumstances (Figure 4).

Figure 4: Frequency of Reflective Supervision



Reflective Supervision

A Framework to Support Nursing and Midwifery Practice

Standard 4 - Governance Structure

- ▶ Each organisation should have a structure to support organisational accountability for the implementation of supervision for Nurses and Midwives they employ. The Responsible Officer will be the Executive Director of Nursing or the Senior Nurse or Senior Midwife in the organisation. The structure should align with existing governance and escalation processes to include raising and escalating concerns.
- ▶ An annual report of assurance regarding the provision of Reflective Supervision for Nurses and Midwives employed, should be provided to the Chief Nursing Officer by the Executive Director of Nursing or organisation's Lead Nurse or Lead Midwife.
- ▶ Each organisation should have a Supervision Policy and Procedure aligned to the Reflective Supervision Framework which will include ownership of supervision records, the opportunity for use of different types of supervision and where appropriate, the inclusion of people receiving care.
- ▶ The organisation should retain a register of appropriately prepared and updated Supervisors. There should be a support network for Supervisors within the organisation. Where the organisation is not large enough Supervisors should be facilitated to join a local network. A network chair should be appointed who will be responsible for hosting meetings, local learning events and disseminating relevant information and guidance to Supervisors.



7. PROCESSES SUPPORTING REFLECTIVE SUPERVISION

The following additional elements are important to support the effective implementation of Reflective Supervision.

Confidentiality

Confidentiality is pivotal to the success of supervision and should be maintained through a trustful relationship, an appropriate choice of environment, and dedicated time. Supervisors and Supervisees should adhere to the responsibilities articulated within the Standards for Reflective Supervision as an acknowledgement of trust and expectations.

In setting up Reflective Supervision, it is important that the boundaries of the supervisory relationship are established, including the agreement of ground rules between the parties to support and protect confidentiality at the start of Reflective Supervision sessions (Appendix 2 Ground Rules). This process of agreement enables identification of potentially conflicting roles and development of mutual understanding. The agreement may be reviewed at any stage at the request of either Supervisor or Supervisee; however, frequent review should not normally be necessary.

Record of Reflective Supervision

Good record keeping is fundamental to high quality nursing and Midwifery practice and is essential for the provision of safe, effective, person and family centred care. Registrants must keep clear and accurate records relevant to their practice. For the purpose of Reflective Supervision, Supervisors and Supervisees must ensure that they maintain adequate records of the supervision session adhering to the principles of confidentiality for storage. Supervisors will be required to keep only a record of the number of sessions provided by them annually for each Supervisee, with the exception of any records required relating to issues of concern for escalation. The NMC's guidance (6) on reflection for revalidation advised the following:

'In meeting the revalidation requirements and keeping your evidence, you must not record any information that might identify an individual, whether that individual is alive or deceased. This means that all information recorded must be recorded in a way that no patient, service user, colleague or other individual can be identified from the information.'

Reflective Supervision

A Framework to Support Nursing and Midwifery Practice

Raising and escalating concerns

A positive working environment is vital in supporting the professional practice and behaviours of Nurses and Midwives. This includes being able to raise concerns if issues arise that could for example compromise the safety, quality and experience of people receiving care.

During a supervision session, a Supervisee may divulge an issue of concern in relation to practice. If so, the issue identified should be dealt with supportively via appropriate organisational and/or regulatory procedures.

Although generally rare, where practice is raised that is below the expected standard, the Supervisor will advise the registrant and an agreement should be made to put in place an appropriate improvement plan with regular review, including any appropriate supervised practice. The Supervisor must inform the line manager of the Nurse or Midwife, identifying how far short the practice falls from the expected standard and the level of support required in line with the NMC Code (7). The Supervisee should be kept fully informed at each stage of the process and the organisation's processes should be followed in relation to support, capability and if necessary fitness to practice procedures. See Appendix 3 for examples of issues that may be presented within a supervision session that might require escalation.

A registered Nurse or Midwife must 'act without delay if you believe there is a risk to patient safety or public protection' (7).

8. MONITORING AND EVALUATION

Reflective Supervision is promoted and valued as an activity underpinning safe and effective practice. In this context monitoring and evaluation of activity is required to provide assurances of accountability for the organisation and to justify the use of the resources required to promote and sustain delivery of the Framework. The Department of Health will review the benefits and challenges of the implementation of Reflective Supervision and identify areas for further improvement. The review will also include evaluation of Supervisee wellbeing, training quality and effectiveness. Structured monitoring and evaluation has the potential to enhance not only Reflective Supervision for practitioners but also the people they care for.



9. REFERENCES

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- 3 Wallbank, S. (2016) The Restorative Resilience Model of Supervision A reader exploring resilience to workplace stress in health and social care professionals. London: Pavilion Publishing and Media.
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- 5 Proctor, B. (2010) Training for the supervision alliance: Attitude, skills and intention. In Routledge handbook of clinical supervision (pp. 51-62). Routledge.
- 6 Nursing and Midwifery Council (2019) *Revalidation*. London: NMC.
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10. APPENDICES

Appendix 1

EXAMPLES OF EACH ELEMENT OF REFLECTIVE SUPERVISION IN PRACTICE

EFFECTIVENESS (NORMATIVE)	LEARNING (FORMATIVE)	SUPPORT (RESTORATIVE)
<p>A newly Registered Nurse or Registered Midwife has received positive feedback from one of their patients in relation to the care they have received during a hospital stay. They wish to reflect on the experience with their Supervisor endeavouring to continue to uphold high values and personal accountability in their practice.</p>	<p>A Nurse has attended a leadership programme and they wish to use the Reflective Supervision session to reflect on the skills and knowledge that they have gained and how they may utilise this in practice to work collaboratively with teams and support improvements in practice.</p>	<p>A Midwife attends a delivery where the baby is born with an undiagnosed cardiac defect. They wish to attend Reflective Supervision to reflect on their emotional response to the event and consider ways where they could offer support to parents if a similar situation arises in future.</p>
<p>A Midwife Team Leader has received a complaint that there were communication failings during and following delivery of her baby which affected her experience. The team wish to use the Reflective Supervision session to reflect on the care delivered and to identify personal and professional objectives that could change or improve communication processes within their team.</p>	<p>A newly registered staff member has completed a preceptorship programme and they wish to use the Reflective Supervision session to reflect on the skills and knowledge that they have acquired during the process and how these skills can provide the foundation to continue their journey of personal and professional development.</p>	<p>A registered staff member is experiencing a situation where they perceive a colleague is treating them unfavourably in comparison to other staff. They wish to discuss these concerns with their Supervisor as it is now affecting their job performance and causing a level of personal stress.</p>
<p>A medication error has resulted in a patient not receiving a critical medication as part of the plan of care. The patient has not come to any harm but this has been reported through the appropriate governance processes and ensuring confidentiality the ward manager has given feedback to the team. A group of staff wish to discuss this event during a group Reflective Supervision session and reflect on ways that they could improve practice and minimise medication error risks in the future.</p>	<p>A Team Leader has successfully completed a Quality Improvement initiative and has been nominated for an award for their work. They wish to reflect on the learning gained through this process and identify how they could provide support to colleagues and peers in their Quality Improvement journey.</p>	<p>A Nurse has been asked by their manager to prepare a presentation for a regional conference. They are content to prepare the work but do not feel confident to deliver the presentation as this would be the first time they have presented to groups outside of the organisation. This is causing them concern and they are experiencing a moderate level of stress. They wish to discuss this in confidence with their Supervisor and identify strategies that could help build their confidence and self-esteem prior to the event.</p>
	<p>A Midwife has completed a piece of research in their field of practice which is due for publication in a peer reviewed journal. They wish to reflect on the learning acquired with their Supervisor and how they could use this to develop their career pathway.</p>	<p>A Staff Nurse working in a regional Emergency Department is struggling with the emotional demands of the clinical role. They wish to discuss this at their Reflective Supervision session and identify coping strategies to minimise stress and foster resilience in this role.</p>

Appendix 2

GROUND RULES FOR SUPERVISION SESSIONS

Where a one-to-one meeting is taking place between a Supervisor and Supervisee both parties should:

- ▶ Have an attitude of open learning.
 - Deal appropriately with areas of disagreement positively approaching conflict in an attitude of mutual respect.
 - Ensure that practice that could compromise patient safety, quality and experience if identified, is dealt with supportively via appropriate procedures.
 - Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
 - Ensure that all relevant records are kept securely in an appropriate place.

Where a group meeting is taking place between a Supervisor and multiple Supervisees all parties should:

- ▶ Agree to share within a group setting.
- ▶ Be sensitive to the needs of individuals and the overall dynamics within the group.
- ▶ Maintain confidentiality by not disclosing or discussing information provided by any other members of a group - they should not be discussed with anyone outside the group e.g. other team members, family or friends.
- ▶ Be supportive of other members of the group.
- ▶ Listen to other members of the group when they are speaking and allow them to finish before beginning to speak themselves..
- ▶ Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures.
- ▶ Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
- ▶ Ensure that all relevant records are kept securely in an appropriate place.

It is important to recognise that the professional Supervisor is not usually the line manager of the registrant; on occasion however, it may be appropriate for this to be the case.

Supervisors must be prepared to take on the role, and have a practical understanding of the principles of confidentiality and parameters for escalation should a relevant issue arise.

Section 5 of the NMC Code (7) states clearly that registrants must respect people's right to privacy and confidentiality. This includes sharing necessary *'information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality'*.

Appendix 3

EXAMPLES OF ISSUES FOR ESCALATION

Prioritise people	Inappropriate behaviour or language when discussing an issue with diversity implications e.g. racism, homophobia, ageism.	Evidence of treatment being forced on a person without their consent.	Evidence that confidentiality has been breached.
Practise Effectively	Refusal to apply current evidence in practice.	Evidence of threatening behaviours towards colleagues and/or service users.	Refusal to keep accurate records.
Preserve Safety	Evidence that an adverse incident was not escalated appropriately at the time of occurrence.	Evidence that there are significant competence issues within a specific area of practice.	Evidence that the Nurse or Midwife has actively discouraged colleagues/ service users to raise concerns.
Promote Professionalism and Trust	Evidence of inappropriate or unprofessional behaviour via social media.	Evidence of bullying other members of staff.	Evidence of professional boundaries being breached, including inappropriate expression of political, religious or moral beliefs.



June 2022

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Northern Ireland Adult Safeguarding Partnership Training Strategy 2013

Revised 2016

1.0 Introduction

1.1 The primary function of the Northern Ireland Adult Safeguarding Partnership (NIASP) is to develop a strategic approach to safeguarding adults.

1.2 In relation to ensuring best practice, NIASP has specific responsibility to:

- Develop and secure delivery of an interagency/inter-disciplinary training and development strategy with the aim of improving the quality of safeguarding work and of interagency/inter-disciplinary working, having identified the training needs of those involved in safeguarding work across Northern Ireland. The strategy should take account of how training partnerships with LASPs can be developed
- ensure that each partner organisation has effective training arrangements for its personnel ranging from awareness training for front line staff to the more in depth training required to discharge specialist functions

1.3 The purpose of this document is to provide a clear statement of the expectations in relation to the provision of Adult Safeguarding training for everyone who is involved in the lives of Adults at risk in Northern Ireland. It will be supported by a regional training framework

1.4 Member organisations should define the training needs of their staff and volunteers, based on the NIASP training framework and translate these into an organisational Training and Development plan. Member Organisations should ensure that they hold comprehensive staff training records to assure themselves that all their staff have been appropriately trained in safeguarding Adults at risk. There should also be systems in place to assure them that staff are maintaining their training commitments.

2.0 Principles

The training delivered under this strategy will reflect the underpinning principles as outlined in section 4 of Safeguarding Adults – Prevention and Protection in partnership with particular focus on the following

2.1 Adult Safeguarding is ‘Everyone’s Business’ – Training provision will reflect the NIASP aims to raise public and partner awareness about Adult safeguarding and their role in this.

2.2 Person Centred Approach – Training provision will support the principle that service users will be empowered to prevent abuse, manage risks and have the expectation to be safeguarded / protected.

2.3 Collaborative Approach –NIASP member organisations will be supported to understand and meet their responsibilities to train their workers with the aim of ensuring that the workforce is has the appropriate skills and knowledge to Safeguard Adults.

3.0 Target Audience

3.1 In acknowledging that Adult Safeguarding is a shared responsibility, the audience for training across Northern Ireland is large and diverse. It includes staff and volunteers who are in contact with or providing services to adults across the statutory, voluntary, community, independent and faith sectors.

4.0 Aim of Strategy

4.1 This strategy is designed to support performance improvement in Adult Safeguarding practice across all those in the target audience.

4.2 It will provide a clear framework which will specify learning outcomes and core content to meet a range of identified training needs within partner organisations.

4.3 The framework will provide a number of levels of training which reflect the varying levels of expertise required and the differing needs of organisations across the safeguarding continuum. The appropriate level of training will be determined by the roles and responsibilities of the individual.

4.4 The Strategy aims to be measurable to support annual review.

5.0 Framework for Adult safeguarding Training

5.1 To address the learning needs of the target audience training is required at a number of levels and these are presented within the NIASP training framework.

5.2 This is based on clear practice and learning outcomes aligned to role and function and should enable member agencies to commission appropriate training for their staff and volunteers.

5.3 Member agencies should use this information to identify and set out training pathways for their staff and organise staff training with reference to the learning outcomes to ensure staff have the appropriate skills and knowledge to respond in accordance with their role

5.4 It is the responsibility of the member agencies to meet the requirements set out in this training framework and thus ensure their staff are able to achieve the competencies commensurate with their role.

5.5 The Strategy would want to reflect the need to work towards developing training / education specifically for and accessible to service users and carers to enable them to understand and manage risk; to protect themselves from harm and to ensure they know how to seek help and report abuse or neglect

6. Monitoring and Review

6.1 The NIASP Training Work stream will review the strategy and update the framework on an annual basis to reflect local and national developments

6.2 The strategy recognises that member agencies will have their own specific needs and requirements pertinent to the nature of

their organisation and each organisation will have their own preference about modes of training delivery. However the framework provides a mechanism which should support the regulation and monitoring of member agencies practice in Adult Safeguarding.

6.3 Member organisations have a responsibility to ensure that the training provided to their staff meets the core requirements as set out in the training framework.

6.4 To ensure quality, NIASP will audit compliance with the Training strategy and framework, through agreed standards.

7.0. Conclusion

7.1 By being appropriately trained and enabled to explore and understand the contribution they make to safeguarding, individuals in member organisations, can make a significant difference to outcomes for Adults at risk of abuse or neglect.

7.2. This training strategy and any further associated training guidance, reflect a dynamic process, which, through continuous evaluation, will ensure the learning needs of individuals are met. It is intended to be flexible and will evolve responding to legislative changes; local and national policy and best practice guidance. It will be updated annually, in response to outcomes of local audits, performance monitoring and evaluation.

7.3 The ultimate outcome is to ensure that individuals involved in the lives of Adults at risk in Northern Ireland are able to access

high quality relevant and appropriate training to ensure safe and effective services

**NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP TRAINING & DEVELOPMENT
FRAMEWORK**

Level One –Induction-Awareness

Learning Outcomes	Knowledge Skill and Values	Target Audience/ Group (Agencies can specify the particular staff groups)	Refresher Requirements	Organisational Responsibility and delivery method
<p>Ability to: recognise that adult harm is wrong and that it should not be tolerated; • recognise the signs of harm from abuse, exploitation and neglect; • reduce opportunities for harm from abuse, exploitation and neglect to occur; and • know how and when to report safeguarding concerns to HSC Trusts or the PSNI.</p>	<p>Basic Knowledge of:</p> <ul style="list-style-type: none"> • Essential causes and indicators of abuse • Agency / staff policy & procedures • Reporting procedures • Record keeping • Workplace policies 	<p>All staff and volunteers in the organisation.</p>		

NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP TRAINING & DEVELOPMENT FRAMEWORK
Level 2: Awareness Raising, Recognising & Responding

Learning Outcomes	Knowledge Skills and Values	Target Audience/ Group	Refresher Requirements	Organisational Responsibility and delivery method
<p>Ability to:</p> <p>Recognise and Respond to Adult Safeguarding issues</p> <p>Understand own role and the role of others in prevention and protection</p> <p>Contribute to the assessment and management of Risk</p> <p>Assist in safeguarding and promoting the welfare of Adults at risk.</p>	<p>More in – depth knowledge of:</p> <ul style="list-style-type: none"> • Values and principles of Adult Safeguarding and best practice. • Essential causes and indicators of abuse • Agency / staff policy & procedures • Reporting procedures • Recording skills • Workplace policies • Relevant legislation • services provided by support agencies • Confidentiality • Capacity and consent 	<p>All staff and volunteers who have direct contact with adults at risk of harm or adults in need of protection</p>	<p>Every 3 years for staff in residential /nursing care and 2 years for staff working in domiciliary or day care settings (RQIA standards)</p> <p>For others the good practice recommendation would be every three years</p>	

NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP TRAINING & DEVELOPMENT FRAMEWORK
Level Three :Managers Training / Adult safeguarding champion

Learning Outcomes	Knowledge Skills and Values	Target Audience/ Group	Refresher Requirements	Organisational Responsibility and delivery method
<p>Ability to:</p> <ul style="list-style-type: none"> • Understand their role in the safeguarding process • Be aware of the process for referral to a DAPO** • Understand their responsibilities in supporting staff in Adult safeguarding • Understand the process of investigation and referral to relevant agencies • To compile and analyse records 	<p>Knowledge of:</p> <ul style="list-style-type: none"> • Complexities, tensions & value requirements in adult safeguarding • Capacity and Consent • The assessment, risk assessment intervention & referral process • Understanding of the Thresholds for referral to safeguarding services • Legislation • Policies, procedures & processes in relation to safeguarding • Statutory reporting requirements. 	<p>All front line managers/ ASC's and Managers Who will not be undertaking investigating or DAPO responsibilities. .</p> <p>Must have undertaken training at level 2</p>	<p>ASC</p> <p>Update every two years</p>	

**NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP TRAINING & DEVELOPMENT FRAMEWORK
Level Four - Investigating Officer**

	individuals and agencies			
Learning Outcomes	Knowledge Skills and Values	Target Audience/ Group	Refresher Requirements	Organisational Responsibility and delivery method
<p>Ability to:</p> <ul style="list-style-type: none"> • Clarify the role of an investigating officer • Develop the skills required to gather information and conduct an investigation where a specialist ABE interview is not required. • Develop skills in the analysis of information to inform professional recommendations. • Develop skills in compiling an investigation report. • Review Law and 	<p>Knowledge of:</p> <ul style="list-style-type: none"> • the value base which underpins practice in the context of safeguarding investigations inclusive of human rights • Legislation and policy which underpins safeguarding adults • Consent, capacity and confidentiality issues in intervention • The investigating process, procedures, protocols, roles and responsibilities • The skills involved in safeguarding processes 	<p>Investigating Officers - professionally qualified and experienced individuals nominated for that role (band 6 minimum)</p>	<p>No Refresher requirements but staff are required to maintain their skills through CPD and Attendance at forums once per annum It is good practice that IO should participate in a minimum of 2 investigations per annum</p>	

**NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP TRAINING & DEVELOPMENT FRAMEWORK
Level Five Designated Adult protection officer (DAPO)**

Learning Outcomes	Knowledge Skills and Values	Target Audience/ Group	Refresher Requirements	Organisational Responsibility and delivery method
<p>Ability to:</p> <ul style="list-style-type: none"> • Understand and articulate the role and responsibilities of the DAPO • make key decisions including whether the threshold for protection intervention has been met; • make a determination about the most appropriate referral pathway • Understand the roles and responsibilities of agencies involved in 	<p>Knowledge of:</p> <ul style="list-style-type: none"> • Decision making processes with a focus on proportionality and rights based decision making • Legislation and policy which underpins safeguarding adults • Consent, capacity and confidentiality issues in intervention • the value base which underpins practice in the context of safeguarding investigations inclusive of human rights • 	<p>Social Work Managers / Senior Social Work Practitioners at Band 7 and above nominated for this role. Staff must previously completed level 4 training. (investigating officer)</p>	<p>No Refresher requirements but staff are required to maintain their skills through CPD and Attendance at forums once per annum It is good practice that IO and DO should participate in a minimum of 2 investigations per</p>	

<p>safeguarding processes</p> <ul style="list-style-type: none">• Manage the record keeping process in line with the safeguarding policy and agency requirements• Develop and ensure implementation of appropriate protection plans• Develop skills in chairing multiagency discussions. .			annum	
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**NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP TRAINING & DEVELOPMENT FRAMEWORK
Level Six- Joint Protocol**

Learning Outcomes	Knowledge Skills and Values	Target Audience/ Group	Refresher Requirements	Organisational Responsibility and delivery method
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**NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP TRAINING & DEVELOPMENT FRAMEWORK
Level Seven – Achieving Best Evidence (Specialist Interviewer)**

Learning Outcomes	Knowledge Skill and Values	Target Audience/ Group	Refresher Requirements	Organisational Responsibility and delivery method
<p>Ability to:</p> <ul style="list-style-type: none"> Develop skills in setting up portable video recording equipment and the use of video equipment in care suites. Outline the requirements of the Achieving Best Evidence Guidelines. Explore the 4 Phase cognitive model of investigative interviewing. Plan and role play the 4 Phase Model in order to develop skills, knowledge and values. Explore the needs and views of the vulnerable adult. 	<p>Knowledge of:</p> <ul style="list-style-type: none"> The legislation & accompanying guidance Special Measures The Human Rights implications in ABE The 4 stage cognitive interview The planning & preparation processes for interviewing Roles & responsibilities of interviewers Interviewing skills 	<p>Identified PSNI personnel and Investigating officers nominated to undertake Achieving Best Evidence Training (Specialist Interviewers)</p>	<p>ABE interviewers must undergo Refresher Training every 2 years. It is good practice that a minimum of 4 full interviews are completed per annum in this period by each interviewer to ensure that the interviewer is practising their skills and maintaining their competence</p>	

MAHI - STM - 102 - 6627

SAFETY INTERVENTION 5 DAY RUNNING GUIDE

DAY 1

Welcome and Introductions

- Staff introductions and values onto a flip chart

Introduction to Trauma Presentation

- Presentation Slides

Safety Intervention Presentation Foundation

- Philosophy of course – Introduce Care, Welfare, Safety & Security

BREAK

- **Module 1: - Crisis Development Model**

1. Cards Group Activity
2. Presentation Slides

- **Module 2:**

1. Integrated Experience – Presentation Slides
2. Precipitating Factors – Group Work & Flip Charts of Behavioural Levels
3. Rationale Detachment – Presentation Slide

- **Module 3: - Communication Skills**

1. Verbal – Presentation Slides
2. Paraverbal – Emotions Cards Activity & Presentation Slides
3. Non-Verbal – Group Activity Personal Space, Body Language & Touch & Presentation Slides

LUNCH

- **Module 3: - Cont.**

1. Empathic Listening Activity Pairs

- **Module 4:**

1. Responding to Defensive Behaviours – Group Activity relating to the Verbal
2. Escalation Continuum & Presentation Slides
3. Limit Setting – Presentation Slides – Option for Activity Scenario

- **Module 5:**

1. Safety Interventions – Presentation Slides
2. Disengagement Skills Practice

END OF DAY 1

SAFETY INTERVENTION 5 DAY RUNNING GUIDE

DAY 2

- **Module 5: - Cont.**
 1. Disengagement Skills Practice

BREAK

- **Module 6: – Introduction to Restrictive Interventions**
 1. Presentation Slides
 2. Body Map Touch Zones
 3. Group Work – Look Like, Feel Like, Sound Like Activity
 4. Group Work – Risks of Restraint

LUNCH

- **Module 7: - Decision Making**
 1. Group Work – Post it Notes of Risk onto Subjective Risk Rating
 2. Presentation Slides
 3. Finish Group Work – Transferring Risks to the Decision Making Matrix
 4. Holding Skills – Presentation Slides
 5. Holding Skills Practice – Seated, Standing, Transitions

END OF DAY 2

SAFETY INTERVENTION 5 DAY RUNNING GUIDE

DAY 3

- **Module 7 – Decision Making**
 1. Holding Skills Practice – Seated, Standing, Transitions

BREAK

Safety Intervention Presentation Advanced & Emergency

- **Module 7: - Decision Making**
 1. BROSET Activity – Website Video – Involve Group in Tutorial
 2. Presentation Slides – Extreme Risk
 3. Disengagement Practice – High Risk Behaviour, Emergency Responses, Emergency Rescue

LUNCH

- **Presentation Restrictive Practice ‘The Unseen Cost’ – Lived Experience Video or Face to Face – Discussion with Group around Restrictive Practices**

Safety Intervention Presentation Foundation

- **Module 8: - Post Crisis**
 1. Group Work – Post Crisis for Staff and Individual
 2. Presentation Slides – COPING Model

Safety Intervention Presentation Advanced & Emergency

- **Module 8: - Post Crisis**
 1. IBERA Debriefing Tool
- **Module 7: - Decision Making**
 1. Seated & Standing Practice Additional Staff
 2. Team Intervention

END OF DAY 3

SAFETY INTERVENTION 5 DAY RUNNING GUIDE

DAY 4

- **Module 7: - Decision Making**

1. Disengagement Practice – High Risk Behaviour, Emergency Responses, Emergency Rescue
2. Seated & Standing Practice Additional Staff
3. Team Intervention Practice

BREAK

- **Module 7: - Decision Making**

1. Presentation Slides on Floor Holding – page 31
2. Standing to Seated Floor Transition Practice
3. Transition to Floor Supine Position Practice
4. Emergency Floor Holding (Supine) Practice
 - Protecting Head, Spine, Airway
 - Arms
 - Legs

LUNCH

- **Module 7: - Decision Making**

1. Standing to Kneeling Floor Transition Practice
2. Emergency Floor Holding Supported Prone Position Practice
 - Head, Spine, Airway
 - Arms
 - Legs
3. Emergency Floor Holding Side Lying for Rapid Tranquilisation Practice
4. Emergency Floor Holding Turning Practice

END OF DAY 4

SAFETY INTERVENTION 5 DAY RUNNING GUIDE

DAY 5

- **Presentation Rapid Tranquilisation – Stephen Guy**

BREAK

- **Module 7: - Decision Making**
 5. Presentation Slides on Floor Holding – page 31
 6. Standing to Seated Floor Transition Practice
 7. Transition to Floor Supine Position Practice
 8. Emergency Floor Holding (Supine) Practice
 - Protecting Head, Spine, Airway
 - Arms
 - Legs

LUNCH

- **Module 7: - Decision Making**
 5. Standing to Kneeling Floor Transition Practice
 6. Emergency Floor Holding Supported Prone Position Practice
 - Head, Spine, Airway
 - Arms
 - Legs
 7. Emergency Floor Holding Side Lying for Rapid Tranquilisation Practice
 8. Emergency Floor Holding Turning Practice
- **Simulation Scenarios**
- **Post Tests and Evaluations**

END OF DAY 5

TITLE	RECRUITMENT and SELECTION POLICY
Summary	The policy provides guidance to all staff involved in the recruitment and selection process.
Purpose	The purpose of this policy is to ensure that the Trust recruits the highest calibre of staff and that equality of opportunity is an integral part of all recruitment practice.
Operational Date	June 2010
Review Date	June 2013
Version Number	V 6
Supersedes Previous	N/A
Director Responsible	Marie Mallon
Lead Author	Gladys McKibbin
Lead Author, Position	Senior HR Manager, Recruitment & Selection
Department / Service Group	Human Resources, McKinney House, Musgrave Park Hospital Site, Stockmans Lane, Belfast
Contact Details	██ ████████████████████
Reference Number	TP047/10
Supercedes	N/A

TRUST POLICY - RECRUITMENT & SELECTION POLICY – June 2010

Date	Version	Author	Comments
10/8/09	1.0	G McKibbin	Initial Draft
30/12/09	2.0	G McKibbin	Amended following consultation
21/1/10	3.0	G McKibbin	Amended to include reference to ISA changes being introduced (page 18)
28/1/10	4.0	G McKibbin	Amended in section one to include a paragraph stating that managers should consider advertising the post with flexible working options – at request of WGPR group.
15/02/10	5.0	G McKibbin	Changes to section 2 and 3 as requested by the Policy Committee
23/02/10	6.0	G McKibbin	Changes to appointment panel section under Category 1 and Category 3. Also, some minor formatting changes.

Approval Process – Trust Policies

		Date	Version
Policy Committee	Approval	17.05.10	V6
Executive Team	Authorise	19.05.10	V6
Chief Executive	Sign Off	19.05.10	V6

Approval Process – Clinical Standards and Guidelines

		Date	Version
Standards and Guidelines Committee	Approval		
Policy Committee	Approval		
Executive Team	Authorise		
Appropriate Director	Sign Off		

TRUST POLICY - RECRUITMENT & SELECTION POLICY – June 2010

Reference No: TP047/10

Title: Recruitment and Selection Policy

Purpose:

The purpose of this policy is to ensure that the Trust recruits and retains the highest calibre of staff and that equality of opportunity is an integral part of all recruitment practice.

Scope:

This policy applies to all appointments to the Trust including medical and dental staff.

Objectives:

- To promote and maintain high standards of professional recruitment practice
- To provide clear guidance to managers and staff involved in the recruitment and selection process.
- To ensure equality of opportunity regardless of religious belief, political opinion, racial group, sexual orientation, age, marital status, gender, disability or those with or without dependants
- To ensure all appointments are made in accordance with this policy on the basis of merit.

Roles and Responsibilities:

The roles and responsibilities of managers and HR are set out in the policy.

The definition and background of the policy:

To harmonise and further develop arrangements provided by legacy Trusts and to ensure legislative compliance and best practice.

Policy / Guideline description:

The policy provides guidance to all staff involved in the recruitment and selection process.

Policy Statements:

The purpose of this policy is to ensure that the Trust recruits and retains the highest calibre of staff and that equality of opportunity is an integral part of all recruitment practice.

Implementation / Resource requirements

Recruitment and selection training sessions for managers.

Source(s) / Evidence Base:

This policy complies with legislative requirements and good practice

References, including relevant external guidelines:

Consultation Process:

Externally the policy was forwarded for comment to the Equality Commission and Employers for Disability and Disability Action.

Internally the policy was forwarded to Trust Senior Managers for comments. The policy has also been approved by the Workforce Policy Sub-Committee.

Equality and Human Rights Screening carried out:

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act

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1998), the New Targeting Social Need Initiative, Disability Discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screen exercise to ascertain if this policy should be subject to a full impact assessment.

Screen completed no action required

Full impact assessment to be carried out

Procedures:

The aim of this policy is to provide guidance to all staff involved in the recruitment and selection process and should be read and used in conjunction with the Trust's Equal Opportunities Policy, Waiting List Policy, Policy on the Employment of People with Disabilities, Framework on the Management of Staff Affected by Organisational Change and the Safer Recruitment and Employment Practices Guidance and associated policies.



Director of Human Resources
Date: 19 May 2010



Author
Date:



Chief Executive
Date: 19 May 2010

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SECTION A: PREPARATION

1) WHAT TO DO WHEN A VACANCY ARISES

A vacancy can arise in many different ways. It may be because:

- Someone leaves;
- There is a new post arising from a new initiative, increased service demands or a change in the skills mix required; or
- Workforce planning identifies a need for new staff following a service review.

No matter what the reason, when a vacancy arises line managers should consider the following questions before the final decision to recruit is taken:

- Is there a need to replace on a like for like basis or is there an opportunity to modernise services through new ways of working? (i.e. job share/part time etc)
- Could some of the tasks be eliminated if the work was organised or delivered differently?
- Could the work be redistributed among remaining staff?
- Would a change of skill mix be more appropriate?
- Is there an opportunity to change working patterns to increase productivity?
- Is the post still correctly banded?
- How will any changes impact on existing staff?
- Is there identified funding?

When undertaking this review managers should take into account current any future planned changes within the service.

To help promote the Trust's commitment to promoting equality and to attracting and retaining highly skilled and experienced staff, managers should, prior to advertising the post, give consideration to flexible working arrangements to assist staff balance both home and work commitments and improving their working lives.

If it is considered that recruitment is necessary following this review the manager must forward the following documents to the Recruitment Team via the e-job requisition system:

- A completed job advertisement request – this must contain approval from their Director and Service Group Accountant. In the case of a new post, authorisation from the Director of Finance is also required.
- A job description and person specification – an electronic copy of the job description and specification must be forwarded to the Recruitment Team. Line managers should review the job description and specification each time a vacancy occurs.
- A Knowledge & Skills Framework (KSF) Outline – this provides the agreed levels of knowledge and skills the postholder should be demonstrating as a minimum requirement of their post at certain gateway points on the agenda for change payscale. It consists of a set of agreed Core and Specific Dimensions, which are defined at one of four levels with a range of indicators and examples of application to clearly describe what is expected of the individuals at these 2 points. (Not applicable to Medical and Dental or Senior Executive posts).

When a new post has been created or significant changes have been made to an existing post, the post must undergo a desktop evaluation to enable the post to be allocated an appropriate Agenda for Change pay band. Managers who require a desktop evaluation to TRUST POLICY - RECRUITMENT & SELECTION POLICY – June 2010

carried out must forward the job advertisement request, job description and job specification to the Co-Director Pay, Partnership and Employee Relations in Human Resources. (Is not applicable to Medical and Dental or Senior Executive posts).

Following receipt of the above documentation the Human Resources Team will consider whether a desktop evaluation is required. If it is found that an evaluation is required a desktop evaluation of the post will be undertaken in partnership with the Trade Unions. The Manager will be advised on the banding determined by this process.

2) CHECKS UNDERTAKEN PRIOR TO ADVERTISING

Prior to advertising a vacancy the Recruitment Team will link with the Industrial Relations and Attendance Management Team to see if there is anyone within the Trust who requires redeployment as a result of organisational change, occupational health recommendation or any other reason which may arise.

If there is no-one available via redeployment the Recruitment Team will then check the Trust's waiting list to determine if there are any applicants who have recently applied for the same or similar post and have been placed on a waiting list. The Recruitment Team will ensure that the applicant on the waiting list meets all of the essential criteria outlined in the job specification prior to offering a post.

If there is no one available via a waiting list then the Recruitment Team will proceed to advertising the post.

3) APPOINTMENT PANELS

All Panel Members must have undertaken the Trust's Recruitment and Selection Training before participating in the recruitment and selection process. Panel Members must also attend refresher training every three years.

The Trust will take all necessary steps to avoid allegations of nepotism. Accordingly, anyone directly involved in the selection process, either as a Panel Member or Assessor, who is related to one of the applicants, or could in any other way be compromised by sitting on a Panel, must disclose this fact to the Recruitment Team. The Senior HR Manager, Recruitment and Selection will then decide whether or not the individual concerned is required to withdraw from the selection process.

To support the Trust's aim to ensure fairness and equality, the Chairperson of the Interviewing Panel is responsible for ensuring that all Panels are appropriately balanced in terms of gender and community background. If the Chairperson is unsure if the proposed Panel is balanced they should contact the Employment Equality Section of Human Resources. Under Fair Employment Monitoring Regulations the team cannot provide information on the religion of individual members of staff but can however advise if the overall composition is appropriate.

The only exception to the above is when all the applicants for a post are the same gender (for example female), then it would be acceptable for all the Panel Members to be female as well.

The following is an outline guide for Panel composition:

Category 1 (Chief Executive, Directors and other equivalent posts)

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Category 1 appointments are made in accordance with The Health and Social Services Trusts (Membership and Procedures) Regulations (Northern Ireland) 1994.

Panels interviewing for the position of Chief Executive shall, as a minimum, comprise of the Trust's Chairperson and Non-Executive Directors of the Trust.

Panels interviewing for Executive Directors of the Trust shall, as a minimum, comprise of the Trust Chairperson, the Chief Executive and the Non-Executive Directors of the Trust.

In all other cases for Category 1 positions, Panels should normally include the Trust Chairperson, the Chief Executive and one Non-Executive Director from the Trust.

Panels for all Category 1 appointments should usually be chaired by the Trust's Chairperson and have an Assessor(s).

Category 2 (all others, except medical consultant posts)

Panels interviewing for Category 2 positions should have three officers on the Panel. These should normally be the line manager and two other members normally of a grade senior to that being appointed. The only exception to a three person Panel will be for Band 1 and Band 2 posts where a two person Panel may be agreed by prior approval from the Senior HR Manager, Recruitment and Selection.

The Panel will appoint a Chairperson who will be responsible for the efficient operation of the Appointments Panel.

In exceptional circumstances, one member of the Appointment Panel may be of a grade similar to that of the post being considered.

With the exception of Category 1 and Category 3 appointments, the Chairperson will decide as to the appropriateness of the use of Assessors for any given post. Assessors will normally be used whenever specialist knowledge is not available within the Trust.

The Trust will use its discretion to have other non-voting representatives on Appointments Panels as appropriate.

As a stage in the short-listing process, preliminary interviews may be used. In the case of preliminary interviews it will be normal for the Interviewing Panel to consist of two voting members. As stated above all such Panels must be balanced in terms of gender and community background.

For appointments, where the Trust has joined with other agency/organisation(s) a representative from that agency/organisation can be a voting member of the Appointments Panel as long as they confirm, in writing, that they have received appropriate recruitment and selection training.

The Trust is committed to ensuring an open and transparent recruitment and selection process and accordingly invites Service Users to sit on Interview Panels. These Panel Members have the same voting rights as other Panel Members and must have undertaken the Trust's recruitment and selection training.

Category 3 (Consultant Panels - Medical)

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Category 3 appointments are made in accordance with The Health and Social Service Appointment of Consultant (Northern Ireland) Regulations 1996 – Good Practice Guidelines.

The Advisory Appointments Committee (AAC) interviewing for the position of Consultant should consist of the following: Trust Chairman or a Non Executive Director nominated by him/her; the Chief Executive or an Executive Director nominated by him/her; a Consultant from the Speciality; the Medical Director or a professionally qualified nominee; an External Assessor; and a nominee from the Faculty of Medicine from Queens University of Belfast.

The AAC will make a recommendation to the Trust Board which formally approves the appointment. The Trust Board may nominate sub-committee(s) with delegated authority. For this purpose the Trust Board has delegated authority to the AAC.

Role of Specialist Assessor

Where a Specialist Assessor is required their role is to advise as to which applicants are considered competent to perform the duties of the particular post. The Assessor should be external to the Trust. The use of assessors is particularly useful in terms of ensuring relevant expertise is available as well as providing an additional level of objectivity. In this regard assessors will:

- Participate fully in the interview but will have no voting rights (except in the case of Appointment Panels for Consultants);
- Have appropriate professional qualifications (where necessary) and knowledge of the post being interviewed for;
- Be in a position which is senior to the post being interviewed for. In exceptional circumstances the Assessor appointed may hold a grade equal to that of the post to be filled;
- Have received appropriate training in recruitment and selection practices, and be familiar with the Trust's recruitment and selection procedures.

Assessors cannot act as a referee for applicants and must therefore advise Panel Members where they are related to an applicant or have been requested to act as a referee for any applicant.

SECTION B: RECRUITMENT

4) ADVERTISING A VACANCY

Vacancies will be brought to the notice of prospective applicants by the means regarded as most appropriate by the Trust. Account shall be taken of Equal Opportunities affirmative action measures required to promote equality of opportunity and current legislation.

Advertising will be the responsibility of the Recruitment Team. Advertisements will specify the vacant post and provide instructions on how to apply. Adverts will also contain a closing date and time.

In principle, all permanent vacancies which arise within the Trust will normally be advertised externally. Where a rationalisation of posts or services is involved, it may be necessary for posts to be competed for internally. Urgent temporary vacancies may, if appropriate, be advertised through the Department of Employment and Learning or recruitment agencies.

All responses to advertisements will be monitored by the Recruitment Team to enable the Trust to place advertisements in the most effective media and monitor equal opportunities.

The Rehabilitation of Offenders (Exceptions) Order (NI) 1979, provides inter alia that for the purposes of employment in the HPSS a conviction may never be regarded as spent. This is brought to the attention of all applicants. Applicants are advised that a conviction does not necessarily debar them from obtaining employment.

5) APPLICATIONS

Application forms and further details on posts advertised can be obtained by accessing the www.hscrecruit.com website. Applications can also be completed and returned on-line using this website.

Alternatively application forms and further details can be obtained by writing and enclosing a stamped addressed envelope or by calling in person to the Reception, McKinney House, Musgrave Park Hospital, Stockman's Lane, Belfast, BT9 7JB.

All applications must be submitted using the Trust's official application form. Applicants who have difficulties applying should refer to the Recruitment Team for support and assistance. Further information can be found in the "Policy on the Employment of People with Disabilities".

An application form received after the closing date will not be accepted unless it is clear from the postmark or any other similar evidence, that it was dispatched in good time. The responsibility for deciding whether or not late applications will be accepted on these grounds rests with the HR Manager, Recruitment and Selection.

It will be the responsibility of the applicant to advise the Trust, on their application form, of any prior arrangements they have made regarding holidays. However, the Trust is under no obligation to consider holiday arrangements but will endeavour to do so.

Canvassing by applicants will mean automatic disqualification.

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6) EQUAL OPPORTUNITIES MONITORING

All applicants are asked to complete an Equal Opportunities Monitoring Form. The purpose of monitoring is to enable the Trust to meet the statutory requirements as set out under the Fair Employment Legislation and to assess the extent to which equality of opportunity is being achieved.

On receipt of a completed Application Form, the Equal Opportunities Monitoring Form is detached by a member of the Recruitment Team, and is not available to any member of the Selection Panel.

The Trust is responsible for monitoring this information:

- To assess the fairness and effectiveness of recruitment and selection processes and if necessary to make recommendations for improvements;
- To develop appropriate positive action/affirmative action initiatives if necessary;
- To instigate a thorough examination of the reasons for any disparity, if any sign of adverse or indirect discrimination is detected.
- To meet the statutory requirements as set out under the Fair Employment Legislation.

SECTION C: SELECTION

7) PRE-SHORTLISTING

In the event of there being 2 or fewer applicants, and before the Panel see who the applicants are, the Panel may determine whether or not there has been a sufficient response.

If, taking account of information on the likely pool, it is deemed that there has not been a sufficient response the post will be re-advertised and the original applicants notified accordingly. These applications will be brought forward to the new file.

If following a second advertisement, there are no further applicants the Panel must proceed to consider the original applications in the normal way.

If a large number of applications are received, the Panel may decide to raise the minimum criteria at shortlisting stage. Criteria may only be raised by including criteria listed as desirable criteria in the job specification, and not by introducing new criteria. This decision must be taken before any of the application forms are viewed by the Panel Members.

To make the process of shortlisting more accessible to managers the Recruitment Team will make all shortlisting packs available via the e-shortlisting facility. This on-line facility enables managers to view all shortlisting documentation from their own PC and greatly assists both managers and the Recruitment Team in the completion of this stage of the process.

8) SHORTLISTING RULES

The purpose of shortlisting is to assess each application to ensure all those reaching the next stage of the selection process meet the minimum essential requirements as set out in the Job Specification.

A Shortlisting Panel consists of the same voting members of the Interview Panel and will consider only the application forms which have been submitted in response to a planned recruitment exercise and within the stipulated deadlines. If an Assessor is to participate in the selection process, they should be asked to verify the decision of the Shortlisting Panel.

The criteria for shortlisting must be based on the essential criteria in the job specification and set and recorded prior to viewing application forms and on the relevant proforma. When a Panel seeks to enhance the criteria it should be taken directly from the desirable criteria. As stated above the decision to use the desirable criteria must be made prior to viewing any of the application forms.

The closing date for receipt of application forms will be the cut off point for any measurable criteria used for shortlisting. The Panel must consider and rigorously check equivalent qualifications provided in the application forms and where necessary seek advice from the Recruitment Team.

The Chairperson will ensure that members of the Panel have access to the completed applications and that these are examined in light of the agreed criteria. Applicants can only be shortlisted based on the information they have provided in their application form.

Where possible, all Panel Members should be present for the shortlisting stage. Where it is not possible or practicable to convene the full Panel or involve all Panel Members in the on-

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line process, the Chairperson may carry out the shortlisting process either on their own or with one other available Panel Member. However when this occurs all Panel Members must agree with this approach and have agreed the shortlisting criteria in advance.

The decision of the shortlisting meeting will be noted on the appropriate forms/e-shortlisting forms, and signed by the Panel members and the Chairperson, for retention by the Trust.

Any significant discussion or debate which the Panel have whilst shortlisting should be noted. Advice can be sought from the Recruitment Team if necessary. Ultimately all Panel Members must be in agreement with the final shortlist of applicants.

Where it has not been previously decided, the Panel may then consider and agree the need for selection aids such as a seen/unseen presentation, typing test, aptitude test etc. These aids may be used as a further short-listing stage of the selection process or as an additional aid for the Interviewing Panel. Further information and guidance on the use of selection aids can be sought from the Recruitment Team.

Once the Recruitment Team receive all completed shortlisting documentation it will forward to applicants the invite to interview letters and/or not shortlisted letters as appropriate.

If a large number of applicants have been received for a post the Panel may wish to arrange a two stage interview process to further reduce numbers. As is the case for all Interview Panel's the first Interview Panel must be appropriately balanced in terms of both gender and community background. There must also be a minimum of two Panel Members involved.

Based on performance at interview the first Interview Panel will then decide who should be invited for a second interview and will notify the Recruitment Team. The Recruitment Team will then arrange final interviews in conjunction with the Chairperson of the Panel.

9) INTERVIEW PREPARATION

The Panel should meet prior to the interview date to prepare/confirm their interview questions, expected answers, scoring, pass mark and assessment method. Where appropriate Panel's may choose to use an assessment centre, presentation or testing to supplement the process. All selection and interview criteria and weightings used should derive clearly from the job description and job specification.

Where an applicant has a disability, which has been notified on the application form, the Recruitment Team will make suitable arrangements to facilitate their attendance at an interview and/or a test. The Recruitment Team will assess the testing methodology against the applicant's disability and will ensure all necessary reasonable adjustments are made. Advice and guidance may be sought from the Occupational Health Department as necessary. It is the responsibility of the applicant to notify the Recruitment Team of the need for adjustments in the relevant section of the application form. Further details of reasonable adjustments can be found in the Trust's Guidance on Reasonable Adjustments.

It is the responsibility of the Panel to develop questions to be used at interview. All questions must be job-related and reflect the requirements/competencies detailed on the job description and specification.

Panels may find it helpful to refer to the KSF Outline for the post when developing interview questions.

There is no rule about the number of questions an interviewer should ask, however, questions should cover all the areas to be assessed during the interview and must ultimately ensure that all elements of the essential criteria have been assessed, either at shortlisting or at interview.

It is critical that effective questions are asked at interview. Irrelevant or ambiguous questions will not generate the information needed to make a decision and the candidate will go away with a negative impression of the Trust.

Questions should not be asked about the effects of disability, marital status, children or other personal circumstances. The use of such questions is likely to constitute unlawful discrimination.

If a person has stated on their application form that they have a disability questions should not be asked about their disability but rather about whether any reasonable adjustments are required in order for them to perform the role. Further guidance can be found in the "Policy on the Employment of People with Disabilities".

Confidentiality must be observed at all times. Anyone who reveals interview questions to candidate prior to interview will be subject to formal disciplinary action.

10) THE INTERVIEW

The aim of the interview is to collect the information required to assess how well the candidate meets the specific requirements of the job. A secondary aim is to give the candidate information about the job and the Trust.

All applicants should be measured against the Panel's agreed assessment method. The Panel, where appropriate, should also take into account the result(s) of any additional

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selection aids that have been used.

Each Panel Member must score each applicant independently and complete an interview assessment form for each applicant interviewed. This form will contain the questions asked by each Panel Member and a written record of the candidates responses. These should include questions regarding issues arising from the application form.

It is the responsibility of the Chairperson of the Panel to ensure that some general questions, for example, regarding gaps of their application form, gaps in employment, inappropriate referee's listed are raised during the interview. The interview assessment form provides Panels with guidance on what to cover during the opening of the interview.

All candidates must be asked the same questions, however, any gaps or omissions in the application form should also be explored at interview as referred to in the above paragraph.

Candidates must be assessed on their answers to the interview questions and not on any outside knowledge the Panel may have of them or on any subjective basis (e.g. 'gut feelings' or internal views of other managers).

Following completion of all interviews the Panel will consider who should be offered the post, based on interview performance, and, if appropriate, who should be placed on a waiting list.

Interviewers can discuss large discrepancies between scores but care should be taken to ensure that a Panel Member is not coerced into changing their ratings. Where scores are changed a record should be kept of the reason for the change. Each Panel Member is equally accountable for the decision making process. Notes should be made about the discussions and process adopted and how the final decision was reached, so that information is available if a complaint or claim of unlawful discrimination is made.

The interview outcome form which records the decision of the Panel should then be completed and signed by all Panel members. This form along with all of the Panel Members' assessment forms for each candidate should be forwarded to the Recruitment Team. Where appropriate a reserve candidate, and/or those to be placed on a waiting list, will be recorded on the interview outcome form.

11) NOTIFYING CANDIDATES

Following receipt of the interview outcome form from the Panel the Recruitment Team will write to all applicants to notify them of the outcome of their interview. If candidates were successful at interview their offer letter will be conditional subject to certain pre-employment checks. Confirmed offers of employment will only be made once all pre-employment checks have been completed.

Letters to successful and unsuccessful candidates should normally be posted simultaneously, if appropriate.

Where a Chairperson wishes to inform applicants of the outcome of their interview, they must first obtain approval for this from the Recruitment Team. In such cases, the Chairperson will be responsible for ensuring that all applicants are informed of their outcome at the same time. In the event that a post is not filled due care should be taken by the Chairperson to ensure that all interviewees have been informed of the outcome before a post is submitted for re-advertisement.

12) PRE-EMPLOYMENT CHECKS

Prior to forwarding a final offer of employment the Recruitment Team will carry out the following pre-employment checks.

Verification of Identity

The Recruitment Team verify an applicant's identity by requiring them to produce identification documents. A copy of an applicant's photographic identification documentation is retained on their personal file.

Access NI Check / ISA Registration

The Recruitment Team will ensure that all staff recruited into regulated and controlled activity posts are ISA registered prior to taking up appointment, in line with the timescales set within the Safeguarding Vulnerable Groups Act (SVGA) 2006. Definition on what constitutes controlled and regulated posts can be found in the Trust's Draft Protocol for Recruitment and Employment of Staff Under the Requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and Vetting and Barring Scheme.

Professional Registration/Qualifications

The Recruitment Team will carry out checks on professional registration and qualifications that are listed as essential criteria in the job specification.

A copy of the applicants qualification certificates and a print out from the professional bodies website will be retained on their personnel file.

Further details on professional registration can be found in the Registration Policy.

Alert List

The Trust maintains an alert database which contains details of individuals whose performance or conduct may place patients or staff at serious risk.

The Recruitment Team checks the alert letter database prior to forwarding a final offer to ensure that the applicant is not the subject of an alert.

References

All appointments are subject to two satisfactory references being received one of which must be from the applicant's most recent employer and be someone who has knowledge of the applicants work in a supervisory/managerial capacity, or if never employed, someone who knows them well enough to confirm the information which they have given. If the applicant was ever employed by the NHS or HPSS one of their references must be from a manager or supervisor where they were last employed. The Trust reserves the right to contact any of the previous employers on the application form.

The Recruitment Team will obtain references using a standard pro-forma, and will require the Chairperson of the Panel to sign off all references prior to making an offer of employment. Referee reports will normally only be requested for successful applicants.

It is preferred that referees are not normally a member of the applicant's Interviewing Panel. The only exception is where the Panel Member is the only individual in a position to comment on the applicants current work.

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Assessors are prohibited from providing applicant references as the purpose of the assessor is to provide independent professional advice.

References should only be considered after the assessment process has been completed and the Panel has come to a decision regarding the successful applicant(s). References should not be used by Interview Panels as a means of deciding between two or more candidates, as to who is appointed. This would allow subjective information from someone who is outside the selection process, to influence the final decision.

Pre-employment Health Assessment

All successful applicants are required to undertake a pre-employment health assessment prior to taking up employment.

However, if the applicant is a current employee of the Trust and the Chairperson of the Panel confirms that there is no change of risk between their current job and the one that they have applied for, then a pre-employment health assessment may not be required. If the Chairperson is unable to determine if there is no change to risk then a health assessment should be requested.

Work Permit / Visa

If an applicant is not a British Citizen or a citizen of one of the EEA countries then they will require a work permit prior to taking up employment. There are however certain exceptions including:

- An EEA National;
- A Swiss National;
- A family member of an EEA or Swiss National who is in the UK exercising their treaty rights or a family member of an EEA or Swiss National who intends to join them in, or is travelling with them to the UK;
- A Citizen of Gibraltar;
- A Common Wealth Citizen with permission to stay in the UK.

Further information on applying on work permits can be found in the Trust's Work Permit Policy. Where a work permit is required the Recruitment Team will keep the manager fully updated on the current status of the work permit application request.

13) REQUESTS FOR FEEDBACK/INFORMATION

Verbal feedback will, where possible, be made available to applicants following request. Feedback should normally be provided by the Chairperson and another member of the Panel.

The purpose of feedback is for developmental reasons. Therefore all feedback should be constructive and focus specifically on the interview performance of the particular candidate. It should cover what went well and what they could do to improve. Information regarding other candidates' results or performance must be kept strictly confidential and not divulged to the candidate. Comparisons between candidates must not be made.

Under the Data Protection Act, applicants may request access to personal data which relates to them. Where candidates request access to such records then a fee of £10 will be charged to cover the administrative costs of such requests.

14) RECORD RETENTION

Decisions of Appointment Panels will be systematically recorded. As required by the Trust's Record Retention Disposal Schedule the Trust will retain, for three years, such records, application forms, referee reports and all other papers including Appointment Panel notes and assessments relating to an appointment.

As all records relating to a recruitment exercise are discoverable documents all Panel members must give due record to the proper and professional recording of information.

15) FALSE DECLARATION

If it comes to light during the recruitment process that an applicant has provided false information, or has left out important information, on their application form then the Trust may disqualify the applicant from the selection process.

SECTION D: MONITORING BY THE TRUST

16) COMPLAINTS

The Trust is committed to ensuring the recruitment and selection of staff who are best able to perform the job. As part of that commitment, the Trust makes every possible effort to take all reasonable steps to ensure that the best practice outlined in this policy is achieved and maintained in all circumstances.

However should an applicant have a complaint about the process followed then they should forward the details of their complaint to the Human Resources Manager.

The Human Resources Manager will forward the applicant an acknowledgement of their complaint within three working days detailing who is handling the complaint and when they can expect a reply. If required, arrangements will be made for the Recruitment Team and/or the Chairperson of the Panel to meet with the complainant regarding the nature of their complaint.

The complaint will be investigated and responded to fully within 20 working days by the Recruitment Team. Where the complainant has a disability the response will, on request, be communicated in an appropriate format. If it is not possible to respond within this timescale the Human Resources Manager will provide the complainant with a written explanation for the delay and details of when a response can be expected.

17) EVALUATION AND REVIEW

In view of its responsibility the Human Resources Department will regularly appraise and examine other selection procedures to satisfy itself that the Trust Policy remains relevant.

In the event of the Trust having to adopt a process which is at variance with these procedures, a written record will be taken by the appropriate Senior Personnel Officer outlining the reasons for any variation and details of alternative procedures adopted. A copy of all such variances will be forwarded to the Co-Director.

Where any person believes that there has been a breach of these recruitment and selection procedures, complaints should be brought to the attention of the Trust's Human Resources Director.

Title:	Recruitment & Selection Policy		
Author(s)	Catherine Shannon, Senior Human Resources Manager		
Ownership:	Damian McAlister Director of HR and OD		
Approval by:	Policy Committee Executive Team	Approval date:	01/06/2016 08/06/2016
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Links to other policies			

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30/12/2009	0.2	G McKibbin	Amended following consultation
21/01/2010	0.3	G McKibbin	Amended to include reference to ISA changes being introduced (page 18)
28/01/2010	0.4	G McKibbin	Amended in section one to include a paragraph stating that managers should consider advertising the post with flexible working options – at request of WGPR group.
15/02/2010	0.5	G McKibbin	Changes to section 2 and 3.
23/02/2010	0.6	G McKibbin	Changes to appointment panel section under Category 1 and Category 3. Also, some formatting changes.
13/04/2015	1.1	G McKibbin C Shannon	Changed to reflect the new policy template. Changes following amendments to the Consultant regulations.
30/08/2015	1.2	C Shannon	Changes to reflect new Shared Services arrangements and HRPTS system. Changes to reflect Equality Requirements. Changes to include Values Based Recruitment. Procedures included as a separate document.
26/02/2021	2.1		Author requested that review date be extended 5 years as this is a regional policy and is not due for review regionally

1.0 **INTRODUCTION/PURPOSE**

1.1 **Background**

This policy sets out standards that facilitate effective recruitment and selection, comply with employment legislation and best practice, and contribute to effective risk management. The Trust is committed to ensuring that the recruitment and selection of staff is conducted in a manner that is systematic, efficient and effective. The policy details the responsibilities and expectations of Recruiting Managers, the Trust Retained Recruitment Service and the Regional Recruitment Shared Service Centre.

This policy is supported by a Recruitment and Selection Procedure document and a HRPTS Recruitment Process document which provides detailed information on the end to end processing of recruitment and selection for the Belfast Trust.

1.2 **Purpose**

The Trust recognises its staff as being fundamental to its success. A strategic and professional approach to recruitment processes helps to enable the Trust to attract and appoint staff with the necessary skills, behaviours and attributes to fulfil its strategic aims and objectives. This will support the delivery of exceptional and appropriate levels of care to our patients and users. It is therefore important that the Trust recruits and selects the right number of people, with the right skills, attitudes and values at the right time.

The Trust believes in providing equity in its services, in treating people fairly with respect and dignity and in valuing diversity both as a provider of Health and Social Care and as an employer. The Recruitment and Selection Policy and Procedures support these principles.

The Trust also recognises that to attract, develop and retain high calibre staff, the diversity of the workforce must be respected and valued. Selection in all cases will be objective and based on merit and the individual's ability to perform the job at the required standard.

The Trust is committed to ensure all appointments are made in accordance with this policy on the basis of merit.

The Trust will aim to ensure that no staff member or prospective staff member is discriminated against, either directly or indirectly, on grounds which ensure equality of opportunity regardless of:

- religious belief,
- political opinion,
- racial group,
- sexual orientation,
- age,
- marital/civil partnership status,
- gender including gender reassignment,

- disability
- those with or without dependants

This Recruitment and Selection Policy and associated Procedures will be fairly and consistently applied to all job applicants subject to the reasonable adjustment duty under the Disability Discrimination Act 1995 (as amended). Further information and guidance on this duty can be found in the Trust's Employment of Disabled Person's framework and associated reasonable adjustment guidelines.

2.0 SCOPE OF THE POLICY

This Policy applies to all appointments to the Trust including medical and dental staff.

The Trust believes that it is important to clarify the responsibilities and expectations of both Recruiting Managers, the Retained Recruitment Service and the Regional Recruitment Shared Service Centre at each stage of the recruitment and selection process. This will help to reduce ambiguity and ensure that the recruitment cycle is as short as possible.

3.0 VALUE BASED RECRUITMENT (VBR)

This Policy and the associated Procedures, aim to reinforce the Trust's Vision and Values as these are the underpinning principles of our organisation. Belfast Trust Values underpin everything we do – how we work with each other and deliver our service. Our values define the overall culture of our organisation and ultimately support our commitment to provide safe, effective, and compassionate and person centred care. Belfast Trust values describe the character of our Trust and our aspirations going forward, the aim is for staff to be familiar with the values, embed these values in everything we do and be committed to “living these values”.

The Trust values are:

- Treating everyone with respect and dignity
- Displaying openness and trust
- Being leading edge
- Maximising learning and development
- Being accountable

The Trust is committed to Value Based Recruitment for all posts, to ensure we attract and select employees whose personal values and behaviours align with the values of the Trust, to support effective team working and deliver excellent patient care and experience.

4.0 **ROLES AND RESPONSIBILITIES**

4.1 **Responsibilities of line managers**

- Recruitment is an integral part of every manager's job. Prime responsibility for selecting candidates of the right calibre rests with the line manager, who must set the required standards of qualifications, skills and experience.
- To review the need for a post when it becomes vacant, taking into account factors such as changing service needs.
- Review the job description and person specification. Where it has not been possible to recruit to a post advice should be sought from Retained Recruitment Service before a post is readvertised.
- To ensure they adhere to the principles of the Trust's Recruitment and Selection Policy and Procedure and other relevant policies.
- To comply with the timelines contained in the procedure.
- To ensure new staff members receive corporate and local induction in accordance with agreed Trust Key Performance Indicators.

4.2 **Responsibilities of Retained Recruitment Service - Human Resources**

- To provide advice on best practice in recruitment and selection techniques e.g. how to ensure Value Based Recruitment is adopted or how to attract and select suitable candidates particularly in skill shortage areas, taking account of any relevant employment legislation.
- To provide training and advice at each stage of the process, for example, preparation of job description and person specification, advertisement, short listing and selecting etc.
- To comply with the timelines contained in the Procedure.
- To monitor the delivery of KPI's and recruitment activity processed by the Recruitment Shared Service Centre

4.3 **Responsibilities of Regional Recruitment Shared Service Centre**

- To ensure compliance against the agreed KPI's and Operating Principles for the management of recruitment transactional activity
- To report on all stages of recruitment activity to the Trust Senior HR Management Team
- To ensure adherence to the Trust Service Level agreement

5.0 **KEY POLICY PRINCIPLES**

See attached booklet

6.0 **IMPLEMENTATION OF POLICY**

6.1 **Dissemination**

Policy will be made available on the Trust intranet and distributed accordingly

6.2 **Resources**

Recruitment and selection training sessions for managers including Value Based Recruitment and training on the automated processes for recruitment via HRPTS.

6.3 **Exceptions**

This policy applies to all applicants.

7.0 **MONITORING**

Monitored on review or any new guidance

8.0 **EVIDENCE BASE / REFERENCES**

This policy complies with legislative requirements and good practice

9.0 **CONSULTATION PROCESS**

Internally the policy was forwarded to Trust Senior HR Managers for comments. The policy has also been approved by the Workforce Policy Sub-Committee.

10.0 **APPENDICES / ATTACHMENTS**

Recruitment and Selection Procedures

11.0 **EQUALITY STATEMENT**

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



8 June 2016

Date: _____

Damian McAlister

Director Human Resources/Organisational Development



8 June 2016

Date: _____

Dr Michael McBride
Chief Executive

BHSCT RECRUITMENT AND SELECTION PROCEDURES

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1. SECTION A: PREPARATION

1.1. WHAT TO DO WHEN A VACANCY ARISES

A vacancy can arise in many different ways. It may be because:

- Someone leaves;
- There is a new post arising from a new initiative, increased service demands or a change in the skills mix required; or
- Workforce planning identifies a need for new staff following a service review.

No matter what the reason, when a vacancy arises line managers should consider the following questions before the final decision to recruit is taken:

- Is there a need to replace on a like for like basis or is there an opportunity to modernise services through new ways of working? (i.e. job share/part time etc.)
- Could some of the tasks be eliminated if the work was organised or delivered differently?
- Could the work be redistributed among remaining staff?
- Would a change of skill mix be more appropriate?
- Is there an opportunity to change working patterns to increase productivity?
- Is the post still correctly banded?
- How will any changes impact on existing staff?
- Is there identified funding?

When undertaking this review managers should take into account current any future planned changes within the service.

To help promote the Trust's commitment to promoting equality and to attracting and retaining highly skilled and experienced staff, managers should, prior to advertising the post, give consideration to flexible working arrangements to assist staff balance both home and work commitments and improving their working lives.

When a new post has been created or significant changes have been made to an existing post, the post must undergo a desktop evaluation to enable the post to be allocated an appropriate Agenda for Change pay band. Managers who require a desktop evaluation to be carried out must forward a job description and job specification to the Agenda for Change team in Human Resources. (This is not applicable to Medical and Dental or Senior Executive posts).

Following receipt of the above documentation the Agenda for Change Team will consider whether a desktop evaluation is required. If it is found that an evaluation is required a desktop evaluation of the post will be undertaken in partnership with the Trade Unions. The Manager will be advised on the banding determined by this process. If it is considered that recruitment is necessary following this review, the manager must complete an on-line requisition form using HRPTS e-Recruitment Manager Self Service (MSS). As part of this process managers will be required to submit an up to date job description and personnel specification.

1.2. CHECKS UNDERTAKEN PRIOR TO ADVERTISING

Once an automated requisition form has been initiated by the relevant manager on HRPTS e-recruitment, the form will be automatically workflowed for approval to the managers manager, then to the Service Director and finally to the Service Group Accountant. Once approved, the requisition will workflow to the Human Resources Redeployment Team prior to advertising any vacancy. The HR Redeployment Team will check to see if there is anyone within the Trust who requires redeployment as a result of organisational change, occupational health recommendation or any other reason which may arise.

If there is no-one available via redeployment the Recruitment Shared Service Centre or where applicable, the Retained Recruitment Service will then check the Trust's waiting lists to determine if there are any applicants who have recently applied for the same or similar post and have been placed on a waiting list¹. The Retained Recruitment Service/Recruitment Shared Service Centre will ensure that the applicant on the waiting list meets all of the essential criteria outlined in the job specification prior to offering a post. In addition the Retained Recruitment Service will check to see how the post was advertised to establish if it is appropriate to offer them the new post.

If there is no one available via a waiting list then the Recruitment Service/Recruitment Shared Service Centre (depending on the posts) will proceed to advertise the post.

1.3. APPOINTMENT PANELS

The Trust is committed to Value Based Recruitment (VBR) for all posts and all Panel Members must have undertaken the Trust's Recruitment and Selection Training and/or the Trust Value Based Recruitment Training before participating in the recruitment and selection process. Panel Members must also attend refresher training every three years.

The Trust will take all necessary steps to avoid allegations of nepotism. Accordingly, anyone directly involved in the selection process, either as a Panel Member or Assessor, who is related to one of the applicants, or could in any other way be compromised by sitting on a Panel, must disclose this fact to the Retained Recruitment Service/Recruitment Shared Service Centre. Following receipt of this information the Retained Recruitment Service/Recruitment Shared Service Centre and the Panel member will conclude whether or not they should continue to be involved in the selection process.

To support the Trust's aim to ensure fairness and equality, the Chairperson of the Interviewing Panel is responsible for ensuring that all Panels are appropriately balanced in terms of gender and community background. If the Chairperson is unsure if the proposed Panel is balanced they should contract the Employment Equality Section of Human Resources. Under Fair Employment Monitoring

¹ Further information on the Trust's management of waiting lists can be found in the "Policy on the Management of Recruitment and Selection Waiting Lists".

Regulations the team cannot provide information on the religion on individual members of staff but can however advise if the overall composition is appropriate.

The only exception to the above is when all the applicants for a post are the same gender (for example female), then it would be acceptable for all the Panel Members to be female as well.

In the case of regional recruitment exercises where selection panels are constituted from across Trusts, the employing authority of the selection panel Chairperson will be responsible for the collection of equality data and advice on the overall panel composition.

The following is an outline guide for Panel composition:

Category 1 (Chief Executive, Directors and other equivalent posts)

Category 1 appointments are made in accordance with The Health and Social Services Trusts (Membership and Procedures) Regulations (Northern Ireland) 1994.

Panels interviewing for the position of Chief Executive shall, as a minimum, comprise of the Trust's Chairperson and Non-Executive Directors of the Trust.

Panels interviewing for Executive Directors of the Trust shall, as a minimum, comprise of the Trust Chairperson, the Chief Executive and the Non-Executive Directors of the Trust.

In all other cases for Category 1 positions, Panels should normally include the Trust Chairperson, the Chief Executive and one Non-Executive Director from the Trust.

Panels for all Category 1 appointments should usually be chaired by the Trust's Chairperson and have an Assessor(s).

Category 2 (all others, except medical consultant posts)

Panels interviewing for Category 2 positions should have three officers on the Panel. These should normally be the line manager and two other members normally of a grade senior to that being appointed. In exceptional circumstances, for example where a panel member has taken ill and no alternative is available, panels may proceed with a two person panel. Approval to proceed with a two person panel must be obtained from the Retained Recruitment Service in advance in all cases.

The Panel will appoint a Chairperson who will be responsible for the efficient operation of the Appointments Panel.

In exceptional circumstances, where they are the most suitable and appropriate person to undertake the interview, one member of the Appointment Panel may be of a grade similar to that of the post being considered.

With the exception of Category 1 and Category 3 appointments, the Chairperson will decide as to the appropriateness of the use of Assessors for any given post. Assessors will normally be used whenever specialist knowledge is not available within the Trust.

The Trust will use its discretion to have other non-voting representatives on Appointments Panels as appropriate.

As a stage in the short-listing process, preliminary interviews may be used. In the case of preliminary interviews it will be normal for the Interviewing Panel to consist of two voting members. As stated above all such Panels must be balanced in terms of gender and community background.

For appointments, where the Trust has joined with other agency/organisation(s) a representative from that agency/organisation can be a voting member of the Appointments Panel as long as they confirm, in writing, that they have received appropriate recruitment and selection training.

The Trust is committed to ensuring an open and transparent recruitment and selection process and accordingly invites Service Users to sit on Interview Panels. These Panel Members can have the same voting rights as other Panel Members and must have undertaken the Trust's recruitment and selection training.

Category 3 (Consultant Panels - Medical)

Category 3 appointments are made in accordance with The Health and Social Service Appointment of Consultant (Northern Ireland) Regulations 1996 as amended by the Appointment of Consultant (Amendment Regulations (Northern Ireland) 2013 – Good Practice Guidelines.

The Advisory Appointments Committee (AAC) interviewing for the position of Consultant should consist of the following:

- A lay member (normally the Trust Chairman or another Non-Executive Director;
- Chief Executive or a Board Level Executive or Co-Director;;
- Consultant from the Speciality;
- Medical Director or a professionally qualified nominee;
- External Assessor;
- Nominee from the Faculty of Medicine from Queens University of Belfast (Relevant for posts that have either a significant teaching or research commitments or both).

The AAC will make a recommendation to the Trust Board which formally approves the appointment. The Trust Board may nominate sub-committee(s) with delegated authority. For this purpose the Trust Board has delegated authority to the AAC.

Role of Specialist Assessor

Where a Specialist Assessor is required their role is to advise as to which applicants are considered competent to perform the duties of the particular post. The Assessor should be external to the Trust. The use of assessors is particularly useful in terms of ensuring relevant expertise is available as well as providing an additional level of objectivity. In this regard assessors will:

- Participate fully in the interview but will have no voting rights (except in the case of Appointment Panels for Consultants);
- Have appropriate professional qualifications (where necessary) and knowledge of the post being interviewed for;
- Be in a position which is senior to the post being interviewed for. In exceptional circumstances the Assessor appointed may hold a grade equal to that of the post to be filled;
- Have received appropriate training in recruitment and selection practices, and be familiar with the Trust's recruitment and selection procedures.

Assessors cannot act as a referee for applicants and must therefore advise Panel Members where they are related to an applicant or have been requested to act as a referee for any applicant.

2. SECTION B A DECISION TO PROCEED WITH RECRUITMENT

2.1. ADVERTISING A VACANCY

Vacancies will be brought to the notice of prospective applicants by the means regarded as most appropriate by the Trust. Account shall be taken of Equal Opportunities affirmative action measures required to promote equality of opportunity and current legislation.

Advertising will be the responsibility of the Retained Recruitment Service who will forward all notices for advertisement to the Recruitment Shared Service Centre (depending on the post being advertised). Advertisements will specify the vacant post and provide instructions on how to apply. Adverts will also contain a closing date and time. Contact details for applicants requiring assistance or reasonable adjustments will also be provided.

In principle, all permanent vacancies which arise within the Trust will normally be advertised externally. Where a rationalisation of posts or services is involved, it may be necessary for posts to be competed for internally. Urgent temporary vacancies may, if appropriate and taking account of any Affirmative Action measures required, be advertised through the Department of Employment and Learning or recruitment agencies.

All responses to advertisements will be monitored by the Recruitment Service/Recruitment Shared Service Centre to enable the Trust to place advertisements in the most effective media and monitor equal opportunities.

The Rehabilitation of Offenders (Exceptions) Order (NI) 1979 provides inter alia that for the purposes of employment in the HPSS a conviction may never be regarded as spent. This is brought to the attention of all applicants. Applicants are advised that a conviction does not necessarily debar them from obtaining employment.

Some recruitment exercises attract high volumes of applicants. Where this is anticipated the recruiting manager can discuss and agree options with the Retained Recruitment Manager to ensure the number of applications shortlisted is manageable. The agreed mechanism will also be discussed with the relevant Trade Union representative/s. The process will be clearly noted in both the website and job advertisement, to ensure applicants are fully aware with clear guidelines in place to manage the process to ensure no impact on candidates.

2.2. APPLICATIONS

It is the Trusts policy to use online applications only and to communicate with applicants via email during the selection process. Application forms and further details on posts advertised can be obtained by accessing either the www.hscrecruit.com website or <http://v2.hscrecruit.com/>. Contact details will be provided in advertisements and on the website for applicants requiring advice or assistance. NB: Once the transition to the Recruitment Shared Service Centre is complete www.hscrecruit.com will be decommissioned

Applicants who have difficulties applying should refer to the Retained Recruitment Service/Recruitment Shared Service Centre for support and assistance. Further information can be found in the "Policy on the Employment of People with Disabilities" and advice/guidance on reasonable adjustments from the Trust Equality Team.

It will be the responsibility of the applicant to advise the Trust, on their application form, of any prior arrangements they have made regarding holidays. However, the Trust is under no obligation to consider holiday arrangements but will endeavour to do so.

Canvassing by applicants will mean automatic disqualification.

2.3. EQUAL OPPORTUNITIES MONITORING

All applicants are asked to complete an Equal Opportunities Monitoring Form. The purpose of monitoring is to enable the Trust to meet the statutory requirements as set out under the Fair Employment Legislation and to assess the extent to which equality of opportunity is being achieved. Where applicants fail to provide the community background information a residuary method of determination in line with the Fair Employment and Treatment (NI) Order 1998 will be applied.

Applicants completed Equal Opportunities Monitoring Form will not be available to the Selection Panel at any point and will only be used for the purposes outlined above.

The Trust is responsible for monitoring this information:

- To assess the fairness and effectiveness of recruitment and selection processes and if necessary to make recommendations for improvements;
- To develop appropriate positive action/affirmative action initiatives if necessary;
- To instigate a thorough examination of the reasons for any disparity, if any sign of adverse or indirect discrimination is detected.
- To meet the statutory requirements as set out under the Fair Employment Legislation.

3. SECTION C: SELECTION

3.1. PRE-SHORTLISTING

In the event of there being 2 or fewer applicants, and before the Panel see who the applicants are, the Panel may determine whether or not there has been a sufficient response.

If, taking account of information on the likely pool, it is deemed that there has not been a sufficient response the post will be re-advertised and the original applicants notified accordingly. These applications will be brought forward to the new file.

If following a second advertisement, there are no further applicants the Panel must proceed to consider the original applications in the normal way.

If a large number of applications are received, the Panel may decide to raise the minimum criteria at shortlisting stage. Criteria may only be raised by including criteria listed as desirable criteria in the job specification, and not by introducing new criteria. This decision must be taken before any of the application forms are viewed by the Panel Members.

To make the process of shortlisting more accessible to managers the Retained Recruitment Service/Recruitment Shared Service Centre will make all shortlisting packs available via the HRPTS e-shortlisting facility. This on-line facility enables managers to view all shortlisting documentation from their own PC and greatly assists both managers and the Retained Recruitment Service/Recruitment Shared Service Centre in the completion of this stage of the process.

3.2. SHORTLISTING RULES

The purpose of shortlisting is to assess each application to ensure all those reaching the next stage of the selection process meet the minimum essential requirements as set out in the Job Specification. However, in exceptional circumstances all candidates may be automatically shortlisted for the next stage of the process; this could be as the result of a testing exercise where the decision to shortlist is on a clearly defined basis of a pass and fail assessment. In the case of some nursing posts and some posts managed regionally, all applicants will be shortlisted. Candidates will be informed of this and advised if it is later found they cannot evidence how they met the criteria, as a later stage, then they will not be offered the post.

A Shortlisting Panel consists of the same voting members of the Interview Panel and will consider only the application forms which have been submitted in response to a planned recruitment exercise and within the stipulated deadlines. If an Assessor is to participate in the selection process, they should be asked to verify the decision of the Shortlisting Panel.

The criteria for shortlisting must be based on the essential criteria in the job specification and set and recorded prior to viewing application forms. When a Panel seeks to enhance the criteria it should be taken directly from the desirable

criteria. As stated above the decision to use the desirable criteria must be made prior to viewing any of the application forms.

The closing date for receipt of application forms will be the cut off point for any measurable criteria used for shortlisting. The Panel must consider and rigorously check equivalent qualifications provided in the application forms and where necessary seek advice from the Retained Recruitment Service/Recruitment Shared Service Centre. This is also applicable for medical posts with the exception of the CCT date (certificate of completion of training) date for those applying for Consultant posts - It is a legal requirement that applicants are on the Specialist Register of the GMC before they can work as a substantive Consultant, however, candidates can apply for posts 6 months in advance of the anticipated completion of training date. This criteria is assessed as 6 months from the interview date rather than the closing date

The Chairperson, in conjunction with the Retained Recruitment Service/Recruitment Shared Service Centre, will ensure that members of the Panel have access to the completed applications on the HRPTS e-recruitment system and that these are examined in light of the agreed criteria. Applicants can only be shortlisted based on the information they have provided in their application form.

Once all Panel Members have completed e-shortlisting on the HRPTS e-recruitment system the Chairperson will be responsible for undertaking consistency checking the outcomes prior to submitting the final shortlisting outcomes to the Retained Recruitment Service/Recruitment Shared Service Centre.

Any significant discussion or debate which the Panel have whilst agreeing the final shortlisting outcomes should be noted. Advice can be sought from the Retained Recruitment Service/Recruitment Shared Service Centre if necessary. Ultimately all Panel Members must be in agreement with the final shortlist of applicants.

Where it has not been previously decided, the Panel may then consider and agree the need for selection aids such as a seen/unseen presentation, typing test, aptitude test etc. These aids may be used as a further short-listing stage of the selection process or as an additional aid for the Interviewing Panel. Further information and guidance on the use of selection aids can be sought from the Retained Recruitment Service/Recruitment Shared Service Centre

Once shortlisting has been completed the HRPTS e-recruitment system will automatically notify all non-shortlisted applicants. The recruitment service will then notify the remaining applicants of the next stage in the recruitment process. If a large number of applicants have been received for a post the Panel may wish to arrange a two stage interview process to fairly identify the most suitable applicants for further assessment. As is the case for all Interview Panel's the first Interview Panel must be appropriately balanced in terms of both gender and community background. There must also be a minimum of two Panel Members involved.

Based on performance at interview the first Interview Panel will then decide who should be invited for a second interview and will notify the Retained Recruitment Service/Recruitment Shared Service Centre. The Retained Recruitment Service/Recruitment Shared Service Centre will then arrange final interviews in conjunction with the Chairperson of the Panel.

3.3. VALUE BASED RECRUITMENT (VBR)

What is values based recruitment?

Values Based Recruitment (VBR) - seeking to recruit staff with values that fit with your organisation.

Within the Belfast Trust, VBR is an approach to help attract and select employees, whose personal values and behaviours align our values. This approach aims to ensure that the Trust has the right workforce, with the right skills, in the right numbers, with the right values, to support effective team working and deliver excellent patient care and experience.

Delivery of VBR in Belfast Trust

Values based recruitment can be delivered in a number of ways, for example through:

- Pre-screening assessments
- Values based interviewing techniques (role play, written responses to scenarios)
- Assessment center approaches, plus others.

Advice and guidance on the utilisation of VBR techniques, assessments or processes should be sought from the Retained Recruitment Service and will also be covered as part of the mandatory Value Based Recruitment training workshops for managers.

3.4. INTERVIEW PREPARATION

The Panel should meet prior to the interview date to prepare/confirm their value based interview questions, expected answers, scoring, pass mark and assessment method. Where appropriate Panel's may choose to use an assessment centre, presentation or testing to supplement the process. All selection and interview criteria and weightings used should derive clearly from the job description and job specification.

Where an applicant has a disability, which has been notified on the application form, the Retained Recruitment Service/Recruitment Shared Service Centre will make suitable arrangements to facilitate their attendance at an interview and/or a test. The Retained Recruitment Service/Recruitment Shared Service Centre will assess the testing methodology against the applicant's disability and will ensure all necessary reasonable adjustments are made. Advice and guidance may be sought from the Occupational Health Department and/or the Employment

Equality team as necessary. It is the responsibility of the applicant to notify the Retained Recruitment Service/Recruitment Shared Service Centre of the need for adjustments in the relevant section of the application form. Further details of reasonable adjustments can be found in the Trust's Guidance on Reasonable Adjustments.

It is the responsibility of the Panel to develop value based questions to be used at interview. All questions must be job-related and reflect the requirements/competencies/values detailed on the job description and specification. All applicants will be asked the same questions in a fair and consistent manner.

Panels should refer to the NHS Healthcare Leadership Model, which provides a single overarching framework for the leadership development of all staff in health and care, irrespective of discipline, role or function when developing interview questions. In addition Panel's should also refer to the Trust's Leadership and Management Strategy and the Trust values when preparing interview questions. Further advice and guidance on how to develop interview questions can be obtained by attending the Trust's recruitment and selection training course. Panels may also find it helpful to refer to the KSF Outline for the post when developing interview questions.

There is no rule about the number of questions an interviewer should ask, however, questions should cover all the areas to be assessed during the interview and must ultimately ensure that all elements of the essential criteria have been assessed, either at shortlisting or at interview.

It is critical that effective questions are asked at interview. Irrelevant or ambiguous questions will not generate the information needed to make a decision and the candidate will go away with a negative impression of the Trust.

Questions should not be asked about health, the effects of disability, marital status, children or other personal circumstances. The use of such questions is likely to constitute unlawful discrimination.

If a person has stated on their application form that they have a disability questions should not be asked about their disability but rather about whether any reasonable adjustments are required in order for them to perform the role. Further guidance can be found in the "Policy on the Employment of People with Disabilities".

Confidentiality must be observed at all times. Anyone who reveals interview questions to a candidate prior to interview will be subject to formal disciplinary action.

3.5. THE INTERVIEW

The aim of the interview is to collect the information required to assess how well the candidate meets the specific requirements of the job. A secondary aim is to give the candidate information about the job and the Trust.

All applicants should be measured against the Panel's agreed assessment method. The Panel, where appropriate, should also take into account the result(s) of any additional selection aids that have been used.

Each Panel Member must score each applicant independently and complete an interview assessment form for each applicant interviewed. This form will contain the questions asked by each Panel Member and a written record of the candidate's responses. These should include questions regarding issues arising from the application form.

It is the responsibility of the Chairperson of the Panel to ensure that some general questions, for example, regarding gaps of their application form, gaps in employment, inappropriate referees listed are raised during the interview. Any gaps in an employment record should be explored and explanations recorded. The interview assessment form provides Panels with guidance on what to cover during the opening of the interview. Further to Equality Commission Guidance, candidates should not be asked questions in relation to their health.

All candidates must be asked the same questions, however, any gaps or omissions in the application form should also be explored at interview as referred to in the above paragraph.

Candidates must be assessed on their answers to the interview questions and not on any outside knowledge the Panel may have of them or on any subjective basis (e.g. 'gut feelings' or internal views of other managers).

Following completion of all interviews the Panel will consider who should be offered the post, based on interview performance, and, if appropriate, who should be placed on a waiting list.

Interviewers can discuss large discrepancies between scores but care should be taken to ensure that a Panel Member is not coerced into changing their ratings. Where scores are changed a record should be kept of the reason for the change. Each Panel Member is equally accountable for the decision making process. Notes should be made about the discussions and process adopted and how the final decision was reached, so that information is available if a complaint or claim of unlawful discrimination is made.

The interview outcomes which record the decision of the Panel should then be completed on-line by the Chairperson. The Chairperson should arrange the return of all documentation, including each panel member's independent interview assessment forms, scoring methodology, printed application forms and any other handwritten notes relating to the selection process etc. to the Retained Recruitment Service/Recruitment Shared Service Centre for storage.

Where appropriate a reserve candidate, and/or those to be placed on a waiting list, will be recorded on the on-line interview outcome record. A reserve candidate is one who, in the event of the successful candidate not taking up post, would be automatically offered the post. Once the person has taken up post their reserve status becomes void.

3.6. NOTIFYING CANDIDATES

Following receipt of the interview outcomes from the Panel, the Retained Recruitment Service/Recruitment Shared Service Centre will communicate to all applicants, the outcome of their interview. If candidates were successful at interview their offer of employment will be conditional subject to certain pre-employment checks. Confirmed offers of employment will only be made once all pre-employment checks have been completed.

Emails to successful and unsuccessful candidates should normally be sent simultaneously, if appropriate.

Where a Chairperson wishes to inform applicants of the outcome of their interview, they must first obtain approval for this from the Retained Recruitment Service/Recruitment Shared Service Centre. In such cases, the Chairperson will be responsible for ensuring that all applicants are informed of their outcome at the same time. In the event that a post is not filled due care should be taken by the Chairperson to ensure that all interviewees have been informed of the outcome before a post is submitted for re-advertisement.

3.7. PRE-EMPLOYMENT CHECKS

The Trust is required under legislation and departmental guidance to conduct a range of pre-employment checks. These checks will not be used for short-listing or selection purposes and will only be made in respect of persons to whom we have made a conditional offer of appointment.

3.7.1. Verification of Identity

The Retained Recruitment Service/Recruitment Shared Service Centre verify an applicant's identity by requiring them to produce identification documents as detailed in Annex 1. A copy of an applicant's photographic identification documentation is retained on their personal file.

3.7.2. Access NI Check

Retained Recruitment Service/Recruitment Shared Service Centre will ensure that an AccessNI check is undertaken for all staff appointed into regulated posts. Further information on the definition of regulated activity, and the type of checks that can be undertaken, can be reviewed on the AccessNI website.

3.7.3. Professional Registration/Qualifications

The Retained Recruitment Service/Recruitment Shared Service Centre will carry out checks on professional registration and qualifications that are listed as essential criteria in the job specification.

A copy of the applicants qualification certificates and a print out from the professional bodies website will be retained on their personnel file.

Further details on professional registration can be found in the Registration Policy.

3.7.4. Alert List

The Regional Recruitment Shared Service Centre maintains an alert database which contains details of individuals whose performance or conduct may place patients or staff at serious risk.

The Retained Recruitment Service/Recruitment Shared Service Centre checks the alert letter database prior to forwarding a final offer to ensure that the applicant is not the subject of an alert.

3.7.5. References

All appointments are subject to two satisfactory references being received, with the exception of appointments to medical consultant posts which require three current satisfactory references, one of which must be from the applicant's most recent employer and be someone who has knowledge of the applicants work in a supervisory/managerial capacity, or if never employed, someone who knows them well enough to confirm the information which they have given. If the applicant was ever employed by the NHS or HPSS one of their references must be from a manager or supervisor where they were last employed. The Trust reserves the right to contact any of the previous employers on the application form.

The Retained Recruitment Service/Recruitment Shared Service Centre will obtain references using a standard pro-forma, and will require the Chairperson of the Panel to sign off all references prior to making an offer of employment. Referee reports will normally only be requested for successful applicants.

It is preferred that referees are not normally a member of the applicant's Interviewing Panel. The only exception is where the Panel Member is the only individual in a position to comment on the applicants current work.

Assessors are prohibited from providing applicant references as the purpose of the assessor is to provide independent professional advice.

References should only be considered after the assessment process has been completed and the Panel has come to a decision regarding the successful applicant(s). References should not be used by Interview Panels as a means of deciding between two or more candidates, as to who is appointed. This would allow subjective information from someone who is outside the selection process, to influence the final decision.

3.7.6. Pre-employment Health Assessment

All successful applicants are required to undertaken a pre-employment health assessment prior to taking up employment.

However, if the applicant is a current employee of the Trust and the Chairperson of the Panel confirms that there is no change of risk between their current job and the one that they have applied for, then a pre-employment health assessment may not be required. If the Chairperson is unable to determine if there is no change to risk then a health assessment should be requested.

3.7.7. Work Permit / Visa

If an applicant is not a British Citizen or a citizen of one of the EEA countries then they will require a certificate of sponsorship prior to taking up employment. There are however certain exceptions including:

- An EEA National;
- A Swiss National;
- A family member of an EEA or Swiss National who is in the UK exercising their treaty rights or a family member of an EEA or Swiss National who intends to join them in, or is travelling with them to the UK;
- A Citizen of Gibraltar;
- A Common Wealth Citizen with permission to stay in the UK.

Further information on applying on work permits can be found in the Trust's Work Permit Policy. Where a work permit is required the Recruitment Team will keep the manager fully updated on the current status of the work permit application request.

3.8. REQUESTS FOR FEEDBACK/INFORMATION

Verbal feedback will, where possible, be made available to applicants following request. Feedback should normally be provided by the Chairperson and another member of the Panel.

The purpose of feedback is for developmental reasons. Therefore all feedback should be constructive and focus specifically on the interview performance of the particular candidate. It should cover what went well and what they could do to improve. Information regarding other candidates' results or performance must be kept strictly confidential and not divulged to the candidate. Comparisons between candidates must not be made.

Under the Data Protection Act, applicants may request access to personal data which relates to them. Where candidates request access to such records then a fee of £10 may be charged to cover the administrative costs of such requests.

3.9. COMPLAINTS

The Trust is committed to ensuring the recruitment and selection of staff who are best able to perform the job. As part of that commitment, the Trust makes every possible effort to take all reasonable steps to ensure that the best practice outlined in this policy is achieved and maintained in all circumstances. However should an applicant have a complaint about the process followed then they should forward the details of their complaint to the Human Resources Manager (for Medical and Dental Posts) or the Recruitment Shared Service Manager (for all other posts). The Human Resources Manager/ Recruitment Shared Service Manager will forward the applicant an acknowledgement of their complaint within three working days detailing who is handling the complaint and when they can expect a reply. If required, arrangements will be made for the Recruitment Team and/or the Chairperson of the Panel to meet with the complainant regarding the nature of their complaint. The complaint will be investigated and responded to fully within 20 working days by the Retained Recruitment Team/Recruitment

Shared Service Team. Where the complainant has a disability the response will, on request, be communicated in an appropriate format. If it is not possible to respond within this timescale the Human Resources Manager will provide the complainant with a written explanation for the delay and details of when a response can be expected.

3.10. APPEALS

If the complainant is dissatisfied with the response provided by Human Resources Manager/Recruitment Shared Service Manager, they can appeal to the Senior Human Resources Manager. The complaint will be investigated and responded to within 20 working days. The decision of the Senior Human Resources Manager is final.

3.11. RECORD RETENTION

Decisions of Appointment Panels will be systematically recorded. As required by the Trust's Record Retention Disposal Schedule the Trust/Recruitment Shared Service Centre will retain, for five years all recruitment documentation relating to medical and dental consultant appointments and three years for all other appointments.

As all records relating to a recruitment exercise are discoverable documents all Panel members must give due record to the proper and professional recording of information.

3.12. FALSE DECLARATION

If it comes to light during the recruitment process that an applicant has provided false information, or has left out important information, on their application form then the Trust may disqualify the applicant from the selection process.



TYPE OF DOCUMENT Trust Policy for approval by **Trust Policy Committee**

REFERENCE NUMBER	TP052/10
TITLE	PROTOCOL FOR THE RECRUITMENT AND EMPLOYMENT OF STAFF UNDER THE REQUIREMENTS OF THE SAFEGUARDING VULNERABLE GROUPS (NI) ORDER (SVGO) 2007 AND VETTING AND BARRING SCHEME INTERIM GUIDANCE (PENDING FURTHER REVIEW)
Summary	This Protocol outlines the key responsibilities of the Belfast Health and Social Care Trust (the Trust) in relation to the implementation arrangements of the SVGO Vetting and Barring Scheme as it relates to the employment of staff, the recruitment of prospective staff and the placement of students, volunteers, trainees and other non employees.
Supersedes	<i>BHSCT POCVA Policy</i>
Operational date	<i>July 2010</i>
Review date	<i>July 2011</i>
Version Number	<i>V1</i>
Director Responsible	<i>Marie Mallon</i>
Lead Author	Louise Beckett
Lead Author, Position	Senior HR Manager
Department / Service Group	Human Resources
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Additional Author(s)	

Trust Policy – Recruitment and employment of staff under the requirements of the safeguarding vulnerable groups.
August 2010

Version Record

Date	Version	Author	Comments
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09.06.10	0.2	L Beckett	Final Draft
	1		Approved – for dissemination

Policy Record

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Approval Process – Trust Policies

Policy Committee	Approval	21.06.10	
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Approval Process – Clinical Standards and Guidelines

Standards and Guidelines Committee	Approval		
Policy Committee	Ratify		
Executive Team	Authorise		
Appropriate Director	Sign Off		

Local Approval Process

	Approval		
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Dissemination

Areas :	

Title:

Protocol for the Recruitment and Employment of Staff under the Requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and the Vetting and Barring Scheme

Purpose:

To provide guidance on the SVG Vetting and Barring Scheme

Objectives:

- 1. To outline the key provisions of the SVG Vetting and Barring Scheme
- 2. To detail the responsibilities of the Trust and its staff
- 3. To provide guidance, clarification and direction to further sources of information in the implementation of SVG Vetting and Barring Scheme

Policy Statement(s):

- 1 The protocol outlines the legislative context and responsibilities under the SVG Vetting and Barring Scheme
- 2 It sets out the main provisions of the VBS as it relates to conducting checks for new and current employees and the referral arrangements for existing employees
- 3 It provides advice and clarification on the key elements of the VBS and a number of sources for further information and documentation.



Louise Beckett

Director of Human Resources

Author

Printed Name Louise Beckett

Date: 23 June 2010

Date: 14/6/10



Chief Executive

Date: 23 June 2010

Full Description

Contents Page

Title:

Protocol for the Recruitment and Employment of Staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and the Vetting and Barring Scheme

Purpose:

To provide guidance on the SVG Vetting and Barring Scheme.

The Scope:

The Protocol covers the responsibilities of the Trust, Line Managers and Human Resources Staff and applies to existing staff, potential employees, volunteers and disability placements on work experience.

Objectives:

1. To outline the key provisions of the SVG Vetting and Barring Scheme
2. To detail the responsibilities of the Trust and its staff
3. To provide guidance, clarification and direction to further sources of information in the implementation of SVG Vetting and Barring Scheme

Roles and Responsibilities:

The specific responsibilities of the Trust, its managers and Human Resources staff are outlined.

The definition and background of the policy:

The Protocol was developed as a request of the SVG (NI) Order 2007 which established the Vetting and Barring Scheme and replaces the former Protection of Children and Vulnerable Adults (NI) Order 2003.

Policy / Guideline description:

The Protocol outlines the key provisions and associated responsibilities of the SVG Vetting and Barring Scheme.

Policy statements:

1. The protocol outlines the legislative context and responsibilities under the SVG Vetting and Barring Scheme.
2. It sets out the main provisions of the VBS as it relates to conducting checks for new and current employees and the referral arrangements for existing employees.
3. It provides advice and clarification on the key elements of the VBS and a number of services for further information and documentation.

Implementation/Resource requirements:

Additional resources will be required by Human Resources and Finance staff in relation to the phasing arrangements for existing staff which will commence in April 2011 for a 4 year period.

Source(s) / Evidence Base:

The Protocol adheres to legislative requirements of the SVG Vetting and Barring Scheme.

References, including relevant external guidelines:

DHSSPS Generic Guidance, Sector Specific Guidance, ISA Referral Guidance and Access NI Guidance.

Consultation Process:

The Protocol was fully consulted on with the Trusts SVG Stakeholders' Groups at which Service Groups, Trade Unions and Human Resources are represented.

Equality and Human Rights screening carried out:

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.

- Screening completed
No action required.
- Full impact assessment to be carried out.

n. Procedures:

Procedures assist with new and existing staff and referral arrangements are set out in the Protocol.



Louise Beckett

Director of Human Resources

Author

Date: 23 June 2010

Date: 14/6/10



Chief Executive

Date: 23 June 2010



Belfast Health and
Social Care Trust

PROTOCOL FOR:

**RECRUITMENT AND EMPLOYMENT
OF STAFF UNDER THE
REQUIREMENTS OF THE
SAFEGUARDING VULNERABLE
GROUPS (NI) ORDER (SVGO) 2007
AND THE VETTING AND BARRING
SCHEME**

**INTERIM GUIDANCE
PENDING FURTHER REVIEW**

JUNE 2010

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Protocol for the Recruitment and Employment of Staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 Vetting and Barring Scheme

1 PURPOSE AND SCOPE OF PROTOCOL

This Protocol outlines the key responsibilities of the Belfast Health and Social Care Trust (the Trust) in relation to the implementation arrangements for the SVGO Vetting and Barring Scheme as it relates to the employment of staff, the recruitment of prospective staff and the placement of students, volunteers, trainees and other non employees. The Trust has been entrusted with the care of children and vulnerable adults and must be confident that all the necessary safeguards and controls are in place to ensure that children and vulnerable adults are protected. The Trust has a range of responsibilities emanating from its statutory remit in respect of Fostering, Adoption and Early Years' Services. The practice across the Trust in these service sectors is informed by various Regulations, Policies and Procedures which can be accessed via the Social Work Social Care Governance service area.

This Protocol has been developed as part of the Trust's Safer Recruitment and Employment Framework in relation to the specific requirements for the Belfast Trust and **must** be read in conjunction with the more detailed Generic and Sector Specific Guidance on the Vetting and Barring Scheme which can be accessed at www.dhsspsni.gov.uk and the Referral Guidance which can be accessed at www.isa-gov.org.uk The Protocol summarises the key details of the new legislation and the Vetting and Barring Scheme and outlines the procedural arrangements which have been put in place to implement these. It is not intended to be a definitive guide to the Legislation or Scheme. It should be noted that Sir Roger Singleton's review will result in the need to review this protocol and further developments may also necessitate amendment. Consequently this protocol should be considered as interim guidance or work in progress.

2 LEGISLATIVE CONTEXT

The Bichard Inquiry into the murders in Soham resulted in a recommendation for a new scheme that would ensure that everyone working in regulated activity with children and vulnerable adults is checked and registered. After full consultation the Bichard Inquiry led to the Safeguarding Vulnerable Groups Act (SVGA) 2006 and the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 which provide for the establishment of the Vetting and Barring

Scheme. This Legislation and Scheme replace the former Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA).

The Vetting and Barring Scheme became effective on 12 October 2009. It recognises the need for a single process to assess all individuals who wish to do certain work or volunteer with children and vulnerable adults. The Independent Safeguarding Authority (ISA) has been established as part of this process across England, Wales and Northern Ireland. It has four statutory duties – to maintain a list of individuals barred from engaging in regulated activity with children; to maintain a list of individuals barred from engaging in regulated activity with vulnerable adults; to make well informed and considered decisions about whether an individual should be included in one or both barred lists; and to reach decisions as to whether to remove an individual from a barred list.

In addition, while the Vetting and Barring Scheme will provide significant safeguards, it is part of a wider framework of safe recruitment practices. In particular Access Northern Ireland (ANI), which became effective in April 2008 and operates under the provisions of Part V of the Police Act 1997, was established by a joint programme between the NI Office, the DHSSPS, the Department of Education and the PSNI. It enables organisations to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in areas working with children and vulnerable adults. ANI offers two levels of disclosure Standard and Enhanced – each of which represents a different level of check.

A Standard Disclosure Certificate shows details of spent and unspent convictions and cautions – not cases pending.

An Enhanced Disclosure Certificate contains all the information in a Standard Disclosure and any further relevant information held in Police records eg information about attempted prosecutions that were unsuccessful or behaviour that might be indicative of criminal activity.

Standard Disclosure Certificates are no longer available for people working with children or vulnerable adults and an Enhanced Disclosure Certificate will be obtained in these circumstances.

Detailed information about ANI is available by accessing its website: www.accessni.gov.uk

In applying this Policy reference must be made to the Access NI Code of Practice, The Explanatory Guide and the Guide to Access NI.

3 MAIN PROVISIONS OF THE VETTING AND BARRING SCHEME

- The Vetting and Barring Scheme (VBS) was launched on 12 October 2009 when the definitions of regulated and controlled activity came into operation – general definitions of these activities are set out in Appendix 1 – the Guidance should be referred to in relation to the full definitions. It should be noted that Controlled Activity may be reviewed as a result of a review undertaken by Sir Roger Singleton and this protocol will be amended to reflect this as appropriate. From 12 October 2009 it is an offence for a barred individual to work in regulated activity or for the Trust to knowingly allow someone to work in regulated activity while barred.
- From 12 October 2009 the barred lists – List 99, the Protection of Children’s Act List (POCA), the Protection of Vulnerable Adults List in England and Wales(POVA) and the Disqualification from Working with Vulnerable Adults List in NI, as well as the current system of disqualification orders that is operated by the criminal justice system were phased out and have been replaced by two new lists: the Children’s Barred List and the Adults’ Barred List. These lists will contain details of those individuals the ISA has decided it is appropriate to bar from working with children or vulnerable adults and who are therefore prevented from working or volunteering with them. The ISA will maintain these lists.
- The Trust will be eligible to ask for enhanced disclosures with barred list checks for any potential employee to regulated activity. The Trust will also be eligible to request this for those who may work in controlled activity posts. The DHSSPS will be undertaking a consultation exercise in relation to the need for Statutory EDCs for groups of staff who fall within existing regulations associated with Nursing/Residential/Children’s Homes etc. The outcome of this consultation exercise will further inform this Protocol.
- From 12 October 2009, if the Trust removes an employee, or someone for whom it is responsible, from regulated or controlled activity, or if an employee leaves while under investigation or allegedly causing harm or posing a risk of harm, the Trust is legally required to refer this person to the ISA. Failure to do so is an offence that carries a significant penalty.
- From 26 July 2010 individuals may apply for ISA registration if they move into a new role, paid or voluntary, which meets the definition of regulated activity
- From 1 November 2010 new workers or those moving into regulated activity, paid or voluntary, must apply for ISA registration before starting in that role It will be a criminal offence to work in a regulated activity role without being ISA registered. The Trust will have a legal duty to check that potential new employees/volunteers are ISA registered before allowing them to engage in regulated activity

- From 1 April 2011 employees already working in regulated activity may apply for ISA registration. This will be implemented on a phased approach in partnership with ANI
- From 1 January 2014 the Government will recommend that people working in controlled activity should apply for ISA registration
- The final cut off date by which everyone working in both regulated and controlled activity must be ISA registered (except any barred people in controlled activity who cannot register) is 31 July 2015

4 RESPONSIBILITIES OF BELFAST HEALTH AND SOCIAL CARE TRUST

The Belfast Health and Social Care Trust is a Regulated Activity Provider (RAP) and is responsible for the management or control of regulated activity, paid or unpaid, and makes arrangements for people to work in that activity. The Trust is required to fully implement all the requirements of the SVGO legislation and VBS as set out in the DHSSPS/ISA/ANI Guidance and Legislation.

The Trust is a Registered Body with Access NI and can access the services of ANI to obtain checks on prospective and current employees. As a Registered Body the Trust has a critical role in the management of any information disclosed.

The Trust's Recruitment and Selection Policy has been reviewed to ensure compliance with the requirements of VBS as it relates to prospective employees to ensure that checks are carried out to ensure that members of staff are who they say they are, have the skills and qualifications they say they have, are registered with the appropriate regulatory body as necessary, have undergone appropriate pre employment health screening, that references are checked and that gaps in employment are questioned. The Trust will ensure that following recruitment staff will be effectively managed, supervised, trained and appraised to ensure that they are carrying out their responsibilities in a diligent and compassionate way. In relation to students, placements and volunteers the Trust will ensure that the requirements of VBS are undertaken in line with this Protocol.

The Trust's Disciplinary Policy has been reviewed and supplemented by guidance to ensure that the necessary referral requirements set out under the VBS are adhered to.

4.1 SPECIFIC RESPONSIBILITIES

The Trust: -

- must be a Registered Body with ANI and adhere to its Code of Practice and Explanatory Guide so that checks can be made against: Criminal Record Viewer, The Police National Computer and where appropriate information from Police Forces throughout the UK for any additional non-conviction material, including cases pending, which the Police consider relevant for Disclosure. The Trust has a written Statement of Intent which sets out its responsibilities for the correct handling and safekeeping of Disclosure information – attached as appendix 2
- must ensure that the appropriate arrangements are in place to ensure posts are identified as being regulated or controlled activity and that the appropriate checks are made
- must ensure that individuals are registered with the ISA before being engaged in regulated activity with effect from 1 November 2010 and that a system is in place to manage the implications, including financial, associated with this
- must not knowingly employ in a regulated activity or use as a volunteer a barred person
- must refer, with effect from 12 October 2009, to the ISA any employee or volunteer in regulated or controlled activity who has been dismissed or no longer used because the Trust thinks they have harmed or pose a risk of harm to children or vulnerable adults
- must ensure that an implementation plan is in place to ensure that the phased registering of the whole workforce is achieved effectively by 31 July 2015

Line Managers:-

- must ensure that they and their staff are familiar with this Protocol and the Guidance referred to and keep abreast of further developments
- must identify on the Trust's online advertisement request form – refer to appendix 3 – if a vacant post meets the definition of regulated or controlled activity and requires an appointee to be registered and vetted
- must identify any staff who transfer on a permanent or temporary basis from a position that does not fall within the definition for regulated or controlled activity as appropriate to a post that does meet the definitions and ensure that these staff are registered and vetted appropriately prior to commencement in the new position

- Must ensure that the ISA registration of any staff returning from an employment break/unpaid leave is checked
- must liaise with Human Resources staff in relation to any students/training positions/other individuals to ensure that vetting is conducted as appropriate
- must alert Senior Management and Human Resources staff to any incident which gives rise to concern or where allegations are made about an individual working with children/vulnerable adults. Advice and guidance on issues which may give rise to the referral of information to ISA will be provided by the Employment Law Team

Human Resources Staff:-

- must ensure that they are fully conversant with and adhere to the requirements of this Protocol and associated guidance in the recruitment and placement of staff
- must ensure that they are conversant with and adhere to the requirements of this Protocol and associated guidance in relation to the referral of any staff to the ISA
- must provide guidance and support to Line Managers in the implementation of this Protocol
- must ensure that associated Policies – Disciplinary, Recruitment and Selection, Work Experience, Honorary Appointments, Employment Breaks– are kept under review to ensure compliance with this Procedure
- must ensure that there is adherence to the Statement of Intent for the management, handling and storage of completed application forms and disclosure certificates and that the Governance Arrangements set out in Section 6 of this protocol are satisfied
- must review the Protocol on an annual basis, and at earlier intervals where appropriate, to ensure it is reflective of any legislative or procedural changes

5 CONDUCTING CHECKS UNDER VBS

From November 2010 the Trust will be legally required to check that prospective employees or existing staff who move into a regulated activity position, temporary or permanent, are registered with the ISA. This will also include volunteers, student/training positions and those on honorary contracts. The Trust's Recruitment Team will ensure that this requirement is incorporated into its pre employment checking requirements. Appendix 4 to this procedure sets out the positions for which ISA registration is required. This list is not definitive and is subject to review.

5.1 PROCEDURE FOR NEW STARTS OR INTERNAL MOVERS TO REGULATED ACTIVITY FROM NOVEMBER 2010

This Section will be subject to review dependent on the outcome of the DHSSPS consultation exercises, and the implementation arrangements associated with financial issues.

The Trust's Recruitment Team will ensure that all employees who do not currently have ISA registration and who start employment on or after 1 November 2010 have ISA registration in place, with an EDC, before commencing employment. The financial implications associated with this are currently being discussed at a regional level to ensure consistency across the health and social care sector. This protocol will be amended as is appropriate to reflect the outcome of these discussions and agreements.

Once ISA registration is confirmed the Trust will register an interest in the individual with ISA to ensure that it is advised of any future information relevant to the individual's employment in regulated activity. The ISA registration number must be inputted to HRMS by the recruitment officer.

In relation to individuals who at the time of application are already ISA registered the Trust will ensure that it has the ISA registration number and has conducted an ISA on line check to verify this and must be satisfied that the individual is suitable for employment. The position with regard to the need for an EDC is to be confirmed and will be dependent on the nature of the post and the outcome of the DHSSPS consultation exercise.

In relation to individuals who already hold ISA registration at the point of application or transfer the registration number must be declared on the application form or, if not applicable, in writing to the HR officer dealing with the transfer – this could be associated with redeployment for example – and the Recruitment Team, or relevant HR officer, will complete an on line check with ISA to ensure that the individual is not barred from regulated activity and to register an interest in the individual. In the event that it is identified that an individual applying for a regulated activity post has been barred the HR Officer will ensure that the appropriate authorities, including the PSNI, are informed as the individual is committing a criminal offence.

Where an individual has been registered with a voluntary organisation the ISA will charge the individual upon notification that they have moved to paid employment or to voluntary work with the Trust as a public sector employer.

- Requesting Enhanced Disclosure Checks

In line with the Trust's Recruitment and Selection Policy managers are required to complete an Advertisement Request form in order to advertise a vacancy within the Trust and must indicate on the form if a pre-employment check is required under VBS - refer to appendix 3 of this procedure. This requirement also applies to the engagement of any volunteers or work placements within the Trust.

Applications for Enhanced Disclosures are made for applicants selected for appointment or transfer at the Trust's request or in line with mandatory requirements as appropriate. The application form used is a universal form for both ISA registration and EDC checks (see Appendix 5) and the application form must be signed by an approved signatory of the Trust – the Registered Body – and sent to ANI once the Applicant's identity has been verified. It should be noted that the Trust must indicate on the form that the post will involve working with children or vulnerable adults. It is only the nominated lead or countersignatories who can manage this Disclosure process and ensure that the necessary verification of the applicant's identification is carried out by the appropriate persons.

As a Registered Body the Trust must ensure that the Disclosure information is treated sensitively and confidentially and that it is protected from unauthorised access in line with its Statement of Intent and the ANI Code of Practice. All applicants and employees must be informed of this.

The Trust is required to make payment to ANI for the Disclosure Certificate and has an account with ANI to facilitate this. Both the Trust's signatory and the applicant receive copies of the Disclosure Certificate. ANI should process 90% of Enhanced Disclosures within 4 weeks.

It should be noted that sometimes applicants may seek to reuse their Disclosure Certificate as part of a separate recruitment exercise. The value of a Disclosure is directly linked to its contemporaneousness. Enhanced Certificates should not be reused because every application to see spent convictions or approved information should be countersigned by a registered person on the basis of a specific role or position.

- Outcome of Checks

On receipt of a Disclosure Certificate the Trust must ensure that the Statement of Intent and Code of Practice is complied with and only those staff entitled to see Disclosures in the course of their duty should have access. In exceptional

circumstances the Police may provide additional information in a sealed envelope – this is only where the Police have identified a clear risk and such information must not be disclosed or discussed with the applicant. ANI will not be privy to the details of such information.

If it is confirmed that an individual's name is included on the barred lists they are disqualified from working in a regulated position and they will not be able to obtain ISA registration. If the individual is in the employment of the Trust and information is provided which indicates that there has been an issue of non-disclosure of previous offences by the employee then the appropriate action will be taken to investigate the matter under the Trust Disciplinary Procedure.

- Disputes and Disagreements

If an individual believes information disclosed about them is inaccurate they should follow the guidance set out at section 1.13 of the Guide to Access NI.

- Handling and Storage of Information

The Trust has a written Statement of Intent covering the correct handling and safekeeping of all documentation relating to an individual's disclosure information – appendix 2. It adheres to the ANI Code of Practice and guidance and its responsibilities under the Data Protection Act.

5.2 PROCEDURE FOR THE PHASED REGISTRATION OF EXISTING STAFF FROM APRIL 2011

FOR STAFF WORKING IN:

- Regulated Activity Positions

With effect from 1 April 2011 people already working in regulated activity may apply for ISA registration. The Trust will be introducing a phasing strategy in association with ANI to ensure that all relevant staff are ISA registered by 31 July 2015. The Trust will develop an implementation plan in relation to how this will be managed across professional and service groups and coordinated by HR.

- Controlled Activity Positions

With effect from 1 January 2014 people working in controlled activity should apply for ISA registration and by 31 July 2015 all such individuals must be ISA registered. The Trust will develop an implementation plan to ensure that this requirement is met.

- Other Positions

Students, trainees, placements and other non employees assigned to regulated/controlled positions within the Trust require to be checked. The checks may be undertaken by the Trust or alternatively by the sponsoring organisation depending on specific arrangements in place. Special arrangements apply to students in NI undergoing professional training whereby the University/College in NI is responsible for undertaking the check prior to the commencement of training. Examples include the following:

- Medical and Dental – Queens University Belfast
- Nursing and Midwifery – Queens University Belfast and University of Ulster
- Allied Health Professionals to include Dietetics, Physiotherapy, Occupational Therapy, Speech and Language, Podiatry, Radiography – University of Ulster
- Clinical Psychology – Queens University Belfast
- Pharmacy
- Optometry
- Dental Nurses (BMC)
- NNEB (Child care course (BMC))

These arrangements do not apply to Universities or Colleges outside NI or to students who are employees. Responsibility for checks on such students remains with the Trust. All other placements should be arranged through the Honorary Contract process prior to the commencement of the placement.

- Employment Agencies - .Arrangements will be put in place under the Trust's Safer Recruitment and Employment Framework and Safe Employment Practices Group to ensure that contracted agencies are compliant with the VBS Scheme.
- Staff employed by Private Contractors – .Arrangements will be put in place, in partnership with BSO to ensure that the relevant contractors are compliant with the VBS Scheme and meet the associated costs where appropriate.

- Executive and non-executive members of Health and Social Services Trusts. The checks will be undertaken by the DHSSPS.
- In relation to school children on work experience there is no requirement to register but there must be adequate supervision and compliance with the appropriate work experience protocol.
- Applicants from Outside the UK/Overseas –ANI is unable to obtain overseas criminal records. It can only provide details of offences committed in the UK. The Trust can consider examining the website of the Police Force of the country of origin or contact the country's representative in the UK. It can ask those with overseas residence to apply for the equivalent of a disclosure, if available.

In relation to these groups, the Trust must ensure that appropriate checks are being carried out and ensure that the appropriate arrangements under VBS are set out explicitly in any contract and that these are being adhered to. This should be reviewed on a regular basis.

6 REFERRALS TO ISA

As a Regulated Activity Provider the Trust has a legal duty to refer information to the ISA in certain circumstances. With effect from 12 October 2009 a new duty to share information has been introduced under the Vetting and Barring Scheme and from this date employers, social services and professional regulators will have to notify the ISA of relevant information so that individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups. ISA Referral Guidance has been developed and sets out the key elements of the new referral process, the circumstances under which a referral should be made, the legal responsibilities of employers and the main points of the law in relation to referrals.

The guidance is available at www.isa-gov.org.uk and should be referred to when dealing with any referral issues. Advice and guidance **must** be sought from the Employment Law Team in Human Resources when dealing with a referral issue.

In dealing with referrals there are two conditions both of which must be met to trigger a referral to the ISA:

A referral must be made to the ISA when a regulated activity provider, such as an employer or volunteer coordinator or a responsible person in relation to controlled activity:

1) Withdraws permission for an individual to engage in regulated or controlled activity, or would have done so had that individual not resigned, retired, been made redundant or been transferred to a position which is not regulated or controlled activity; because

2) they think that the individual has:

- engaged in relevant conduct;
- satisfied the Harm Test; or
- received a caution or conviction for a relevant offence

If both conditions have been met the information must be referred to the ISA

Definitions of these terms and guidance on the stage at which a referral should be made and the evidence to be provided are set out in detail in the guidance. The ISA referral form is appended as appendix 6 for information and Appendix 7 sets out the ISA guidance on types of harm.

In relation to the referral of individuals who are engaged by the Trust through an employment agency or who are placed with the Trust, for example through a university placement, the Trust must ensure that it informs these organisations, fully cooperates with them and ensures that they make a referral as appropriate in line with the Guidance.

7 GOVERNANCE ARRANGEMENTS

This protocol will be kept under review to ensure compliance with any future legislative requirements. It will be reviewed formally on an annual basis and at appropriate periods where legislative changes occur. The Co Director for Governance, Employment Equality and Improving Working Lives will ensure that checking to ensure compliance is carried out by: -

- Seeking evidence from the Co Directors for Resourcing, Utilisation and Productivity (RUP), and Pay, Partnership and Employee Relations (PPE) that the Recruitment and Selection and Disciplinary Policies have been reviewed in light of any legislative or Departmental guidance developments.
- Seeking evidence from the Co Director for RUP on a six monthly basis that the requirements for the vetting of prospective staff are being conducted in line with this Protocol and associated guidance. This will involve

undertaking a sample of vetting conducted by the Trust's Recruitment team to ensure procedures are being followed.

- Seeking evidence from the Co Director for PPE on a six monthly basis that the process for referring any staff to the ISA has been conducted in line with this Protocol and associated guidance.
- Seeking evidence from the Co Director for RUP that any contracts with Private Contractors and Employment Agencies are compliant with the SVG Legislation and VBS and that monitoring arrangements are in place to ensure same.
- Seeking evidence from the Co Director for Learning and Development on a six monthly basis that all arrangements for Honorary Contracts are compliant with this protocol and associated guidance and that monitoring arrangements are in place to ensure same.
- The Co Director for Governance, Employment Equality and IWL will ensure that the audit arrangements set out in the Safer Recruitment and Employment Framework are implemented and reported on to the HR User Forum and any recommendations are taken forward.

June 2010

APPENDIX 1

DEFINITION OF TERMS

Definition of Children and Vulnerable Adults

For the purposes of this legislation the **definition of a child** is: -

- a person under the age of 18.

The **definition of a vulnerable adult** is a person who is aged 18 years or over and who:

- is living in residential accommodation, such as a care home or a residential special school
- is living in sheltered housing
- is receiving domiciliary care in their own home
- is receiving any form of healthcare
- is detained in lawful custody (in a prison, remand centre, young offender institution, secure training centre or attendance centre, or under the powers of the Immigration and Asylum Act 1999)
- is under the supervision of the probation services
- is receiving a welfare service defined as the provision of support, assistance or advice by any person, the purpose of which is to develop an individual's capacity to live independently in accommodation or support their capacity to do so
- is receiving a service or participating in an activity for people who have particular needs because of their age or who have any form of disability
- is an expectant or nursing mother living in residential care, or
- is receiving direct payments from a local authority or health and social care trust in lieu of social care services
- requires assistance in the conduct of their own affairs

Definitions of the key terms in the above list are provided in the Vetting and Barring Scheme Guidance, accessible at www.dhsspsni.gov.uk

Regulated Activity

A full definition of regulated activity is set out in the VBS guidance. In general terms an individual is involved in regulated activity if they:

Undertake an activity of a specified nature (ie teaching, training, instruction, care, supervision, advice, guidance, treatment, therapy or transport) that involves contact with children or vulnerable adults on a frequent, intensive or overnight basis.

Frequent is once a month or more (in health and personal care settings)

Intensive is four or more days in any period of 30 days or

Overnight is between 2 am and 6 am

OR

Undertake any activity in a specified place (ie schools, childcare premises including nurseries, residential homes for children, children's hospitals, children's detention centres, adult care homes or residential care or nursing homes) that provides the opportunity for contact with children or vulnerable adults on a frequent, intensive or overnight basis.

Controlled Activity

Controlled activity is work that does not constitute regulated activity but which provides opportunities for contact with children or vulnerable adults, or opportunities to access education records (for children only) or health or social services records about children or vulnerable adults in a limited range of settings. It also includes the day to day management and supervision of staff carrying out controlled activity.

Controlled activity applies to:

- Work which is frequent or intensive and provides the opportunity for contact with children or vulnerable adults in health, social care or further education settings, or
- Work which is frequent and provides the opportunity to have access to education records (children only) or health or social services records (children and vulnerable adults) in specified bodies.

Frequent is once a month or more (in health and personal care settings), Intensive is four or more days in any period of 30 days.

Barred people can sometimes be employed in controlled activity, depending on the nature of the role and providing tough safeguards are in place such as stringent supervision. However, in Wales a person barred as a result of a caution or conviction for a relevant offence will not be able to work or volunteer in controlled activity.

APPENDIX 2**Access NI Policy Statement**

As an organisation using Access Northern Ireland to help assess the suitability of applicants for positions of trust, the Belfast HSC Trust complies fully with AccessNI's Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosure Applications and Disclosure information. It also complies fully with its obligations under the [Data Protection Act 1998](#) and other relevant legislation pertaining to the safe handling, storage, retention and disposal of Disclosure information.

Storage and Access

Disclosure information is be kept securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.

Handling

In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom Disclosures or Disclosure information has been revealed and it is a criminal offence to pass this information to anyone who is not entitled to receive it.

Usage

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

Retention

Once a recruitment decision has been taken, we do not keep Disclosure information for any longer than is necessary. Information will not be retained but destroyed once a decision, recruitment or otherwise has been made.

Disposal

Once the retention period has elapsed, we will ensure that any Disclosure information is immediately destroyed by secure means i.e. by shredding, pulping or burning. While awaiting destruction, Disclosure information will not be kept in any unsecured receptacle (e.g. waste-bin or confidential sack). We will not keep any photocopy or other image of the Disclosure or any copy or representation of the contents of a Disclosure or any other relevant non-conviction information supplied by police but not included on the Disclosure. However, despite the above, we may keep a record of the date of issue of a Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the

AccessNI unique reference number of the Disclosure Certificate and the details of the recruitment decision taken.

APPENDIX 3

Online Job Requisition System

- [Home](#)
- [Log Off](#)
- [About](#)
- [Support](#)

- [My Home Page](#)
- [Search Requisitions](#)
- [Add Requisition](#)
- [My Profile](#)

Requisition details

Job

Title

Has the post been verified (i.e. matched/desk topped)

(if no please contact the recruitment team as the post can't proceed until desk topped)

Band

Other band

NIMDTA post

Location

Service group

Other service group

Department

Programme of Care

Other care programme

Possible Owners Please select the User who could approve the requisition at the next stage

Barkley , Mervyn

0 items selected [Remove all](#)

•

[Add all](#)

•

- **Barkley , Mervyn**
- **Beckett , Louise**
- **Milligan , Alma**
- **Owens , Bernie**
- **Peden , Joan**

Costing

Cost Centre

Source of funding

- New Post
- Replacement of fully funded post
- Other

Post detail

Source of funding document

Funding related documents

Type of post

Duration

- Permanent
- Temporary

Post detail

Covering who

Post vacancy from

End of temp contract

Possible extension

Yes

No

Hours per week

Times worked

VBS DESIGNATION. Please advise if this post is a: (If you are unsure which of the following to select please contact a member of the recruitment team.)

Controlled Post

Neither Regulated on Controlled Post

Regulated Post

VBS Designation Type.

Adult only


Children & Adult


Children only

Post advertisement

Advert placement **Please note this will be used as a guide only. The R&S team will determine final media in accordance with agreed protocol**

- Belfast Telegraph
- CSA Bulletin
- HSCRecruit/ HPSS Jobs
- Job Bulletin
- Job Market
- Limited internal trawl
- Offer from waiting list
- Other publication
- Trust wide internal trawl

Other advert placement > 

Any additional wording 

Panel chairperson

Chairperson telephone

Job description

Job/Person Specification

KSF Post Outline

TC Group

Grade Code

Comments 

© Copyright Health and Social Care [Privacy policy](#) - [Terms of use](#)
[close](#)

RISK ASSESSMENT OF POST FORM

POST: _____ LOCATION: _____

This job has been identified as currently having the following key elements:-

	YES	NO	COMMENT
Driving as a major responsibility of the job			
Driving on Trust business as part of the working day			
Shift work			
Night duty			
On-call duties			
Regular use of a VDU ie. at least 1 hour/day or 5 hours/week			
Food handling			
Exposure to noise levels of 85dB or higher			
Direct contact with patients/clients			
Invasive (exposure prone procedures)			
Contact with blood/body fluids			
Manual handling of patients/clients			
Manual handling of inert objects			
Exposure to patients/clients with challenging behaviours which may include verbal and/or physical aggression			
Direct contact with patients/clients who are terminally ill			
Exposure to substances which might cause skin problems: Wet work			
Disinfectant hand washes			
Latex/rubber gloves			
Exposure to chemicals: Isocyanates			
Formaldehyde			Glutaraldehyde
Epoxyresins			
Methacrylates			
Exposure to:			
Dust			
Soldering/welding fumes			
Soil			
Exposure to substances not mentioned above which under the COSHH Regulations, require health surveillance to be carried out. Please state:			

Managers Signature: _____

Position: _____ Date: _____

FOR OCCUPATIONAL HEALTH SERVICE USE ONLY

RAP Form received and (Clients Name) _____ has been advised of the risks of this post.

Signed : _____ Date : _____

TYPE OF POST	DESCRIPTION OF POST	WHAT IS REQUIRED	EXAMPLES OF POSTS WHICH MAY FALL IN THIS AREA (Please note this is not prescriptive – posts will have to be assessed against the descriptions of posts to determine the appropriate level of check)
Regulated Activity	<p>Any activity of a specified nature that involves contact with children or vulnerable adults frequently¹, intensively² and/or overnight. Such activities include teaching, training, care, supervision, advice, treatment and transport etc</p> <p>Any activity allowing contact with children or vulnerable adults that is in a specified place frequently or intensively. (Such places include schools, care homes, residential homes, children’s centres, adult care homes etc). This may include catering, cleaning and maintenance workers or contractors, and their managers or supervisors.</p> <p>Fostering and childcare. And any activity that involves people in certain defined positions of responsibility. (Such as school governor, director of social services etc).</p>	<p>Enhanced Disclosure Certificates & From July 2010 – new starts and internal movers can register with the VBS.</p> <p>From November 2010 new starts and internal movers must be registered with the VBS</p>	<ul style="list-style-type: none"> • All Nursing & Midwifery post; • All Social Care Posts (including Trust Domiciliary Care); • All Medical & Dental staff; • All Allied Health Professionals; • All workers based in Children’s Homes, Residential or Nursing Homes; • Patient Transport Drivers; • Porters; • Pharmacists (<i>some posts may be controlled</i>); • Radiographer • Psychologist; • Orthoptists; • Othometrists • Dentistry Support • Medical Technical Officers (<i>some posts may be controlled</i>) • Art & Music Therapists • Chaplains • Organists
Controlled Activity	<p>Frequent¹ or intensive² support work in general health settings. (Such work includes cleaners, caretakers, shop workers, catering staff, car park attendants, receptionists etc). (<i>Note -Those on <u>specified sites</u> listed in the above section will continue to fall within regulated activity</i>)</p> <p>Individuals who have frequent¹ access to sensitive records about children and vulnerable adults.</p> <p>Support work in adult social care settings. (Such jobs include day centre cleaners).</p>	<p>Enhanced Disclosure Certificates & From 1st January 2014 – new starts and internal movers can register with the VBS From 31st July 2015 new starts and movers must be registered with the VBS.</p>	<ul style="list-style-type: none"> • All Ancillary & General Staff working in patient/client areas during operational hours unless otherwise provided for under ‘regulated activity’ above. • All Maintenance Staff working in patient / client areas during operational hours unless provided for under ‘regulated activity’ above. • All Financial Assessment staff • Cashiers Office • Biomedical Scientists • Clinical Scientists • Human Resources Case Management Staff • IT Staff working in patient/client areas during operational hours • Admin & Clerical Staff in roles where they have direct access to patients/clients or their records
Non Regulated or Controlled Activity	<p>Any worker who does not meet the definition of the Regulated or Controlled activity will not require to be registered with the VBS</p>	<p>Nothing</p>	<ul style="list-style-type: none"> • HR Staff • Finance Staff • Ancilliary & General Workers • Admin & Clerical Staff <p style="text-align: right;">} Other than those listed under controlled activity</p>

¹ Frequently – once a month or more

² Intensively – takes place on three or more days in a 30-day period

ISA – ACCESS NI APPLICATION FORM

TO BE ADDED ONCE AVAILABLE FROM ACCESS NI

APPENDIX 6 ISA Referral Form



This form is for use when making a referral (i.e. providing information) to the Independent Safeguarding Authority. A referral is made when there is harm or risk of harm to children or vulnerable adults in the work place (paid or voluntary), *relevant conduct* has occurred or an individual has received a caution or conviction for a *relevant offence*.

Please read the accompanying *ISA Referral Guidance* to understand your duty in relation to making a referral to the ISA and in providing information requested by the ISA.

All information provided to the ISA will be handled in accordance with the Data Protection Act 1998.

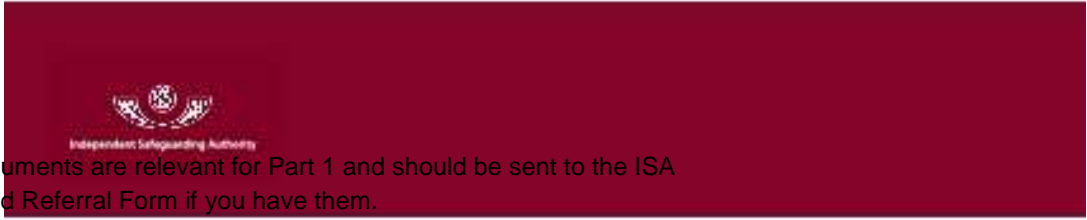
Detailed information on the ISA and the Vetting and Barring Scheme can be found on the ISA website www.isa.gov.org.uk

Please download or print out this form and complete in black ink making sure that all information is clearly legible. All documents provided with the Referral Form should be originals or clearly legible copies. If you do not hold the information requested, please leave the section blank. If more space is needed please attach additional sheets at the back of the Referral Form.

Referral Form Information

- Part 1: The individual being referred and their job or role**
- Part 2: The referring party**
- Part 3: The harm (*relevant conduct*) or risk of harm**
- Part 4: Documentation - investigations, information & evidence**
- Part 5: Referral documentation checklist**
- Part 6: Declaration by referring party**
- Part 7: Checking and posting the ISA Referral Form**
- Part 8: Data Protection Statement**

Part 1: The Individual being referred and their job role



The following documents are relevant for Part 1 and should be sent to the ISA with the completed Referral Form if you have them.

- ◆ Job Description / Role Statement / Person Specification
- ◆ Application for employment
- ◆ References
- ◆ Interview report
- ◆ Letter of employment
- ◆ Documentation on any past disciplinary action or complaints
- ◆ Dismissal / resignation letters
- ◆ File notes concerning conduct, behaviour or attitude

Part 1: The Individual being referred

ISA Registration Number

Surname

Forename(s)

Title

Other names 1: aliases

Other names 2: maiden names

Gender (please indicate) - Male

Female

Date of Birth (DD/MM/YYYY)

Nationality

National Insurance Number

Teachers Pension Number
England and Wales (if applicable)

Northern Ireland Teacher Reference Number
(if applicable)

Independent Safeguarding Authority

Part 1: The Individual being referred and their job role Continued



Professional Membership

Professional Regulator

Registration Number

[Redacted registration number]

Date of first Registration (DD/MM/YYYY)

[Redacted date of first registration]

Last Known Home Address

Address Line 1

[Redacted address line 1]

Address Line 2

Address Line 3

Address Line 4

Postcode

[Redacted home address lines 2-4 and postcode]

Current Postal Address (if different from home address)

Address Line 1

[Redacted current postal address line 1]

Address Line 2

Address Line 3

Address Line 4

Postcode

[Redacted current postal address lines 2-4 and postcode]

Previous Home Addresses (if at last known address less than 3 years)

Address Line 1

[Redacted previous home address line 1]

Address Line 2

Address Line 3

Address Line 4

Postcode

[Redacted previous home address lines 2-4 and postcode]

Contact Telephone Numbers

Work

Home

Mobile

[Redacted contact telephone numbers]

[Redacted contact telephone numbers]

Part 1: The Individual being referred and their job role Continued



The Individual being Referred's Job or Role

Title of Position Held

Date Appointed to the Position Held (DD/MM/YYYY)

Main Duties/Responsibilities

--	--

Qualifications held by Individual

Training Undertaken by Individual in Current Post

Part 1: The Individual being referred and their job role Continued



Training Undertaken by Individual in Previous Posts (if known)

[Redacted area for Training Undertaken by Individual in Previous Posts]

Previous Employment / Volunteering History (if known)

Organisation	Job Title/Role	From (DD/MM/YY)	To (DD/MM/YY)
--------------	----------------	--------------------	------------------

History of any Misconduct, Disciplinary Action or Complaints (if known)

[Redacted area for History of any Misconduct, Disciplinary Action or Complaints]

Part 1: The Individual being referred and their job role Continued

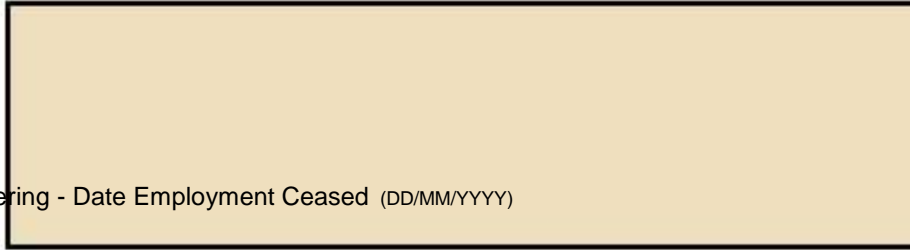
Part 2: The Referring Party



If Still Employed / Volunteering - Current Job, Role and Duties



If No Longer Employed / Volunteering - Date Employment Ceased (DD/MM/YYYY)



Reason for Employment / Volunteering Ceasing (please tick one)

Dismissed

Resigned

Retired

Part 2: The Referring Party

Name of Referring Organisation/Person

Type of Organisation eg, School, Care Home etc
(if school what category or type of school).



Address

Address Line 1

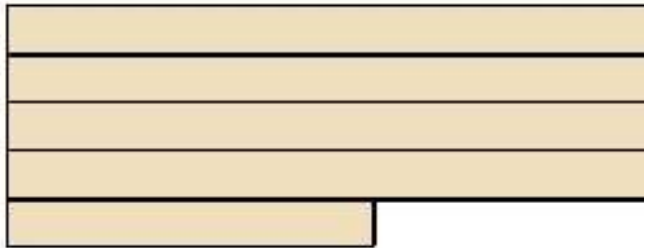


Address Line 2

Address Line 3

Address Line 4

Postcode



Primary Contact Officer

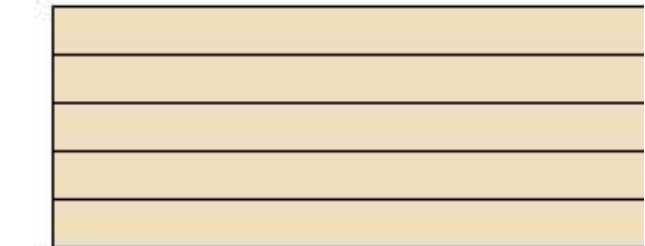
Name

Position

Telephone Number

Mobile Number

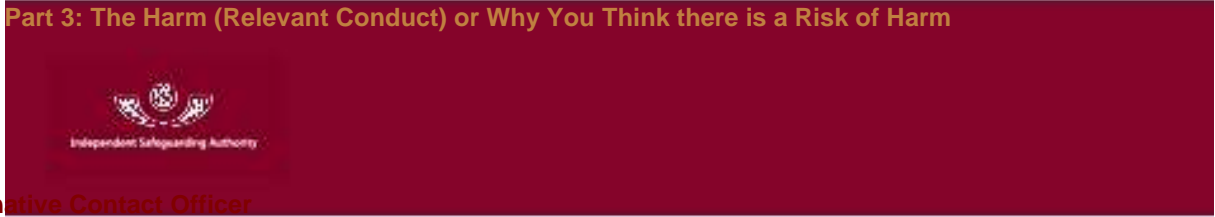
Email Address



Independent Safeguarding Authority

Part 2: The Referring Party Continued

Part 3: The Harm (Relevant Conduct) or Why You Think there is a Risk of Harm



Alternative Contact Officer

Name

Position

Telephone Number

Mobile Number

Email Address

Form fields for contact information

Part 3: The Harm (Relevant Conduct) or Why You Think there is a Risk of Harm

The following documents are relevant for Part 3 and should be sent to the ISA with the Referral Form if you have them.

- Statement by the Referred Individual about what happened
Harm Assessment Report

Please provide a brief summary of the relevant conduct, harm or risk of harm.

Redacted summary box

Please provide details of the harm caused (or risk of harm) to the child or vulnerable adult and how this harm was assessed.

Redacted details box

Redacted details box

Part 3: The Harm (Relevant Conduct) or Why You Think there is a Risk of Harm Continued



Has the referred person admitted or accepted responsibility for the *relevant conduct*, harm or risk of harm?

Yes

No

Please provide details of the child or vulnerable adult harmed

Name

Date of Birth (DD/MM/YYYY)

Or approx. age if DOB unknown

Gender (please indicate) - Male

Female

Details of any vulnerability, eg, emotional, behavioural, medical or physical

Relationship between referred person and person harmed

Please attach additional sheets if more than one child or vulnerable adult harmed.

Part 3: The Harm (Relevant Conduct) or Why You Think there is a Risk of Harm *Continued*



Please provide a chronology of events in relation to the harm (*relevant conduct*) or why you think the person you are referring may pose a risk of harm.

The chronology should provide in date and time order, a complete, clear and accurate description of what happened, what action has been taken and why. You need to be specific on details - dates, times, locations, what happened, who was involved who witnessed the event(s), who did what and who said what. When providing a chronology of events please refer to the ISA Referral Guidance for further information and see the example below.

Example

Date (DD/MM/YYYY)	Events	Relevant Documents	Persons Involved
01/01/2009	Allegation made against member of staff by colleague	Written allegation	Member of staff, Senior Manager
02/01/2009	Allegation put to individual	Individuals statement/ denied allegation	Individual, Senior Manager

Part 3: The Harm (Relevant Conduct) or
Why You Think there is a Risk of Harm Continued



Chronology of Events

Date
(DD/MM/YYYY)

Events

Relevant
Documents

Persons
Involved

Part 4: Investigations, Information and Evidence**Part 4: Investigations, Information and Evidence**

In this section you are not required to provide any information other than the documents requested if you have them. The documents listed below are representative of the information required by the ISA in order to process your referral. If you have additional documentation you believe is relevant please include it and complete section 5 accordingly.

The following documents are relevant for Part 4 and should be sent to the ISA with the completed Referral Form if you have them.

- ◆ **Witness Statement(s)**
- ◆ **Harmed person's care plan (where appropriate)**
- ◆ **Details of internal investigations and outcome**
- ◆ **Details of internal disciplinary action and outcome**
- ◆ **Police investigations and reports**
- ◆ **Local Authority / Health and Social Care Trust investigations and reports including Adult Social Care and Children's Services reports and minutes of Strategy Meetings**
- ◆ **Investigations and reports of any other regulatory bodies**
- ◆ **Investigations and reports of any other agencies or bodies**
- ◆ **Victim Impact Report or statement(s) including details of who made the assessment and their position or qualifications to make the assessment**
- ◆ **Any other information either listed in the chronology or relevant to decision making by the ISA**

Part 5: Referral Document Checklist



Part 5: Referral Document Checklist

The following documents should be provided with the Referral Form if you have them.

Please tick all the documents (originals or clearly legible copies) that you are providing with this referral:

Job Description / Role Statement / Person Specification

Application for employment

References

Interview Report

Letter of Employment

Documentation on any past disciplinary action or complaints

Dismissal / resignation letters

File notes concerning conduct, behaviour or attitude

Statement by Referred Individual about what happened

Witness Statements

Harmed person(s) Care Plan

Details of internal investigations and outcome

Details of internal disciplinary action and outcome

Police investigations and reports

Local Authority investigations / Health and Social Care Trust Investigations and reports including Adult Social Care or Children's Services reports and minutes of Strategy Meetings

Investigations and reports of any regulatory bodies

Investigations and reports of any other agencies or bodies

Victim impact report or statement(s)

Part 5: Referral Document Checklist *Continued*



Please list any other relevant document(s) you are providing with the referral.

[Large empty rectangular box for document listing]

Please list any relevant documents that you have/ or are aware of others having, but you are **not** providing with this referral. Please outline the reasons why you are **not** providing the document(s) and who has the document if it is not in your possession.

Relevant Document	Reason the document is not provided with this referral	Who holds this document

Part 6: Declaration

Part 7: Checking and Posting the ISA Referral Form

Part 8: Data Protection Statement

Part 6: Declaration



I confirm to the best of my knowledge that the information contained in this form is complete and accurate and that all relevant documents that I hold are either provided with the Referral Form or recorded in Part 5.

Signature

Name (in print)

Position

Organisation

Relation to individual being referred

Date (DD/MM/YYYY)

Form with multiple empty rows for input.

Part 7: Checking and Posting the ISA Referral Form

Please check that you have answered all the questions that you can on the ISA Referral Form, signed the Declaration and enclosed the documentary evidence you have listed in Part 5.

Post the completed ISA Referral Form and documentary evidence, suitably secured and marked CONFIDENTIAL to:

Independent Safeguarding Authority
PO Box 181
Darlington
DL1 9FA

Large empty rectangular box for address or contact information.

Part 8: Data Protection Statement

The Independent Safeguarding Authority respects individual privacy and has notified (registered with) the Information Commissioner, who is responsible for the administration of the Data Protection Act 1998.

The Independent Safeguarding Authority obtains and processes "personal data" (as defined by the Act) for the purpose of administering its statutory functions under the Safeguarding Vulnerable Groups Act 2006 and associated legislation. In addition, the Independent Safeguarding Authority may use information for the purpose of fulfilling its statutory responsibilities under the Data Protection Act 1998.

Information will be kept secure and confidential, and will only be disclosed to those parties who have a legal and legitimate need to know.

ISA Referral Guidance - Referral Policy

Type of harm to children	Meaning	Examples
Emotional/ Psychological	Action or inaction by others that causes mental anguish	Emotional harm is the emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. It may involve children witnessing aggressive, violent or harmful behaviour such as domestic violence. Some level of emotional harm is involved in all types of ill-treatment of a child, though it may occur alone. Grooming. Harassment. Inappropriate emotional involvement.
Physical	Any intentional physical contact that results in discomfort, pain or injury	Physical harm may involve assaults including hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen syndrome by proxy. Supply drugs to children. Inappropriate/unauthorised methods of restraint.
Sexual	Any form of sexual activity with a child under the age of consent	Sexual harm involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Downloading child pornography. Taking indecent photographs of children. Sexualised texting.
Neglect	Failure to identify and/or meet care needs	Neglect is the failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.



Source: Guidance Notes for the Barring Decision Making Process, ISA, February 2009

ISA Referral Guidance - Referral Policy

Type of harm to vulnerable adult	Meaning	Examples
Emotional/ Psychological	Action or inaction by others that causes mental anguish	Inflexible regimes and lack of choice. Mocking, coercing, denying privacy, threatening behaviour, bullying, intimidation, harassment, deliberate isolation, deprivation.
Financial	Usually associated with the misuse of money, valuables or property	Unauthorised withdrawals from vulnerable adult's account, theft, fraud, exploitation, pressure in connection with wills or inheritance.
Physical	Any physical action or inaction that results in discomfort, pain or injury	Hitting, slapping, pushing, shaking, bruising, failing to treat sores or wounds, under or overuse of medication, un-prescribed or inappropriate medication, use of restraint or inappropriate restraint, inappropriate sanctions.
Sexual	Coercion or force to take part in sexual acts	Inappropriate touching. Causing bruising or injury to the anal, genital or abdominal area. Transmission of STD.
Neglect	Failure to identify and/or meet care needs	Untreated weight loss, failing to administer reasonable care resulting in pressure sores or uncharacteristic problems with continence. Poor hygiene, soiled clothes not changed, insufficient food or drink, ignoring resident's requests, unmet social or care needs.
Verbal	Any remark or comment by others that causes distress	Demeaning, disrespectful, humiliating, racist, sexist or sarcastic comments. Excessive or unwanted familiarity, shouting, swearing, name calling.



Title:	PROTOCOL FOR THE RECRUITMENT AND EMPLOYMENT OF STAFF UNDER THE REQUIREMENTS OF THE SAFEGUARDING VULNERABLE GROUPS (NI) ORDER (SVGO) 2007 AND VETTING AND BARRING SCHEME, AS AMENDED BY THE PROTECTION OF FREEDOMS ACT 2012 Interim Guidance (Pending Further Review)		
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10.09.12	V1.1	A Kerr/ L Beckett	Revised Version
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1.0 INTRODUCTION / PURPOSE OF POLICY**1.1 Purpose**

Protocol for the Recruitment and Employment of Staff under the Requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and the Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012

1.2 Objectives

To provide guidance on the SVG Vetting and Barring Scheme as amended by the Protection of Freedoms Act 2012. This Policy will be subject to further reviews as result of the Government Review of the Vetting and Barring Schemes and consequently remains as interim guidance.

2.0 SCOPE OF THE POLICY

The Protocol covers the responsibilities of the Trust, Line Managers and Human Resources Staff and applies to existing staff, potential employees, volunteers and disability placements on work experience.

3.0 ROLES/RESPONSIBILITIES

The specific responsibilities of the Trust, its managers and Human Resources staff are outlined.

4.0 KEY POLICY PRINCIPLES

The Protocol was developed as a result of the SVG (NI) Order 2007 which established the Vetting and Barring Scheme and replaces the former Protection of Children and Vulnerable Adults (NI) Order 2003.(POCVA)

Key Policy Statement(s)

1. The protocol outlines the legislative context and responsibilities under the SVG Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012.
2. It sets out the main provisions of the VBS as it relates to conducting checks for new and current employees and the referral arrangements for existing employees.
3. It provides advice and clarification on the key elements of the VBS and a number of services for further information and documentation.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This Policy should be disseminated throughout the Trust as it applies to existing staff, potential employees, volunteers and disability placements on work experience.

5.2 Resources

Further changes will be phased in during 2012 – 2014 as a result of the Protection of Freedoms Act 2012 which will require HR staff to further review the Protocol.

6.0 MONITORING

The Protocol will be kept under review to ensure compliance with any future legislative requirements. The Protocol will be formally reviewed on an annual basis in accordance with Section 7 Governance Arrangements as set out in this Protocol. This monitoring should include any Section 75 implications of implementing the policy.

7.0 EVIDENCE BASE / REFERENCES

The Protocol adheres to legislative requirements of the SVG Vetting and Barring Scheme. References: DHSSPS Generic Guidance, Sector Specific Guidance, DBS Referral Guidance and Access NI Guidance.

8.0 CONSULTATION PROCESS

The Protocol was fully consulted on with the Trusts SVG Stakeholders' Groups at which Service Groups, Trade Unions and Human Resources are represented. All review have been discussed at the Trust's Workforce Governance Steering Group and with the Trade Unions.

9.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Date: 27 February 2013

Name Marie Mallon
Title Deputy Chief Executive/
Director of Human Resources



Date: 27 February 2013

Name Colm Donaghy
Title Chief Executive



**Belfast Health and
Social Care Trust**

PROTOCOL FOR:

**RECRUITMENT AND EMPLOYMENT OF STAFF
UNDER THE REQUIREMENTS OF THE
SAFEGUARDING VULNERABLE GROUPS (NI)
ORDER (SVGO) 2007 AND THE VETTING AND
BARRING SCHEME, AS AMENDED BY THE
PROTECTION OF FREEDOMS ACT 2012**

**INTERIM GUIDANCE PENDING
FURTHER REVIEW**

DECEMBER 2012

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Protocol for the Recruitment and Employment of Staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012

1 PURPOSE AND SCOPE OF PROTOCOL

This Protocol outlines the key responsibilities of the Belfast Health and Social Care Trust (the Trust) in relation to the implementation arrangements for the SVGO Vetting and Barring Scheme as it relates to the employment of staff, the recruitment of prospective staff and the placement of students, volunteers, trainees and other non employees. The Trust has been entrusted with the care of children and vulnerable adults and must be confident that all the necessary safeguards and controls are in place to ensure that children and vulnerable adults are protected. The Trust has a range of responsibilities emanating from its statutory remit in respect of Fostering, Adoption and Early Years' Services. The practice across the Trust in these service sectors is informed by various Regulations, Policies and Procedures which can be accessed via the Social Work Social Care Governance service area.

This Protocol has been developed as part of the Trust's Safer Recruitment and Employment Framework in relation to the specific requirements for the Belfast Trust and **must** be read in conjunction with the more detailed Generic and Sector Specific Guidance on the Vetting and Barring Scheme which can be accessed at www.dhsspsni.gov.uk and the Referral Guidance which can be accessed at <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/dbs/dbs-referrals-guidance/> The Protocol summarises the key details of the legislation and the Vetting and Barring Scheme and outlines the procedural arrangements which have been put in place to implement these. The Protocol has also been reviewed to take account of the Protection of Freedoms Act 2012 which sets out a range of changes to the disclosure and barring services. Not everything is changing but the first phase of changes will take effect from 10th September 2012, and these are as outlined in this Protocol. In addition changes effective from 1st December 2012 are now also stipulated within this protocol. The Protocol will be further reviewed as the subsequent changes are phased in.

2 LEGISLATIVE CONTEXT

The Bichard Inquiry into the murders in Soham resulted in a recommendation for a new scheme that would ensure that everyone working in regulated activity with children and vulnerable adults is checked and registered. After

full consultation the Bichard Inquiry led to the Safeguarding Vulnerable Groups Act (SVGA) 2006 and the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 which provide for the establishment of the Vetting and Barring Scheme. This Legislation and Scheme replaced the former Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA).

The Vetting and Barring Scheme became effective on 12 October 2009. It recognised the need for a single process to assess all individuals who wish to do certain work or volunteer with children and vulnerable adults. The Independent Safeguarding Authority (ISA) was established as part of this process across England, Wales and Northern Ireland with four statutory duties – to maintain a list of individuals barred from engaging in regulated activity with children; to maintain a list of individuals barred from engaging in regulated activity with vulnerable adults; to make well informed and considered decisions about whether an individual should be included in one or both barred lists; and to reach decisions as to whether to remove an individual from a barred list. The ISA and the Criminal Records Bureau (CRB) merged on 1st December 2012 to form the Disclosure and Barring Service. As a result it will be the Disclosure and Barring Service (DBS) who will maintain the barred lists and receive referrals from employers.

In addition, while the Vetting and Barring Scheme was to provide significant safeguards, it was part of a wider framework of safe recruitment practices. In particular Access Northern Ireland (ANI), which became effective in April 2008 and operated under the provisions of Part V of the Police Act 1997, was established by a joint programme between the NI Office, the DHSSPS, the Department of Education and the PSNI. It enabled organisations to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in areas working with children and vulnerable adults. ANI offers two levels of disclosure Standard and Enhanced – each of which represents a different level of check.

A Standard Disclosure Certificate shows details of spent and unspent convictions and cautions – not cases pending.

An Enhanced Disclosure Certificate contains all the information in a Standard Disclosure and any further relevant information held in Police records eg information about attempted prosecutions that were unsuccessful or behaviour that might be indicative of criminal activity.

Standard Disclosure Certificates are no longer available for people working with children or vulnerable adults and an Enhanced Disclosure Certificate will be obtained in these circumstances.

Detailed information about ANI is available by accessing its website: www.accessni.gov.uk

In applying this Policy reference must be made to the Access NI Code of Practice, The Explanatory Guide and the Guide to Access NI.

Following concerns about the proportionality and bureaucracy of the Vetting and Barring Scheme (VBS), the Coalition Government committed to review the VBS and the criminal records regime. The NI Assembly agreed that the changes to disclosure and barring should be extended to Northern Ireland in order to maintain consistent safeguarding arrangements with England and Wales.

The Safeguarding Vulnerable Groups (Northern Ireland) Order (SVGO) 2007 sets out the framework for the VBS, so in order to implement the recommendations in the reviews; the SVGO was amended via the Protection of Freedoms Act 2012 which enabled changing the law as follows:

- Scaling back of Regulated Activity
- Repeal of Controlled Activity
- Repeal of Registration and Continuous Monitoring

3 MAIN PROVISIONS OF THE VETTING AND BARRING SCHEME, AS AMENDED BY THE PROTECTION OF FREEDOMS ACT 2012

The Protection of Freedoms Act 2012 has introduced a new definition of Regulated Activity and abolished the Controlled Activity category with effect from 10th September 2012.

a) Scaling Back of Regulated Activity

The full legal definition of Regulated Activity is set out in Schedule 2 of the Safeguarding Vulnerable Groups (Northern Ireland) Order (SVGO) as amended in particular by the Protection of Freedoms Act 2012. Please refer also to the Information Leaflet – attached Appendix 1 and to Appendix 4 Overview of Disclosure and Barring Scheme Requirements

The new definition of Regulated Activity is essentially a scaling back of what was considered to be regulated activity to focus on work which involves close and unsupervised contact with vulnerable groups, including children.

The amended definition of Regulated Activity relating to **Children** comprises only:

- (i) Unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/ guidance on well-being, or driving a vehicle only for children;
- (ii) Work for a limited range of establishments ('specified places'), with opportunity for contact: e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under (i) or (ii) above is regulated activity only if done regularly, or if done overnight¹.

Statutory guidance about supervision has been provided by the DHSS&PS to accompany the new definition of regulated activity and is as set out in Appendix 5 to this document.

- (iii) Relevant personal care, e.g. washing or dressing; or health care by, or supervised by, a professional;
- (iv) Registered childminding; and foster care

The DHSS&PS has provided guidance about supervision to which organisations must have due regard. The precise nature and level of supervision will vary from case to case. The duty means that organisations **must** ensure that the supervision in place is sufficient, in their judgement, to provide reasonable assurance for the protection of the children concerned.

Supervision must be:

- Regular;
- Day to day;
- Reasonable in all circumstances for the purpose of protecting the children concerned;
- Carried out by someone who is engaging in regulated activity relating to children.

Regulated activity still excludes family arrangements, and personal non-commercial arrangements.

¹ Overnight work with children does not have to be done regularly to meet the definition of Regulated Activity

New Definition relating to adults.

The new definition of Regulated Activity relating to adults no longer labels adults as “Vulnerable”, instead it identifies activities that, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activities/ services required by the adult and not on the setting in which the activity/service is received, or the personal characteristics or circumstances of the adult receiving the activities. There is no longer a requirement for a person to do the activities a certain number of times before they are engaging in Regulated Activity.

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below.

(i) Providing Healthcare

Any healthcare professional providing healthcare to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional. Under the Protection of Freedoms Act 2012, the definition of Health Care is as follows:

- Health Care includes all forms of health care provided for individuals, whether relating to physical or mental health and also includes palliative care and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition;
- A Health Care Professional is a person who is a member of a profession regulated by a body mentioned in section 25 (3) of the National Health Service Reform and Health Care Professions Act 2002.
- Any reference in this Part of this Schedule to health care provided by, or under the direction or supervision of, a health care professional includes a reference to first aid provided to an adult by any person acting on behalf of an organisation established for the purpose of providing First Aid.

(ii) Providing Personal Care

Anyone who:

- Provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult’s age, illness or disability;

- Prompts and then supervises an adult who, because of their age, illness or disability cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or
- Trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.

(iii) Providing Social Work

The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.

(iv) Assistance with General Household Matters

The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

(v) Assistance in the Conduct of a Person's Own Affairs

Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney.

(vi) Conveying

Anyone who transports an adult because of their age, illness, or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care: or between places where they have received or will be receiving health care, personal care or social care. This will include Patient Transport Service drivers and assistants, hospital porters and Emergency Care Assistants and Ambulance Technicians.

From 10th September 2012, if you consider that a role is within the new definition of Regulated Activity, an Enhanced Access NI check must be carried out and a request made for the appropriate DBS Barred List check (For Children, Adults or both). Enhanced Access NI checks for work within regulated activity will tell you (where requested) if the person is on one of the DBS's Barred Lists.

Why does Regulated Activity Matter?

From 12th October 2009, two new Barred Lists were created, the Childrens' Barred List and the Adults' Barred List. These lists contain details of those individuals the DBS has decided it is appropriate to bar from working with children or vulnerable adults and those who are therefore prevented from working or volunteering with them. The DBS maintains these lists.

An organisation which knowingly allows a barred person to work in regulated activity will be breaking the law.

If you dismiss or remove someone from regulated activity, or you would have done had they not already left, because they appeared to pose a risk to

vulnerable groups including children, you are legally required to pass information about that individual to the DBS. It is a criminal offence not to do so. If you believe that an offence has been committed, you should pass the information to the police. Further information on the duty to refer to the DBS can be found on their website: <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/> Please contact the Employment Law Team, Human Resources, who will be able to advise.

b) Repeal of Controlled Activity

The Controlled Activity Category will no longer exist from 10th September 2012. This category covered people who might have had less contact with vulnerable groups, including children, than people within Regulated Activity, for example, some people who deal with health records. Currently you can check whether those people working in Controlled Activity are barred; after 10th September 2012 you will not be able to do this.

c) Repeal of Registration and Continuous Monitoring

The original intention of the Vetting and Barring Scheme was that anyone who wanted to work with vulnerable groups including children would need to register with the scheme and be continuously monitored for any new criminal records information. This never came into force and will not now be introduced. The Protection of Freedoms Act 2012 repeals those parts of the Safeguarding Vulnerable Groups (NI) Order 2007 which provided for registration and monitoring.

4 RESPONSIBILITIES OF BELFAST HEALTH AND SOCIAL CARE TRUST

The Belfast Health and Social Care Trust is a Regulated Activity Provider (RAP) and is responsible for the management or control of regulated activity, paid or unpaid, and makes arrangements for people to work in that activity. The Trust is required to fully implement all the requirements of the SVGO legislation and VBS, as amended by the Protection of Freedoms Act 2012, as set out in the DHSSPS/DBS/ANI Guidance and Legislation.

The Trust is a Registered Body with Access NI and can access the services of ANI to obtain checks on prospective and current employees. As a Registered Body the Trust has a critical role in the management of any information disclosed.

The Trust's Recruitment and Selection Policy has been reviewed to ensure compliance with the requirements of VBS, as amended by the Protection of Freedoms Act 2012, as it relates to prospective employees to ensure that checks are carried out to ensure that members of staff are who they say they are, have the skills and qualifications they say they have, are registered with the appropriate regulatory body as necessary, have undergone appropriate pre employment health screening, that references are checked and that gaps in employment are questioned. The Trust will ensure that following recruitment, staff will be effectively managed, supervised, trained and appraised to ensure that they are carrying out their responsibilities in a diligent and compassionate way. In relation to students, placements and volunteers the Trust will ensure that the requirements of VBS, as amended, are undertaken in line with this Protocol.

The Trust's Disciplinary Policy has been reviewed and supplemented by guidance to ensure that the necessary referral requirements set out under the VBS are adhered to.

4.1 SPECIFIC RESPONSIBILITIES

The Trust: -

- must be a Registered Body with ANI and adhere to its Code of Practice and Explanatory Guide so that checks can be made against: Criminal Record Viewer, The Police National Computer and where appropriate information from Police Forces throughout the UK for any additional non-conviction material, including cases pending, which the Police consider relevant for Disclosure. The Trust has a written Statement of Intent which sets out its responsibilities for the correct handling and safekeeping of Disclosure information – attached as appendix 2
- must ensure that the appropriate arrangements are in place to ensure posts are identified as being regulated activity under the new definition and that the appropriate checks are made
- must not knowingly employ in a regulated activity or use as a volunteer a barred person
- must refer to the DBS any employee or volunteer in regulated activity who has been dismissed or no longer used because the Trust thinks they have harmed or pose a risk of harm to children or vulnerable adults

Line Managers:-

- must ensure that they and their staff are familiar with this Protocol and the Guidance referred to and keep abreast of further developments
- must identify on the Trust's online advertisement request form – refer to appendix 3 – if a vacant post meets the definition of regulated activity and requires an appointee to be vetted
- must identify any staff who transfer on a permanent or temporary basis from a position that does not fall within the definition for regulated activity as appropriate to a post that does meet the definitions and ensure that these staff are vetted appropriately prior to commencement in the new position
- must ensure that an Access NI check is conducted for any staff returning from an employment break/unpaid leave
- must liaise with Human Resources staff in relation to any students/training positions/other individuals to ensure that vetting is conducted as appropriate
- must alert Senior Management and Employment Law Team within Human Resources Directorate to any incident which gives rise to concern or where allegations are made about an individual working with children/vulnerable adults. Advice and guidance on issues which may give rise to the referral of information to DBS will be provided by the Employment Law Team

Human Resources Staff:-

- must ensure that they are fully conversant with and adhere to the requirements of this Protocol and associated guidance in the recruitment and placement of staff
- must ensure that they are conversant with and adhere to the requirements of this Protocol and associated guidance in relation to the referral of any staff to the DBS
- must provide guidance and support to Line Managers in the implementation of this Protocol
- must ensure that associated Policies – Disciplinary, Recruitment and Selection, Work Experience, Honorary Appointments, Employment Breaks– are kept under review to ensure compliance with this Procedure
- must ensure that there is adherence to the Statement of Intent for the management, handling and storage of completed application forms and disclosure certificates and that the Governance Arrangements set out in Section 6 of this protocol are satisfied

- must review the Protocol on an annual basis, and at earlier intervals where appropriate, to ensure it is reflective of any legislative or procedural changes
- Requesting Enhanced Disclosure Checks

In line with the Trust's Recruitment and Selection Policy managers are required to complete an Advertisement Request form in order to advertise a vacancy within the Trust and must indicate on the form if a pre-employment check is required under VBS - refer to appendix 3 of this procedure. This requirement also applies to the engagement of any volunteers or work placements within the Trust.

Applications for Enhanced Disclosures are made for applicants selected for appointment or transfer at the Trust's request or in line with mandatory requirements as appropriate. The application form used is a universal form for both DBS registration and EDC checks (see Appendix 5) and the application form must be signed by an approved signatory of the Trust – the Registered Body – and sent to ANI once the Applicant's identity has been verified. It should be noted that the Trust must indicate on the form that the post will involve working with children or vulnerable adults. It is only the nominated lead or countersignatories who can manage this Disclosure process and ensure that the necessary verification of the applicant's identification is carried out by the appropriate persons.

As a Registered Body the Trust must ensure that the Disclosure information is treated sensitively and confidentially and that it is protected from unauthorised access in line with its Statement of Intent and the ANI Code of Practice. All applicants and employees must be informed of this.

The Trust is required to make payment to ANI for the Disclosure Certificate and has an account with ANI to facilitate this. Both the Trust's signatory and the applicant receive copies of the Disclosure Certificate. ANI should process 90% of Enhanced Disclosures within 4 weeks.

It should be noted that sometimes applicants may seek to reuse their Disclosure Certificate as part of a separate recruitment exercise. The value of a Disclosure is directly linked to its contemporaneousness. Enhanced Certificates should not be reused because every application to see spent convictions or approved information should be countersigned by a registered person on the basis of a specific role or position.

- Outcome of Checks

On receipt of a Disclosure Certificate the Trust must ensure that the Statement of Intent and Code of Practice is complied with and only those staff entitled to see Disclosures in the course of their duty should have access. In exceptional circumstances the Police may provide additional information in a sealed envelope – this is only where the Police have identified a clear risk and such information must not be disclosed or discussed with the applicant. ANI will not be privy to the details of such information.

If it is confirmed that an individual's name is included on the barred lists they are disqualified from working in a regulated position and they will not be able to obtain DBS registration. If the individual is in the employment of the Trust and information is provided which indicates that there has been an issue of non-disclosure of previous offences by the employee then the appropriate action will be taken to investigate the matter under the Trust Disciplinary Procedure.

- Disputes and Disagreements

If an individual believes information disclosed about them is inaccurate they should follow the guidance set out at section 1.13 of the Guide to Access NI.

- Handling and Storage of Information

The Trust has a written Statement of Intent covering the correct handling and safekeeping of all documentation relating to an individual's disclosure information – appendix 2. It adheres to the ANI Code of Practice and guidance and its responsibilities under the Data Protection Act.

- Other Positions

Students, trainees, placements and other non employees assigned to regulated positions within the Trust require to be checked. The checks may be undertaken by the Trust or alternatively by the sponsoring organisation depending on specific arrangements in place. Special arrangements apply to students in NI undergoing professional training whereby the University/College in NI is responsible for undertaking the check prior to the commencement of training. Examples include the following:

- Medical and Dental – Queens University Belfast

- Nursing and Midwifery – Queens University Belfast and University of Ulster
- Allied Health Professionals to include Dietetics, Physiotherapy, Occupational Therapy, Speech and Language, Podiatry, Radiography – University of Ulster
- Clinical Psychology – Queens University Belfast
- Pharmacy
- Optometry
- Dental Nurses (BMC)
- NNEB (Child care course (BMC))

These arrangements do not apply to Universities or Colleges outside NI or to students who are employees. Responsibility for checks on such students remains with the Trust. All other placements should be arranged through the Honorary Contract process prior to the commencement of the placement.

- Employment Agencies - .Arrangements will be put in place under the Trust's Safer Recruitment and Employment Framework to ensure that contracted agencies are compliant with the VBS Scheme as amended by the Protection of Freedoms Act 2012.
- Staff employed by Private Contractors – .Arrangements will be put in place, in partnership with BSO to ensure that the relevant contractors are compliant with the VBS Scheme as amended and meet the associated costs where appropriate.
- Executive and non-executive members of Health and Social Services Trusts. The checks will be undertaken by the DHSSPS.
- In relation to school children on work experience there is no requirement to register but there must be adequate supervision and compliance with the appropriate work experience protocol.
- Applicants from Outside the UK/Overseas –ANI is unable to obtain overseas criminal records. It can only provide details of offences committed in the UK. The Trust can consider examining the website of the Police Force of the country of origin or contact the country's representative in the UK. It can ask those with overseas residence to apply for the equivalent of a disclosure, if available.

In relation to these groups, the Trust must ensure that appropriate checks are being carried out and ensure that the appropriate arrangements under VBS as amended are set out explicitly in any contract and that these are being adhered to. This should be reviewed on a regular basis.

6 REFERRALS TO DBS

As a Regulated Activity Provider the Trust has a legal duty to refer information to the DBS in certain circumstances. With effect from 12 October 2009 a duty to share information has been in place under the Vetting and Barring Scheme and from this date employers, social services and professional regulators will have to notify the DBS of relevant information so that individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups. DBS Referral Guidance has been developed and sets out the key elements of the new referral process, the circumstances under which a referral should be made, the legal responsibilities of employers and the main points of the law in relation to referrals.

The guidance is available at <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbs-referrals/> and should be referred to when dealing with any referral issues. Advice and guidance **must** be sought from the Employment Law Team in Human Resources when dealing with a referral issue.

In dealing with referrals there are two conditions both of which must be met to trigger a referral to the DBS:

A referral must be made to the DBS when a regulated activity provider, such as an employer or volunteer co-ordinator.

- 1) Withdraws permission for an individual to engage in regulated activity, or would have done so had that individual not resigned, retired, been made redundant or been transferred to a position which is not regulated activity; because
- 2) they think that the individual has:
 - engaged in relevant conduct;
 - satisfied the Harm Test; or
 - received a caution or conviction for a relevant offence

If both conditions have been met the information **must** be referred to the DBS

Definitions of these terms and guidance on the stage at which a referral should be made and the evidence to be provided are set out in detail in the guidance. The DBS Referral Form is appended as appendix 6 for information and Appendix 7 sets out the DBS Guidance on types of harm.

In relation to the referral of individuals who are engaged by the Trust through an employment agency or who are placed with the Trust, for example through a university placement, the Trust must ensure that it informs these organisations, fully cooperates with them and ensures that they make a referral as appropriate in line with the Guidance.

7 GOVERNANCE ARRANGEMENTS

This protocol will be kept under review to ensure compliance with any future legislative requirements. It will be reviewed formally on an annual basis and at appropriate periods where legislative changes occur. Checking to ensure compliance is carried out by: -

- Seeking evidence from HR Co Director that the Recruitment and Selection and Disciplinary Policies have been reviewed in light of any legislative or Departmental guidance developments.
- Seeking evidence from the HR Co Director on a six monthly basis that the requirements for the vetting of prospective staff are being conducted in line with this Protocol and associated guidance. This will involve undertaking a sample of vetting conducted by the Trust's Recruitment team to ensure procedures are being followed.
- Seeking evidence from the HR Co Director on a six monthly basis that the process for referring any staff to the DBS has been conducted in line with this Protocol and associated guidance.
- Seeking evidence from the HR Co Director that any Contracts with Private Contractors and Employment Agencies are compliant with the SVG legislation and VBS (as amended) and that monitoring arrangements are in place to ensure same.
- Seeking evidence from the HR Co Director on a six monthly basis that all arrangements for Honorary Contracts are compliant with this protocol and associated guidance and that monitoring arrangements are in place to ensure same.

- The HR Co Director will ensure that the audit arrangements set out in the Safer Recruitment and Employment Framework are implemented and reported on to the HR User Forum and any recommendations are taken forward.

December 2012

Appendices

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CHANGES TO DISCLOSURE AND BARRING

On 10th September 2012 changes are being made to the Vetting and Barring Scheme which **will reduce** the number of AccessNI checks being undertaken by the Trust. These changes are designed to make the system more proportionate whilst still ensuring they continue to provide effective protection for those who need it.

These changes came about following a review of the Vetting and Barring Scheme, the outcome of which has informed a number of measures now in the Protection of Freedoms Act 2012, which has subsequently amended the Safeguarding Vulnerable Groups Order 2006, (NI) Order 2007.

THREE KEY CHANGES IN SEPT

(1) Scaling back of Regulated Activity

Currently Regulated Activity (RA) covers over 9 million people across Northern Ireland, England and Wales. From September 2012 it will cover closer to 5 million. It is scaling back Regulated Activity to focus on work which involves close and unsupervised contact with vulnerable groups including children.

Definition of RA relating to children

- a) **Unsupervised activities** - teaching, training, instructing, caring for or supervising children, or providing advice/guidance on well-being, or driving a vehicle for children;
- b) **Work for a limited range of establishments** (specified places) with opportunity for contact. e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under (a) and (b) is Regulated Activity only if done regularly. Regularly means carried out by the same person frequently (once a week or more), or on 4 or more days in a 30 day period. The DHSSPSNI will shortly be providing statutory guidance about supervision to accompany the new definition of Regulated Activity.

- c) **Relevant personal care** - e.g. washing or dressing; or health care by, or supervised by a professional;
- d) **Registered childminding; and foster-care**

Definition of RA relating to adults

The new definition no longer labels any adult as 'vulnerable'. Instead it identifies activities that, if any adult requires them, lead to that adult being considered vulnerable at that particular time. (There is no longer a requirement to carry out activities a certain number of times under the adult definition).

- a) **Providing health care** - Any healthcare professional providing health care to an adult, or anyone who provides healthcare to an adult under the direction or supervision of a healthcare professional;
- b) **Providing personal care** – Assistance with washing, dressing, eating, drinking, toileting, oral care or care of the skin, hair or nails or teaching someone to do one of these tasks;
- c) **Providing social work** – provision by a social care worker of social work which is required in connection with any health services or social services;
- d) **Assistance with general household matters** – assistance with a person's cash, bills or shopping because of their age, illness or disability;
- e) **Assistance in the conduct of a person's own affairs** – i.e. enduring powers of attorney, or deputies appointed under the Mental Health Order;
- f) **Conveying** – Anyone who transports an adult because of their age, illness or disability to, from or between places where they receive healthcare, personal care or social work. This will include Patient Transport Services drivers and assistants, hospital porters and Emergency Care Assistants. This does not include friends, family or taxi drivers.

(2) Repeal of Controlled Activity

The Controlled Activity category will no longer exist from September 2012. This category covered people, who might have had less contact with vulnerable groups including children, than people within Regulated Activity – for example some people who deal with records. At the moment, you can check whether those people working in Controlled Activity are barred; after 10th September 2012, you will not be able to.

(3) Repeal of Registration and Continuous Monitoring

The original plan – in the Vetting and Barring Scheme – was that anyone who wanted to work with vulnerable groups including children would need to register with the Scheme and to be continuously monitored for any new criminal records information. This never came into force and we can now confirm that registration and monitoring will not be introduced.

COMMON QUESTIONS & ANSWERS

1. Can an AccessNI check be carried out for a post that previously fell under the definition of Regulated Activity however does not meet the revised criteria?

Posts that previously met the criteria for Regulated Activity, however now do not meet the revised criteria, are not required to undertake an AccessNI check.

Employers will however, in these circumstances, have discretion to carry out an AccessNI check where they feel this is appropriate. It is important to note that these posts will no longer be eligible for barred list checks.

2. Could you explain the two-tier system of enhanced checks (with and without a barred list check) and how they will work in practice?

Those who fall within the new definition of Regulated Activity will be entitled to an AccessNI check and a barred list check. Those people who currently fall within the definition of Regulated Activity however will not meet the revised definition from 10th September 2012, will only be entitled to an AccessNI check but will not be eligible for a barred list check. As stated in question one above employers are not required to

carry out an AccessNI check on those who no longer fall within the revised definition of Regulated Activity.

3. Are cleaners and housekeepers working in a specified place (i.e. a children's home or children's hospital) still in Regulated Activity?

Yes. All staff working in a specified place who meet the definition of regular (once a week or more, or on 4 or more days in a 30 day period) meet the definition of Regulated Activity.

4. Do cleaners who do not work within a specified place fall within the revised definition of Regulated Activity?

No. Only staff who work in a specified place (schools, children's homes, childcare premises, a children's hospital) meet the revised definition of Regulated Activity.

As stated above, for posts that previously fell under the definition of Regulated Activity but will no longer from 10th September, employers can carry out an AccessNI check, however are not required to do so. They will however not be permitted to undertake a barred list check.

5. Supervised volunteers do not fall under the revised definition of Regulated Activity for children. Our volunteers are largely supervised however may occasionally have unsupervised access. Do they fall within the definition of Regulated Activity?

If a volunteer is always supervised then they do not meet the definition of Regulated Activity.

If a volunteer is unsupervised regularly and meet the definition of regularly (once a week or more, or on 4 or more days in a 30 day period) then they meet the definition of Regulated Activity.

If the frequency of them being unsupervised does not meet the definition of 'regularly' then they are not classed as being in a Regulated Activity post. It is important that managers ensure appropriate safeguards are in place to manage any perceived risks.

APPENDIX 1

DEFINITION OF TERMS

Taken from: www.homeoffice.gov.uk/disclosure-and-barring-leaflet

1. New Definition of Regulated Activity

The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 sets out the activities and work which are 'regulated activity', which a person who has been barred by the DBS must not do. We are scaling back on regulated activity to focus on work which involves close and unsupervised contact with vulnerable groups including children. Currently, regulated activity covers over 9 million people across Northern Ireland, England and Wales. From September, it will cover closer to 5 million, with proportionate reductions in Northern Ireland. The activities and work which are being taken out of regulated activity will still be eligible for enhanced Access NI checks (but they will no longer be eligible for barred list checks).

Regulated activity matters because:

- An organisation which knowingly allows a barred person to work in regulated activity will be breaking the law.
- If you dismiss or remove someone from regulated activity – or you would have done had they not already left – because they appeared to pose a risk to vulnerable groups including children, you are legally required to pass information about that to the DBS. It is a criminal offence not to do that. If you believe that an offence has been committed, you should pass the information to the police. For further information on the duty to refer to the DBS, please see <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/dbs/dbs-referrals-guidance/>
- From 10th September, if you consider that a role is within the new definition of regulated activity, then if you ask the individual to apply for an enhanced Access NI check you should request the appropriate barred list check (for children, adults or both). Enhanced Access NI checks for work within regulated activity will tell you (where requested) if the person is on one of the DBS's barred lists. They do not generally include that information for work outside regulated activity.

Summary of Changes to Regulated Activity

The full, legal definition of regulated activity is set out in Schedule 2 to the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, as amended (in particular, by the Protection of Freedoms Act 2012).

Regulated activity still excludes family arrangements, and personal non-commercial arrangements.

1. Regulated activity relating to children

The amended definition of regulated activity comprises only:

- (i) Unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/ guidance on well-being, or driving a vehicle only for children;
- (ii) Work for a limited range of establishments ('specified places') with opportunity for contact: e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under (i) or (ii) is regulated activity only if done regularly. We will be providing statutory guidance about supervision to accompany the new definition of regulated activity.

- (iii) Relevant personal care, e.g. washing or dressing; or health care by, or supervised by, a professional;
- (iv) Registered Childminding; and foster-care.

2. Regulated activity relating to adults

The new definition of Regulated Activity relating to adults no longer labels adults as "Vulnerable", instead it identifies activities that, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activities/ services required, or the personal characteristics or circumstances or circumstances of the adult receiving the activities. There is no longer a requirement for a person to do the activities a certain number of times before they are engaging in Regulated Activity.

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below.

(vii) Providing Healthcare

Any healthcare professional providing healthcare to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional. Please see the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, as amended by the Protection of Freedoms Act 2012, for further details about what is meant by health care and health care professionals.

(viii) Providing Personal Care

Anyone who:

- Provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability;
- Prompts and then supervises an adult who, because of their age, illness or disability cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or
- Trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.

(ix) Providing Social Work

The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.

(x) Assistance with General Household Matters

The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

(xi) Assistance in the Conduct of a Person's Own Affairs

Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney.

(xii) Conveying

Anyone who transports an adult because of their age, illness, or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care: or between places where they have received or will be receiving health care, personal care or social care. This will include Patient Transport Service drivers and assistants, hospital porters and Emergency Care Assistants and Ambulance Technicians



Access NI Policy Statement

As an organisation using Access Northern Ireland to help assess the suitability of applicants for positions of trust, the Belfast HSC Trust complies fully with AccessNI's Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosure Applications and Disclosure information.

It also complies fully with its obligations under the [Data Protection Act 1998](#) and other relevant legislation pertaining to the safe handling, storage, retention and disposal of Disclosure information.

Storage and Access

Disclosure information is be kept securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.

Handling

In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom Disclosures or Disclosure information has been revealed and it is a criminal offence to pass this information to anyone who is not entitled to receive it.

Usage

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

Retention

Once a recruitment decision has been taken, we do not keep Disclosure information for any longer than is necessary. Information will not be retained but destroyed once a decision, recruitment or otherwise has been made.

Disposal

Once the retention period has elapsed, we will ensure that any Disclosure information is immediately destroyed by secure means i.e. by shredding, pulping or burning. While awaiting destruction, Disclosure information will not be kept in any unsecured receptacle (e.g. waste-bin or confidential sack). We will not keep any photocopy or other image of the Disclosure or any copy or representation of the contents of a Disclosure or any other relevant non-conviction information supplied by police but not included on the Disclosure. However, despite the above, we may keep a record of the date of issue of a

Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the AccessNI unique reference number of the Disclosure Certificate and the details of the recruitment decision taken.



BELFAST HSC TRUST JOB ADVERTISEMENT REQUEST (REQUISITION)				HR REQ No(s).
NB: Form will not be processed unless all boxes fully completed				
Title of Post				
Specialty/ Service Area		Location		
Band Please select band	Hours per week/times	Directorate Please select Directorate		Contract Type <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Source of Funding <input type="checkbox"/> New Post <input type="checkbox"/> Replacement of fully funded Post <input type="checkbox"/> Other Funds e.g. Maternity For any new post or funded posts through research & charitable please provide details: _____ _____				
Cost Centre	Size of team which post is part of?	How long has the post been vacant?		
How is the service being covered without this post? In cases where the service is covered by backfill, identify type and extent: _____ _____ Has the redeployment of resources from other areas within/outside the Directorate been considered to cover the post? <input type="checkbox"/> Yes <input type="checkbox"/> No Consequence of not filling the post: _____ _____				
Budget position NET OF ALL SAVINGS at end of Month (specify)		Position at Specialty/Service area level (under/overspent):		
£ _____		£ _____		
Permanent Post <input type="checkbox"/> Yes	Name of Person(s) being Replaced: _____		Temporary Post <input type="checkbox"/> Yes Reason for Cover: _____	
Hours of previous postholder: _____	Band of previous postholder: Please select band		Name of Person cover required for: _____	
Waiting List (12 months) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent Bank <i>Please tick all that apply.</i>		Does this post require applicants to undertake an AccessNI check? (Please refer to the POCVA Policy) <input type="checkbox"/> Yes <input type="checkbox"/> No Enhanced Disclosures are used mainly for positions that involve contact with children or vulnerable adults. The type of work will involve regulated activity (amended definition from 10 th September 2012).		
Advertisement to be placed in: (Please note that if a waiting list is currently in place then the post will be filled from this) <input type="checkbox"/> Belfast Telegraph <input type="checkbox"/> Trustwide Internal Trawl* <input type="checkbox"/> Limited Internal Trawl* <input type="checkbox"/> Job Market <input type="checkbox"/> HSCRecruit (Online) <input type="checkbox"/> Professional Journal (Please specify) _____ ALL VACANCIES WHICH ARISE WILL NORMALLY BE ADVERTISED EXTERNALLY. *PLEASE CONTACT THE RECRUITMENT TEAM FOR ELIGIBILITY FOR INTERNAL TRAWLS. Chairperson/Contact: _____ Contact Tel: _____				
Authorized by:				
Manager (PRINT): _____	Signed: _____		Date: _____	
Director (PRINT): _____	Signed: _____		Date: _____	
Directorate Accountant (All Posts)/Finance Director (New posts only) (PRINT): _____				
Signed: _____		Date: _____		
Please return your Signed Advertisement Request Form, along with an electronic Word Version of the job description and specification to the HR Dept.				

Pre-Employment Risk Assessment Form

To be completed by the Chair of the Interview Panel or the Recruiting Manager using BLACK ink and block capitals

Please note: Failure to complete all sections will result in a delay in completing the assessment

Trust / Employer: Belfast HSC Trust	Job Reference Number:
Service Group:	Location:
Position Applied for:	Contract hours:

This position may or will involve the following Activities, Hazards and Exposures (please tick Yes or No)

<i>These guidance notes will assist managers in the accurate completion of the pre-employment risk assessment form. Further information and advice, if required, can be obtained from the Occupational Health Service.</i>		YES	NO
Patient /Client contact	This applies to staff who provide direct clinical ('hands on') care/treatment to patients /clients		
Non-clinical patient contact	This applies to staff who have contact with patients/clients but do not provide care/treatment.		
No patient contact	This applies to staff who do not have direct contact with patients/clients		
Exposure Prone Procedures (EPP's)	Where there is a risk that an injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissue (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. (If in any doubt, please contact Occupational Health for further advice)		
Contact with blood / body fluid / body tissue	Those workers who do not fall into the above category, but whose daily work may bring them into contact, with blood / body fluid / body tissue.		
Driving (except to and from work)	Those workers whose employment requires them to transport by motorised vehicle, patients or supplies on behalf of the organisation.		

Manual Handling / postural demands	This includes patient and non-patient handling, lifting, carrying and lowering, repetitive bending or twisting, prolonged standing, or maintaining an awkward posture.		
Exposure to potentially violent / aggressive behaviour / verbal abuse.	This may include staff who are required to work with or in the following areas - children, elderly care, mental health, intensive care and emergency departments.		
Display Screen Equipment user	This involves continuous periods of one hour or longer on most working days where the worker has little or no discretion on when or whether to use the screen for their work.		
<u>Food preparation</u>	Those staff employed directly in the production and preparation of foodstuffs. This does not include staff who serve prepared food and drink to patients.		
Exposure to agents requiring health surveillance identified by COSHH **	<p>Agents requiring health surveillance under COSHH regulations would for example include Glutaraldehyde, Photographic fixer/developer, Asbestos, Wood Dust, Latex particularly latex gloves, Isocyanates, Epoxy resins, Solder.</p> <p>Possible carcinogens: May include employees who 'manufacture', mix or administer drugs or constituents, as indicated by the data sheets.</p> <p>A person would be considered to be 'exposed' whenever there is the likelihood of regular direct or indirect exposure to agents at work, regardless of the level.</p>		
Other ** e.g., heights, confined spaces, noise, night worker, on-call, working alone / unsupervised.	<p><u>Heights</u> - where the job may require the person to work at two metres above floor level, or less if there are factors that may increase the likelihood of a fall, or the risk of serious injury.</p> <p><u>Confined spaces</u> - where the job involves entering small areas with breathing apparatus.</p> <p><u>Noise</u> - exposure to sound at levels likely to cause damage to hearing, when daily exposure, averaged over an 8-hour period, exceeds 80dB(A). If, in any doubt please contact the Occupational Health Services for further advice.</p> <p><u>Hand Arm Vibration</u> – exposure to hand transmitted vibration above the action value of $2.5 \text{ m/s}^2 \text{ A(8)}$</p> <p><u>Night worker</u> - employees who work between the hours of 23.00 and 06.00 hours and who should be offered health assessments before starting to work nights, and on a regular basis (i.e. 2 yearly), whilst continuing to work nights.</p>		

Signed: _____

Date: _____

Position: _____

Contact no: _____

Overview of Disclosure and Barring Requirements from 10th September 2012

Definition of Regulated Activity (entitled to an Access NI check and a Barred List check)	Examples of Posts Covered
<p>CHILDREN1</p> <p>a) Unsupervised Activities – teaching, training, instructing, caring for or supervising children, or providing advice/guidance on well-being, or driving a vehicle for children;</p> <p>b) Work for a limited range of establishments – (specified places) with opportunity for contact, e.g. schools, children’s homes, childcare premises, a children’s hospital but not work by supervised volunteers in those places;</p> <p>Work under (a) and (b) is regulated activity only if done regularly. Regularly means carried out by the same person frequently (once a week or more), or on 4 or more days in a 30 day period, or overnight. The DHSSPSNI statutory guidance about supervision should be referred to at Appendix 5.</p> <p>c) Relevant personal care – e.g. washing or dressing; or health care by, or supervised by a professional.</p> <p>d) Registered childminding; and foster-care</p>	<ul style="list-style-type: none"> • All staff who work regularly in a specified place – This will include support services, admin as well as social care staff. <p>Any of the following posts where the work involves children:</p> <ul style="list-style-type: none"> • All Social Care Posts • All Nursing and Midwifery • All Medical and Dental • All Allied Health Professionals • Patient Transport Drivers who transport children • Art and Music Therapists • Trust Chaplains
<p>ADULT</p> <p>a) Providing health care – Any healthcare professional providing health care to an adult, or anyone who provides healthcare to an adult under the direction or supervision of a healthcare professional;</p> <p>b) Providing personal care – Assistance with washing, dressing, eating, drinking, toileting, oral care or care of the skin, hair or nails or teaching someone to do one of these tasks;</p> <p>c) Providing social work – provision by a social care worker of social work which is required in connection with any health services or social services;</p> <p>d) Assistance with general household matters – assistance with a person’s cash, bills or shopping because of their age, illness or disability;</p> <p>e) Assistance in the conduct of a person’s own affairs – i.e. powers of attorney, or deputies appointed under the Mental Health Order;</p> <p>f) Conveying – Anyone who transports an adult because of their age, illness or disability to, from or between places where they receive healthcare, personal care or social work. This will include Patient Transport Services drivers and assistants, hospital porters and Emergency Care Assistants. This does not include friends/family/taxi drivers.</p>	<ul style="list-style-type: none"> • All Social Care Posts • All Nursing and Midwifery • All Medical and Dental • All Allied Health Professionals • Patient Transport Drivers and Assistants • Home Care Workers • Trust Hairdressers • Porters • Art & Music Therapists • Trust Chaplains

OUT OF SCOPE

The following are examples of posts that **no longer** meet the definition of regulated activity (this list is not exhaustive):

- Domestic staff who do not work in a specified place (children's homes, child care premises, children's hospitals)²
- Maintenance staff who work in a specified place but not regularly (once a week or more or on 4 days or more in a 30 day period)²
- Director/Senior Executive Positions
- Maintenance staff who do not work in a specified place
- Catering/ Laundry workers or other similar support services roles
- All admin & clerical (with the exception of those working in a specified place)
- Volunteers supervised at reasonable levels

1 *A Child is any person who has not attained the age of 18 years*

2 *Posts that previously fell within the definition of regulated activity but no longer meet the definition **no longer** require an Access NI check. However the Trust can undertake an Access NI check if they so wish. It is important to note that the Trust is no longer permitted to undertake a barred list check for these posts.*

Statutory Guidance: Regulated Activity (Children) – Supervision of Activity with Children which is Regulated Activity when Unsupervised

1. This document fulfils the duty in legislation²³ that the Secretary of State must publish statutory guidance on supervision of activity by workers with children, which when unsupervised is regulated activity. This guidance applies in England, Wales and Northern Ireland. It covers settings including but not limited to schools, childcare establishments, FE colleges, youth groups and sports clubs.
2. For too long child protection policy has been developed in haste and in response to individual tragedies, with the well-intentioned though misguided belief that every risk could be mitigated and every loophole closed. The pressure has been to prescribe and legislate more. This has led to public confusion, a fearful workforce and a dysfunctional culture of mistrust between children and adults. This Government is taking a different approach.
3. We start with a presumption of trust and confidence in those who work with children, and the good sense and judgement of their managers. This guidance applies when an organisation decides to supervise with the aim that the supervised work will not be regulated activity (when it would be, if not so supervised). In such a case, the law makes three main points:
 - There must be supervision by a person who is in regulated activity⁴;
 - The supervision must be regular and day to day; and
 - The supervision must be “reasonable in all the circumstances to ensure the protection of children”.

The organisation must have regard to this guidance. That gives local managers the flexibility to determine what is reasonable for their circumstances.

While the precise nature and level of supervision will vary from case to case, guidance on the main legal points above is as follows:

4. Supervision by a person in regulated activity/ regular and day to day: Supervisors must be in regulated activity themselves⁵. The duty that supervision must take place “on a regular basis” means that supervision must not, for example, be concentrated during the first few weeks of activity and then tail off thereafter, becoming the exception not the rule. It must take place on an ongoing basis, whether the worker has just started or has been doing the activity for some time.
5. Reasonable in the circumstances: within the Statutory Duty, the level of supervision may differ, depending on all the circumstances of a case. Organisations should consider the following factors in deciding the specific level of supervision the organisation will require in an individual case:
 - Ages of the children, including whether their ages differ widely;
 - Whether or not other workers are helping to look after the children;

² Safeguarding Vulnerable Groups Act 2006, amended by the Protection of Freedoms Act 2012: Schedule 4, paragraph 5A: guidance must be “for the purpose of assisting” organisations “in deciding whether supervision is of such a kind that” the supervisee is not in regulated activity.

³ Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, Schedule 2, paragraph 5A, is as above on guidance on “supervision” for Northern Ireland.

⁴ If the work is in a specified place such as a school, paid workers remain in regulated activity even if supervised.

⁵ From 2013-14, the Government plans to commence a statutory duty on an organisation arranging regulated activity (under the 2006 Act or 2007 Order, both as amended) to check that a person entering regulated activity is not barred from regulated activity; and plans to commence a stand-alone barring check service by the new Disclosure and Barring Service.

- The nature of the individual's work (or, in a specified place such as a school, the individual's opportunity for contact with children);
- How vulnerable the children are (the more they are, the more an organisation might opt for workers to be in regulated activity);
- How many workers would be supervised by each supervising worker.

6. In law, an organisation will have no entitlement to do a barred list check on a worker who, because they are supervised, is not in regulated activity.

EXAMPLES

Volunteer, in a specified place

Mr Jones, a new volunteer, helps children with reading at a local school for two mornings a week. Mrs Jones is generally based in the classroom, in sight of the teacher. Sometimes Mr Jones takes some of the children to a separate room to listen to them reading, where Mr Jones is supervised by a paid classroom assistant, who is in that room most of the time. The teacher and classroom assistant are in regulated activity. The head teacher decided whether their supervision is such that Mr Jones is not in regulated activity.

Volunteer, not in a specified place

Mr Wood, a new entrant volunteer, assists with the coaching of children at his local cricket club. The children are divided into small groups, with assistant coaches such as Mr Wood assigned to each group. The head coach oversees the coaching, spends time with each of the groups, and has sight of all the groups (and the assistant coaches) for most of the time. The head coach is in regulated activity. The club managers decide whether the coach's supervision is such that Mr Wood is not in regulated activity.

Employee, not in a specified place

Mrs Shah starts as a paid activity assistant at a youth club. She helps to instruct a group of children, and is supervised by the youth club leader who is in regulated activity. The youth club managers decide whether the leader's supervision is such that Mrs Shah is not in regulated activity.

In each example, the organisation uses the following steps when deciding whether a new worker will be supervised to such a level that the new worker is not in regulated activity:

- Consider whether the worker is doing work that, if unsupervised, would be regulated activity. If the worker is not, the remaining steps are unnecessary.
- Consider whether the worker will be supervised by a person in regulated activity, and whether the supervision will be regular and day to day, bearing in mind paragraph 4 of this guidance;
- Consider whether the supervision will be reasonable in all the circumstances to ensure the protection of children, bearing in mind the factors set out in paragraph 5 of this guidance;

And if it is a specified place, such as a school:

- Consider whether the supervised worker is a volunteer⁶.

Department for Education/ Department of Health, Social Services and Public Safety (Northern Ireland),
September 2012

⁶ A volunteer is: in England and Wales, a person who performs an activity which involves spending time, unpaid (except for travel and other approved out-of-pocket expenses), doing something which aims to benefit someone (individuals or groups) other than or in addition to close relatives; in Northern Ireland, a person engaged, or to be engaged, in an activity for a non-profit organisation or person which involves spending time unpaid (except for travel and other approved out-of-pocket expenses) doing something which amounts to a benefit to some third part other than, or in addition to, a close relative.

PART B Applicant's details

B1 Title Mr Mrs Miss Ms Other
If 'Other' please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth (if different)
 used until / /

B6 Any other surname(s) used? No Yes *If 'Yes', please complete F1, if 'No' go to B7*

B7 Any other forename(s) used? No Yes *If 'Yes', please complete F5, if 'No' go to B8*

B8 Gender Male Female

B9 Date of birth / /

B10 Place of birth - Town
 Country

B11 National insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No *If No, go to B17.* Yes *If Yes, complete B14, B15 and B16.*
S

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Do you have an ISA registration number? No *If No, go to B19.* Yes *If Yes, complete B18.*

B18 ISA registration number

B19 Do you have a Scottish Vetting & Barring number? No *If No, go to B21.* Yes *If Yes, complete B20.*

B20 Scottish Vetting & Barring number

B21 Preferred contact number

PART C Application for Registration with ISA

C1 Are you applying for registration with ISA? No *If No, go to Part D.* Yes *If Yes, complete C2 - C5.*

C2 Do you intend to work, paid or unpaid, with (Cross all that apply) Children Vulnerable Adults

C3 Do you intend to work, paid or unpaid, in controlled activity with (Cross all that apply) Children Vulnerable Adults

C4 Are you applying as a free of charge volunteer? No Yes
By placing X in the Yes box at C4 I understand that I may be liable for payment at a later date should my employment status change.

C5 Security information

PARTD Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1 Current address

D2 Town/City

D3 County

D4 Country

D5 Postcode

D6 Lived at this address since / /

Please give details of a preferred Delivery Address (if different from above).

D7 Delivery address

D8 Town/City

D9 County

D10 Country

D11 Postcode

PARTE Address history

If you have lived at the address at D1-D4 for less than 5 years please provide details of all your previous address(es) and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards.

If necessary, please use the approved Address Continuation Sheet - this is downloadable at www.accessni.gov.uk.

E1 Address

E2 Town/City

E3 County

E4 Country

E5 Postcode

E6 Lived at this address from / / to / /

E7 Address

E8 Town/City

E9 County

E10 Country

E11 Postcode

PART F Names history

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

F1 Previous surname

F2 date used from / / to / /

F3 Previous surname

F4 date used from / / to / /

F5 Previous forename

F6 date used from / / to / /

F7 Previous forename

F8 date used from / / to / /

Once you have completed Part F, please return to B8 to continue with this Form.

PART G Declaration by Applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true and I understand that knowingly to make a false statement for this purpose may be a criminal offence.

G1 Do you have any convictions? No Yes

Signature of applicant (please sign in box)

G3 Date of signature

Name (in CAPITALS)

Information you have supplied on this form, and any other additional information you have supplied in support of this application, may be passed to other Government organisations and law enforcement agencies.

You must now return this form to the person who asked you to complete it

For AccessNI use only

PARTH Registered Body information

H1 Is the applicant applying for an AccessNI disclosure? No If No, go to H7. Yes If Yes, continue from H2.

H2 Position applied for

H3 Organisation Name

H4 Will the work be carried out at the home of the applicant? No Yes

H5 Is the disclosure required for the purposes of asking an exempted question? No Yes

H6 Is the disclosure required for a prescribed purpose? No Yes

H7 Are you entitled to know if the applicant is registered to work with children? No Yes

H8 Are you entitled to know whether the applicant is registered to work with vulnerable adults? No Yes

H9 Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI Guidance, and verified the information provided in Parts B, C, D, E & F? No Yes


H10 Application type: New post holder Existing post holder Re-check of existing post holder

H11 Your reference Number

PARTI Payment

11 Method of Payment Account Card Cheque Postal Order No Payment (Volunteer)

12 If paying by cheque, please complete the cheque number.

If paying by card, complete the card details below: 

13 Card number

14 Start date / End date /

15 Issue number (Maestro only)

16 Card security code

17 Name on card

18 Signature on card

19 Date of signature

PARTJ Declaration

I confirm that the requisite documentation and information has been supplied and checked in accordance with AccessNI Guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make false statement for this purpose may be a criminal offence.

Factsheet 1: Employers and Volunteer Managers - when to make a referral to the Disclosure Barring Service (DBS)

• V2.0 - Dec 2012

Purpose

This factsheet provides general guidance on when an employer of people who work (paid or unpaid) with children or vulnerable adults is required to make a referral to the DBS.

What is a referral?

A referral is information regarding a person working in regulated activity with children or vulnerable adults which notifies us of concerns that harm or risk of harm has occurred to a child or vulnerable adult. A referral is made on the DBS Referral Form and is usually provided to the DBS by an employer or volunteer manager.

For more detailed information see the DBS Referral Guidance and the Referral Form on the DBS website: www.homeoffice.gov.uk/DBS or call the DBS Helpline on 01325 953 795.

When to refer - specifics

The Safeguarding Vulnerable Groups Act (SVGA) 2006 and Safeguarding Vulnerable Groups (Northern Ireland) Order (SGVO) 2007, place a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. This is when an employer has **dismissed or removed** a person from working with children or vulnerable adults (or would or may have if the person had not left or resigned etc.) because the person has:

1. Been cautioned or convicted for a relevant offence; or
2. Engaged in relevant conduct in relation to children and/or vulnerable adults [i.e. an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm]; or
3. Satisfied the Harm Test in relation to children and/or vulnerable adults. [i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or vulnerable adult still exists].

1. Caution or conviction for a relevant offence

If an employee who works with children or vulnerable adults in regulated activity has been cautioned or convicted for a relevant offence the employer must make a referral to the DBS. This should be done as soon as the employer is aware of the caution or conviction.

A relevant offence is a serious offence that will, subject to consideration of representations where permitted, automatically bar a person from working with children or vulnerable adults. Relevant offences are defined in secondary legislation. The DBS has a plain English version of relevant offences in Factsheet 5 on its website.

Factsheet 1: Employers and Volunteer Managers - when to make a referral to the Disclosure and Barring Service (DBS)

2 or 3. Relevant conduct or harm test is satisfied

An employer or volunteer manager must make a referral to the DBS if the following criteria have been met:

- They have dismissed or removed the person from working with children or vulnerable adults (or would or may have done so if they had not left or resigned etc.); because
- The person has engaged in relevant conduct; or the Harm Test is satisfied.

A referral should not be made when an allegation is first made. The employer must first undertake an investigation and evidence gathering in order to establish if the allegation has foundation. Without evidence or information for the DBS to consider, many allegations will be quickly closed down as there will be no basis on which the DBS can proceed.

A referral should be made when the employer has gathered information and evidence to support the allegation and decided that the criteria for making a referral to the DBS has been met.

Points to note

- If you suspect that a crime has been committed you should contact the Police.
- The DBS has no investigatory powers and relies upon the evidence provided with referrals and any other evidence that it may gather.
- It is crucial that employers do not make a referral to the DBS without providing supporting evidence. The DBS Referral Form details the information you should provide if you have it.
- Employers should, as far as possible, complete their investigations (even if the person has left their employment). This will ensure that the DBS has all available information and evidence on which to base its decision.
- If additional relevant information becomes available to an employer after making a referral, this should also be provided to the DBS.
- In all cases, the referral should be made on the DBS Referral Form and posted to the DBS enclosing all relevant information that the employer holds.

DBS contacts

Helpline: 01325 953 795
 Website: www.homeoffice.gov.uk/DBS
 Email: dbsdispatchteam@dbs.gsi.gov.uk

Post: Disclosure and Barring Service
 Post Office Box 181
 Darlington
 DL1 9FA



Disclosure and Barring Service Referral Form

Please refer to completing the referral form guidance whilst completing this document

Part 1: Details of the person you are referring

<p>A Personal information</p> <p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other title <input style="width: 100%;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Forename(s) <input style="width: 100%;" type="text"/></p> <p>Date of birth <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small style="display: flex; justify-content: space-around; font-size: 8px;"> D D M M Y Y Y Y </small></p> <p>Or age if date of birth is not known <input style="width: 100%;" type="text"/></p> <p>Previous names and / or alias dates of birth <input style="width: 100%; height: 50px;" type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Nationality <input style="width: 100%;" type="text"/></p> <p>National Insurance Number <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p>	<p>B Contact details of the person you are referring</p> <p>Contact Address <input style="width: 100%; height: 100px;" type="text"/></p> <p>Post Code <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/></p> <p>Country <input style="width: 100%;" type="text"/></p> <p>Home telephone <input style="width: 100%;" type="text"/></p> <p>Mobile number <input style="width: 100%;" type="text"/></p> <p>Work telephone (if still working) <input style="width: 100%;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p>
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<p>C Address history (most recent first)</p> <p>Address</p>	<p>Date from</p>	<p>Date to</p>

<p>D Professional registration (if applicable)</p> <p>Professional regulator <input style="width: 100%;" type="text"/></p> <p>Registration number <input style="width: 100%;" type="text"/></p>	<p>E Teacher reference (if applicable)</p> <p>Teachers pension number England and Wales <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>F CRB Disclosures</p>
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Disclosure & Barring Service

Disclosure and Barring Service Referral Form

<input style="width: 100%; height: 20px;" type="text"/> Date of registration <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td></td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td></td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>			/			/					D	D		M	M		Y	Y	Y	Y	CRB Disclosure Number (if known) <input style="width: 100%; height: 20px;" type="text"/>
		/			/																
D	D		M	M		Y	Y	Y	Y												

Part 2: Qualifications and training history of the person you are referring

G	Qualifications (please continue on a separate sheet if required) <i>Title of qualification</i>	<i>Date of certificate</i>
H	In service training / other training / courses attended (please continue on a separate sheet if required) <i>Details of training</i>	<i>Date attended</i>



Disclosure and Barring Service Referral Form

Part 3: Details of the work carried out by the person you are referring

<p>I About their role</p> <p>Role Title <input style="width: 100%; height: 20px;" type="text"/></p> <p>Type of role Paid <input type="checkbox"/> Voluntary <input type="checkbox"/></p> <p>Date they started working / volunteering in the above role <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> D D M M Y Y Y Y</p> <p>Date they ceased working / volunteering in the above role <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> D D M M Y Y Y Y</p> <p>How did they leave or were removed from the role? Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/></p> <p>Other (please specify) <input style="width: 100%; height: 20px;" type="text"/></p> <p>Was the role held by the person you are referring 'regulated activity' with: Children <input type="checkbox"/> Vulnerable Adults <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Is the person still employed by you? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" to what role has the person been moved? <input style="width: 100%; height: 20px;" type="text"/></p> <p>To your knowledge, has the person ever worked in Scotland? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>	<p>J Role Description</p> <p>Main duties of the role (may be continued on a separate sheet if required)</p> <div style="border: 1px solid black; height: 300px; width: 100%;"></div>																																						
<p>K Previous misconduct, disciplinary action or complaints</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"><i>Nature of allegation and what action was taken</i></th> <th style="width: 20%;"><i>Date</i></th> </tr> </thead> <tbody> <tr><td style="height: 100px;"></td><td></td></tr> </tbody> </table>		<i>Nature of allegation and what action was taken</i>	<i>Date</i>																																				
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<p>L Previous / other employment (including any volunteer work if known)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"><i>Organisation / address</i></th> <th style="width: 35%;"><i>Job title / role</i></th> <th style="width: 15%;"><i>Date From</i></th> <th style="width: 10%;"><i>Date to</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				<i>Organisation / address</i>	<i>Job title / role</i>	<i>Date From</i>	<i>Date to</i>																																
<i>Organisation / address</i>	<i>Job title / role</i>	<i>Date From</i>	<i>Date to</i>																																				



Disclosure and Barring Service Referral Form

Part 4: Reason for the referral

M	<p>Purpose of the referral</p> <p>I am referring the person because I think they <i>(please tick one only)</i>:</p> <p><input type="checkbox"/> Harmed a child or vulnerable adult through their actions or inactions <i>(relevant conduct)</i>; or</p> <p><input type="checkbox"/> Represent a risk of harm to a child or vulnerable adult <i>(satisfied the harm test)</i>; or</p> <p><input type="checkbox"/> Have received a caution or conviction for a relevant offence.</p>
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N	<p>Summary of the circumstances which has resulted in this person being removed from regulated activity <i>(may be continued on a separate sheet if necessary)</i></p> <div style="border: 1px solid purple; height: 300px; margin: 10px 0;"></div> <p>Has the person you are referring admitted or accepted responsibility for any harm? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/></p>
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O	Other organisations or agencies involved in the circumstances of the referral			
	<i>Organisation / address</i>	<i>Contact person / role</i>	<i>Contact number</i>	<i>email</i>



Disclosure and Barring Service Referral Form

Part 5: Chronology of events

P	Chronology of events relating to this referral (<i>please continue on a separate sheet if required</i>)			
	<i>Date</i>	<i>Event</i>	<i>Relevant documents</i>	<i>Persons involved</i>



Disclosure and Barring Service Referral Form

Part 6: Details of the child or vulnerable adult harmed / put at risk of harm

<p>Q Details of the person harmed / put at risk of harm</p> <p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other title <input style="width: 100%;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Forename(s) <input style="width: 100%;" type="text"/></p> <p>Date of birth <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small style="display: flex; justify-content: space-around; font-size: 8px;"> D D M M Y Y Y Y </small></p> <p>Or age if date of birth is not known <input style="width: 100%;" type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><i>For additional victims please use a separate sheet</i></p>	<p>R Relationship between the referred and the person harmed / put at risk of harm</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Details of any vulnerability, e.g. emotional, behavioural, medical or physical</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>
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Part 7: Documentation supplied

<p>S Supplied documents (please tick all that apply)</p> <p>Application for employment <input type="checkbox"/></p> <p>Curriculum Vitae / CV / Resume <input type="checkbox"/></p> <p>References <input type="checkbox"/></p> <p>Letter of employment offer <input type="checkbox"/></p> <p>Job description / role requirement / person specification <input type="checkbox"/></p> <p>File notes concerning conduct, behaviour / attitude <input type="checkbox"/></p> <p>Care plans for those named in Section Q (where appropriate) <input type="checkbox"/></p> <p>Victim impact report(s) or statement(s) for those named in Section Q <input type="checkbox"/></p> <p>Documents of internal investigations and outcomes <input type="checkbox"/></p> <p>Documentation of any past disciplinary action and complaint(s) <input type="checkbox"/></p> <p>Statement(s) made by the referred individual <input type="checkbox"/></p>	<p>Investigations and reports of regulatory bodies <input type="checkbox"/></p> <p>Investigations and reports of other agencies or bodies <input type="checkbox"/></p> <p>Interview report(s) relating to the referral <input type="checkbox"/></p> <p>Witness statement(s) <input type="checkbox"/></p> <p>Dismissal / resignation / redeployment letters <input type="checkbox"/></p> <p>Local Authority investigations reports / documents <input type="checkbox"/></p> <p>Adult Social Care or Children's Services reports <input type="checkbox"/></p> <p>Police investigations and reports <input type="checkbox"/></p> <p>Minutes of Strategy Meetings <input type="checkbox"/></p> <p>Health and Social Care Trust Investigations reports / documents <input type="checkbox"/></p>
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T Additional documents supplied (*please continue on a separate sheet if required*)



Disclosure and Barring Service Referral Form

Part 8: Referring party

U	Referring organisation / establishment	
	Name of Organisation	Contact address
	<input style="width: 95%;" type="text"/>	
	Type of organisation	
	<input style="width: 95%;" type="text"/>	<input style="width: 95%; height: 80px;" type="text"/>
	Sector	
	Please select your sector of work	
		Postcode
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		Country
		<input style="width: 95%;" type="text"/>

V	Primary contact	Alternative contact
	Name	Name
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Position	Position
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Telephone number	Telephone number
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Mobile number	Mobile number
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Email Address	Email Address
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Part 9: Declaration

W	To be signed by the person making the referral
	<p>I confirm that to the best of my knowledge the information in this form is accurate and that I have provided all documents legally required and any other relevant documentation. I understand that the DBS may contact me about the information I hold on the person I have referred.</p> <p>I understand that any information I have referred will be used by the Disclosure and Barring Service and may be disclosed to the referred person or other parties in accordance with statutory duties under the Safeguarding Vulnerable Groups Act 2006 and other legislation.</p>



Disclosure and Barring Service Referral Form

<p>Signature</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Name (in BLOCK CAPITALS)</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Date</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; width: 10px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; width: 10px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td></td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td></td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>			/			/					D	D		M	M		Y	Y	Y	Y	<p>Position</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Organisation</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Relationship to the individual you are referring</p> <input style="width: 100%; height: 20px;" type="text"/>
		/			/																
D	D		M	M		Y	Y	Y	Y												

<p><input checked="" type="checkbox"/> Returning the form</p> <p>Please check that you have answered all the questions you can and signed the Declaration.</p> <p>This form should be returned, together with all supporting documentary evidence, to the address opposite.</p>	<p>Please return the form to:</p> <p style="text-align: center;">Disclosure and Barring Service PO Box 181 Darlington DL1 9FA</p>
--	--

Title:	Recruitment and Selection of Staff Under Requirements of SVGO - Vetting and Barring Scheme		
Author(s)	Alison Kerr, Senior Manager, Human Resources [REDACTED] Louise Beckett, Senior Manager, Human Resources [REDACTED]		
Ownership:	Damian McAlister, Director of Human Resources and Organisational Development		
Approval by:	Policy Committee Executive Team	Approval date:	05 August 2015 12 August 2015
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23.03.10	V0.1	L Beckett	Initial Draft
09.06.10	V0.2	L Beckett	Final Draft
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10.09.12	V1.1	A Kerr/ L Beckett	Revised Version
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1.0 INTRODUCTION / PURPOSE OF POLICY**1.1 Purpose**

This Protocol outlines the key responsibilities for the Recruitment and Employment of Staff under the Requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and the Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012

1.2 Objectives

To provide guidance on the SVG Vetting and Barring Scheme as amended by the Protection of Freedoms Act 2012. This Policy will be subject to further reviews as a result of the Government Review of the Vetting and Barring Schemes.

2.0 SCOPE OF THE POLICY

The Protocol covers the responsibilities of the Trust, Line Managers and Human Resources Staff and applies to existing staff, potential employees, volunteers and disability placements on work experience.

3.0 ROLES/RESPONSIBILITIES

The specific responsibilities of the Trust, its managers and Human Resources staff are outlined.

4.0 KEY POLICY PRINCIPLES

The Protocol was developed as a result of the SVG (NI) Order 2007 which established the Vetting and Barring Scheme and replaces the former Protection of Children and Vulnerable Adults (NI) Order 2003.(POCVA)

Key Policy Statement(s)

1. The protocol outlines the legislative context and responsibilities under the SVG Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012.
2. It sets out the main provisions of the VBS as it relates to conducting checks for new and current employees and the referral arrangements for existing employees.
3. It provides advice and clarification on the key elements of the VBS and a number of services for further information and documentation.

5.0 IMPLEMENTATION OF POLICY**5.1 Dissemination**

This Policy should be disseminated throughout the Trust as it applies to existing staff, potential employees, volunteers and disability placements on work experience.

5.2 Resources

Further changes will be phased in as a result of the Protection of Freedoms Act 2012 which will require HR staff to further review the Protocol.

6.0 MONITORING

The Protocol will be kept under review to ensure compliance with any future legislative requirements. The Protocol will be formally reviewed on an annual basis in accordance with Section 7 Governance Arrangements as set out in this Protocol. This monitoring should include any Section 75 implications of implementing the policy.

7.0 EVIDENCE BASE / REFERENCES

The Protocol adheres to legislative requirements of the SVG Vetting and Barring Scheme. References: DHSSPS Generic Guidance, Sector Specific Guidance, DBS Referral Guidance and Access NI Guidance.

8.0 CONSULTATION PROCESS

The Protocol was fully consulted on with the Trusts SVG Stakeholders' Groups at which Service Groups, Trade Unions and Human Resources are represented. All review have been discussed at the Trust's Workforce Governance Steering Group and with the Trade Unions.

9.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

- Major impact**
- Minor impact**
- No impact.**

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



12 August 2015

Date: _____

Name Damian McAlister
Title Director of Human Resources/
 Organisational Development



12 August 2015

Date: _____

Name Dr Michael McBride
Title Chief Executive



Belfast Health and Social Care Trust

Protocol for:

Recruitment and Employment of Staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and THE Vetting and Barring Scheme, AS AMENDED BY THE PROTECTION OF FREEDOMS ACT 2012

APRIL 2015

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Protocol for the Recruitment and Employment of Staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012

1.0. PURPOSE AND SCOPE OF PROTOCOL

This Protocol outlines the key responsibilities of the Belfast Health and Social Care Trust (the Trust) in relation to the implementation arrangements for the SVGO Vetting and Barring Scheme as it relates to the employment of staff, the recruitment of prospective staff and the placement of students, volunteers, trainees and other non-employees. The Trust has been entrusted with the care of children and vulnerable adults and must be confident that all the necessary safeguards and controls are in place to ensure that children and vulnerable adults are protected. The Trust has a range of responsibilities emanating from its statutory remit in respect of Fostering, Adoption and Early Years' Services. The practice across the Trust in these service sectors is informed by various Regulations, Policies and Procedures which can be accessed via the Social Work Social Care Governance service area.

This Protocol has been developed as part of the Trust's Safer Recruitment and Employment Framework in relation to the specific requirements for the Belfast Trust and **must** be read in conjunction with the more detailed Generic and Sector Specific Guidance on the Vetting and Barring Scheme which can be accessed at www.dhsspsni.gov.uk and the Referral Guidance which can be accessed at <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/dbs/dbs-referrals-guidance/>. The Protocol summarises the key details of the legislation and the Vetting and Barring Scheme and outlines the procedural arrangements which have been put in place to implement these. The Protocol has also been reviewed to take account of the Protection of Freedoms Act 2012 which sets out a range of changes to the disclosure and barring services.

2.0 LEGISLATIVE CONTEXT

The Bichard Inquiry into the murders in Soham resulted in a recommendation for a new scheme that would ensure that everyone working in regulated activity with children and vulnerable adults is checked and registered. After full consultation the Bichard Inquiry led to the Safeguarding Vulnerable Groups Act (SVGA) 2006 and the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 which provide for the establishment of the Vetting and Barring Scheme. This Legislation and Scheme replaced the former Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA).

The Vetting and Barring Scheme became effective on 12 October 2009. It recognised the need for a single process to assess all individuals who wish to do certain work or volunteer with children and vulnerable adults. The Independent Safeguarding Authority (ISA) was established as part of this process across England, Wales and Northern Ireland with four statutory duties – to maintain a list of individuals barred from engaging in regulated activity with children; to maintain a list of individuals barred from engaging in regulated activity with vulnerable adults; to make well informed and considered decisions about whether an

individual should be included in one or both barred lists; and to reach decisions as to whether to remove an individual from a barred list. The ISA and the Criminal Records Bureau (CRB) merged on 1st December 2012 to form the Disclosure and Barring Service. As a result it will be the Disclosure and Barring Service (DBS) who will maintain the barred lists and receive referrals from employers.

In addition, while the Vetting and Barring Scheme was to provide significant safeguards, it was part of a wider framework of safe recruitment practices. In particular Access Northern Ireland (ANI), which became effective in April 2008 and operated under the provisions of Part V of the Police Act 1997, was established by a joint programme between the NI Office, the DHSSPS, the Department of Education and the PSNI. It enabled organisations to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in areas working with children and vulnerable adults. ANI offers two levels of disclosure Standard and Enhanced – each of which represents a different level of check.

A Standard Disclosure Certificate shows details of spent and unspent convictions and cautions – not cases pending.

An Enhanced Disclosure Certificate contains all the information in a Standard Disclosure and any further relevant information held in Police records e.g. information about attempted prosecutions that were unsuccessful or behaviour that might be indicative of criminal activity.

Standard Disclosure Certificates are no longer available for people working with children or vulnerable adults and an Enhanced Disclosure Certificate will be obtained in these circumstances.

Detailed information about ANI is available by accessing its website: www.accessni.gov.uk

In applying this Policy reference must be made to the Access NI Code of Practice, The Explanatory Guide and the Guide to Access NI.

Following concerns about the proportionality and bureaucracy of the Vetting and Barring Scheme (VBS), the Coalition Government committed to review the VBS and the criminal records regime. The NI Assembly agreed that the changes to disclosure and barring should be extended to Northern Ireland in order to maintain consistent safeguarding arrangements with England and Wales.

The Safeguarding Vulnerable Groups (Northern Ireland) Order (SVGO) 2007 sets out the framework for the VBS, so in order to implement the recommendations in the reviews; the SVGO was amended via the Protection of Freedoms Act 2012 which enabled changing the law as follows:

- Scaling back of Regulated Activity
- Repeal of Controlled Activity
- Repeal of Registration and Continuous Monitoring

3.0 MAIN PROVISIONS OF THE VETTING AND BARRING SCHEME AS AMENDED BY THE PROTECTION OF FREEDOM ACT 2012

The Protection of Freedoms Act 2012 has introduced a new definition of Regulated Activity and abolished the Controlled Activity category with effect from 10th September 2012.

3.1. Scaling Back of Regulated Activity

The full legal definition of Regulated Activity is set out in Schedule 2 of the Safeguarding Vulnerable Groups (Northern Ireland) Order (SVGO) as amended in particular by the Protection of Freedoms Act 2012. Please refer also to the Information Leaflet – attached Appendix 1 and to Appendix 4 Overview of Disclosure and Barring Scheme Requirements

The new definition of Regulated Activity is essentially a scaling back of what was considered to be regulated activity to focus on work which involves close and unsupervised contact with vulnerable groups, including children.

The amended definition of Regulated Activity relating to **Children** comprises only:

3.1.1. Unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/ guidance on well-being, or driving a vehicle only for children;

3.1.2. Work for a limited range of establishments ('specified places'), with opportunity for contact: e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under (3.1.1.) or (3.1.2.) above is regulated activity only if done regularly, or if done overnight¹.

Statutory guidance about supervision has been provided by the DHSS&PS to accompany the new definition of regulated activity and is as set out in Appendix 5 to this document.

3.1.3. Relevant personal care, e.g. washing or dressing; or health care by, or supervised by, a professional;

3.1.4. Registered child-minding; and foster care.

The DHSS&PS has provided guidance about supervision to which organisations must have due regard. The precise nature and level of supervision will vary from case to case. The duty means that organisations **must** ensure that the supervision in place is sufficient, in their judgement, to provide reasonable assurance for the protection of the children concerned.

Supervision must be:

- Regular;
- Day to day;
- Reasonable in all circumstances for the purpose of protecting the children concerned;

¹ Overnight work with children does not have to be done regularly to meet the definition of Regulated Activity

- Carried out by someone who is engaging in regulated activity relating to children.

Regulated activity still excludes family arrangements, and personal non-commercial arrangements.

3.2 New Definition relating to adults.

The new definition of Regulated Activity relating to adults no longer labels adults as “Vulnerable”, instead it identifies activities that, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activities/ services required by the adult and not on the setting in which the activity/service is received, or the personal characteristics or circumstances of the adult receiving the activities. There is no longer a requirement for a person to do the activities a certain number of times before they are engaging in Regulated Activity.

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below.

3.3 Providing Healthcare

Any healthcare professional providing healthcare to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional - Under the Protection of Freedoms Act 2012, the definition of Health Care is as follows:

- Health Care includes all forms of health care provided for individuals, whether relating to physical or mental health and also includes palliative care and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition;
- A Health Care Professional is a person who is a member of a profession regulated by a body mentioned in section 25 (3) of the National Health Service Reform and Health Care Professions Act 2002.
- Any reference in this Part of this Schedule to health care provided by, or under the direction or supervision of, a health care professional includes a reference to first aid provided to an adult by any person acting on behalf of an organisation established for the purpose of providing First Aid.

3.4 Providing Personal Care

Anyone who:

- Provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult’s age, illness or disability;

- Prompts and then supervises an adult who, because of their age, illness or disability cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or
- Trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.

3.5 Providing Social Work

The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.

3.6 Assistance with General Household Matters

The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

3.7 Assistance in the Conduct of a Person's Own Affairs

Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney.

3.8 Conveying

Anyone who transports an adult because of their age, illness, or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care: or between places where they have received or will be receiving health care, personal care or social care. This will include Patient Transport Service drivers and assistants, hospital porters and Emergency Care Assistants and Ambulance Technicians.

From 10th September 2012, if you consider that a role is within the new definition of Regulated Activity, an Enhanced Access NI check must be carried out and a request made for the appropriate DBS Barred List check (For Children, Adults or both). Enhanced Access NI checks for work within regulated activity will tell you (where requested) if the person is on one of the DBS's Barred Lists.

3.9 Why does Regulated Activity Matter?

From 12th October 2009, two new Barred Lists were created, the Children's' Barred List and the Adults' Barred List. These lists contain details of those individuals the DBS has decided it is appropriate to bar from working with children or vulnerable adults and those

who are therefore prevented from working or volunteering with them. The DBS maintains these lists.

An organisation which knowingly allows a barred person to work in regulated activity will be breaking the law.

If you dismiss or remove someone from regulated activity, or you would have done had they not already left, because they appeared to pose a risk to vulnerable groups including children, you are legally required to pass information about that individual to the DBS. It is a criminal offence not to do so. If you believe that an offence has been committed, you should pass the information to the police. Further information on the duty to refer to the DBS can be found on their website: <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/> Please contact the Employment Law Team, Human Resources, who will be able to advise.

3.10 Repeal of Controlled Activity

The Controlled Activity Category ceased 10th September 2012. This category covered people who might have had less contact with vulnerable groups, including children, than people within Regulated Activity, for example, some people who deal with health records.

4.0 RESPONSIBILITIES OF THE BELFAST HEALTH AND SOCIAL CARE TRUST

The Belfast Health and Social Care Trust is a Regulated Activity Provider (RAP) and is responsible for the management or control of regulated activity, paid or unpaid, and makes arrangements for people to work in that activity. The Trust is required to fully implement all the requirements of the SVGO legislation and VBS, as amended by the Protection of Freedoms Act 2012, as set out in the DHSSPS/DBS/ANI Guidance and Legislation.

The Trust is a Registered Body with Access NI and can access the services of ANI to obtain checks on prospective and current employees. As a Registered Body the Trust has a critical role in the management of any information disclosed.

The Trust's Recruitment and Selection Policy ensures compliance with the requirements of VBS, as amended by the Protection of Freedoms Act 2012, as it relates to prospective employees to ensure that checks are carried out to ensure that members of staff are who they say they are, have the skills and qualifications they say they have, are registered with the appropriate regulatory body as necessary, have undergone appropriate pre-employment health screening, that references are checked and that gaps in employment are questioned. The Trust will ensure that following recruitment, staff will be effectively managed, supervised, trained and appraised to ensure that they are carrying out their responsibilities in a diligent and compassionate way. In relation to students, placements and volunteers the Trust will ensure that the requirements of VBS, as amended, are undertaken in line with this Protocol.

The Trust's Disciplinary Policy ensures that the necessary referral requirements set out under the VBS are adhered to.

4.1. Specific Responsibilities

4.1.1. The Trust: -

- Must be a Registered Body with ANI and adhere to its Code of Practice and Explanatory Guide so that checks can be made against: Criminal Record Viewer, The Police National Computer and where appropriate information from Police Forces throughout the UK for any additional non-conviction material, including cases pending, which the Police consider relevant for Disclosure. The Trust has a written Statement of Intent which sets out its responsibilities for the correct handling and safekeeping of Disclosure information – attached as appendix 2.
- Must ensure that the appropriate arrangements are in place to ensure posts are identified as being regulated activity under the new definition and that the appropriate checks are made.
- Must not knowingly employ in a regulated activity or use as a volunteer a barred person.
- Must refer to the DBS any employee or volunteer in regulated activity who has been dismissed or no longer used because the Trust thinks they have harmed or pose a risk of harm to children or vulnerable adults.

4.1.2. Line Managers:-

- Must ensure that they and their staff are familiar with this Protocol and the Guidance referred to and keep abreast of further developments.
- Must identify on the Trust's online advertisement request form – refer to appendix 3 – if a vacant post meets the definition of regulated activity and requires an appointee to be vetted.
- Must identify any staff who transfer on a permanent or temporary basis from a position that does not fall within the definition for regulated activity as appropriate to a post that does meet the definitions and ensure that these staff are vetted appropriately prior to commencement in the new position.
- Must ensure that an Access NI check is conducted for any staff returning from an employment break/unpaid leave.
- Must liaise with Human Resources staff in relation to any students/training positions/other individuals to ensure that vetting is conducted as appropriate.
- Must alert Senior Management and Employment Law Team within Human Resources Directorate to any incident which gives rise to concern or where allegations are made about an individual working with children/vulnerable adults. Advice and guidance on issues which may give rise to the referral of information to DBS will be provided by the Employment Law Team.

4.1.3. Human Resources Staff:-

- Must ensure that they are fully conversant with and adhere to the requirements of this Protocol and associated guidance in the recruitment and placement of staff.
- Must ensure that they are conversant with and adhere to the requirements of this Protocol and associated guidance in relation to the referral of any staff to the DBS.
- Must provide guidance and support to Line Managers in the implementation of this Protocol.

- Must ensure that associated Policies – Disciplinary, Recruitment and Selection, Work Experience, Unpaid Placement, Employment Breaks– are kept under review to ensure compliance with this Procedure.
- Must ensure that there is adherence to the Statement of Intent for the management, handling and storage of completed application forms and disclosure certificates and that the Governance Arrangements set out in Section 6 of this protocol are satisfied
- Must review the Protocol on an annual basis, and at earlier intervals where appropriate, to ensure it is reflective of any legislative or procedural changes

4.2. Requesting Enhanced Disclosure Checks

In line with the Trust's Recruitment and Selection Policy managers are required to complete an Advertisement Request form in order to advertise a vacancy within the Trust and must indicate on the form if a pre-employment check is required under VBS - refer to appendix 3 of this procedure. This requirement also applies to the engagement of any volunteers or work placements within the Trust.

Applications for Enhanced Disclosures are made for applicants selected for appointment or transfer at the Trust's request or in line with mandatory requirements as appropriate. The application form used is a universal form for both DBS registration and EDC checks (see Appendix 5) and the application form must be signed by an approved signatory of the Trust – the Registered Body – and sent to ANI once the Applicant's identity has been verified. It should be noted that the Trust must indicate on the form that the post will involve working with children or vulnerable adults. It is only the nominated lead or counter signatories who can manage this Disclosure process and ensure that the necessary verification of the applicant's identification is carried out by the appropriate persons.

As a Registered Body the Trust must ensure that the Disclosure information is treated sensitively and confidentially and that it is protected from unauthorised access in line with its Statement of Intent and the ANI Code of Practice. All applicants and employees must be informed of this.

The Trust is required to make payment to ANI for the Disclosure Certificate and has an account with ANI to facilitate this. Both the Trust's signatory and the applicant receive copies of the Disclosure Certificate. ANI should process 70% within 14 calendar days; 90% within 28 calendar days; and 98% within 60 calendar days of receipt of an application.

It should be noted that sometimes applicants may seek to reuse their Disclosure Certificate as part of a separate recruitment exercise. The value of a Disclosure is directly linked to its contemporaneousness. Enhanced Certificates should not be reused because every application to see spent convictions or approved information should be countersigned by a registered person on the basis of a specific role or position.

4.3. Outcome of Checks

On receipt of a Disclosure Certificate the Trust must ensure that the Statement of Intent and Code of Practice is complied with and only those staff entitled to see Disclosures in the course of their duty should have access. In exceptional circumstances the Police may provide additional information in a sealed envelope – this is only where the Police have

identified a clear risk and such information must not be disclosed or discussed with the applicant. ANI will not be privy to the details of such information.

If it is confirmed that an individual's name is included on the barred lists they are disqualified from working in a regulated position and they will not be able to obtain DBS registration. If the individual is in the employment of the Trust and information is provided which indicates that there has been an issue of non-disclosure of previous offences by the employee then the appropriate action will be taken to investigate the matter under the Trust Disciplinary Procedure.

4.4. Disputes and Disagreements

If an individual believes information disclosed about them is inaccurate they should follow the guidance set out at section 1.13 of the Guide to Access NI.

4.5. Handling and Storage of Information

The Trust has a written Statement of Intent covering the correct handling and safekeeping of all documentation relating to an individual's disclosure information – appendix 2. It adheres to the ANI Code of Practice and guidance and its responsibilities under the Data Protection Act.

4.6. Other Positions

Students, trainees, placements and other non-employees assigned to regulated positions within the Trust require to be checked. The checks may be undertaken by the Trust or alternatively by the sponsoring organisation depending on specific arrangements in place. Special arrangements apply to students in NI undergoing professional training whereby the University/College in NI is responsible for undertaking the check prior to the commencement of training. Examples include the following:

- Medical and Dental – Queens University Belfast
- Nursing and Midwifery – Queens University Belfast and University of Ulster
- Allied Health Professionals to include Dietetics, Physiotherapy, Occupational Therapy, Speech and Language, Podiatry, Radiography – University of Ulster
- Clinical Psychology – Queens University Belfast
- Pharmacy
- Optometry
- Dental Nurses (BMC)
- NNEB (Child care course (BMC))

These arrangements do not apply to Universities or Colleges outside NI or to students who are employees. Responsibility for checks on such students remains with the Trust. All other placements should be arranged through the Placement Activity Policy process prior to the commencement of the placement.

- Employment Agencies - Arrangements are in place under the Trust's Safer Recruitment and Employment Framework to ensure that contracted agencies are compliant with the VBS Scheme as amended by the Protection of Freedoms Act 2012.
- Staff employed by Private Contractors – Arrangements are in place, in partnership with BSO to ensure that the relevant contractors are compliant with the VBS Scheme as amended and meet the associated costs where appropriate.
- Executive and non-executive members of Health and Social Services Trusts. The checks will be undertaken by the DHSSPS.
- In relation to school children on work experience there is no requirement to register but there must be adequate supervision and compliance with the appropriate Placement Activity Policy.
- Applicants from Outside the UK/Overseas – ANI is unable to obtain overseas criminal records. It can only provide details of offences committed in the UK. The Trust can consider examining the website of the Police Force of the country of origin or contact the country's representative in the UK. It can ask those with overseas residence to apply for the equivalent of a disclosure, if available.

In relation to these groups, the Trust must ensure that appropriate checks are being carried out and ensure that the appropriate arrangements under VBS as amended are set out explicitly in any contract and that these are being adhered to. This should be reviewed on a regular basis.

5.0 REFERRALS TO DISCLOSURE AND BARRING SCHEME (DBS)

As a Regulated Activity Provider the Trust has a legal duty to refer information to the DBS in certain circumstances. With effect from 12 October 2009 a duty to share information has been in place under the Vetting and Barring Scheme and from this date employers, social services and professional regulators will have to notify the DBS of relevant information so that individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups. DBS Referral Guidance sets out the key elements of the new referral process, the circumstances under which a referral should be made, the legal responsibilities of employers and the main points of the law in relation to referrals.

The guidance is available at <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbs-referrals/> and should be referred to when dealing with any referral issues. Advice and guidance **must** be sought from the HR Employment Law Team when dealing with a referral issue.

In dealing with referrals there are two conditions both of which must be met to trigger a referral to the DBS:

A referral must be made to the DBS when a regulated activity provider, such as an employer or volunteer co-ordinator:

- Withdraws permission for an individual to engage in regulated activity, or would have done so had that individual not resigned, retired, been made redundant or been transferred to a position which is not regulated activity; because

they think that the individual has:

- engaged in relevant conduct;
- satisfied the Harm Test; or
- received a caution or conviction for a relevant offence.

If both conditions have been met the information **must** be referred to the DBS

Definitions of these terms and guidance on the stage at which a referral should be made and the evidence to be provided are set out in detail in the guidance. The DBS Referral Form is appended as appendix 6 for information and Appendix 7 sets out the DBS Guidance on types of harm.

In relation to the referral of individuals who are engaged by the Trust through an employment agency or who are placed with the Trust, for example through a university placement, the Trust must ensure that it informs these organisations, fully cooperates with them and ensures that they make a referral as appropriate in line with the Guidance.

6.0 GOVERNANCE ARRANGEMENTS

This protocol will be kept under review to ensure compliance with any future legislative requirements. It will be reviewed formally on an annual basis and at appropriate periods where legislative changes occur. Checking to ensure compliance is carried out by: -

- Seeking evidence from the relevant HR Co Director that the Recruitment and Selection and Disciplinary Policies have been reviewed in light of any legislative or Departmental guidance developments.
- Seeking evidence from the relevant HR Co Director that the requirements for the vetting of prospective staff are being conducted in line with this Protocol and associated guidance.
- Seeking evidence from the relevant HR Co Director that the process for referring any staff to the DBS has been conducted in line with this Protocol and associated guidance.
- Seeking evidence from the relevant HR Co Director that any Contracts with Employment Agencies are compliant with the SVG legislation and VBS (as amended) and that monitoring arrangements are in place to ensure same.
- Seeking evidence from the relevant Service Co-Director that any contracts with private Contractors are registered with Access NI, compliant with SVG legislation and DBS and that monitoring arrangements are in place to ensure same.

- Seeking evidence from the relevant HR Co Director that all arrangements for Placement Activity are compliant with this protocol and associated guidance and that monitoring arrangements are in place to ensure same.
- The relevant HR Co Director will ensure that the audit arrangements set out in the Safer Recruitment and Employment Framework are implemented and any recommendations are taken forward.

May 2015

Appendices

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CHANGES TO DISCLOSURE AND BARRING

On 10th September 2012 changes are being made to the Vetting and Barring Scheme which **will reduce** the number of Access NI checks being undertaken by the Trust. These changes are designed to make the system more proportionate whilst still ensuring they continue to provide effective protection for those who need it.

These changes came about following a review of the Vetting and Barring Scheme, the outcome of which has informed a number of measures now in the Protection of Freedoms Act 2012, which has subsequently amended the Safeguarding Vulnerable Groups Order 2006, (NI) Order 2007.

THREE KEY CHANGES IN SEPT

(1) Scaling back of Regulated Activity

Currently Regulated Activity (RA) covers over 9 million people across Northern Ireland, England and Wales. From September 2012 it will cover closer to 5 million. It is scaling back Regulated Activity to focus on work which involves close and unsupervised contact with vulnerable groups including children.

Definition of RA relating to children

- a) **Unsupervised activities** - teaching, training, instructing, caring for or supervising children, or providing advice/guidance on well-being, or driving a vehicle for children;
- b) **Work for a limited range of establishments** (specified places) with opportunity for contact. e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under (a) and (b) is Regulated Activity only if done regularly. Regularly means carried out by the same person frequently (once a week or more), or on 4 or more days in a 30 day period. The DHSSPSNI will shortly be providing statutory guidance about supervision to accompany the new definition of Regulated Activity.

- c) **Relevant personal care** - e.g. washing or dressing; or health care by, or supervised by a professional;

- d) **Registered childminding; and foster-care**

Definition of RA relating to adults

The new definition no longer labels any adult as 'vulnerable'. Instead it identifies activities that, if any adult requires them, lead to that adult being considered vulnerable at that particular time. (There is no longer a requirement to carry out activities a certain number of times under the adult definition).

- a) **Providing health care** - Any healthcare professional providing health care to an adult, or anyone who provides healthcare to an adult under the direction or supervision of a healthcare professional;
- b) **Providing personal care** – Assistance with washing, dressing, eating, drinking, toileting, oral care or care of the skin, hair or nails or teaching someone to do one of these tasks;
- c) **Providing social work** – provision by a social care worker of social work which is required in connection with any health services or social services;
- d) **Assistance with general household matters** – assistance with a person's cash, bills or shopping because of their age, illness or disability;
- e) **Assistance in the conduct of a person's own affairs** – i.e. enduring powers of attorney, or deputies appointed under the Mental Health Order;
- f) **Conveying** – Anyone who transports an adult because of their age, illness or disability to, from or between places where they receive healthcare, personal care or social work. This will include Patient Transport Services drivers and assistants, hospital porters and Emergency Care Assistants. This does not include friends, family or taxi drivers.

carry out an Access NI check on those who no longer fall within the revised definition of Regulated Activity.

(2) Repeal of Controlled Activity

The Controlled Activity category will no longer exist from September 2012. This category covered people, who might have had less contact with vulnerable groups including children, than people within Regulated Activity – for example some people who deal with records. At the moment, you can check whether those people working in Controlled Activity are barred; after 10th September 2012, you will not be able to.

(3) Repeal of Registration and Continuous Monitoring

The original plan – in the Vetting and Barring Scheme – was that anyone who wanted to work with vulnerable groups including children would need to register with the Scheme and to be continuously monitored for any new criminal records information. This never came into force and we can now confirm that registration and monitoring will not be introduced.

COMMON QUESTIONS & ANSWERS

1. Can an Access NI check be carried out for a post that previously fell under the definition of Regulated Activity however does not meet the revised criteria?

Posts that previously met the criteria for Regulated Activity, however now do not meet the revised criteria, are not required to undertake an Access NI check.

Employers will however, in these circumstances, have discretion to carry out an Access NI check where they feel this is appropriate. It is important to note that these posts will no longer be eligible for barred list checks.

2. Could you explain the two-tier system of enhanced checks (with and without a barred list check) and how they will work in practice?

Those who fall within the new definition of Regulated Activity will be entitled to an Access NI check and a barred list check. Those people who currently fall within the definition of Regulated Activity however will not meet the revised definition from 10th September 2012, will only be entitled to an Access NI check but will not be eligible for a barred list check. As stated in question one above employers are not required to

3. Are cleaners and housekeepers working in a specified place (i.e. a children's home or children's hospital) still in Regulated Activity?

Yes. All staff working in a specified place who meet the definition of regular (once a week or more, or on 4 or more days in a 30 day period) meet the definition of Regulated Activity.

4. Do cleaners who do not work within a specified place fall within the revised definition of Regulated Activity?

No. Only staff who work in a specified place (schools, children's homes, childcare premises, a children's hospital) meet the revised definition of Regulated Activity.

As stated above, for posts that previously fell under the definition of Regulated Activity but will no longer from 10th September, employers can carry out an Access NI check, however are not required to do so. They will however not be permitted to undertake a barred list check.

5. Supervised volunteers do not fall under the revised definition of Regulated Activity for children. Our volunteers are largely supervised however may occasionally have unsupervised access. Do they fall within the definition of Regulated Activity?

If a volunteer is always supervised then they do not meet the definition of Regulated Activity.

If a volunteer is unsupervised regularly and meet the definition of regularly (once a week or more, or on 4 or more days in a 30 day period) then they meet the definition of Regulated Activity.

If the frequency of them being unsupervised does not meet the definition of 'regularly' then they are not classed as being in a Regulated Activity post. It is important that managers ensure appropriate safeguards are in place to manage any perceived risks.

6. Some of our staff go into adult's homes to cook their food and assist them to eat. Does this meet the definition of 'personal care' under point 2 above, in the adult definition, and therefore meet the definition of Regulated Activity?

Physical assistance with eating or drinking, for example cutting up food and spoon feeding an adult who is unable to do so because of their age, illness or disability, would be in Regulated Activity. Teaching an adult to feed themselves, for example teaching someone to use adapted cutlery following a stroke, would also be in Regulated Activity.

Food preparation that does not include physically assisting an adult, for example preparing and serving a meal is not in Regulated Activity.

7. After September will there be fewer teaching staff (who teach adults) in Regulated Activity?

Yes. From September the only teaching that falls within the definition of Regulated Activity will be restricted to teaching related to personal care as defined above.

8. What are the consequences of submitting ineligible Access NI checks?

Should an employer submit an unnecessary check for a post (i.e. request an Access NI check with barred list check for a post that does not meet the new definition of Regulated Activity) then Access NI may remove a registered body's status. In addition it leaves an employer open to challenge from the applicant.

9. Are there any changes happening after September 2012?

Yes. There will be additional changes in December 2012 and also during 2013/14. We will provide further information on these changes prior to their introduction.

In summary however the December 2012 change will involve the merging of the work of the CRB and ISA into a single new Non-Departmental Public Body. This will be called the Disclosure and Barring Service (DBS). The DBS will carry out the ISA's current functions in Northern Ireland and Access NI will continue to provide a disclosure service for Northern Ireland.

During 2013/14 Access NI will be introducing a new portable disclose service. This new service will allow

individuals to apply for a criminal record certificate only once and then, if they need a similar sort of check again, to reuse their existing certificate with their employer checking online to see if it is still up to date. This will avoid many repeat applications.

WHAT IS NOT CHANGING

- Employers must continue to make appropriate referrals to the ISA/DBS
- Employers must not engage in Regulated Activity someone whom you know has been barred by the ISA
- Individuals who fall under the new definition of Regulated Activity will continue to be eligible for an enhanced disclosure with a barred list check.
- Individuals who fell under the old definition of Regulated Activity, but do not from 10th September 2012, will remain eligible for enhanced checks but without a barred list check.

FURTHER INFORMATION

Further information on these changes can be obtained from the following webpage:

www.homeoffice.gov.uk/disclosure-and-barring-leaflet

Any queries regarding this information note should be directed to the Recruitment and Selection Team who can provide further advice and guidance.

[Redacted]

Any queries concerning referrals to the ISA/DBS should be made to the Employment Law Team.

[Redacted]

DEFINITION OF TERMS

Taken from: www.homeoffice.gov.uk/disclosure-and-barring-leaflet

1. New Definition of Regulated Activity

The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 sets out the activities and work which are 'regulated activity', which a person who has been barred by the DBS must not do. We are scaling back on regulated activity to focus on work which involves close and unsupervised contact with vulnerable groups including children. Currently, regulated activity covers over 9 million people across Northern Ireland, England and Wales. From September, it will cover closer to 5 million, with proportionate reductions in Northern Ireland. The activities and work which are being taken out of regulated activity will still be eligible for enhanced Access NI checks (but they will no longer be eligible for barred list checks).

Regulated activity matters because:

- An organisation which knowingly allows a barred person to work in regulated activity will be breaking the law.
- If you dismiss or remove someone from regulated activity – or you would have done had they not already left – because they appeared to pose a risk to vulnerable groups including children, you are legally required to pass information about that to the DBS. It is a criminal offence not to do that. If you believe that an offence has been committed, you should pass the information to the police. For further information on the duty to refer to the DBS, please see <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/dbs/dbs-referrals-guidance/>
- From 10th September, if you consider that a role is within the new definition of regulated activity, then if you ask the individual to apply for an enhanced Access NI check you should request the appropriate barred list check (for children, adults or both). Enhanced Access NI checks for work within regulated activity will tell you (where requested) if the person is on one of the DBS's barred lists. They do not generally include that information for work outside regulated activity.

Summary of Changes to Regulated Activity

The full, legal definition of regulated activity is set out in Schedule 2 to the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, as amended (in particular, by the Protection of Freedoms Act 2012).

Regulated activity still excludes family arrangements, and personal non-commercial arrangements.

1. Regulated activity relating to children

The amended definition of regulated activity comprises only:

- (i) Unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/ guidance on well-being, or driving a vehicle only for children;
- (ii) Work for a limited range of establishments ('specified places') with opportunity for contact: e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under (i) or (ii) is regulated activity only if done regularly. We will be providing statutory guidance about supervision to accompany the new definition of regulated activity.

- (iii) Relevant personal care, e.g. washing or dressing; or health care by, or supervised by, a professional;
- (iv) Registered Child minding; and foster-care.

2. Regulated activity relating to adults

The new definition of Regulated Activity relating to adults no longer labels adults as "Vulnerable", instead it identifies activities that, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activities/ services required, or the personal characteristics or circumstances or circumstances of the adult receiving the activities. There is no longer a requirement for a person to do the activities a certain number of times before they are engaging in Regulated Activity.

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below.

- **Providing Healthcare**
Any healthcare professional providing healthcare to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional. Please see the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, as amended by the Protection of Freedoms Act 2012, for further details about what is meant by health care and health care professionals.
- **Providing Personal Care**
Anyone who:
 - Provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability;
 - Prompts and then supervises an adult who, because of their age, illness or disability cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or
 - Trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.
- **Providing Social Work**
The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.
- **Assistance with General Household Matters**

The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

- **Assistance in the Conduct of a Person's Own Affairs**
Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney.
- **Conveying**
Anyone who transports an adult because of their age, illness, or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care: or between places where they have received or will be receiving health care, personal care or social care. This will include Patient Transport Service drivers and assistants, hospital porters and Emergency Care Assistants and Ambulance Technicians



Access NI Policy Statement

As an organisation using Access Northern Ireland to help assess the suitability of applicants for positions of trust, the Belfast HSC Trust complies fully with AccessNI's Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosure Applications and Disclosure information. It also complies fully with its obligations under the [Data Protection Act 1998](#) and other relevant legislation pertaining to the safe handling, storage, retention and disposal of Disclosure information.

Storage and Access

Disclosure information is kept securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.

Handling

In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom Disclosures or Disclosure information has been revealed and it is a criminal offence to pass this information to anyone who is not entitled to receive it.

Usage

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

Retention

Once a recruitment decision has been taken, we do not keep Disclosure information for any longer than is necessary. Information will not be retained but destroyed once a decision, recruitment or otherwise has been made.

Disposal

Once the retention period has elapsed, we will ensure that any Disclosure information is immediately destroyed by secure means i.e. by shredding, pulping or burning. While awaiting destruction, Disclosure information will not be kept in any unsecured receptacle (e.g. waste-bin or confidential sack). We will not keep any photocopy or other image of the Disclosure or any copy or representation of the contents of a Disclosure or any other relevant non-conviction information supplied by police but not included on the Disclosure. However, despite the above, we may keep a record of the date of issue of a

Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the Access NI unique reference number of the Disclosure Certificate and the details of the recruitment decision taken.



BELFAST HSC TRUST JOB ADVERTISEMENT REQUEST (REQUISITION) Page 1			HR REQ No(s).
NB: Form will not be processed unless <u>all boxes fully completed</u>			
Title of Post			
Specialty/ Service Area			
Location			
Band Please select band	Hours per week/times	Directorate Human Resources (AL)	
Source of Funding			
<input type="checkbox"/> New <input type="checkbox"/> Replacement of fully funded <input type="checkbox"/> Other Funds e.g.			
For any new post or funded posts through research & charitable please provide details:			
<input type="text"/>			
Cost Centre	Size of team which post is part of?	How long has the post been vacant?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
HRPTS Position Number: (To be completed by HR)		<input type="text"/>	
How is the service being covered without this post? In cases where the service is covered by backfill, identify type and extent:			
<input type="text"/>			
Has the redeployment of resources from other areas within/outside the Directorate been considered to cover the post?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Consequence of not filling the post:			
<input type="text"/>			
Budget position NET OF ALL SAVINGS at end of Month (specify)		Position at Specialty/Service area level (under/overspent):	
<input type="text"/>		£ <input type="text"/>	

Once the form is fully completed, do a "save as", select the PDF or XPS option and then click Publish. This will reduce the file size of the form.

BELFAST HSC TRUST JOB ADVERTISEMENT REQUEST (REQUISITION) Page 2 NB: Form will not be processed unless <u>all boxes fully completed</u>	
Permanent Post <input type="checkbox"/> Yes Name of Person(s) being Replaced: <input style="width: 100%; height: 30px;" type="text"/> Hours of previous postholder: <input style="width: 50px;" type="text"/> Band of previous postholder: Please select band	Temporary Post <input type="checkbox"/> Yes Reason for Cover: <input style="width: 100%; height: 30px;" type="text"/> Name of Person cover required for: <input style="width: 100%; height: 30px;" type="text"/> Start Date: <input style="width: 50px;" type="text"/> Duration of Cover: <input style="width: 50px;" type="text"/>
Waiting List (12 months) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <i>Please tick all that apply.</i> <i>NB Waiting lists will only be created for Internal Trawls in exceptional circumstances.</i>	Does this post require applicants to undertake an AccessNI check? (Please refer to the SVG Protocol) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Enhanced Disclosures are used mainly for positions that involve contact with children or vulnerable adults. The type of work will involve <u>regulated activity</u> (amended definition from 10 th September 2012).
Advertisement to be placed in: (Please note that if a waiting list is currently in place then the post will be filled from this) <input type="checkbox"/> Belfast Telegraph <input type="checkbox"/> Trustwide Internal <input type="checkbox"/> Limited Internal <input type="checkbox"/> Job <input type="checkbox"/> HSCRecruit <input type="checkbox"/> Professional Journal (Please <input style="width: 100px;" type="text"/>) ALL VACANCIES WHICH ARISE WILL NORMALLY BE ADVERTISED EXTERNALLY . *PLEASE CONTACT THE RECRUITMENT TEAM FOR ELIGIBILITY FOR INTERNAL TRAWLS.	
Chairperson/Contact: <input style="width: 150px;" type="text"/> Telephone: <input style="width: 150px;" type="text"/>	
Management Authorisation:	
Manager (PRINT): <input style="width: 150px;" type="text"/> Signed: <input style="width: 150px;" type="text"/> Date: <input style="width: 100px;" type="text"/>	
Director (PRINT): <input style="width: 150px;" type="text"/> Signed: <input style="width: 150px;" type="text"/> Date: <input style="width: 100px;" type="text"/>	
Finance Authorisation: Please note – the Service Group Accountant must sign requisitions for <u>all</u> posts. In addition, the Finance Director must sign requisitions for <u>new</u> posts only.	
Directorate Accountant (All posts) Signed: <input style="width: 150px;" type="text"/> Date: <input style="width: 100px;" type="text"/>	
Finance Director (New posts only) Signed: <input style="width: 150px;" type="text"/> Date: <input style="width: 100px;" type="text"/>	

Please return your Signed Advertisement Request Form, along with an electronic Word Version of the job description and personnel specification to the HR Dept.



Overview of Disclosure and Barring Requirements from 10th September 2012

Definition of Regulated Activity (entitled to an Access NI check and a Barred List check)	Examples of Posts Covered
<p>CHILDREN1</p> <p>a) Unsupervised Activities – teaching, training, instructing, caring for or supervising children, or providing advice/guidance on well-being, or driving a vehicle for children;</p> <p>b) Work for a limited range of establishments – (specified places) with opportunity for contact, e.g. schools, children’s homes, childcare premises, a children’s hospital but not work by supervised volunteers in those places;</p> <p>Work under (a) and (b) is regulated activity only if done regularly. Regularly means carried out by the same person frequently (once a week or more), or on 4 or more days in a 30 day period, or overnight. The DHSSPSNI statutory guidance about supervision should be referred to at Appendix 5.</p> <p>c) Relevant personal care – e.g. washing or dressing; or health care by, or supervised by a professional.</p> <p>d) Registered childminding; and foster-care</p>	<ul style="list-style-type: none"> • All staff who work regularly in a specified place – This will include support services, admin as well as social care staff. <p>Any of the following posts where the work involves children:</p> <ul style="list-style-type: none"> • All Social Care Posts • All Nursing and Midwifery • All Medical and Dental • All Allied Health Professionals • Patient Transport Drivers who transport children • Art and Music Therapists • Trust Chaplains
<p>ADULT</p> <p>a) Providing health care – Any healthcare professional providing health care to an adult, or anyone who provides healthcare to an adult under the direction or supervision of a healthcare professional;</p> <p>b) Providing personal care – Assistance with washing, dressing, eating, drinking, toileting, oral care or care of the skin, hair or nails or teaching someone to do one of these tasks;</p> <p>c) Providing social work – provision by a social care worker of social work which is required in connection with any health services or social services;</p> <p>d) Assistance with general household matters – assistance with a person’s cash, bills or shopping because of their age, illness or disability;</p> <p>e) Assistance in the conduct of a person’s own affairs – i.e. powers of attorney, or deputies appointed under the Mental Health Order;</p> <p>f) Conveying – Anyone who transports an adult because of their age, illness or disability to, from or between places where they receive healthcare, personal care or social work. This will include Patient Transport Services drivers and assistants, hospital porters and Emergency Care Assistants. This does not include friends/family/taxi drivers.</p>	<ul style="list-style-type: none"> • All Social Care Posts • All Nursing and Midwifery • All Medical and Dental • All Allied Health Professionals • Patient Transport Drivers and Assistants • Home Care Workers • Trust Hairdressers • Porters • Art & Music Therapists • Trust Chaplains

OUT OF SCOPE

The following are examples of posts that **no longer** meet the definition of regulated activity (this list is not exhaustive):

- Domestic staff who do not work in a specified place (children's homes, child care premises, children's hospitals)²
- Maintenance staff who work in a specified place but not regularly (once a week or more or on 4 days or more in a 30 day period)²
- Director/Senior Executive Positions
- Maintenance staff who do not work in a specified place
- Catering/ Laundry workers or other similar support services roles
- All admin & clerical (with the exception of those working in a specified place)
- Volunteers supervised at reasonable levels

1 A Child is any person who has not attained the age of 18 years

2 Posts that previously fell within the definition of regulated activity but no longer meet the definition **no longer** require an Access NI check. However the Trust can undertake an Access NI check if they so wish. It is important to note that the Trust is no longer permitted to undertake a barred list check for these posts.

Statutory Guidance: Regulated Activity (Children) – Supervision of Activity with Children which is Regulated Activity when Unsupervised

1. This document fulfils the duty in legislation²³ that the Secretary of State must publish statutory guidance on supervision of activity by workers with children, which when unsupervised is regulated activity. This guidance applies in England, Wales and Northern Ireland. It covers settings including but not limited to schools, childcare establishments, FE colleges, youth groups and sports clubs.
2. For too long child protection policy has been developed in haste and in response to individual tragedies, with the well-intentioned though misguided belief that every risk could be mitigated and every loophole closed. The pressure has been to prescribe and legislate more. This has led to public confusion, a fearful workforce and a dysfunctional culture of mistrust between children and adults. This Government is taking a different approach.
3. We start with a presumption of trust and confidence in those who work with children, and the good sense and judgement of their managers. This guidance applies when an organisation decides to supervise with the aim that the supervised work will not be regulated activity (when it would be, if not so supervised). In such a case, the law makes three main points:
 - There must be supervision by a person who is in regulated activity⁴;
 - The supervision must be regular and day to day; and
 - The supervision must be “reasonable in all the circumstances to ensure the protection of children”.

The organisation must have regard to this guidance. That gives local managers the flexibility to determine what is reasonable for their circumstances.

While the precise nature and level of supervision will vary from case to case, guidance on the main legal points above is as follows:

4. Supervision by a person in regulated activity/ regular and day to day: Supervisors must be in regulated activity themselves⁵. The duty that supervision must take place “on a regular basis” means that supervision must not, for example, be concentrated during the first few weeks of activity and then tail off thereafter, becoming the exception not the rule. It must take place on an ongoing basis, whether the worker has just started or has been doing the activity for some time.
5. Reasonable in the circumstances: within the Statutory Duty, the level of supervision may differ, depending on all the circumstances of a case. Organisations should consider the following factors in deciding the specific level of supervision the organisation will require in an individual case:
 - Ages of the children, including whether their ages differ widely;
 - Whether or not other workers are helping to look after the children;

² Safeguarding Vulnerable Groups Act 2006, amended by the Protection of Freedoms Act 2012: Schedule 4, paragraph 5A: guidance must be “for the purpose of assisting” organisations “in deciding whether supervision is of such a kind that” the supervisee is not in regulated activity.

³ Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, Schedule 2, paragraph 5A, is as above on guidance on “supervision” for Northern Ireland.

⁴ If the work is in a specified place such as a school, paid workers remain in regulated activity even if supervised.

⁵ From 2013-14, the Government plans to commence a statutory duty on an organisation arranging regulated activity (under the 2006 Act or 2007 Order, both as amended) to check that a person entering regulated activity is not barred from regulated activity; and plans to commence a stand-alone barring check service by the new Disclosure and Barring Service.

- The nature of the individual's work (or, in a specified place such as a school, the individual's opportunity for contact with children);
- How vulnerable the children are (the more they are, the more an organisation might opt for workers to be in regulated activity);
- How many workers would be supervised by each supervising worker.

6. In law, an organisation will have no entitlement to do a barred list check on a worker who, because they are supervised, is not in regulated activity.

EXAMPLES

Volunteer, in a specified place

Mr Jones, a new volunteer, helps children with reading at a local school for two mornings a week. Mrs Jones is generally based in the classroom, in sight of the teacher. Sometimes Mr Jones takes some of the children to a separate room to listen to them reading, where Mr Jones is supervised by a paid classroom assistant, who is in that room most of the time. The teacher and classroom assistant are in regulated activity. The head teacher decided whether their supervision is such that Mr Jones is not in regulated activity.

Volunteer, not in a specified place

Mr Wood, a new entrant volunteer, assists with the coaching of children at his local cricket club. The children are divided into small groups, with assistant coaches such as Mr Wood assigned to each group. The head coach oversees the coaching, spends time with each of the groups, and has sight of all the groups (and the assistant coaches) for most of the time. The head coach is in regulated activity. The club managers decide whether the coach's supervision is such that Mr Wood is not in regulated activity.

Employee, not in a specified place

Mrs Shah starts as a paid activity assistant at a youth club. She helps to instruct a group of children, and is supervised by the youth club leader who is in regulated activity. The youth club managers decide whether the leader's supervision is such that Mrs Shah is not in regulated activity.

In each example, the organisation uses the following steps when deciding whether a new worker will be supervised to such a level that the new worker is not in regulated activity:

- Consider whether the worker is doing work that, if unsupervised, would be regulated activity. If the worker is not, the remaining steps are unnecessary.
- Consider whether the worker will be supervised by a person in regulated activity, and whether the supervision will be regular and day to day, bearing in mind paragraph 4 of this guidance;
- Consider whether the supervision will be reasonable in all the circumstances to ensure the protection of children, bearing in mind the factors set out in paragraph 5 of this guidance;

And if it is a specified place, such as a school:

- Consider whether the supervised worker is a volunteer⁶.

Department for Education/ Department of Health, Social Services and Public Safety (Northern Ireland),
September 2012

⁶ A volunteer is: in England and Wales, a person who performs an activity which involves spending time, unpaid (except for travel and other approved out-of-pocket expenses), doing something which aims to benefit someone (individuals or groups) other than or in addition to close relatives; in Northern Ireland, a person engaged, or to be engaged, in an activity for a non-profit organisation or person which involves spending time unpaid (except for travel and other approved out-of-pocket expenses) doing something which amounts to a benefit to some third part other than, or in addition to, a close relative.

PART B Applicant's details

B1 Title Mr Mrs Miss Ms Other
If 'Other' please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth (if different)
 used until / /

B6 Any other surname(s) used? No Yes *If 'Yes', please complete F1, if 'No' go to B7*

B7 Any other forename(s) used? No Yes *If 'Yes', please complete F5, if 'No' go to B8*

B8 Gender Male Female

B9 Date of birth / /

B10 Place of birth - Town
 Country

B11 National insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No *If No, go to B17.* Yes *If Yes, complete B14, B15 and B16.*
 s

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Do you have an ISA registration number? No *If No, go to B19.* Yes *If Yes, complete B18.*

B18 ISA registration number

B19 Do you have a Scottish Vetting & Barring number? No *If No, go to B21.* Yes *If Yes, complete B20.*

B20 Scottish Vetting & Barring number

B21 Preferred contact number

PART C Application for Registration with ISA

C1 Are you applying for registration with ISA? No *If No, go to Part D.* Yes *If Yes, complete C2 - C5.*

C2 Do you intend to work, paid or unpaid, with *(Cross all that apply)* Children Vulnerable Adults

C3 Do you intend to work, paid or unpaid, in controlled activity with *(Cross all that apply)* Children Vulnerable Adults

C4 Are you applying as a free of charge volunteer? No Yes
By placing X in the Yes box at C4 I understand that I may be liable for payment at a later date should my employment status change.

C5 Security information

PARTD Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1 Current address

D2 Town/City

D3 County

D4 Country

D5 Postcode

D6 Lived at this address since / /

Please give details of a preferred Delivery Address (if different from above).

D7 Delivery address

D8 Town/City

D9 County

D10 Country

D11 Postcode

PARTE Address history

If you have lived at the address at D1-D4 for less than 5 years please provide details of all your previous address(es) and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards.

If necessary, please use the approved Address Continuation Sheet - this is downloadable at www.accessni.gov.uk.

E1 Address

E2 Town/City

E3 County

E4 Country

E5 Postcode

E6 Lived at this address from / / to / /

E7 Address

E8 Town/City

E9 County

E10 Country

E11 Postcode

PARTH Registered Body information

H1 Is the applicant applying for an AccessNI disclosure? No If No, go to H7. Yes If Yes, continue from H2.

H2 Position applied for

H3 Organisation Name

H4 Will the work be carried out at the home of the applicant? No Yes

H5 Is the disclosure required for the purposes of asking an exempted question? No Yes

H6 Is the disclosure required for a prescribed purpose? No Yes

H7 Are you entitled to know if the applicant is registered to work with children? No Yes

H8 Are you entitled to know whether the applicant is registered to work with vulnerable adults? No Yes


H9 Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI Guidance, and verified the information provided in Parts B, C, D, E & F? No Yes

H10 Application type: New post holder Existing post holder Re-check of existing post holder

H11 Your reference Number

PARTI Payment

11 Method of Payment Account Card Cheque Postal Order No Payment (Volunteer)

12 If paying by cheque, please complete the cheque number.
 If paying by card, complete the card details below: 

13 Card number

14 Start date / End date /

15 Issue number (Maestro only)

16 Card security code

17 Name on card

18 Signature on card

19 Date of signature

PARTJ Declaration

I confirm that the requisite documentation and information has been supplied and checked in accordance with AccessNI Guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make false statement for this purpose may be a criminal offence.

Factsheet 1: Employers and Volunteer Managers - when to make a referral to the Disclosure Barring Service (DBS)

• V2.0 - Dec 2012

Purpose

This factsheet provides general guidance on when an employer of people who work (paid or unpaid) with children or vulnerable adults is required to make a referral to the DBS.

What is a referral?

A referral is information regarding a person working in regulated activity with children or vulnerable adults which notifies us of concerns that harm or risk of harm has occurred to a child or vulnerable adult. A referral is made on the DBS Referral Form and is usually provided to the DBS by an employer or volunteer manager.

For more detailed information see the DBS Referral Guidance and the Referral Form on the DBS website: www.homeoffice.gov.uk/DBS or call the DBS Helpline on 01325 953 795.

When to refer - specifics

The Safeguarding Vulnerable Groups Act (SVGA) 2006 and Safeguarding Vulnerable Groups (Northern Ireland) Order (SGVO) 2007, place a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. This is when an employer has **dismissed or removed** a person from working with children or vulnerable adults (or would or may have if the person had not left or resigned etc.) because the person has:

1. Been cautioned or convicted for a relevant offence; or
2. Engaged in relevant conduct in relation to children and/or vulnerable adults [i.e. an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm]; or
3. Satisfied the Harm Test in relation to children and/or vulnerable adults. [i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or vulnerable adult still exists].

1. Caution or conviction for a relevant offence

If an employee who works with children or vulnerable adults in regulated activity has been cautioned or convicted for a relevant offence the employer must make a referral to the DBS. This should be done as soon as the employer is aware of the caution or conviction.

A relevant offence is a serious offence that will, subject to consideration of representations where permitted, automatically bar a person from working with children or vulnerable adults. Relevant offences are defined in secondary legislation. The DBS has a plain English version of relevant offences in Factsheet 5 on its website.



Factsheet 1: Employers and Volunteer Managers - when to make a referral to the Disclosure and Barring Service (DBS)

2 or 3. Relevant conduct or harm test is satisfied

An employer or volunteer manager must make a referral to the DBS if the following criteria have been met:

- They have dismissed or removed the person from working with children or vulnerable adults (or would or may have done so if they had not left or resigned etc.); because
- The person has engaged in relevant conduct; or the Harm Test is satisfied.

A referral should not be made when an allegation is first made. The employer must first undertake an investigation and evidence gathering in order to establish if the allegation has foundation. Without evidence or information for the DBS to consider, many allegations will be quickly closed down as there will be no basis on which the DBS can proceed.

A referral should be made when the employer has gathered information and evidence to support the allegation and decided that the criteria for making a referral to the DBS has been met.

Points to note

- If you suspect that a crime has been committed you should contact the Police.
- The DBS has no investigatory powers and relies upon the evidence provided with referrals and any other evidence that it may gather.
- It is crucial that employers do not make a referral to the DBS without providing supporting evidence. The DBS Referral Form details the information you should provide if you have it.
- Employers should, as far as possible, complete their investigations (even if the person has left their employment). This will ensure that the DBS has all available information and evidence on which to base its decision.
- If additional relevant information becomes available to an employer after making a referral, this should also be provided to the DBS.
- In all cases, the referral should be made on the DBS Referral Form and posted to the DBS enclosing all relevant information that the employer holds.

DBS contacts

Helpline: 01325 953 795
 Website: www.homeoffice.gov.uk/DBS
 Email: dbsdispatchteam@dbs.gsi.gov.uk

Post: Disclosure and Barring Service
 Post Office Box 181
 Darlington
 DL1 9FA



Disclosure and Barring Service Referral Form

Please refer to completing the referral form guidance whilst completing this document

Part 1: Details of the person you are referring

<p>A Personal information</p> <p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other title <input style="width: 100%;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Forename(s) <input style="width: 100%;" type="text"/></p> <p>Date of birth <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>D D M M Y Y Y Y</small></p> <p>Or age if date of birth is not known <input style="width: 50%;" type="text"/></p> <p>Previous names and / or alias dates of birth <input style="width: 100%; height: 50px;" type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Nationality <input style="width: 100%;" type="text"/></p> <p>National Insurance Number <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p>	<p>B Contact details of the person you are referring</p> <p>Contact Address <input style="width: 100%; height: 100px;" type="text"/></p> <p>Post Code <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/></p> <p>Country <input style="width: 100%;" type="text"/></p> <p>Home telephone <input style="width: 100%;" type="text"/></p> <p>Mobile number <input style="width: 100%;" type="text"/></p> <p>Work telephone (if still working) <input style="width: 100%;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p>
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<p>C Address history (most recent first)</p> <p>Address</p>	<p>Date from</p>	<p>Date to</p>

<p>D Professional registration (if applicable)</p> <p>Professional regulator <input style="width: 100%;" type="text"/></p> <p>Registration number <input style="width: 100%;" type="text"/></p>	<p>E Teacher reference (if applicable)</p> <p>Teachers pension number England and Wales <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></p> <p>F CRB Disclosures</p>
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Disclosure and Barring Service Referral Form

<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Date of registration</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td></td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td></td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>			/			/					D	D		M	M		Y	Y	Y	Y	<p>CRB Disclosure Number (if known)</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		/			/																
D	D		M	M		Y	Y	Y	Y												

Part 2: Qualifications and training history of the person you are referring

G	<p>Qualifications (please continue on a separate sheet if required)</p> <p><i>Title of qualification</i></p>	<p><i>Date of certificate</i></p>
H	<p>In service training / other training / courses attended (please continue on a separate sheet if required)</p> <p><i>Details of training</i></p>	<p><i>Date attended</i></p>



Disclosure and Barring Service Referral Form

Part 3: Details of the work carried out by the person you are referring

<p>I About their role</p> <p>Role Title <input style="width: 100%;" type="text"/></p> <p>Type of role Paid <input type="checkbox"/> Voluntary <input type="checkbox"/></p> <p>Date they started working / volunteering in the above role <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>D D M M Y Y Y Y</small></p> <p>Date they ceased working / volunteering in the above role <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>D D M M Y Y Y Y</small></p> <p>How did they leave or were removed from the role? Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/></p> <p>Other (please specify) <input style="width: 100%;" type="text"/></p> <p>Was the role held by the person you are referring 'regulated activity' with: Children <input type="checkbox"/> Vulnerable Adults <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Is the person still employed by you? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" to what role has the person been moved? <input style="width: 100%;" type="text"/></p> <p>To your knowledge, has the person ever worked in Scotland? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>	<p>J Role Description</p> <p>Main duties of the role (may be continued on a separate sheet if required)</p> <div style="border: 1px solid black; height: 300px; width: 100%;"></div>																																				
<p>K Previous misconduct, disciplinary action or complaints</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"><i>Nature of allegation and what action was taken</i></th> <th style="width: 20%;"><i>Date</i></th> </tr> </thead> <tbody> <tr><td style="height: 100px;"></td><td></td></tr> </tbody> </table>		<i>Nature of allegation and what action was taken</i>	<i>Date</i>																																		
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<p>L Previous / other employment (including any volunteer work if known)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"><i>Organisation / address</i></th> <th style="width: 40%;"><i>Job title / role</i></th> <th style="width: 15%;"><i>Date From</i></th> <th style="width: 15%;"><i>Date to</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		<i>Organisation / address</i>	<i>Job title / role</i>	<i>Date From</i>	<i>Date to</i>																																
<i>Organisation / address</i>	<i>Job title / role</i>	<i>Date From</i>	<i>Date to</i>																																		



Disclosure and Barring Service Referral Form

Part 4: Reason for the referral

M	<p>Purpose of the referral</p> <p>I am referring the person because I think they <i>(please tick one only)</i>:</p> <p><input type="checkbox"/> Harmed a child or vulnerable adult through their actions or inactions <i>(relevant conduct)</i>; or</p> <p><input type="checkbox"/> Represent a risk of harm to a child or vulnerable adult <i>(satisfied the harm test)</i>; or</p> <p><input type="checkbox"/> Have received a caution or conviction for a relevant offence.</p>
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N	<p>Summary of the circumstances which has resulted in this person being removed from regulated activity <i>(may be continued on a separate sheet if necessary)</i></p> <div style="border: 1px solid purple; height: 300px; margin: 10px 0;"></div> <p>Has the person you are referring admitted or accepted responsibility for any harm? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/></p>
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O	Other organisations or agencies involved in the circumstances of the referral			
	<i>Organisation / address</i>	<i>Contact person / role</i>	<i>Contact number</i>	<i>email</i>



Disclosure and Barring Service Referral Form

Part 5: Chronology of events

P	Chronology of events relating to this referral <i>(please continue on a separate sheet if required)</i>			
	<i>Date</i>	<i>Event</i>	<i>Relevant documents</i>	<i>Persons involved</i>



Disclosure and Barring Service Referral Form

Part 6: Details of the child or vulnerable adult harmed / put at risk of harm

<p>Q Details of the person harmed / put at risk of harm</p> <p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Other title <input style="width: 100%;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Forename(s) <input style="width: 100%;" type="text"/></p> <p>Date of birth <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/> <small>D D M M Y Y Y Y</small></p> <p>Or age if date of birth is not known <input style="width: 50px;" type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><i>For additional victims please use a separate sheet</i></p>	<p>R Relationship between the referred and the person harmed / put at risk of harm</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Details of any vulnerability, e.g. emotional, behavioural, medical or physical</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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Part 7: Documentation supplied

<p>S Supplied documents (please tick all that apply)</p> <p>Application for employment <input type="checkbox"/></p> <p>Curriculum Vitae / CV / Resume <input type="checkbox"/></p> <p>References <input type="checkbox"/></p> <p>Letter of employment offer <input type="checkbox"/></p> <p>Job description / role requirement / person specification <input type="checkbox"/></p> <p>File notes concerning conduct, behaviour / attitude <input type="checkbox"/></p> <p>Care plans for those named in Section Q (where appropriate) <input type="checkbox"/></p> <p>Victim impact report(s) or statement(s) for those named in Section Q <input type="checkbox"/></p> <p>Documents of internal investigations and outcomes <input type="checkbox"/></p> <p>Documentation of any past disciplinary action and complaint(s) <input type="checkbox"/></p> <p>Statement(s) made by the referred individual <input type="checkbox"/></p>	<p>Investigations and reports of regulatory bodies <input type="checkbox"/></p> <p>Investigations and reports of other agencies or bodies <input type="checkbox"/></p> <p>Interview report(s) relating to the referral <input type="checkbox"/></p> <p>Witness statement(s) <input type="checkbox"/></p> <p>Dismissal / resignation / redeployment letters <input type="checkbox"/></p> <p>Local Authority investigations reports / documents <input type="checkbox"/></p> <p>Adult Social Care or Children's Services reports <input type="checkbox"/></p> <p>Police investigations and reports <input type="checkbox"/></p> <p>Minutes of Strategy Meetings <input type="checkbox"/></p> <p>Health and Social Care Trust Investigations reports / documents <input type="checkbox"/></p>
<p>T Additional documents supplied (<i>please continue on a separate sheet if required</i>)</p>	



Disclosure and Barring Service Referral Form

Part 8: Referring party

U	Referring organisation / establishment	
	Name of Organisation	Contact address
	<input style="width: 95%;" type="text"/>	
	Type of organisation	
	<input style="width: 95%;" type="text"/>	<input style="width: 95%; height: 80px;" type="text"/>
	Sector	
	Please select your sector of work	
		Postcode
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		Country
		<input style="width: 95%;" type="text"/>

V	Primary contact	Alternative contact
	Name	Name
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Position	Position
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Telephone number	Telephone number
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Mobile number	Mobile number
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Email Address	Email Address
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Part 9: Declaration

W	<p>To be signed by the person making the referral</p> <p>I confirm that to the best of my knowledge the information in this form is accurate and that I have provided all documents legally required and any other relevant documentation. I understand that the DBS may contact me about the information I hold on the person I have referred.</p> <p>I understand that any information I have referred will be used by the Disclosure and Barring Service and may be disclosed to the referred person or other parties in accordance with statutory duties under the Safeguarding Vulnerable Groups Act 2006 and other legislation.</p>
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Disclosure and Barring Service Referral Form

<p>Signature</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Name (in BLOCK CAPITALS)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Date</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 12px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 12px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">D</td> <td style="font-size: 8px;">D</td> <td></td> <td style="font-size: 8px;">M</td> <td style="font-size: 8px;">M</td> <td></td> <td style="font-size: 8px;">Y</td> <td style="font-size: 8px;">Y</td> <td style="font-size: 8px;">Y</td> <td style="font-size: 8px;">Y</td> </tr> </table>			/			/					D	D		M	M		Y	Y	Y	Y	<p>Position</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Organisation</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Relationship to the individual you are referring</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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<p><input checked="" type="checkbox"/> Returning the form</p> <p>Please check that you have answered all the questions you can and signed the Declaration.</p> <p>This form should be returned, together with all supporting documentary evidence, to the address opposite.</p>	<p>Please return the form to:</p> <p style="text-align: center;">Disclosure and Barring Service PO Box 181 Darlington DL1 9FA</p>
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Title:	Protocol for the Recruitment and Employment of staff in Relation to Safeguarding Vulnerable Groups		
Policy Author(s)	[REDACTED]		
Responsible Director:	Jacqui Kennedy, Director of Human Resources and Organisational Development		
Policy Type: (tick as appropriate)	*Directorate Specific <input type="checkbox"/>	Clinical Trust Wide <input type="checkbox"/>	Non Clinical Trust Wide <input checked="" type="checkbox"/>
If policy type is confirmed as * Directorate Specific please list the name and date of the local Committee/Group that policy was approved			
Date:			
Approval process:	Trust Policy Committee Executive Team Meeting	Approval date:	04 June 2020 10 June 2020
Operational Date:	June 2020	Review Date:	June 2025
Version No.	4	Supercedes	V3 – September 2015 – September 2018
Key Words:	Recruitment, Employment, Safeguarding Vulnerable Groups		
Links to other policies	BHSCT Volunteer Recruitment and Selection policy (2019) SG 72/11 BHSCT Work Experience Placement policy (2019) TP 80/12 BHSCT Safer Recruitment and Employment Alert Notice System (2020) TP 20/08 Fraud Response Plan TP 62/10 (2010) HSC Recruitment and Selection Framework 2018		

Date	Version	Policy Author	Comments
23/03/2010	0.1	L Beckett	Initial draft
09/06/2010	0.2	L Beckett	Final draft
09/06/2010	1.0	L Beckett	Final version
10/09/2012	1.1	A Kerr L Beckett	Revised version
13/05/2015	2.0	A Kerr L Beckett	Revised version
22/03/2017	2.1	A Kerr L Beckett	Revised version
13/05/2015	3.0	A Kerr L Beckett	Revised version
June 2020	4	Kerr S Whann	Revised version

1.0 INTRODUCTION / SUMMARY OF POLICY

1.1. Background

Following the Bichard Inquiry on child protection procedures in Humberside Police and Cambridgeshire Constabulary, particularly the effectiveness of relevant intelligence based record keeping, vetting practices and information sharing with other agencies, the Bichard Inquiry Report, published in 2004, resulted in a recommendation for a new scheme that would ensure that everyone working in regulated activity with children and vulnerable adults is checked and registered. This provided for the establishment of the Vetting and Barring Scheme. After full consultation, the Bichard Inquiry led to the Safeguarding Vulnerable Groups Act (SVGA) 2006 and the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 (as amended by the Protection of Freedoms Act 2012). This Legislation and Scheme replaced the former Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA).

In 2010, the new Government reviewed the safeguarding provisions and the Vetting and Barring Scheme was replaced by the Disclosure and Barring Service (DBS) enabled by the Protection of Freedoms Act 2012.

1.2 Purpose

This Protocol outlines the key responsibilities of the Belfast Health and Social Care Trust (the Trust) in relation to the implementation arrangements for the Safeguarding of Vulnerable Groups (Northern Ireland) (SVGO) 2007 (as amended by the Protection of Freedoms Act 2012) and the Disclosure and Barring Service as it relates to the recruitment and employment of staff.

The Trust has been entrusted with the care of children and vulnerable adults and must be confident that all the necessary safeguards and controls are in place to ensure that children and vulnerable adults are protected. The Trust has a wide range of responsibilities emanating from its statutory remit in respect of Social Services.

This Protocol has been developed as part of the Trust's Safer Recruitment and Employment Framework in relation to the specific requirements for the Belfast Trust.

The Protocol summarises the key details of the legislation and the Disclosure and Barring Service and outlines the procedural arrangements, which have been put in place to implement these.

1.3 Objectives

To provide guidance to managers on the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 (as amended by the Protection of Freedoms

Act 2012) and the Disclosure and Barring Service in relation to the recruitment and employment of staff.

2.0 SCOPE OF THE POLICY

The Protocol covers the responsibilities of the Trust, Line Managers, Human Resources Staff and Recruitment Shared Services Centre and applies to all permanent, temporary, locum and agency staff, volunteers, students on placement and those staff engaged under external contract as Sub-contractors.

3.0 ROLES AND RESPONSIBILITIES

The specific responsibilities of the Trust, its Managers and Human Resources and Organisational Development staff are outlined.

4.0 CONSULTATION

The Protocol was fully consulted on with the Trusts Safer Recruitment & Employment Group at which Directorates, Trade Unions and Human Resources are represented.

5.0 POLICY STATEMENT/IMPLEMENTATION

5.1 Key Policy Statement(s)

The Protocol outlines the legislative context and responsibilities under Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 (as amended by the Protection of Freedoms Act 2012) and the Disclosure and Barring Service in relation to the recruitment and employment of staff.

It sets out the main provisions of the Disclosure and Barring Service as it relates to conducting checks for new and current employees and the referral arrangements for existing employees.

It provides advice and clarification on the key elements of the Disclosure and Barring Service and a number of services for further information and documentation.

5.2 Dissemination

This Protocol should be disseminated throughout the Trust as it applies to all permanent, temporary, locum and agency staff, volunteers, students on placement and those staff engaged under external contract as sub-contractors

5.3 Resources

None

5.4 Exceptions

None

6.0 MONITORING AND REVIEW

The Protocol will be kept under review to ensure compliance with any future legislative requirements. The Protocol will be formally reviewed on a five yearly basis in accordance with Section 6 Governance Arrangements as set out in this Protocol.

7.0 EVIDENCE BASE/REFERENCES

The Protocol adheres to legislative requirements of the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 (as amended by the Protection of Freedoms Act 2012), Disclosure and Barring Service.

References: Department of Health Generic Guidance, Sector Specific Guidance, DBS Referral Guidance, Access NI Guidance and DAO (DOF) 04/18 - Fraud Proofing Guidance.

8.0 APPENDICES

Appendix 1 Access NI Policy Statement

9.0 NURSING AND MIDWIFERY STUDENTS

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in **Protocol for the Recruitment and Employment of staff in Relation to Safeguarding Vulnerable Groups** where required by the student's programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision

- Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.

- Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement.

Wording within this section must not be removed.

10.0 **EQUALITY IMPACT ASSESSMENT**

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this [link](#).

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact
Minor impact
No impact

Wording within this section must not be removed

11.0 **DATA PROTECTION IMPACT ASSESSMENT**

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to militate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

- Not necessary – no personal data involved
- A full data protection impact assessment is required
- A full data protection impact assessment is not required

Wording within this section must not be removed.

12.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

13.0 REASONABLE ADJUSTMENT ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

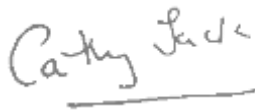
SIGNATORIES



04/06/2020

Date: _____

Name Jacqui Kennedy
**Title Director of Human Resources/
Organisational Development**



10/06/2020

Date: _____

Name Dr Cathy Jack
Title Chief Executive



Belfast Health and Social Care Trust

PROTOCOL FOR:

**RECRUITMENT AND EMPLOYMENT OF STAFF IN RELATION TO
SAFEGUARDING VULNERABLE GROUPS.**

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**Protocol for the Recruitment and Employment of Staff in Relation to
Safeguarding Vulnerable Groups.**

1.0. INTRODUCTION / PURPOSE OF PROTOCOL

This Protocol outlines the key responsibilities of the Belfast Health and Social Care Trust (the Trust) in relation to the implementation arrangements for the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 (as amended by the Protection of Freedoms Act 2012) and Disclosure and Barring Service as it relates to all permanent, temporary, locum and agency staff, volunteers, students on placement and those staff engaged under external contract as sub-contractors.

The Trust has been entrusted with the care of children and vulnerable adults and must be confident that all the necessary safeguards and controls are in place to ensure that children and vulnerable adults are protected. The Trust has a wide range of responsibilities emanating from its statutory remit in respect of Social Services.

The Protocol summarises the key details of the legislation and the Disclosure and Barring Service and outlines the procedural arrangements, which have been put in place to implement these.

2.0. LEGISLATIVE CONTEXT

The Bichard Inquiry resulted in a recommendation for a new scheme that would ensure that everyone working in Regulated Activity with children and vulnerable adults is checked and registered. (Please refer to Section 3 for definitions of Regulated Activity in relation to Children and Vulnerable Adults). After full consultation, the Bichard Inquiry led to the Safeguarding Vulnerable Groups Act (SVGA) 2006 and the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 (as amended by the Protection of Freedoms Act 2012) which provide for the establishment of the Vetting and Barring Scheme. This Legislation and Scheme replaced the former Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA). In 2012 the Vetting and Barring Scheme was replaced by the Disclosure and Barring Service (DBS) enabled by the Protection of Freedoms Act 2012.

Access NI enables organisations to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work with children and vulnerable adults. Access NI offers two levels of disclosure, Standard and Enhanced – each of which represents a different level of check.

Disclosure and Barring Service (DBS) maintain a list of individuals deemed not suitable to work with children and vulnerable adults.

A Standard Disclosure Certificate shows details of spent and unspent convictions and cautions – not cases pending.

Standard Disclosure Certificates are no longer available for people working with children or vulnerable adults and an Enhanced Disclosure Certificate will be obtained in these circumstances.

An Enhanced Disclosure Certificate contains all the information in a Standard Disclosure and any further relevant information held in Police records e.g. information about attempted prosecutions that were unsuccessful or behaviour that might be indicative of criminal activity.

The Trust is a registered body with Access NI and can access the services of Access NI to obtain checks on prospective and current employees. As a registered body, the Trust has a critical role in the management of any information disclosed.

The HSC Recruitment and Selection Framework October 2018 ensures compliance with the requirements of the Disclosure and Barring Service as it relates to prospective employees. Checks are carried out to ensure that members of staff are who they say they are, have the skills and qualifications they say they have, are registered with the appropriate regulatory body as necessary, have undergone appropriate pre-employment health screening, that references are checked and that gaps in employment are questioned.

The Trust will ensure that following recruitment, staff will be effectively managed, supervised, trained and appraised to ensure that they are carrying out their responsibilities in a diligent and compassionate way. In relation to students, placements and volunteers the Trust will ensure that the requirements of Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 (as amended by the Protection of Freedoms Act 2012) are undertaken in line with this Protocol.

Access NI process:

Detailed information about Access NI is available by accessing its website:

www.accessni.gov.uk

In applying this Policy, reference must be made to the Access NI Code of Practice, the Explanatory Guide and the Guide to Access NI (www.accessni.gov.uk).

The Recruiting Manager will determine if the job meets the definition whereby an Access NI check is required i.e. is it regulated activity; the individual will be required to complete the necessary documentation. HR or Recruitment Shared Service Centre (RSSC) can clarify any queries re this matter.

The Trust will request an Access NI Disclosure only where it is regulated activity and where it is considered proportionate and relevant to the particular position. This will be based on a thorough risk assessment of that position and having considered the relevant legislation, which determines whether a Standard or Enhanced Disclosure is required for the position in question.

Where an Access NI Disclosure is deemed necessary for a post or position, all applicants will be made aware at the conditional employment offer stage that the position will be subject to a Disclosure and that the Belfast Trust will request the individual being offered the position to undergo an appropriate Access NI Disclosure check.

In line with the Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979 (as amended in 2014), Belfast Trust will only ask about convictions which are defined as “not protected” for the purposes of obtaining a Standard or Enhanced disclosure. (Please refer to BHSCT Recruitment and Selection Policy for Guidance on the Recruitment of Ex-Offenders).

It should be noted that sometimes applicants may seek to reuse their Disclosure Certificate as part of a separate recruitment exercise. The value of a Disclosure is directly linked to its contemporaneity. Enhanced Certificates should not be reused because every application to see spent convictions or approved information should be countersigned by a registered person based on a specific role or position.

- All staff newly appointed to the Belfast HSC Trust will require an access NI check as appropriate for the role.
- If staff are currently employed in a position within the BHSCT and have been Access NI checked, further checks are not required unless moving from one vulnerable group to another i.e. Children to Adults or vice versa.
- Access NI no longer provide a copy of certificates for standard and enhanced checks to the employer.
- The Trust will only be able to see any information disclosed if the applicant wishes to continue with the recruitment process and shows their certificate to the employer.
- Where police information, other than criminal record information, is disclosed on the certificate, an individual can appeal to an Independent Monitor to review the information.
- The applicant may seek a review if they believe the information is not relevant to the job they hope to do, or should not have been disclosed.
- With effect from 2 November 2015 via the Justice Act (2015 Act) statutory test applied by the police for releasing information changed from “might be relevant” to “reasonably believes to be relevant”.

For further information or special guidance on a case-by-case basis, please contact Recruitment Shared Service Centre (recruitment.ssc@hscni.net).

3.0. MAIN PROVISIONS OF THE DISCLOSURE AND BARRING SERVICE.

The Trust is a Regulated Activity Provider and is responsible for the management or control of regulated activity, paid or unpaid, and arranges for people to work in that activity. The Trust is required to fully implement all the requirements of the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 (as amended by the Protection of Freedoms Act 2012) legislation and Disclosure and Barring Service.

Definitions of Regulated Activity

Regulated Activity relating to **Children** comprises:

- Unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/ guidance on well-being, or driving a vehicle only for children;
- Work for a limited range of establishments ('specified places'), with opportunity for contact: e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under the above is regulated activity only if done regularly, or if done overnight.

- Relevant personal care, e.g. washing or dressing; or health care by, or supervised by, a professional;
- Registered child-minding and foster care.

Regulated activity still excludes family arrangements, and personal non-commercial arrangements.

- *Regulated Activity relating to Adults comprises:*

- Health Care provision including all forms of health care provided for individuals, whether relating to physical or mental health and also includes palliative care and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition; and first aid.
- *Personal Care Provision*
- Provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability;
- Prompts and then supervises an adult who, because of their age, illness or disability cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or
- Trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.

- **Providing Social Work**

The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.

- *Assistance with General Household Matters*

The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

- *Assistance in the Conduct of a Person's Own Affairs*

Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney.

- *Conveying*

Anyone who transports an adult because of their age, illness, or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care: or between places where they have received or will be receiving health care, personal care or social care. This will include Patient Transport Service drivers and assistants, hospital porters and Emergency Care Assistants and Ambulance Technicians.

For further guidance, please refer to Access NI Website:

www.nidirect.gov.uk/campaigns/accessni-criminal-record-checks

An organisation, which knowingly allows a barred person to work in regulated activity, will be breaking the law.

The Trust's Disciplinary Policy ensures that the necessary referral requirements set out under the Disclosure and Barring Service are adhered to.

If you dismiss or remove someone from regulated activity, or you would have done had they not already left, because they appeared to pose a risk to vulnerable groups including children, you are legally required to pass information about that individual to the Disclosure & Barring Service. It is a criminal offence not to do so. If you believe that an offence has been committed, you should pass the information to the police.

Further information on the duty to refer to the Disclosure and Barring Service can be found on their website: <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/>.

Please contact the HR Employment Law Team, who will be able to advise on a specific query or concern.

4.0. RESPONSIBILITIES OF THE BELFAST HEALTH AND SOCIAL CARE TRUST

As a Registered Body with Access NI the Trust:

- Must adhere to its Code of Practice and Explanatory Guide so that checks can be made against: Criminal Record Viewer, the Police National Computer and where appropriate information from Police Forces throughout the UK for any additional non-conviction material, including cases pending, which the Police consider relevant for Disclosure. The Trust has a written Statement of Intent, which sets out its responsibilities for the correct handling and safekeeping of Disclosure information (Appendix 1).
- Must ensure that the appropriate arrangements are in place to ensure posts are identified as being regulated activity under the new definition and that the appropriate checks are made.
- Must not knowingly employ in a regulated activity or use as a volunteer, a barred person.
- Must refer to the Disclosure and Barring Service any employee, volunteer in regulated activity who has been dismissed or no longer used because the Trust thinks they have harmed, or pose a risk of harm to children or vulnerable adults.

4.1. Line Managers Responsibilities: -

- Must identify on the Trust's online advertisement request form ~~refer to appendix 3~~ if a vacant post meets the definition of regulated activity and requires an appointee to be vetted.
- Must consider if an Enhanced or Standard Disclosure is required (see Section 2.0 and Section 3.0 for guidance).
- Must ensure that they and their staff are familiar with this Protocol and the Guidance referred to and keep abreast of further developments.
- Must identify any staff who transfer on a permanent or temporary basis from a position that does not fall within the definition for regulated activity as appropriate to a post that does meet the definitions and ensure that these staff are vetted appropriately prior to commencement in the new position.
- Must ensure that an Access NI check as appropriate is conducted for any staff member returning from an employment break/unpaid leave.
- Must liaise with Human Resources and Organisational Development staff in relation to any student's/training positions/other individuals to ensure that vetting is conducted as appropriate.
- Must alert Senior Management and Employment Law Team within Human Resources & OD Directorate to any incident, which gives rise to concern or where allegations are made about an individual working with children/vulnerable adults. The Employment Law Team will provide advice and guidance on issues, which may give rise to the referral of information to the Disclosure and Barring Service.

4.2. Human Resources Responsibilities: -

- Must ensure that they are fully conversant with and adhere to the requirements of this Protocol and associated guidance in the recruitment and placement of staff.
- Must ensure that they are conversant with and adhere to the requirements of this Protocol and associated guidance in relation to the referral of any staff to the Disclosure & Barring Service.
- Must provide guidance and support to Line Managers in the implementation of this Protocol.
- Must ensure that associated Policies – Disciplinary, Recruitment and Selection, Placement Activity Policy, Employment Breaks – are kept under review to ensure compliance with this Procedure.
- Must ensure that there is adherence to the Statement of Intent for the management, handling and storage of completed application forms and that the Governance Arrangements set out in Section 6 of this protocol are satisfied.

4.3. Outcome of Checks

On receipt of a Disclosure Certificate, the Trust/RSSC must ensure that the Statement of Intent and Code of Practice is complied with and only those staff entitled to see Disclosures in the course of their duty should have access. In exceptional circumstances the Police may provide additional information in a sealed envelope – this is only where the Police have identified a clear risk and such information must not be disclosed or discussed with the applicant. Access NI will not be privy to the details of such information.

If it is confirmed that an individual's name is included on the barred lists, they are disqualified from working in a regulated position. If the individual is in the employment of the Trust and information is provided which indicates that there has been an issue of non-disclosure of previous offences by the employee, then the appropriate action will be taken to investigate the matter under the Trust Disciplinary Procedure.

Advice must be sought from the HR Employment Law Team.

4.4. Disputes and Disagreements

If an individual believes information disclosed about them is inaccurate, they should raise a dispute with Access NI at www.accessnichecks.co.uk.

4.5. Handling and Storage of Information

The Trust has a written Statement of Intent covering the correct handling and safekeeping of all documentation relating to an individual's disclosure information (Appendix 1). It adheres to the Access NI Code of Practice and guidance, its responsibilities under the Data Protection Act, General Data Protection Regulation 2018 and Good Management Good Records (GMGR).

4.6. Applicants from outside the United Kingdom/Overseas

Access NI is unable to obtain overseas criminal records. It can only provide details of offences committed in the UK. The Trust can consider examining the website of the Police Force of the country of origin or contact the country's representative in the UK. It can ask those with overseas residence to apply for the equivalent of a disclosure, if available.

5.0. REFERRALS TO DISCLOSURE AND BARRING SERVICE (DBS)

As a Regulated Activity Provider, the Trust has a legal duty to refer information to the Disclosure & Barring Service in certain circumstances and to notify the Disclosure & Barring Service of relevant information so that individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups. Disclosure & Barring Service Referral Guidance sets out the key elements of the referral process, the circumstances under which a referral should be made, the legal responsibilities of employers and the main points of the law in relation to referrals.

The guidance is available at <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbs-referrals/> and should be referred to when dealing with any referral issues.

Advice and guidance **must** be sought from the HR Employment Law Team when dealing with a referral issue.

In relation to the referral of individuals who are engaged by the Trust through an employment agency or who are placed with the Trust, for example through a university placement, the Trust must ensure that it informs these organisations, fully cooperates with them and ensures that they make a referral as appropriate in line with the Guidance.

6.0. GOVERNANCE ARRANGEMENTS

This protocol will be kept under review to ensure compliance with any future legislative requirements. It will be reviewed formally on a five yearly basis and at appropriate periods where legislative changes occur.

The Trust will ensure compliance with this protocol by:

- Seeking evidence from the relevant HR Co Director/RSSC that the Recruitment & Selection and Disciplinary Policies have been reviewed in light of any legislative or Departmental guidance developments.
- Seeking evidence from the relevant HR Co Director/RSSC that the requirements for the vetting of prospective staff are being conducted in line with this Protocol and associated guidance.

- Seeking evidence from the relevant HR Co Director that the process for referring any staff to the Disclosure & Barring Service has been conducted in line with this Protocol and associated guidance.
- Seeking evidence from the relevant HR Co Director that any Contracts with Employment Agencies are compliant with the legislation and that monitoring arrangements are in place to ensure same.
- Seeking evidence from the relevant Service Co-Director that any Contracts with Private Contractors are registered with Access NI, compliant with and that monitoring arrangements are in place to ensure same.
- Seeking evidence from the relevant HR Co Director that all arrangements for Placement Activity are compliant with this protocol and associated guidance and that monitoring arrangements are in place to ensure same.
- The relevant HR Co Director will ensure that the audit arrangements set out in the Safer Recruitment and Employment Framework are implemented and any recommendations are taken forward.



Access NI Policy Statement

As an organisation using Access Northern Ireland to help assess the suitability of applicants for positions of trust, the Belfast HSC Trust complies fully with Access NI's Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosure Applications and Disclosure information. It also complies fully with its obligations under the General Data Protection Regulation 2018 and other relevant legislation pertaining with the safe handling, storage, retention and disposal of Disclosure information.

Storage and Access

Disclosure information is be kept securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.

Handling

Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom Disclosures or Disclosure information has been revealed and it is a criminal offence to pass this information to anyone who is not entitled to receive it.

Usage

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

Retention

Once a recruitment decision has been taken, the Trust do not keep Disclosure information for any longer than is necessary. Information will not be retained but destroyed once a decision, recruitment or otherwise has been made.

Disposal

Once the retention period has elapsed, we will ensure that any Disclosure information is immediately destroyed by secure means i.e. by shredding, pulping or burning. While awaiting destruction, Disclosure information will not be kept in any unsecured receptacle (e.g. waste-bin or confidential sack). We will not keep any photocopy or other image of the Disclosure or any copy or representation of the contents of a Disclosure or any other relevant non-conviction information supplied by police but not included on the Disclosure. However, despite the above, we may keep a record of the date of issue of a Disclosure, the name of the subject, the type of Disclosure requested the position for which the Disclosure was requested, the Access NI unique reference number of the Disclosure Certificate and the details of the recruitment decision taken.



TITLE	Safer Recruitment and Employment Alert Notice System and Procedure Internal Operating Procedure
Ref No.	TP020/08
Summary	This Policy sets out the arrangements in the Belfast Health & Social Care Trust for the processing and issuing of Alert Notices in regard to Health & Social Care Staff
Purpose	To have in place an Alert Notice System by which the Trust as an NHS Employer can make other NHS Bodies aware and be made aware of a Healthcare Professional whose performance and/or conduct could place Patients, Clients or staff at risk
Operational date	1 st October 2010
Review date	1 st October 2013
Version Number	2.0
Supersedes Previous	Version 1.0
Director(s) Responsible	Director of Human Resources/Medical Director
Lead Author(s)	Alison Kerr/Joan Peden
Additional Author(s)	Alert Notice Working Group
Department/ Service Group	Human Resources
Contact details	Alison Kerr/Louise Beckett Senior Human Resources Manager 4 th Floor: McKinney House Musgrave Park Hospital Stockman's Lane BELFAST BT9 7JB

Date	Version	Author	Comments
08/11/2007	0.1	Alison Kerr/Joan Peden	Initial Draft
10/01/2008	0.2	Alison Kerr/Joan Peden	BHSCT draft
03/07/2008	0.3	Alison Kerr/Joan Peden	BHSCT minor changes
04/09/2008	0.4	Alison Kerr/Joan Peden	Final BHSCT submitted for approval
12/11/2008	1.0	Alison Kerr/Joan Peden	Approved – for dissemination
16/07/2009	1.1	Alison Kerr/Joan Peden	BHSCT minor changes
01/10/2010	2.0	Alison Kerr/Joan Peden	Reviewed to incorporate Circular HSC JNF (1) 2010

Policy Record

		Date	Version
Author (s)	Approval		
Director Responsible	Approval		

Approval Process – Trust Policies

Policy Committee	Approval	17.01.11	
Executive Team	Authorise	19.01.11	
Chief Executive	Sign Off	19.01.11	

Approval Process – Clinical Standards and Guidelines

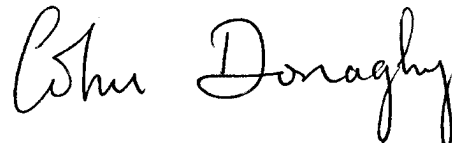
Standards and Guidelines Committee	Approval		
Policy Committee	Ratify		
Executive Team	Authorise		
Appropriate Director	Sign Off		

Local Approval Process

	Approval		
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Dissemination

Areas :	

Director of Human Resources

Date: 19 January 2011

Chief Executive

Date: 19 January 2011

SAFER RECRUITMENT AND EMPLOYMENT

ALERT NOTICE SYSTEM

INTERNAL OPERATING PROCEDURE **GUIDE FOR MANAGERS**

1) **General Policy Statement**

The Belfast Health and Social Care Trust is committed to the delivery of safe and effective care for its patients and clients and has in place a range of Safer Recruitment and Employment Checking Systems and Procedures to safeguard patients, clients and staff. An effective Alert Notice System is one such element of this range of checking arrangements.

In England, the Healthcare Professionals Alert Notices Directions 2006 apply to all registered Healthcare Professionals.

In Northern Ireland, HSC Circular 2010 “Issue of Alert Letters for Healthcare Professionals under Investigation by HSC Employers” applies to all Nursing and Midwifery Council and Healthcare Professions Council. Please refer to Circular HSC (JNF) (1) 2010 (attached Appendix 2) and in particular Appendix 1 of the aforementioned circular which lists the regulatory bodies. Also refer to the explanation letter of 11 May 2010 also attached as Appendix 3 which details the staff to which this circular applies).

For all Hospital and Community Medical and Dental staff, Circular HSS (TC8) 6/98 Issue of Alert Letters “Hospital and Community Medical and Dental Staff under Investigation by the HPSS” applies.

All HSC employers are required to implement the arrangements contained within the aforementioned circulars in conjunction with this Alert Notice System and Procedure.

It is of paramount importance that the Trust has in place a Procedure on:

- how to deal with an Alert Notice when it is received

- how to initiate a process where an Alert Notice may need to be raised

This policy sets out the arrangements in the Belfast HSC Trust for the processing and issuing of Alert Notices with regard to health and social care Staff.

2) Purpose

An Alert Notice System is a way by which an NHS employer can make other NHS bodies aware, and be made aware, that a healthcare professional whose performance and/or conduct could place patients, clients or staff at serious risk and may seek work in the NHS.

It also has the aim of ensuring that a robust recruitment process is in place to further safeguard patients, the public and staff.

3) Scope

The Alert Notice Scheme applies to all registered healthcare professionals who are regulated by a Body used in Section 25(3) of the NHS Reform and Healthcare Professions Act 2002 (a list is at Appendix 1).

Circular HSC JNF (1) 2010 “Issue of Alert Letters for Health and Social Care Professionals under Investigation by HSC Employers” applies to all Nursing and Midwifery Council and Health Professions Council. (See Appendix 1 of Circular HSC JNCF (1) 2010 attached at Appendix 2 and supplementary guidance contained in the letter of 11th May 2010 (see Appendix 3).

Circular HSS(TC8) 6/98 “Issue of Alert letters About Hospital and Community Medical and Dental Staff Under Investigation by the HPSS” applies to Hospital Community Medical and Dental Staff within the Trust.

For all other Staff and for Social Services Staff registered within the Northern Ireland Social Care Council (NISCC)/Health and Personal Social Services Act (NI) 2001, risks/concerns are reported via the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 and/or NISCC.

4) **Objectives**

To ensure:

- that where alert letters are received, information is provided to the appropriate individuals as rapidly as possible to ensure that where such staff may be an applicant, current employee, agency, bank, locum worker or on an honorary contract appropriate action is taken
- that a robust recruitment and employment process is in place to further safeguard patients, staff and the public
- that a robust system is in place to make other bodies aware of a healthcare professional currently employed or engaged (or ex-employee) who it is considered poses a serious or actual risk to patients and staff

5) **What is an Alert Notice?**

The issue of an alert is a way by which HSC bodies and professional organisations can be made aware of a registered healthcare professional whose performance or conduct gives rise to concern that patients, staff or the public may, in future, be at risk of harm either from inadequate or unsafe clinical practice or from inappropriate personal behaviour. It is also a means of ensuring that HSC organisations are made aware of healthcare professionals that may pose a threat to patients, staff, or the public because their conduct seriously compromises the effective functions of a team or delivery of service.

The alert system is intended to cover those situations where an HSC employer considers that a member of healthcare staff may pose a threat to patient safety if they worked in that professional capacity. The alert system is not part of either the HSC employees' disciplinary

process or statutory regulatory framework. It is an integral part of the system for pre-employment checks. It is intended as a means of alerting prospective employers to check that the applicant's employment record is complete and appropriate references are obtained and that information relevant to safe employment is known in advance of an appointment being made.

Employers should always undertake comprehensive checks on registration, qualifications and references and carry out Enhanced Disclosure Certificates by AccessNI, Criminal Records checks and occupational health checks in accordance with normal recruitment policies.

6) Triggering an Alert

There will be circumstances when information comes to light which suggests that an employee or an ex- employee poses a significant risk of harm to patients, staff or the public and intends or may intend to seek permanent or temporary work elsewhere in the NHS/HSC. It is the responsibility of the Chief Executive or Executive Board Member level to request the issue of an Alert with the Chief Professional Officer at the DHSSPS. The Chief Professional Officer must delegate responsibility for occasions when they are not able to issue an alert personally. The Trust should always check what other measures could be taken to protect the public before finally deciding on an Alert Notice. Advice may be obtained from the Regulatory Bodies, or an appropriate professional source within the Trust, or the DHSSPS.

Concerns may arise about the conduct and performance of a healthcare professional in a number of different ways, including concerns raised by other staff, findings arising from internal investigations, the disciplinary process, information from the regulatory bodies, complaints, police investigations, appropriate bodies outside the UK and information arising from the audit and inspection process. The issue of an alert is a serious step and should only be considered where a significant risk of harm to patients, staff or the public has been identified. It is important that investigations are brought forward to a conclusion, even when employees have left

the HSC body, both to safeguard future patients and staff elsewhere and in the interests of the individual (who may otherwise be left with an unresolved alert).

In exceptional circumstances a situation may arise in which a member of staff may pose a threat to public safety and is likely to seek employment elsewhere (e.g. a staff member who falsely holds himself out to be a healthcare professional and is seeking work in the NHS/HSC in that capacity). In such circumstances, it would be a proportionate response to take action based upon the principles contained within this scheme to safeguard public protection.

7) Assessment of the Degree of Risk

This must be based on the circumstances of each individual case, taking account of the relevant Head of Profession in the Trust. Where relevant professional advice is not available, advice should be obtained from an appropriate source. An Alert Notice is not a bar to employment. If an individual is appointed who is subject to an alert, the Trust will need to consider what safeguards need to be put in place.

8) What Information Must the Request to Issue an Alert contain?

Responsibility for requesting the issue of an alert must be made at Chief Executive or Executive Board member level. Employers may wish to seek their own legal advice in complex cases or those in which there is any doubt about the incidents or behaviour which gave rise to the concerns. The request must contain the name and last known address of the individual who is the subject of the notice. It must also contain a summary of the circumstances which gave rise to the request including a summary of all relevant information, an assessment of the relevant risks and any advice taken. The request must also explain what action the HSC body has already taken in respect of the individual to the relevant health regulatory body and must state the gender and ethnic origin of the individual, if known.

9) Role of the DHSSPS

If, in light of all the information presented to the DHSSPS, the Chief Professional Officer agrees that the individual concerned may pose a significant risk of harm to patients, staff or the public and may seek work in the NHS/HSC/Private Sector in that professional capacity and there is a pressing need, he/she may issue an alert. The DHSSPS must advise the referring body whether or not an alert will be issued, and the reasons behind the decision. The DHSSPS must issue an alert to the bodies listed in the footnote¹ and the individual concerned.

10) What Information will an Alert Notice Contain?

The alert will be issued in the form of a letter by the Chief Professional Officer, DHSSPS to the Chief Executives of all Health and Social Care Bodies listed in footnote 1, the Chief Professional Officers for Scotland, Wales and England and the regulatory body which regulates the profession or purported profession of the individual to whom the letter relates. The notification will ask them to contact a named officer at the referring body for a written reference, if the individual concerned contacts them with a view to obtaining employment.

The Chief Professional Officer in the DHSSPS may also send copies of the alert notice to other organisations which provide services to the HSC and which, in the opinion of the DHSSPS, may be approached by the subject of the alert notice with a view to seeking work. The Chief Professional Officer should carefully consider the degree of risk posed by the subject of the alert and the interest of the third party in obtaining the information.

Alerts are strictly confidential and should be marked 'alert system in confidence'. They should only be shared within an organisation on a strict 'need to know' basis, and should be stored securely. An alert

¹ The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian and Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient and Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA).

should be part of the employment record of the referring body. The same procedure and circulation list should apply when an alert is revoked.

11) Internal Procedure for the Receipt and Handling of Alert Notices: Roles and Responsibilities

When an Alert Notice is received:

11.1.) The Chief Executive

The Chief Executive will forward an Alert Letter to the Medical Director and/or Director of Nursing and/or relevant Director and the Director of Human Resources. In the case of Social Services Staff the NISCC will inform the Chief Executive who will forward the information to the Executive Director of Social Work and/or relevant Director and the Director of Human Resources.

11.2) The Director of Human Resources

The Director of Human Resources (or designated authority) will assume the lead role in the following Procedure:

- a) The Director of Human Resources on receipt of an Alert Notice from the Chief Executive will forward the Alert Notice to the Co-Director for Recruitment and Resourcing who will request the Recruitment Manager to action as follows:
- b) The Recruitment Office will record the Alert Letter details on the Recruit and Monitor System and check that the individual to whom the Alert Letter refers is not **an applicant** to the Trust.
- c) At the Pre-Employment Offer Letter stage the Recruitment Office will check both the Recruit and Monitor System and the HRMS system to see if an individual is the subject of an Alert Letter irrespective of whether the position applied for required registration with a regulatory body. This will enable an informed decision to be made about individuals who are the subject of an alert letter returning to the NHS in a position which does not require registration with a regulatory body.

d) If a match occurs and the individual is an applicant to the Trust, the Recruitment Office will immediately alert the Recruitment Manager who will immediately discuss with the appropriate Co-Director and/or the Chairperson of the interview panel. In the case of an Honorary Contract, the Honorary Contracts Protocol must be followed and the Learning and Development Manager will immediately inform the manager accepting responsibility for the Honorary Contract, and in the case of Social Work students, the Social Services Learning and Development Manager for Practice Learning.

e) The Chairperson of the Panel/Recruitment Manager will immediately contact the originator of the Alert Letter to ascertain the circumstances leading to the need for an Alert Letter,

f) In undertaking this action, possible other sources of advice and assistance may include:

The Medical Director/Lead Clinician for the relevant Profession

- The Director of Human Resources
- The relevant Service Group Director
- Executive Director of Social Work and/or relevant Director;
- Northern Ireland Social Care Council;
- The appropriate Regulatory Body

g) Possible action to be undertaken by the Chairperson of the Panel/ Recruitment Manager includes:

- Informing the individual that their application cannot be further considered
- Informing the originator of the Alert of the action taken
- Informing the appropriate Service Group Director
- Informing the regulatory body
- Notifying the PSNI
- Allow the appointment to continue
- Allow the appointment to continue but put in place some restriction(s) to practise, supervision or other forms of enhanced measures

- h) Having consulted the contact point named in the alert an employer wishes to appoint an individual who is currently subject to an alert (or include them on their list) the employer will need to consider what safeguards need to be put in place. The employer may also wish to notify the Chief Professional Officer which issued the notice so that he/she is aware that the practitioner is working in the NHS/HSC/or private sector. The Chief Professional Officer can then consider whether further action is required such as reviewing the notice or notifying the regulatory body of the subject of the alerts' continued employment in the NHS/HSC/or private sector. Where the Chief Professional Officer is made aware of such a decision he/she may wish to seek their own legal advice.
- i) Simultaneously, the Recruitment Office will check the Human Resource Management System (HRMS) to ensure that the individual, to whom the Alert letter applies, is not a **current employee** on the Trust's payroll. Where it is the case that the individual is a current employee the process under Para 12.0 – 12.4 below must be followed.

12.0 Where the individual is an Employee, the following Procedure will apply:

- a) The Recruitment Manager will immediately inform the Co-Director PPE/Employee Relations Manager, who will immediately contact the originator of the letter to ascertain further details of the case and the circumstances leading to the need for an Alert Letter.
- b) Co-Director PPE/Employee Relations Manager, will immediately inform the Service Group Director and the individual's Line Manager.
- c) In undertaking this action possible other sources of advice and assistance may include:-
- The Medical Director/Lead Clinician for the relevant profession;
 - The Director of Human Resources;
 - The relevant Service Group Director;

- Associate Director of Nursing as appropriate
- Executive Director of Social Work and/or relevant Director;
- Northern Ireland Social Care Council;
- The appropriate Regulatory Body;

d) The Trust must comply with the Trust Disciplinary Procedure including Appeals Procedures for all staff as appropriate. For medical and dental staff the Trust must comply with the “Maintaining High Professional Standards in the Modern HPSS” DHSSPS Nov 2005 and also Circular HSS (TC8) 6/98.

e) In all cases, where any contact is made with the individual and the above processes commence, detailed information must be recorded. Details should be based on the factual information provided by the Alert letter information and/or facts that subsequently emerge. Staff who are subject to an alert notice being raised must be fully informed that this is the case.

12.1) The Medical Director

The Medical Director (or designated authority) will assume a lead role in the following arrangements:

- Ensure the provisions of Circular TC8 6/98 in regard to the “Issue of Alert letters about Hospital and Community Medical and Dental staff Under Investigation by the HPSS” are applied.
- To liaise with the relevant Co-Director within Human Resources to ensure the necessary checks and actions have been taken
- To keep a record of proceedings
- To ensure that a process is in place for Alert Notice Management of Locums

12.2) The Director of Nursing

The Director of Nursing (or designated authority) will assume lead role in the following arrangements:

- Ensure the provisions of Circular HSC JNF (1) 2010 in regard to “Issue of Alert Letters for Healthcare Professionals under Investigation by HSC Employers” are applied
- To ensure that a process is in place for Alert Notice Management of Nurse Bank and/or Agency Workers
- To liaise with the relevant Co-Director within Human Resources to ensure the necessary checks and actions have been taken prior to the offer of employment being made, so potential candidates will be checked against up-to-date Alert Notice Lists held by the HR department

12.3) Directors

The Directors (or designated authority) will assume lead role in the following arrangements:

- Ensure the provisions of Circular HSC JNF (1) 2010 in regard to “Issue of Alert Letters for Healthcare Professionals under Investigation” by HSC Employers are applied
- To ensure that a process is in place for Alert Notice Management of Bank and/or Agency workers
- To liaise with the relevant Co-Director within Human Resources to ensure that the necessary checks and actions have been taken

12.4) The Executive Director of Social Work

The Executive Director of Social Work (or designate authority) will assume lead role in the following arrangements in relation to Social Service staff:

- Inform NISCC when there are reasonable grounds to believe that there is a potential or actual risk to patients of staff.
- To ensure that a process is in place for Alert Notice Management of Bank and or Agency workers
- To liaise with the relevant Co-Director within Human Resources to ensure that the necessary checks and actions have been taken.

13.0) Hospital and Community Medical and Dental Staff

Circular TC8 6/98 sets out the arrangements for notifying the DHSSPS about Hospital and Community Medical and Dental staff who have been dismissed, who are under suspension by their employer, or where there are significant reasonable grounds to support the view that they could be considered to be a potential danger to the safety of patients, other staff or themselves and where there is reason to believe that they will seek work elsewhere.

14.0) Reporting to Regulatory / Professional Body

If an Alert is issued the Trust should refer the case to any relevant statutory regulatory bodies or professional bodies with disciplinary powers such as GMC, GDC, NMC, HPC, NISCC as a matter of urgency (if this has not been done already).

Where an alert is issued the case should have been referred to the appropriate regulatory body (or in the case of midwives, the local supervising body) as a matter of urgency, unless there are exceptional circumstances. The purpose of doing this is for the regulatory body to consider whether any further action is required by it to protect patients, staff or the public.

If the regulatory body concludes its consideration of the case in terms that allow the individual concerned to remain in practice, either with or without conditions, the Chief Professional Officer will review the need for the alert to remain in place. It does not automatically follow that the alert will be revoked – there may be other good reasons for it to continue.

Prospective employers contacting a regulatory body regarding the registration status of an individual will also be informed if an individual is being considered formally under their fitness to practise procedures, in accordance with the appropriate rules governing disclosure of information to employers. This two-pronged approach strengthens protection for patients, staff and the public.

15.0) Monitoring and Revocation of an Alert

The DHSSPS must keep the alert notice under review to ensure it is regularly reviewed so it can be revoked as soon as there is evidence that the alert should no longer remain live. A review should take place no later than six months from the last review. However, an alert should not be revoked solely on the basis of any undertaking unless this is binding on the practitioner (e.g. an undertaking to the regulatory body or a court). If new circumstances come to light that give rise to further concerns about the individual, the process to issue another alert notice should begin again.

The Trust's Recruitment Office will:-

- a) Hold and maintain a database of all Alert Letters received and date Alert(s) revoked. This will be kept for five years after it has been revoked
- b) Ensure that only authorised personnel will have access to such databases and that strict confidentiality must be maintained throughout including password protected databases marked "Alert System in Confidence"
- c) Adhere to Data Protection Legislation in the management of all such information

16.0) Governance Arrangements

This Procedure will be kept under review to ensure compliance with current and future Legislative requirements. It will be reviewed normally on an annual basis and at appropriate periods where Legislative changes occur. The Co-Director for Governance, Equality and Improving Working Lives will ensure that checking to ensure compliance is carried out by:

- Seeking evidence from the Co-Director for Resourcing, Utilisation and Productivity and the Co-Director for Pay, Partnership and Employee Relations that the Recruitment and Selection and Disciplinary policies have been reviewed in the light of any Legislative or Departmental Guidance.

- Seeking evidence from the Co-Director for Resourcing, Utilisation and Productivity that Alert Letter notices received have been processed in accordance with this Procedure. This will involve undertaking a sample of Alert Notices received and tracking the processes followed to ensure Procedures were followed in a timely manner.
- Seeking evidence from the Co-Director for Pay, Partnership and Employee Relations, or appropriate DHSSPS Professional Head on a six monthly basis that the process for alerting the Chief Professional Officer, DHSSPS has been followed in the cases where current employees or ex-Employees are suspected of being a risk to patients, staff and public. This will involve a review check of all such cases by the Employee Relations Co-Director.
- Seeking evidence from the Co-Director Resourcing and Utilisation and the Co-Director for Employee Relations that Circular TC8 6/98 has been adhered to in the case of Medical and Dental staff.
- Seeking evidence from the appropriate Professional Head that receipt and issue of all Alert Notices have been processed in accordance with this Procedure

APPENDIX 1

To whom does the Alert Notice Scheme Apply?

The Alert Notice Scheme applies to all registered healthcare professionals who are regulated by a body used in section 25 (3) of the NHS Reform and Healthcare Professions Act 2002.

The bodies referred to are:-

The General Medical Council

The General Dental Council

The General Optical Council

The General Osteopathic Council

The General Chiropractic Council

Subject to section 26(5), the Royal Pharmaceutical Society of Great Britain,

Subject to section 26 (6), the Pharmaceutical Society of Northern Ireland

Until their abolition by virtue of section 60 (3) of the 1990 Act –
Nursing and Midwifery Council (NMC), and

Health Professions Council

Any regulatory body (within the meaning of Schedule 3 to the 1999 Act) established by an Order in Council under section 60 of that Act as the successor to a body mentioned above, and

Any other regulatory body (within that meaning) established by an Order in Council under that section.

In addition to the above the following are applicable:

Health and Personal Social Services Act (NI) 2001. Social Services staff registered with Northern Ireland Social Care Council (NISCC)

Circular HSC JNF (1) 2010 and DHSSPS letter of 11 May 2010 for a list of specific professions included (as appended to this document as Appendix 2 and 3 respectively)

APPENDIX 2

**HUMAN RESOURCES DIRECTORATE
PAY AND EMPLOYMENT UNIT**

Chief Executive of each HSC Body² Heads
of Education, Beeches Management Centre
and North West Consortium
For information:
Director of Finance and
Director of Human Resources of each body

Room D1.4
Castle Buildings
Upper Newtownards Road
BELFAST
BT4 3SQ

[REDACTED]

Your Reference: **HSC JNF (1
2010**

19 April 2010

Dear Colleagues

**ISSUE OF ALERT LETTERS FOR HEALTH CARE PROFESSIONALS UNDER
INVESTIGATION BY HSC EMPLOYERS**

1. The guidance set out in the Annex to this Circular covers the issue of alert letters for health care professionals that come under the Regulatory bodies listed in Appendix 1 and employed in HSC. These arrangements have been agreed by the relevant trade unions. The Department has Directed that this scheme should be adopted by all Health and Social Care bodies. This guidance does not apply to the independent sector but it is

² The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian ad Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

recommended that independent contractors should incorporate this scheme into their own procedures.

Summary

2. An alert letter is the way in which all HSC employers are made aware of a health professional whose performance or conduct could place patients, staff or the public at serious risk. They cover situations where health professionals who pose a hazard to patients, staff or the public may move from their present HSC employer to work elsewhere in a health or social care setting in any capacity, whether or not requiring registration, before their regulatory body has had the chance to consider interim suspension or other measures. Even where such measures are in place, alert letters are intended to reduce the risk of inappropriate employment in any capacity.
3. It is also a way in which all HSC employers are made aware of a health professional who may reasonably be considered to pose a serious potential or actual risk to patient care, staff safety or the public because their performance or conduct seriously compromises the effective functioning of a clinical team.
4. Alert letters are not intended to be issued in every case where an individual's performance or conduct is being considered by their HSC employer. An alert letter is intended to cover situations where an individual under investigation moves on or could move on before the assessment process is completed.

Action

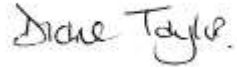
5. HSC employers are required to implement these arrangements for the issue of alert letters with immediate effect.

Enquiries

6. Enquires about the contents of this Circular should be directed to the Pay and Employment Unit of the Human Resources Directorate, Room D1.4, Castle Buildings, Upper Newtownards Road, Belfast, BT4 3SJ, telephone 028 90522832, email; p&e@dhsspsni.gov.uk.
7. Employees should direct personal enquiries to their employer.

Further Copies

8. Copies of this Circular can be obtained from the Department's extranet site at <http://extranet.dhsspsni.gov.uk> .

A handwritten signature in black ink that reads "Diane Taylor". The signature is written in a cursive, slightly slanted style.

DIANE TAYLOR
Deputy Director

MAINTAINING HIGH PROFESSIONAL STANDARDS

SCHEME FOR THE ISSUE OF ALERT NOTICES

FOR HEALTH CARE PROFESSIONALS IN HEALTH & SOCIAL CARE

IN NORTHERN IRELAND

THE ISSUE OF ALERT NOTICES FOR HEALTH CARE PROFESSIONALS

Summary

1. The DHSSPS has strengthened the current arrangements for the issue and revocation of alert notices for health care professionals in Northern Ireland.
2. The system is described in the attached scheme. This requires Health and Social Care (HSC) bodies to request alerts in line with the requirements contained within this system.

SCHEME FOR THE ISSUE OF ALERTS REGARDING HEALTHCARE PROFESSIONALS IN NORTHERN IRELAND

Introduction

1. The issue of an alert is a way by which HSC bodies and professional organisations, as listed in Appendix 1, can be made aware of a registered healthcare professional whose performance or conduct gives rise to concern that patients, staff or the public may, in future, be at risk of harm either from inadequate or unsafe clinical practice or from inappropriate personal behaviour. It is also a means of ensuring that HSC organisations are made aware of healthcare professional that may pose a threat to patients, staff, or the public because their conduct seriously compromises the effective functions of a team or delivery of service.
2. The alert system is intended to cover those situations where an HSC employer considers that a member of their healthcare staff may pose a threat to patient safety if they worked in that professional capacity. The alert system is not part of either the HSC employees' disciplinary process or statutory regulatory framework. It is an integral part of the system for pre-employment checks. It is intended as a means of alerting prospective employers to check that the applicant's employment record is complete and appropriate references are obtained and that information relevant to safe employment is known in advance of an appointment being made.
3. Employers should always undertake comprehensive checks on registration, qualifications and references and carry out Enhanced Disclosure Certificates by AccessNI, Criminal Records checks and occupational health checks in accordance with normal recruitment policies.
4. This guidance requires HSC bodies to implement and manage the alert scheme in accordance with the steps described within this scheme. These requirements are mandatory for HSC bodies.
5. In developing this system, consideration has been given to human rights issues, as they affect the employer/employee relationship. In making decisions careful adherence to the procedures contained within this scheme will ensure that the rights of those who are subject to an alert are respected. Of particular importance is the need to ensure that alerts are regularly reviewed so that they can be revoked as soon as there is evidence the alert should no longer remain live. However, an alert will not be revoked solely on the basis of an assurance from the individual unless this is binding on their permission to practice (e.g. an undertaking to the professional regulatory body or a court).

Who is covered by the alert system?

6. The alert system covers any healthcare professional currently subject to statutory regulation by one or more of the bodies listed in Appendix 1.

Triggering an alert

7. An alert may only be issued by the Chief Professional Officer, DHSSPS and only where it is considered that an individual poses a significant risk of harm to patients, staff or the public and intends or may intend to seek permanent or temporary work in the NHS/HSC in that capacity, and there is a pressing need to issue an alert notice. Other bodies may also request the issue of an alert (see paragraph 17-18).
8. Concerns may arise about the conduct and performance of a healthcare professional in a number of different ways, including concerns raised by other staff, findings arising from internal investigations, the disciplinary process, information from the regulatory bodies, complaints, police investigations, appropriate bodies outside the UK and information arising from the audit and inspection process. The issue of an alert is a serious step and should only be considered where a significant risk of harm to patients, staff or the public has been identified. It is important that investigations are brought to a conclusion, even when employees have left the HSC body, both to safeguard future patients and staff elsewhere and in the interests of the individual (who may otherwise be left with an unresolved alert).
9. An alert may be issued where the regulatory body has not yet decided to take action to make an interim suspension order or take other measures. Where the regulatory body has taken interim measures, the alert should remain live as it is intended to reduce the risk of inappropriate employment in any capacity. This will enable the HSC body to provide a full reference if requested by a prospective employer.
10. An alert should not be issued in circumstances where an individual's performance or conduct is being considered by their HSC employer.

Other staff and bogus professionals

11. In exceptional circumstances a situation may arise in which a member of staff not covered by paragraph seven may pose a threat to public safety and is likely to seek employment elsewhere (e.g. a staff member who falsely holds himself out to be a healthcare professional and is seeking work in the NHS/HSC in that capacity). In such circumstances, it would be a proportionate response to take action based upon the principles contained within this scheme to safeguard public protection.

Who in the DHSSPSNI should issue an alert?

12. Alerts must be issued on behalf of the DHSSPS by the Chief Professional Officer in the DHSSPS. The Chief Professional Officer is formally responsible

for assessing whether or not an alert should be issued and remains in place, and for formally revoking an alert when appropriate. The Chief Professional Officer must ensure that appropriate professional advice is taken before an alert is issued.

13. The Chief Professional Officer must delegate responsibility for occasions when they are not available to issue an alert personally. Such occasions may arise during periods of annual leave, sickness absence or other planned absences. The Chief Professional Officer retains overall responsibility for overseeing the process for issuing and revoking alerts and should be notified of all alerts issued in his or her absence on returning to work.

The role of the employing/referring body

14. There will be circumstances when information comes to light that suggests that a particular individual, who may be a current or former employee, poses a significant risk of harm to patients, staff or the public and intends or may intend to seek permanent or temporary work in the NHS/HSC or elsewhere in that capacity.
15. Responsibility for requesting the issue of an alert must be made at Chief Executive or Executive Board member level. Employers may wish to seek their own legal advice in complex cases or those in which there is any doubt about the incidents or behaviour which gave rise to the concerns. The request must contain the name and last known address of the individual who is the subject of the notice. It must also contain a summary of the circumstances which gave rise to the request including a summary of all relevant information, an assessment of the relevant risks and any advice taken. The request must also explain what action the HSC body has already taken in respect of the individual to the relevant health regulatory body and must state the gender and ethnic origin of the individual, if known.
16. An assessment of the degree of risk should be based on the circumstances of each individual case taking into account the advice of the Director of the professional group in the HSC body. Other sources of advice include the regulatory body and other professional organisations. Where relevant professional advice is not available within the HSC body, advice may be obtained from an appropriate source in another HSC body. The National Patient Safety Agency has developed an incident decision tree that may help evaluate whether incidents, which gave rise to initial concern, raise doubts about the conduct or performance of a particular individual. In all cases, the employing/referring body should consider carefully what other measures could be taken, other than issuing an alert notice, to ensure the protection of the public. In the particular case of midwives, this should include referral to the local supervising authority.

Requests for alerts from other bodies

17. Where an education provider considers that an alert should be issued in respect of a professional in training, he or she should seek advice from the Chief Professional Officer in the DHSSPS.

18. There may be instances where another body (e.g. a non - HSC employer) considers that an alert should be issued in respect of a healthcare professional that they employ or have previously employed. In such cases they should contact the Chief Professional Officer in the DHSSPS to discuss the details of the case, so that he/she can decide whether to issue an alert. The Chief Professional Officer in the DHSSPS may issue an alert notice in any circumstance considered appropriate provided that having taken appropriate advice, he/she is satisfied that a healthcare professional (or person holding himself out to be a healthcare professional) poses a significant risk of harm to patients, staff or the public and may seek work in the NHS/HSC in that professional capacity.

The role of the DHSSPS

19. When the Chief Professional Officer in the DHSSPS has considered the request from the referring body, he/she should consult with relevant senior professional colleagues.

20. If, in light of all the information presented to the DHSSPS, the Chief Professional Officer agrees that the individual concerned may pose a significant risk of harm to patients, staff or the public and may seek work in the NHS/HSC/Private Sector in that professional capacity and there is a pressing need, he/she may issue an alert. The DHSSPS must advise the referring body whether or not an alert will be issued, and the reasons behind the decision. The DHSSPS must issue an alert to the bodies listed in the footnote³ and to the individual concerned.

Action following the decision to issue an alert notice

21. If the DHSSPS issues an alert, the referring body must refer the case to any relevant statutory regulatory body or professional body with disciplinary powers as a matter of urgency, if this has not been done already (see paras 36-37). There may be exceptional circumstances when immediate referral might not be appropriate, for example when investigations are ongoing to gather evidence to support a referral to the regulatory body. In such circumstances referral must be made at the earliest possible opportunity. If investigations conclude that a referral to a regulatory body is not warranted, the referring body should ask the DHSSPS to revoke the alert without delay. In the case of midwives, the NMC

³ The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian ad Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

and the local supervising authority should be informed of the issue of the alert and notify the DHSSPS of any action it takes.

22. Once an alert is issued, the individual concerned must be notified by the DHSSPS within seven days (in writing to their last known home address and, where appropriate, their registered address). He/she should be given a summary of the DHSSPS reasons for this action. He/she may ask the DHSSPS to review its decision.
23. If, for whatever reason the DHSSPS is satisfied that h/she does not in fact represent a threat to patients, staff or the public, the alert must be formally revoked. This should be notified to the individual concerned and the referring body, by the DHSSPS as soon as is practicable.

Circulation of alerts

24. The alert will be issued in the form of a letter by the Chief Professional Officer, DHSSPS to the Chief Executives of all Health and Social Care Bodies listed in footnote 2, the Chief Professional Officers for Scotland, Wales and England and the regulatory body which regulates the profession or purported profession of the individual to whom the letter relates. The notification [see Appendix 2 for a model] will ask them to contact a named officer at the referring body for a written reference, if the individual concerned contacts them with a view to obtaining employment.
25. The Chief Professional Officer in the DHSSPS may also send copies of the alert notice to other organisations which provide services to the HSC and which, in the opinion of the DHSSPS, may be approached by the subject of the alert notice with a view to seeking work. The Chief Professional Officer should carefully consider the degree of risk posed by the subject of the alert and the interest of the third party in obtaining the information.
26. Alerts are strictly confidential and should be marked 'alert system in confidence'. They should only be shared within an organisation on a strict 'need to know' basis, and should be stored securely. An alert should be part of the employment record of the referring body. The same procedure and circulation list should apply when an alert is revoked.

Action to take on receipt of an alert

27. If an employing body becomes aware that an employee or prospective employee or an applicant for inclusion on its list is the subject of a current alert, then they should contact the referring body, as set out in the written notification.
28. Where contact is made by telephone, care must be taken to ensure that information is provided in a fair and consistent matter. Details should be based on the factual information provided to the DHSSPS or other facts that have subsequently emerged.

29. The employing body should then review the information provided by the individual in their application forms in the light of the information provided by the referring body, and take any appropriate action to ensure that the safety of patients and the public is maintained.

Monitoring and revocation of an alert

30. The DHSSPS must keep the alert notice under review to ensure it is regularly reviewed so it can be revoked as soon as there is evidence the alert should no longer remain live. A review should take place no later than six months from the last review. However, an alert should not be revoked solely on the basis of any undertaking unless this is binding on the practitioner (e.g. an undertaking to the regulatory body or a court). If new circumstances come to light that give rise to further concerns about the individual, the process to issue another alert notice should begin again.
31. The subject of the notice may at any time seek a review of the decision to issue an alert where new evidence or information comes to light. This should include the outcome of any proceedings by the police, the civil courts, regulatory body, disciplinary proceedings as appropriate or any information arising from the source of the concern which initially gave rise to the request for an alert to be issued. This will ensure that where information comes to light, which shows that the individual concerned does not pose a threat to the patients or staff, the DHSSPS can consider revoking the alert at the earliest opportunity. However, the DHSSPS will still need to take account of all the circumstances that gave rise to the issue of an alert in the first place.
32. Each case must be considered on its merits and alerts should not remain in force any longer than is necessary to ensure the protection of patients, the public and staff. DHSSPS will therefore review decisions when any further information comes to light and carry out a review no later than six months from the last review. The review will be a proactive process during which the DHSSPS will contact the sources of the concern, which originally resulted in the issue of the alert notice, to establish whether there have been any changes in circumstances or any new information which should be taken into account in deciding whether the alert notice should remain in force. The individual concerned will be informed by the Chief Professional Officer when an alert has been revoked.
33. The Chief Professional Officer in the DHSSPS will maintain and keep up to date a secure list of all alerts that he/she has issued and, where applicable the date the alert was revoked. There is an obligation on the DHSSPS to hold up to date information in respect of the person who is the subject of the alert, as far as it is reasonably practicable to do so. The Chief Professional Officer in the DHSSPS will compile an annual statistical return for the Departmental Board and the Minister.

34. The Chief Professional Officer in the DHSSPS must keep details of the alert for five years after it has been revoked. The existence of a revoked alert would form an important piece of evidence should the same individual again be considered to pose a threat to patients or staff at a later date.
35. If having consulted the contact point named in the alert an employer wishes to appoint an individual who is currently subject to an alert (or include them on their list) the employer will need to consider what safeguards need to be put in place. The employer may also wish to notify the Chief Professional Officer which issued the notice so that he/she is aware that the practitioner is working in the NHS/HSC/or private sector. The Chief Professional Officer can then consider whether further action is required such as reviewing the notice or notifying the regulatory body of the subject of the alerts' continued employment in the NHS/HSC/or private sector. Where the Chief Professional Officer is made aware of such a decision he/she may wish to seek their own legal advice.

Liaison with the statutory regulatory bodies

36. Where an alert is issued the case should have been referred to the appropriate regulatory body by the referring body (or in the case of midwives, the local supervising body) as a matter of urgency, unless there are exceptional circumstances. The purpose of doing this is for the regulatory body to consider whether any further action is required by it to protect patients, staff or the public.
37. If the regulatory body concludes its consideration of the case in terms that allow the individual concerned to remain in practice, either with or without conditions, the Chief Professional Officer will review the need for the alert to remain in place. It does not automatically follow that the alert will be revoked – there may be other good reasons for it to continue.
38. Prospective employers contacting a regulatory body regarding the registration status of an individual will also be informed if an individual is being considered formally under their fitness to practise procedures, in accordance with the appropriate rules governing disclosure of information to employers. This two-pronged approach strengthens protection for patients, staff and the public.

List of Regulatory Bodies:

The Nursing and Midwifery Council

The Health Professions Council

Standard contents for an alert notice

1. Always mark the covering letter **“ALERT NOTICE: MANAGEMENT IN CONFIDENCE”**
2. The notice must :
 - be addressed to the Chief Executive of the body
 - contain the subject’s full name, their national insurance number and/or date of birth if known and the name of the body where they work or where they formerly worked (normally the body which triggered the alert system)
 - include the registration number of the individual, if registered by one of the statutory regulatory bodies
 - explain in what capacity the subject formerly worked and in what specialty and in what other capacity they can work
 - state clearly the name, position, address and telephone number of the person to be contacted should the subject submit an application for employment

No further information about the individual or the case may be included in the alert notice.

APPENDIX 3

Lead Officer for Allied Health Professions
Patricia Blackburn



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

To: Chief Executive of each HSC Body
Heads of Education, Beeches Management
Centre and
North West Consortium

Castle Buildings
Stormont Estate
Belfast BT4 3SQ

gov.uk

Your Ref:
Our Ref:
Date: 11 May 2010

Dear Colleagues

ISSUE OF ALERT LETTERS FOR HCPs UNDER INVESTIGATION BY HSC EMPLOYERS

It has come to the attention of the Department that this circular has gone out under the heading of JNF (1)2010 Alert Letters for Nurses and Midwives.

The guidance set out in the Annex to this Circular covers the issue of alert letters for Health Care Professionals that come under the Regulatory bodies listed in Appendix 1, ie Nursing and Midwifery Council and Health Professions Council please note that this then includes:

Arts Therapies
Chiropodists/Podiatrists
Dieticians
Occupational Therapists
Orthoptists
Physiotherapists
Prosthetists/Orthotists
Speech and Language
Therapists

Biomedical Scientists
Clinical Scientists
Hearing and Dispensers
Operating Dept Practitioners
Paramedics
Practitioner Psychologists
Radiographers, Diagnostic and
Therapeutic

I would ask that this Circular is disseminated to all relevant personnel within your organisation.

Yours sincerely

A handwritten signature in black ink, appearing to read "Patricia Blackburn". The signature is written in a cursive style with a horizontal line underneath.

PATRICIA BLACKBURN

Lead AHP Officer, DHSSPS

cc: Director of Finance and
Director of Human Resources of each body

Title:	Safer Recruitment and Employment Alert Notice Policy		
Policy Author(s)	Alison Kerr, Senior Human Resources Manager/Business Partner [REDACTED] Samantha Whann, Senior Human Resources Manager [REDACTED]		
Responsible Director:	Jacqui Kennedy, Director of Human Resources and Organisational Development		
Policy Type: (tick as appropriate)	*Directorate Specific <input type="checkbox"/>	Clinical Trust Wide <input type="checkbox"/>	Non Clinical Trust Wide <input checked="" type="checkbox"/>
If policy type is confirmed as * Directorate Specific please list the name and date of the local Committee/Group that policy was approved Name: Date:			
Approval process:	Trust Policy Committee Executive Team Meeting	Approval date:	6 June 2020 10 June 2020
Operational Date:	June 2020	Review Date:	June 2025
Version No.	2	Supersedes	V1 – October 2010 – October 2013
Key Words:	Alert Notice System		
Links to other policies	Early Alert System Circular HSC (SQSD) 5/19 HSC Recruitment and Selection Framework 2018 BHSCT Work Experience Placement Policy (2019) TP 80/12 BHSCT Disciplinary Policy (2015) TP 52/08 BHSCT Fraud Policy Statement (2010) TP 63/10		

Date	Version	Author	Comments
08/11/2007	0.1	A Kerr J Peden	Initial Draft
10/01/2008	0.2	A Kerr J Peden	BHSCT Draft
03/07/2008	0.3	A Kerr J Peden	BHSCT minor changes
04/09/2008	0.4	A Kerr J Peden	Final BHSCT submitted for approval
12/11/2008	1.1	A Kerr J Peden	Approved – for dissemination
16/07/2009	1.2	A Kerr J Peden	BHSCT minor changes

01/10/2010	1.3	A Kerr J Peden	Reviewed to incorporate Circular HSC JNF (1) 2010
May 2015	1.4	A Kerr L Beckett	BHSCT minor changes
March 2017	1.5	A Kerr L Beckett	BHSCT minor changes
July 2019	1.6	A Kerr S Whann	Reviewed to highlight links to Circular HSC (SQSD) 5/19 Early Alert System, minor changes and to rename to Safer Recruitment and Employment Alert Notice Policy.

1.0 INTRODUCTION / SUMMARY OF POLICY

Background / Purpose

The Trust is committed to the delivery of safe and effective care for its patients, clients and Service Users and has in place a range of Safer Recruitment and Employment Checking Systems and Procedures to safeguard patients, clients and staff. An effective Safer Recruitment & Employment Alert Notice Policy is one such element of this range of checking arrangements.

Objectives

To set out the arrangements within the Belfast HSC Trust for the processing and issuing of Alert Notices in accordance with Departmental Circulars in relation to the recruitment and employment of health and social care staff.

2.0 SCOPE OF THE POLICY

The Safer Recruitment & Employment Alert Notice Policy applies to all registered healthcare professionals who are regulated by a Body used in Section 25(3) of the NHS Reform and Healthcare Professions Act 2002 (Appendix 1).

3.0 ROLES AND RESPONSIBILITIES

The roles and responsibilities of the Chief Executive, Directors, Managers and Human Resources are clearly outlined.

4.0 CONSULTATION

This Policy has been reviewed in collaboration with the Trust's HR Managers, Directors, Co-Directors, Senior Management, Staff and Trade Unions.

5.0 POLICY STATEMENT/IMPLEMENTATION

Definitions

The Policy was developed in line with Department of Health Circulars/Guidance and has been reviewed accordingly to reflect best practice.

Key Policy Statement

To provide Management with information and guidance on managing alerts in relation to recruitment and employment.

Policy Principles

This Policy is designed to outline the principles underpinning the management of alerts in relation to recruitment and employment.

5.1 Dissemination

This Policy is required to be implemented by all Directorates. All staff are required to comply with the Policy, in particular those individuals and Departments with specific responsibilities.

If support or alternative formats are required in terms of communication in relation to the Procedure, this will be provided.

5.2 Resources

The Director of HR & OD in conjunction with the Directors and Senior Management are responsible for ensuring the necessary resources are available to effectively implement this Policy.

5.3 Exceptions

There are no exceptions.

6.0 MONITORING AND REVIEW

The DOH will keep the alert notice under review to ensure it is regularly reviewed so it can be revoked as soon as there is evidence that the alert should no longer remain live. If new circumstances come to light that give rise to further concerns about the individual, the process to issue another alert notice will begin again and be issued by the DOH.

7.0 EVIDENCE BASE/REFERENCES

This Policy is based on HSC Circular 2010 “Issue of Alert Letters for Healthcare professionals under investigation by HSC Employers” applies to all Nursing and Midwifery Council and Healthcare Professions Council.

For all Hospital and Community Medical and Dental Staff, Circular HSS (TC8) 6/98 Issue of Alert Letters “Hospital and Community Medical and Dental Staff under Investigation by the HPSS” applies.

8.0 APPENDICES

- Appendix 1 To whom does the Alert Notice Scheme apply?
- Appendix 2 HSC JNF (1/2010): Issue of Alert Letters for Health Care Professionals under Investigation by HSC Employers.
- Appendix 3 Maintaining High Professional Standards – Scheme for issue of Alert Notices for Health Care Professionals in Health & Social Care in Northern Ireland.
- Appendix 4 Dept. of Health, Social Services & Public Safety: Issue of Alert Letters for HCP’s Under Investigation by HSC Employers.
- Appendix 5 HSS (TC8) 6/98 Issue of Alert Letters about Hospital & Community Medical & Dental Staff under Investigation by the HPSS.

9.0 EQUALITY IMPACT ASSESSMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this [link](#).

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalitiescreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact
Minor impact
No impact

Wording within this section must not be removed

10.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to mitigate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalitiescreenings@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved
A full data protection impact assessment is required
A full data protection impact assessment is not required

Wording within this section must not be removed.

11.0 **RURAL NEEDS IMPACT ASSESSMENT**

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

Wording within this section must not be removed.

12.0 **REASONABLE ADJUSTMENT ASSESSMENT**

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



13/10/2020

Date: _____

Jacqui Kennedy
**Director of Human Resources/
Organisation Development**



21/10/2020

Date: _____

Dr Cathy Jack
Chief Executive

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SAFER RECRUITMENT & EMPLOYMENT ALERT NOTICE POLICY**1. INTRODUCTION / PURPOSE OF POLICY****1.1. Introduction / Purpose**

The Belfast Health and Social Care Trust is committed to the delivery of safe and effective care for its patients, clients and service users and has in place a range of Safer Recruitment and Employment Checking Systems and Procedures to safeguard patients, clients and staff. An effective Alert Notice System for recruitment and employment purposes is one such element of this range of checking arrangements.

In Northern Ireland, HSC Circular 2010 “Issue of Alert Letters for Healthcare Professionals under Investigation by HSC Employers” applies to all Nursing and Midwifery Council and Health and Care Professions Council. Please refer to Circular HSC (JNF) (1) 2010 (Appendix 2) and in particular (Appendix 1) of the aforementioned circular which lists the regulatory bodies. Also, refer to the explanation letter of 11 May 2010 (Appendix 4), which details the staff to which this circular applies).

For all Hospital and Community Medical and Dental staff, Circular HSS (TC8) 6/98 (Appendix 5) Issue of Alert Letters “Hospital and Community Medical and Dental Staff under Investigation by the Health & Personal Social Services” applies.

For all other Staff and for Social Services Staff registered within the Northern Ireland Social Care Council (NISCC)/Health and Personal Social Services Act (NI) 2001, risks/concerns are reported via the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (as amended by the Protection of Freedoms Act 2012) and/or NISCC.

All HSC employers are required to implement the arrangements contained within the aforementioned circulars in conjunction with the Safer Recruitment and Employment Alert Notice Policy.

It is of paramount importance that the Trust has in place a Policy on:

- How to deal with an Alert Notice when it is received,
- How to initiate a process where an Alert Notice may need to be raised?

This Policy sets out the arrangements within the Belfast HSC Trust for the processing and issuing of Alert Notices in accordance with Departmental Circulars in relation to the recruitment and employment of health and social care staff.

1.2. Purpose of an Alert Notice

The issue of an alert is a way by which HSC bodies and professional organisations can be made aware of a registered health and social care professional whose performance or conduct gives rise to concern. In addition, that patients, staff or the public may currently or, in future, be at risk of harm either from inadequate or unsafe clinical practice or from inappropriate personal behaviour. It is also a means of ensuring that HSC organisations are made aware of healthcare professionals that may pose a threat to patients, staff, or the public because their conduct seriously compromises the effective functions of a team or delivery of service.

The alert system is intended to cover those situations where an HSC employer considers that a member of healthcare staff may pose a threat to patient safety if they worked in that professional capacity. The alert system is not part of either the HSC employees' disciplinary process or statutory regulatory framework. It is an integral part of the system for pre-employment checks. It is intended as a means of alerting prospective employers to check that the applicant's employment record is complete, appropriate references are obtained, and that information relevant to safe employment is known in advance of an appointment being made.

The Trust will always undertake comprehensive checks on an employee regarding their registration, qualifications and references and carry out where appropriate Disclosure Certificates by Access NI, Criminal Records checks and occupational health checks in accordance with normal recruitment policies.

1.3. Objectives

To ensure:

- That where alert letters are received, information is provided to the appropriate individuals as rapidly as possible to ensure that for all permanent, temporary, locum and agency staff, volunteers, students on placement and those staff engaged under external contract as sub-contractors appropriate action is taken.
- That a robust recruitment and employment process is in place to further safeguard patients, staff and the public.
- That a robust system is in place to make other bodies aware of a healthcare professional currently employed or engaged (or ex-employee) who it is considered poses a serious or actual risk to patients and staff.

1 SCOPE OF THE POLICY

The Alert Notice Scheme applies to all registered healthcare professionals who are regulated by a Body used in Section 25(3) of the NHS Reform and Healthcare Professions Act 2002 (Appendix 1).

For Allied Health Professions Staff (AHP's), the HCPC does not notify the Department of Health on individual cases. The Department receives monthly alerts lists, which give details of all hearings that may have taken place in the last month. Their purpose is to alert employers of staff they may have in their employment who have undergone fitness to practice proceedings. The Department of Health AHP Lead Officer circulates this alert monthly to all relevant stakeholders including BHSC AHP Lead and Director of HR & OD who take action where appropriate.

2 ROLES/RESPONSIBILITIES

3.1. Role of the Department of Health (DOH)

If, in light of all the information presented to the DOH, the Chief Professional Officer agrees that the individual concerned may pose a significant risk of harm to patients, staff or the public and may seek work in the NHS/HSC/Private Sector in that professional capacity and there is a pressing need, he/she may issue an alert. The DOH must advise the referring body whether an alert will be issued to the Trust and the individual concerned, and the reasons behind the decision.

3.2. Belfast Health & Social Care Trust Chief Executive

The Chief Executive will forward an Alert Letter to the Medical Director and/or Director of Nursing and/or relevant Director and the Director of Human Resources & Organisational Development. In the case of Social Services Staff, the NISCC will inform the Chief Executive who will forward the information to the Executive Director of Social Work and/or relevant Director and the Director of Human Resources & Organisational Development.

3.3. The Director of Human Resources & Organisational Development.

The Director of HR& OD (or designated authority) will assume the lead role in the following Procedure:

Upon receipt of an Alert Notice, the Chief Executive will forward the Notice to the HR & OD Director who will request that the relevant HR Co-Director to action as follows:

3.4. Medical HR

Management of Alerts:

For all Alerts relating to any Medical & Dental Staff, the Medical HR Team will record the Alert Letter on the shared regional HRPTS e-recruitment alert list and ascertain if the individual to whom the Alert Letter refers is either an applicant to the BHSCT or a current member of staff within the Trust.

- **When an individual is a current BHSCT employee:**

The Employment Law Team must be consulted.

- **When an individual is an applicant to the Trust:**

At the Pre-Employment Offer Letter stage, the Medical HR Team will check the Recruit & Monitor System/HRPTS system and Local Intelligence Network (LIN) in respect of medical and dental appointments only, to see if an individual is the subject of an Alert Letter. If a match occurs and the individual is an applicant to the Trust, the Medical HR Manager will discuss with the appropriate Co-Director and/or the Chairperson of the interview panel.

The Medical HR Manager will immediately contact the originator of the Alert Letter to ascertain the circumstances leading to the need for an Alert Letter.

In undertaking this action, possible other sources of advice and assistance may include:

- The Medical Director;
- The Director of Human Resources & Organisational Development;
- The relevant Service Director/Chair of Division;
- GMC/GDC.

Possible action to be undertaken by the Medical HR Manager in conjunction with the Chair of the Panel includes:

- Informing the individual that their application cannot be further considered;
- Informing the originator of the Alert of the action taken;
- Informing the appropriate Service Director, Chair of Division and Divisional Lead;
- Informing the GMC/GDC;
- Notifying the PSNI;
- Allow the appointment to continue;
- Allow the appointment to continue but put in place some restriction(s) to practise, supervision or other forms of enhanced measures.

Simultaneously, the Medical HR Team will check the HRPTS System to ensure that the individual, to whom the Alert letter applies, is not a **current employee** on the Trust's payroll. Where it is the case that the individual is a current employee, the Employment Law Team must be consulted immediately.

- If when undertaking this check on HRPTS, and the Alert Notice from the D.O.H, it is found that, the individual is not a current employee of BHSCT but of another NHS/HSC Trust or, other healthcare provider: The Medical HR Team will notify the employing authority immediately to enable them to address the issue of the alert.

3.5. Retained Recruitment Function and the Recruitment Shared Services Centre (RSSC) (for all staff except Medical & Dental staff).

The Retained Recruitment Team/RSSC will record all Alert Letters (except medical & dental staff alerts) on E-Rec element of HRPTS.

At the Pre-Employment Offer Letter stage, the Trust's Retained Recruitment Team will check the HRPTS system in respect of Senior Executive appointments.

The RSSC will check the HRPTS system with regard to all other appointments (i.e. non-medical and dental staff) irrespective of whether the position applied for requires registration with a regulatory body. This will enable an informed decision to be made about individuals who are the subject of an alert letter returning to the NHS in a position, which does not require registration with a regulatory body.

It is checked at two stages during the process of pre-employment checks:

1. At the conditional offer and;
2. Final offer stages.

If a match occurs and the individual is an applicant to the Trust, the Retained Recruitment Team/RSSC will immediately alert the Recruitment Manager as appropriate who, following the interview, will discuss with the appropriate Co-Director and/or the Chairperson of the interview panel.

The Chairperson of the Panel/Recruitment Manager will immediately contact the originator of the Alert Notice to ascertain the circumstances leading to the need for it.

In the case of an unpaid Placement, the Placement Policy must be followed and the Learning and Development Manager will immediately inform the manager accepting responsibility for the unpaid placement, and in the case of Social Work

students, the Social Services Learning and Development Manager for Practice Learning.

In undertaking this action, possible other sources of advice and assistance may include:

- The Medical Director/Lead Clinician for the relevant Profession;
- The Director of Human Resources & Organisational Development;
- The relevant Service Directorate Chair and Divisional Lead;
- Executive Director of Social Work and/or relevant Director;
- Northern Ireland Social Care Council;
- The appropriate Regulatory Body.

Possible action to be undertaken by the Chairperson of the Panel/Retained Function Recruitment Manager includes:

- Informing the individual that their application cannot be further considered;
- Informing the originator of the Alert of the action taken;
- Informing the appropriate Service Directorate Chair and Directorate Lead;
- Informing the Regulatory Body;
- Notifying the PSNI;
- Allow the appointment to continue;
- Allow the appointment to continue but put in place some restriction(s) to practise, supervision or other forms of enhanced measures.

If, having consulted the HR Senior Manager for Recruitment the contact point named in the alert, the Trust wishes to appoint an individual who is currently subject to an alert (or include them on their list), the Trust will need to consider what safeguards need to be put in place. The Trust may also wish to notify the Chief Professional Officer who issued the notice so that he/she is aware that the practitioner is working in the NHS/HSC/or private sector. The Chief Professional Officer can then consider whether further action is required such as reviewing the notice or notifying the regulatory body of the subject of the alerts' continued employment in the NHS/HSC/or private sector. Where the Chief Professional Officer is made aware of such a decision he/she may wish to seek own legal advice.

3.6. Where the individual is an Employee, the following Procedure will apply:

3.6.1. The Recruitment Manager will liaise with the HR Employment Law Team and immediately inform the relevant HR Co-Director who will immediately contact the originator of the letter to ascertain further details of the case and the circumstances leading to the need for an Alert Letter.

3.6.2. The relevant HR Co-Director will immediately inform the Service Director, Chair of Division and the individual's Line Manager.

3.6.3. In undertaking this action, possible other sources of advice and assistance may include:

- The Director of Human Resources & Organisational Development.
- The relevant Service Director / Chair.
- The Medical Director/Lead Clinician for the relevant profession.
- Associate Director of Nursing as appropriate.
- Executive Director of Social Work and/or relevant Director.
- Northern Ireland Social Care Council.
- The appropriate Regulatory Body.

3.6.4. The Trust must comply with the Trust Disciplinary Procedure including Appeals Procedures for all staff as appropriate. For medical and dental staff, the Trust must comply with the "Maintaining High Professional Standards in the Modern HPSS" (Appendix 3) DOH Nov 2005 and Circular HSS (TC8) 6/98.

3.6.5. In all cases, where any contact is made with the individual and the above processes commence, detailed information must be recorded. Details should be based on the information provided by the Alert letter information and/or facts that subsequently emerge. Staff who are subject to an alert notice being raised must be fully informed that this is the case.

3.7. The Medical Director

The Medical Director (or designated authority) will assume a lead role in the following arrangements with regards to medical and dental staff including locums and doctors in training:

- Ensure the provisions of Circular TC8 6/98 in regard to the "Issue of Alert letters about Hospital and Community Medical and Dental Staff under Investigation by the HPSS" are applied.
- To liaise with the relevant HR Co-Director to ensure the necessary checks and actions have been taken prior to the offer of employment being made, so potential candidates will be checked against up-to-date Alert Notice Lists held on Recruit & Monitor/HRPTS.
- To ensure that a robust checking process is in place for Alert Notices when engaging agency and locum staff in accordance with the Manager's Agency Checklist procedure.

3.8. The Director of Nursing

The Director of Nursing (or designated authority) will assume lead role in the following arrangements regarding nursing staff:

- Ensure the provisions of Circular HSC JNF (1) 2010 re: “Issue of Alert Letters for Healthcare Professionals under Investigation by HSC Employers” are applied.
- To liaise with the relevant HR Co-Director to ensure the necessary checks and actions have been taken prior to the offer of employment being made, so potential candidates will be checked against up-to-date Alert Notice Lists held on E-Rec and HRPTS.
- To ensure that a process is in place for Alert Notices for Nurse Bank and/or Agency Workers in accordance with Managers Agency Checklist procedure.

3.9. Directors

The Directors (or designated authority) will assume lead role in the following arrangements:

- Ensure the provisions of Circular HSC JNF (1) 2010 re: “Issue of Alert Letters for Healthcare Professionals under Investigation” by HSC Employers are applied.
- To ensure that a process is in place for Alert Notice for Bank and/or Agency workers.
- To liaise with the relevant Co-Director within Human Resources to ensure that the necessary checks and actions have been taken.

3.10. The Executive Director of Social Work

The Executive Director of Social Work (or designate authority) will assume lead role in the following arrangements in relation to Social Service staff:

- Inform NISCC when there are reasonable grounds to believe that there is a potential or actual risk to patients, staff and service users.
- To ensure that a process is in place for Alert Notice for Bank and or Agency Workers in accordance with Managers Agency Checklist procedure.

- To liaise with the relevant Co-Director within Human Resources to ensure that the necessary checks and actions have been taken.

4. KEY POLICY PRINCIPLES

4.1. Triggering an Alert

Concerns may arise about the conduct and performance of a health and social care professional in a number of different ways, including concerns raised by other staff, findings arising from internal investigations, the disciplinary process, information from the regulatory bodies, complaints, police investigations, appropriate bodies outside the UK and information arising from the audit and inspection process. The issue of an alert is a serious step and should only be considered where a significant risk of harm to patients, staff or the public has been identified. It is important that investigations be brought forward to a conclusion, even when employees have left the HSC body, both to safeguard future patients and staff elsewhere and in the interests of the individual (who may otherwise be left with an unresolved alert).

Each case should be discussed in the first instance, with the HR Employment Law Team who will advise accordingly.

The Trust's decision for requesting the issue of an alert will be made at Chief Executive or Executive Board member level.

HR Employment Law Team will provide guidance on a case-by-case basis regarding each request.

4.2. Reporting to Regulatory / Professional Body

If an Alert is issued the Trust should refer the case to any relevant statutory regulatory bodies or professional bodies with disciplinary powers such as GMC, GDC, NMC, HCPC, NISCC as a matter of urgency (if this has not been done already).

4.3. Reporting Medical and Dental Staff

Circular TC8 6/98 (Appendix 5) sets out the arrangements for notifying the DOH about Hospital and Community Medical and Dental staff who have been dismissed, who are under suspension by their employer, or where there are significant reasonable grounds to support the view that they could be considered to be a potential danger to the safety of patients, other staff or themselves and where there is reason to believe that they will seek work elsewhere.

4.4. Reporting all other i.e. Social Work, Social Care, Nursing and AHP.

Where an alert is issued, the case should have been referred to the appropriate regulatory body (or in the case of midwives, the local supervising body) as a matter of urgency, unless there are exceptional circumstances. The purpose of doing this is for the regulatory body to consider whether any further action is required by it to protect patients, staff or the public.

If the regulatory body concludes its consideration of the case in terms that allow the individual concerned to remain in practice, either with or without conditions, the Chief Professional Officer will review the need for the alert to remain in place. It does not automatically follow that the alert will be revoked – there may be other good reasons for it to continue.

5.0. MONITORING AND REVOCATION OF AN ALERT

The DOH will keep the alert notice under review to ensure it is regularly reviewed and if appropriate revoked if there is evidence that the alert should no longer remain live. If new circumstances come to light that give rise to further concerns about the individual, the process to issue another alert notice will begin again and be issued by the DOH.

The RSSC, the Trust's Retained Recruitment Team (non-medical) and the Trust's Medical HR (medical and dental) will as appropriate:

- Hold and maintain a database of all Alert Letters received and date Alert(s) revoked. This will be kept for five years after it has been revoked.
- Ensure that only authorised personnel will have access to such databases and that strict confidentiality must be maintained throughout including password-protected databases marked "Alert System in Confidence".
- Adhere to Data Protection Legislation in the management of all such information.

6.0. Governance Arrangements

This Procedure will be kept under review to ensure compliance with current and future legislative requirements. It will be reviewed on a five yearly basis and at appropriate periods where legislative changes occur. The relevant Co-Director will ensure that checking to ensure compliance is carried out by:

- Seeking evidence from the relevant HR Co-Director that the Recruitment and Selection, Placement and Disciplinary Policies have been reviewed in the light of any legislative or departmental guidance.

- Seeking assurance from the relevant HR Co-Director (via Professional Lead as appropriate) on an annual basis that Alert Letter notices received have been processed in accordance with this Procedure.
- Seeking assurance from the relevant HR Co Director (via Professional Lead as appropriate) on an annual basis that the process for triggering an alert has been followed in accordance with this Policy.
- Seeking evidence from the relevant HR Co-Director that Circular TC8 6/98 and Circular HSC (SQSD) 5/19 Early Alert System have been adhered to in the case of Medical and Dental staff via the Safer Recruitment and Employment Audit.
- Seeking assurance from RSSC as part of the Safer Recruitment and Employment Audit that this Policy and Circular HSC (SQSD) 5/19 Early Alert System has been adhered to in the case of all other staff.
- Seeking evidence from RSSC that all new start checklists are completed accordingly, noting that an Alert Notice check has been carried out, and is contained within the relevant EDRMS Record.
- Seeking evidence from the Retained Recruitment team and Medical HR Team that Alerts are recorded and removed (once alert is revoked) as appropriate in accordance with this Policy and as part of the Safer Recruitment & Employment Audit.

APPENDIX 1

To whom does the Alert Notice Scheme Apply?

The Alert Notice Scheme applies to all registered healthcare professionals who are regulated by a body used in section 25 (3) of the NHS Reform and Healthcare Professions Act 2002.

The bodies referred to are:

- The General Medical Council.
- The General Dental Council.
- The General Optical Council.
- The General Osteopathic Council.
- The General Chiropractic Council.
- Subject to section 26(5), the Royal Pharmaceutical Society of Great Britain.
- Subject to section 26 (6), the Pharmaceutical Society of Northern Ireland
Until their abolition by virtue of section 60 (3) of the 1990 Act.
- Nursing and Midwifery Council (NMC).
- Health and Care Professions Council.
- Any regulatory body (within the meaning of Schedule 3 to the 1999 Act) established by an Order in Council under section 60 of that Act as the successor to a body mentioned above, and
- Any other regulatory body (within that meaning) established by an Order in Council under that section.

In addition to the above, the following are applicable:

- Health and Personal Social Services Act (NI) 2001. Social Services staff registered with Northern Ireland Social Care Council (NISCC)

Circular HSC JNF (1) 2010 and DOH letter of 11 May 2010 for a list of specific professions included (as appended to this document as Appendix 2 and 3 respectively).

APPENDIX 2

**HUMAN RESOURCES DIRECTORATE
PAY AND EMPLOYMENT UNIT**

Chief Executive of each HSC Body¹ Heads
of Education, Beeches Management Centre
and North West Consortium

For information:

Director of Finance and

Director of Human Resources of each body

Room D1.4
Castle Buildings
Upper Newtownards Road
BELFAST
BT4 3SQ

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Your Reference: **HSC JNF (1
)2010**

19 April 2010

Dear Colleagues

**ISSUE OF ALERT LETTERS FOR HEALTH CARE PROFESSIONALS UNDER
INVESTIGATION BY HSC EMPLOYERS**

1. The guidance set out in the Annex to this Circular covers the issue of alert letters for health care professionals that come under the Regulatory bodies listed in Appendix 1 and employed in HSC. These arrangements have been agreed by the relevant trade unions. The Department has directed that this scheme should be adopted by all Health and Social Care bodies. This guidance does not apply to the independent sector but it is

¹ The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian ad Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

recommended that independent contractors should incorporate this scheme into their own procedures.

Summary

2. An alert letter is the way in which all HSC employers are made aware of a health professional whose performance or conduct could place patients, staff or the public at serious risk. They cover situations where health professionals who pose a hazard to patients, staff or the public may move from their present HSC employer to work elsewhere in a health or social care setting in any capacity, whether or not requiring registration, before their regulatory body has had the chance to consider interim suspension or other measures. Even where such measures are in place, alert letters are intended to reduce the risk of inappropriate employment in any capacity.
3. It is also a way in which all HSC employers are made aware of a health professional who may reasonably be considered to pose a serious potential or actual risk to patient care, staff safety or the public because their performance or conduct seriously compromises the effective functioning of a clinical team.
4. Alert letters are not intended to be issued in every case where an individual's performance or conduct is being considered by their HSC employer. An alert letter is intended to cover situations where an individual under investigation moves on or could move on before the assessment process is completed.

Action

5. HSC employers are required to implement these arrangements for the issue of alert letters with immediate effect.

Enquiries

6. Enquires about the contents of this Circular should be directed to the Pay and Employment Unit of the Human Resources Directorate, Room D1.4, Castle Buildings, Upper Newtownards Road, Belfast, BT4 3SJ, telephone 028 90522832, email; p&e@dhsspsni.gov.uk.
7. Employees should direct personal enquiries to their employer.
8. Copies of this Circular can be obtained from the Department's extranet site at <http://extranet.dhsspsni.gov.uk> .

Diane Taylor

DIANE TAYLOR
Deputy Director

APPENDIX 3

MAINTAINING HIGH PROFESSIONAL STANDARDS

SCHEME FOR THE ISSUE OF ALERT NOTICES
FOR HEALTH CARE PROFESSIONALS IN HEALTH & SOCIAL CARE
IN NORTHERN IRELAND

THE ISSUE OF ALERT NOTICES FOR HEALTH CARE PROFESSIONALS

Summary

1. The DOH has strengthened the current arrangements for the issue and revocation of alert notices for health care professionals in Northern Ireland.
2. The system is described in the attached scheme. This requires Health and Social Care (HSC) bodies to request alerts in line with the requirements contained within this system.

SCHEME FOR THE ISSUE OF ALERTS REGARDING HEALTHCARE PROFESSIONALS IN NORTHERN IRELAND

Introduction

1. The issue of an alert is a way by which HSC bodies and professional organisations, as listed in Appendix 1, can be made aware of a registered healthcare professional whose performance or conduct gives rise to concern that patients, staff or the public may, in future, be at risk of harm either from inadequate or unsafe clinical practice or from inappropriate personal behaviour. It is also a means of ensuring that HSC organisations are made aware of healthcare professional that may pose a threat to patients, staff, or the public because their conduct seriously compromises the effective functions of a team or delivery of service.
2. The alert system is intended to cover those situations where an HSC employer considers that a member of their healthcare staff may pose a threat to patient safety if they worked in that professional capacity. The alert system is not part of either the HSC employees' disciplinary process or statutory regulatory framework. It is an integral part of the system for pre-employment checks. It is intended as a means of alerting prospective employers to check that the applicant's employment record is complete and appropriate references are obtained and that information relevant to safe employment is known in advance of an appointment being made.
3. Employers should always undertake comprehensive checks on registration, qualifications and references and carry out Enhanced Disclosure Certificates by AccessNI, Criminal Records checks and occupational health checks in accordance with normal recruitment policies.
4. This guidance requires HSC bodies to implement and manage the alert scheme in accordance with the steps described within this scheme. These requirements are mandatory for HSC bodies.
5. In developing this system, consideration has been given to human rights issues, as they affect the employer/employee relationship. In making decisions careful adherence to the procedures contained within this scheme will ensure that, the rights of those who are subject to an alert are respected. Of particular importance is the need to ensure that alerts are regularly reviewed so that they can be revoked as soon as there is evidence the alert should no longer remain live. However, an alert will not be revoked solely on the basis of an assurance from the individual unless this is binding on their permission to practice (e.g. an undertaking to the professional regulatory body or a court).

Who is covered by the alert system?

6. The alert system covers any healthcare professional currently subject to statutory regulation by one or more of the bodies listed in Appendix 1.

Triggering an alert

7. An alert may only be issued by the Chief Professional Officer, DOH and only where it is considered that an individual poses a significant risk of harm to patients, staff or the public and intends or may intend to seek permanent or temporary work in the NHS/HSC in that capacity, and there is a pressing need to issue an alert notice. Other bodies may also request the issue of an alert (see paragraph 17-18).
8. Concerns may arise about the conduct and performance of a healthcare professional in a number of different ways, including concerns raised by other staff, findings arising from internal investigations, the disciplinary process, information from the regulatory bodies, complaints, police investigations, appropriate bodies outside the UK and information arising from the audit and inspection process. The issue of an alert is a serious step and should only be considered where a significant risk of harm to patients, staff or the public has been identified. It is important that investigations are brought to a conclusion, even when employees have left the HSC body, both to safeguard future patients and staff elsewhere and in the interests of the individual (who may otherwise be left with an unresolved alert).
9. An alert may be issued where the regulatory body has not yet decided to take action to make an interim suspension order or take other measures. Where the regulatory body has taken interim measures, the alert should remain live as it is intended to reduce the risk of inappropriate employment in any capacity. This will enable the HSC body to provide a full reference if requested by a prospective employer.
10. An alert should not be issued in circumstances where an individual's performance or conduct is being considered by their HSC employer.

Other staff and bogus professionals

11. In exceptional circumstances a situation may arise in which a member of staff not covered by paragraph seven may pose a threat to public safety and is likely to seek employment elsewhere (e.g. a staff member who falsely holds himself out to be a healthcare professional and is seeking work in the NHS/HSC in that capacity). In such circumstances, it would be a proportionate response to take action based upon the principles contained within this scheme to safeguard public protection.

Who in the DOH should issue an alert?

12. Alerts must be issued on behalf of the DOH by the Chief Professional Officer in the DOH. The Chief Professional Officer is formally responsible for assessing

whether or not an alert should be issued and remains in place, and for formally revoking an alert when appropriate. The Chief Professional Officer must ensure that appropriate professional advice is taken before an alert is issued.

13. The Chief Professional Officer must delegate responsibility for occasions when they are not available to issue an alert personally. Such occasions may arise during periods of annual leave, sickness absence or other planned absences. The Chief Professional Officer retains overall responsibility for overseeing the process for issuing and revoking alerts and should be notified of all alerts issued in his or her absence on returning to work.

The role of the employing/referring body

14. There will be circumstances when information comes to light that suggests that a particular individual, who may be a current or former employee, poses a significant risk of harm to patients, staff or the public and intends or may intend to seek permanent or temporary work in the NHS/HSC or elsewhere in that capacity.
15. Responsibility for requesting the issue of an alert must be made at Chief Executive or Executive Board member level. Employers may wish to seek their own legal advice in complex cases or those in which there is any doubt about the incidents or behaviour, which gave rise to the concerns. The request must contain the name and last known address of the individual who is the subject of the notice. It must also contain a summary of the circumstances, which gave rise to the request including a summary of all relevant information, an assessment of the relevant risks and any advice taken. The request must also explain what action the HSC body has already taken in respect of the individual to the relevant health regulatory body and must state the gender and ethnic origin of the individual, if known.
16. An assessment of the degree of risk should be based on the circumstances of each individual case taking into account the advice of the Director of the professional group in the HSC body. Other sources of advice include the regulatory body and other professional organisations. Where relevant professional advice is not available within the HSC body, advice may be obtained from an appropriate source in another HSC body. The National Patient Safety Agency has developed an incident decision tree that may help evaluate whether incidents, which gave rise to initial concern, raise doubts about the conduct or performance of a particular individual. In all cases, the employing/referring body should consider carefully what other measures could be taken, other than issuing an alert notice, to ensure the protection of the public. In the particular case of midwives, this should include referral to the local supervising authority.

Requests for alerts from other bodies

17. Where an education provider considers that an alert should be issued in respect of a professional in training, he or she should seek advice from the Chief Professional Officer in the DOH.

18. There may be instances where another body (e.g. a non - HSC employer) considers that an alert should be issued in respect of a healthcare professional that they employ or have previously employed. In such cases, they should contact the Chief Professional Officer in the DOH to discuss the details of the case, so that he/she can decide whether to issue an alert. The Chief Professional Officer in the DOH may issue an alert notice in any circumstance considered appropriate provided that having taken appropriate advice, he/she is satisfied that a healthcare professional (or person holding himself out to be a healthcare professional) poses a significant risk of harm to patients, staff or the public and may seek work in the NHS/HSC in that professional capacity.

The role of the DOH

19. When the Chief Professional Officer in the DOH has considered the request from the referring body, he/she should consult with relevant senior professional colleagues.

20. If, in light of all the information presented to the DOH, the Chief Professional Officer agrees that the individual concerned may pose a significant risk of harm to patients, staff or the public and may seek work in the NHS/HSC/Private Sector in that professional capacity and there is a pressing need, he/she may issue an alert. The DOH must advise the referring body whether or not an alert will be issued, and the reasons behind the decision. The DOH must issue an alert to the bodies listed in the footnote² and to the individual concerned.

Action following the decision to issue an alert notice

21. If the DOH issues an alert, the referring body must refer the case to any relevant statutory regulatory body or professional body with disciplinary powers as a matter of urgency, if this has not been done already (see paras 36-37). There may be exceptional circumstances when immediate referral might not be appropriate, for example, when investigations are ongoing to gather evidence to support a referral to the regulatory body. In such circumstances, referral must be made at the earliest possible opportunity. If investigations conclude that a referral to a regulatory body is not warranted, the referring body should ask the DOH to revoke the alert immediately. In the case of midwives, the NMC and the local supervising authority should be informed of the issue of the alert and notify the DOH of any action it takes.

² The Health and Social Care Board, HSC Trusts, the Public Health Agency, the Business Services Organisation, the Northern Ireland Blood Transfusion Service Agency, the Northern Ireland Guardian ad Litem Agency, the Northern Ireland Practice & Education Council for Nursing, Midwifery & Health Visiting (NIPEC), the Northern Ireland Social Care Council (NISCC), the Patient & Client Council, the Northern Ireland Regulation and Quality Improvement Authority and the Northern Ireland Medical and Dental Training Agency (NIMDTA)

22. Once an alert is issued, the individual concerned must be notified by the DOH within seven days (in writing to their last known home address and, where appropriate, their registered address). He/she should be given a summary of the DOH reasons for this action. He/she may ask the DOH to review its decision.
23. If, for whatever reason the DOH is satisfied that h/she does not in fact represent a threat to patients, staff or the public, the alert must be formally revoked. This should be notified to the individual concerned and the referring body, by the DOH as soon as is practicable.

Circulation of alerts

24. The alert will be issued in the form of a letter by the Chief Professional Officer, DOH to the Chief Executives of all Health and Social Care Bodies listed in footnote 2, the Chief Professional Officers for Scotland, Wales and England and the regulatory body which regulates the profession or purported profession of the individual to whom the letter relates. The notification [see Appendix 2 for a model] will ask them to contact a named officer at the referring body for a written reference, if the individual concerned contacts them with a view to obtaining employment.
25. The Chief Professional Officer in the DOH may also send copies of the alert notice to other organisations which provide services to the HSC and which, in the opinion of the DOH, may be approached by the subject of the alert notice with a view to seeking work. The Chief Professional Officer should carefully consider the degree of risk posed by the subject of the alert and the interest of the third party in obtaining the information.
26. Alerts are strictly confidential and should be marked 'alert system in confidence'. They should only be shared within an organisation on a strict 'need to know' basis, and should be stored securely. An alert should be part of the employment record of the referring body. The same procedure and circulation list should apply when an alert is revoked.

Action to take on receipt of an alert

27. If an employing body becomes aware that an employee or prospective employee or an applicant for inclusion on its list is the subject of a current alert, then they should contact the referring body, as set out in the written notification.
28. Where contact is made by telephone, care must be taken to ensure that information is provided in a fair and consistent manner. Details should be based on the factual information provided to the DOH or other facts that have subsequently emerged.
29. The employing body should then review the information provided by the individual in their application forms in the light of the information provided by the

referring body, and take any appropriate action to ensure that the safety of patients and the public is maintained.

Monitoring and revocation of an alert

30. The DOH must keep the alert notice under review to ensure it is regularly reviewed so it can be revoked as soon as there is evidence the alert should no longer remain live. A review should take place no later than six months from the last review. However, an alert should not be revoked solely on the basis of any undertaking unless this is binding on the practitioner (e.g. an undertaking to the regulatory body or a court). If new circumstances come to light that give rise to further concerns about the individual, the process to issue another alert notice should begin again.
31. The subject of the notice may at any time seek a review of the decision to issue an alert where new evidence or information comes to light. This should include the outcome of any proceedings by the police, the civil courts, regulatory body, disciplinary proceedings as appropriate or any information arising from the source of the concern which initially gave rise to the request for an alert to be issued. This will ensure that where information comes to light, which shows that the individual concerned does not pose a threat to the patients or staff, the DOH can consider revoking the alert at the earliest opportunity. However, the DOH will still need to take account of all the circumstances that gave rise to the issue of an alert in the first place.
32. Each case must be considered on its merits and alerts should not remain in force any longer than is necessary to ensure the protection of patients, the public and staff. DOH will therefore review decisions when any further information comes to light and carry out a review no later than six months from the last review. The review will be a proactive process during which the DOH will contact the sources of the concern, which originally resulted in the issue of the alert notice, to establish whether there have been any changes in circumstances or any new information, which should be taken into account in deciding whether the alert notice should remain in force. The Chief Professional Officer will inform the individual concerned when an alert has been revoked.
33. The Chief Professional Officer in the DOH will maintain and keep up to date a secure list of all alerts that he/she has issued and, where applicable the date the alert was revoked. There is an obligation on the DOH to hold up to date information in respect of the person who is the subject of the alert, as far as it is reasonably practicable to do so. The Chief Professional Officer in the DOH will compile an annual statistical return for the Departmental Board and the Minister.
34. The Chief Professional Officer in the DOH must keep details of the alert for five years after it has been revoked. The existence of a revoked alert would form an important piece of evidence should the same individual again be considered to pose a threat to patients or staff at a later date.

35. If having consulted the contact point named in the alert an employer wishes to appoint an individual who is currently subject to an alert (or include them on their list) the employer will need to consider what safeguards need to be put in place. The employer may also wish to notify the Chief Professional Officer, which issued the notice so that he/she is aware that the practitioner is working in the NHS/HSC/or private sector. The Chief Professional Officer can then consider whether further action is required such as reviewing the notice or notifying the regulatory body of the subject of the alerts' continued employment in the NHS/HSC/or private sector. Where the Chief Professional Officer is made aware of such a decision he/she may wish to seek their own legal advice.

Liaison with the statutory regulatory bodies

36. Where an alert is issued the case should have been referred to the appropriate regulatory body by the referring body (or in the case of midwives, the local supervising body) as a matter of urgency, unless there are exceptional circumstances. The purpose of doing this is for the regulatory body to consider whether any further action is required by it to protect patients, staff or the public.
37. If the regulatory body concludes its consideration of the case in terms that allow the individual concerned to remain in practice, either with or without conditions, the Chief Professional Officer will review the need for the alert to remain in place. It does not automatically follow that the alert will be revoked – there may be other good reasons for it to continue.
38. Prospective employers contacting a regulatory body regarding the registration status of an individual will also be informed if an individual is being considered formally under their fitness to practise procedures, in accordance with the appropriate rules governing disclosure of information to employers. This two-pronged approach strengthens protection for patients, staff and the public.

Appendix 1

List of Regulatory Bodies:

The Nursing and Midwifery Council

The Health Professions Council

Appendix 2

Standard contents for an alert notice

1. Always mark the covering letter **“ALERT NOTICE: MANAGEMENT IN CONFIDENCE”**
2. The notice must:
 - be addressed to the Chief Executive of the body
 - contain the subject’s full name, their national insurance number and/or date of birth if known and the name of the body where they work or where they formerly worked (normally the body which triggered the alert system)
 - include the registration number of the individual, if registered by one of the statutory regulatory bodies
 - explain in what capacity the subject formerly worked and in what specialty and in what other capacity they can work
 - state clearly the name, position, address and telephone number of the person to be contacted should the subject submit an application for employment

No further information about the individual or the case may be included in the alert notice.

I would ask that this Circular is disseminated to all relevant personnel within your organisation.

Yours sincerely



PATRICIA BLACKBURN

Lead AHP Officer, DOH

cc: Director of Finance and
Director of Human Resources of e

APPENDIX 5

Circular HSS/CS/698 Youth and Human Resources Directorate

HSS
EXECUTIVE

To: **HSS Board**
Chief Executive
Director of Public Health
Director of Dental Services

HSS Team
Chief Executive
Medical Director
Director of Professional Human Resources

British Medical Association
British Dental Association
NI Council for Postgraduate Medical & Dental Education

File ref: HPC/396

27 August 1998

Dear Colleagues

ISSUE OF ALERT LETTERS ABOUT HOSPITAL AND COMMUNITY MEDICAL AND DENTAL STAFF UNDER INVESTIGATION BY THE HSS

Summary

1. This circular advises HSS Board and HSS Team of the arrangements for notifying the HSS Executive about hospital and community medical and dental staff who have been dismissed, who are under suspension by their employer, or where there are sufficient, reasonable grounds to suspect that they could be considered to be a potential danger to the safety of patients, other staff or themselves, and where there is a risk to public health if they seek work elsewhere. The purpose of these arrangements is so that considerations can be given to the issue of a confidential letter alerting other employers about the individual.
2. It also reminds HSS Board and HSS Team Chief Executives of the need to carry out adequate checks on doctors' and dentists' registration, qualifications and references. There is no admission for registration pre-employment checks. In particular, references should be taken up with previous employers and account should be taken of any gaps in employment.

3. The guidance in this circular complements the guidance in HSS(TC8) 15/91 on *'Disciplinary procedures for hospital and community medical and dental staff'*.

Action

4. HSS Board and HSS Trust Chief Executives are asked to ensure that systems are put in place to:
 - (a) consider whether action should be taken to alert other employers of the dismissal or suspension of a member of medical or hospital dental staff;
 - (b) retain alert letters so that staffing officers are aware of all current warnings.
 - (c) withdraw and formally cancel alert letters if the doctor or dentist is exonerated.

Confidentiality must be strictly maintained throughout the enactment of any part of this guidance.

Background

5. The objective of the alert letter system (often referred to as grey letters) is to protect patients by ensuring that employers of doctors or dentists are aware of any who have been dismissed or suspended in the most serious disciplinary cases or where the prospect of their continuing in practice gives rise to a concern for patient safety. The system has been in existence for some time but has recently been reviewed with a view to clarifying the actions to be taken by the HSS Executive and HPSS employers.
6. Alert letters are issued to ensure that information about doctors and dentists who have been dismissed by or are under suspension from HPSS employers and contracting Authorities is disseminated appropriately so as to safeguard health service patients during the (often lengthy) period that inquiries or police investigations of alleged offences are taking place. An alert letter should also be issued where serious doubts have been raised about a locum doctor or dentists and a report is being sent to the General Medical Council (GMC) or General Dental Council (GDC). HSS Boards and HSS Trusts (as well as locum agencies and private healthcare providers) have a legitimate interest in being informed that a prospective employee has been dismissed or suspended by another HPSS employer. Although employing HSS Boards and HSS Trusts should call for references from previous employers they cannot be assured that they will be told about previous employment in which the doctor or dentist

gave unsatisfactory service or was suspended or dismissed. The public would be justifiably concerned if suspended doctors or dentists - who may also be under police investigation that may lead to serious criminal charges being laid - were able to continue to work with patients in another part of the HPSS. The Department must take steps to ensure that prospective employers are notified of such suspensions.

7. The system recognizes that suspension is a neutral act and will occur before any allegations have been fully investigated. It is intended to provide immediate protection of the interest of patients, other staff, or the practitioner and to assist the investigative process. Doctors or dentists who are suspended may be exonerated in due course. The system covers doctors in training who may be suspended whilst their suitability is assessed or their training needs reviewed, and who may seek work during their suspension. Alert letters are only issued following consultation with employers and after taking into account professional advice from the Chief Medical Officer. Alert letters are usually issued when a report to the GMC or GDC has or will be made. It may be appropriate to issue an alert letter as an interim measure where serious criminal proceedings are expected to be brought. HSS Boards as well as HSS Trusts may also be asked to pass the alert letter onto the private health sector in order to cover the possibility of someone trying to gain work outside the HPSS eg in a private hospital or nursing home.
8. The employer must notify doctor or dentist (by writing to their last known address if necessary) that they have become the subject of an alert letter, and give an indication of the reasons for this action.
9. The alert usually takes the form of a letter from the Chief Medical Officer to HSS Boards and Trusts asking them to contact somebody at the originating Trust for a reference if the subject of the alert letter contacts them with a view to obtaining employment (example at Annex A). The form of the letter has been cleared by the Department's solicitors.
10. There is no need for an alert letter if the GMC or GDC has already suspended or placed conditions upon the doctor's or dentist's registration on an interim or substantive basis - the doctor's or dentist's registration will be "tagged" by the GMC or GDC so that on enquiry the employer will be referred to the person dealing with the case; and the HPSS will be notified in due course.

Role of the HPSS

11. HPSS employers will need to put systems in place to consider whether the alert letter system should be triggered. In appropriate cases the Medical Director should ensure that the Chief Medical Officer is urgently advised of the name of

10. The employer who triggers the alert letter system must ensure that it monitors the progress of the case so that should the doctor or dentist be exonerated, the alert letter can be withdrawn. Where an employer has been able to notify a doctor or dentist of the issuing of an alert letter they should also notify the doctor or dentist when, after due process, an alert letter is withdrawn. The alert letters are purely factual and are not intended to deter a doctor or dentist from employment as a doctor or dentist. The alert letter ensures that prospective employers are put in contact with previous employers whose names might not be included on application forms.

11. The Chief Medical Officer is available to provide informal, confidential support to Medical Directors by dealing with matters of this nature.

12. A summary of the process to be followed is at Annex C.

Checks on the Registration and previous employment of doctors and dentists.

outside office hours (09:00 to 17:00 on work days) are answered by an automated service which will provide confirmation of full registration to callers who have a search term, keypad on their telephone and who know the registration number of the practitioner about whom they are enquiring. Alternatively, callers who do not have a message which will be answered the next working day.

- The GDC's Registration Department for checking registration validity may be contacted on 0171 406 2171 during office hours.

• ensure that the checker's or dentist's registration certificate covers the work they are expected to undertake.

17. It is illegal to practice as a physician, surgeon or other medical officer in the UKFS without first registering with the General Medical Council (Sections 47 and 48, Medical Act 1983). Dentists with limited registration are issued with certificates which indicate the range of work or the type of consultation which they are permitted to undertake. It is illegal to practise as a dentist if

20 Enquiries about this circular should be submitted to:

Mr Paul Curran
Medical and Dental Unit
Room 32, Dundonald House
Upper Newswoods Road
Pothol, HTA 3NP
Telephone: 01212 524222

Yours sincerely



P. W. CURRAN
Deputy Director
(1894756)

Annex A

STANDARD LETTER TO BE SENT BY CMO

MANAGEMENT IN STRICT CONFIDENCE

Addressed to: Trust Chief Executives

Dear Chief Executive

Dr John Smith:
Formerly worked at Newtown Hospital HSS Trust

The above person formerly worked as a locum doctor in Orthopedics at Newtown Hospital HSS Trust.

If the above-named person makes an application for a permanent post or locum work with your Trust, you are advised to contact Rodney Jones, Personnel Director at Newtown Hospital HSS Trust on 0101 222 3333 before offering him employment.

Yours sincerely

Chief Medical Officer

STANDARD LETTER TO BE SENT BY CMO

MANAGEMENT IN STRICT CONFIDENCE

Addressed to: HSS Board Chief Executives

Dear Chief Executive

Dr. John Smith:
Formerly worked at Newtown Hospital HSS Trust

The above person formerly worked as a locum doctor in Orthopedics at Newtown Hospital HSS Trust.

Please could you write as a matter of urgency to all independent hospitals registered with your area advising them to contact Rodney Jones, Personnel Director at Newtown Hospital HSS Trust on 0101 222 3333, should Dr Smith apply for a permanent post or locum work.

Yours sincerely

Chief Medical Officer

Annex B

CRITERIA TO BE APPLIED IN DECIDING TO ISSUE AN ALERT LETTER

The criteria should include:-

(i) the complaint is a potential danger to the safety of patients, as identified by inspection, dismissal or police investigation, usually with report to GMC or GDC;

(ii) there are sufficient, reasonable grounds to support the view that the complaint could be a potential danger to the safety of patients;

and

the HSC Board or Trust has reasons to believe that health would not work effectively (either in a permanent position or as a locum).

In considering whether the doctor or dentist is a potential danger to the safety of patients the factors to be taken into account as appropriate should include:

- whether the allegations concern an offence against the person (eg indecent assault)
- whether there has been an alleged failure in professional performance (eg inappropriate treatment, failure to attend)
- the doctor's or dentist's health problems (including mental health and transmissible infections)
- whether the doctor or dentist is willing to accept constraints, conditions and restrictions
- whether a report is being made to the GMC or GDC.

Annex C

THE PROCESSES FOR ISSUING AN ALERT LETTER

Typically, the issue of an alert letter will follow the processes below while confidentiality is maintained at all times:

- a. The doctor or dentist is considered to be a potential danger to the safety of patients as outlined in Annex B above;
and
In all cases, it is considered that the doctor or dentist will seek employment elsewhere, either permanently or as a locum;
- b. Internal consultation within the employing body, involving only those with a need to know, arise whether an alert letter should be issued;
- c. In appropriate cases, and in consideration of the criteria at Annex B, employers should ensure that Chief Medical Officers is separately advised of the name of the doctor or dentist and the details of the case;
- d. The Chief Medical Officer makes the decision as to whether to pursue the matter with HSS Executive and, if appropriate, issues the alert letter;
- e. Employers monitor the case under HSS IC61 1591 and ensure that the Chief Medical Officer is advised that the alert letter should be withdrawn if the doctor or dentist is reinstated;
- f. If the doctor or dentist is reinstated the Chief Medical Officer withdraws and formally cancels the alert letter and advises HSS Executive; the doctor is advised that the letter has been withdrawn.

The Chief Medical Officer, in consultation with the HSS Executive, will ensure the implementation of the guidance and report any critical decisions to the Department.