



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

**Guide: Review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, clinical management and transport of acutely ill patients to appropriate healthcare facilities**

**April 2014**

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Health Information and Quality Authority

## About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive high quality and safe care for people using our health and social care services. HIQA's role is to promote sustainable improvements, safeguard people using health and social care services, support informed decisions on how services are delivered, and promote person-centred care for the benefit of the public.

The Authority's mandate to date extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.
- **Supporting Improvement** – Supporting health and social care services to implement standards by providing education in quality improvement tools and methodologies.
- **Social Services Inspectorate** – Registering and inspecting residential centres for dependent people and inspecting children detention schools, foster care services and child protection services.
- **Monitoring Healthcare Quality and Safety** – Monitoring the quality and safety of health and personal social care services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** – Ensuring the best outcome for people who use our health services and best use of resources by evaluating the clinical and cost effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.
- **Health Information** – Advising on the efficient and secure collection and sharing of health information, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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Health Information and Quality Authority

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## 1. Purpose of this Guide

This is a guide to the Health Information and Quality Authority's review of pre-hospital emergency care services to ensure high quality in the assessment, diagnosis, initial clinical management and transport of an acutely ill patient to an appropriate healthcare facility.

This guide will explain the approach that the Authority will take when carrying out the review.

This document is arranged into the following sections:

- role of the Authority
- the purpose of this guide
- the planned review programme, which includes:
  - a background to the review
  - the objectives of the review
  - the review programme plan, including the requirement for data review, interview and focus groups
  - the requirement for on-site assessment, and what to expect during the on-site component of the review
  - the risk identification and notification process
  - the Authority's reporting process.

## 2. Introduction

### The Health Information and Quality Authority

The Health Information and Quality Authority (the Authority or HIQA) was established in 2007 to promote safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public. The mission of the Authority is to promote sustainable improvements, safeguard people using health and social care services and support decisions on how services are delivered. In order to deliver its mission, the Authority has described the following outcomes that it wishes to achieve:

**Care is improved** – we enable sustainable improvements in safety and quality of health and social care services.

**People are safeguarded** – we act to reduce the risks of harm and abuse to people using health and social care services.

**People are informed** – we publicly report on safety, quality and effectiveness of health and social care services.

**Policy and service decisions are informed** – we inform policy development and how services are delivered.

The functions of the Authority are described in the Health Act 2007.<sup>1</sup>

Under section 8(1)b of the Health Act 2007,<sup>1</sup> the Authority has the function of setting standards on safety and quality in relation to services provided by the Health Service Executive (HSE) or a service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts 1991, 1999, 2001 and 2007 and nursing home services as defined in section 2 of the Health (Nursing Homes) Act 1990.

Under section 8(1)c of the Health Act 2007,<sup>1</sup> the Authority has the function to monitor compliance with standards and to advise the Minister for Health and the HSE as to level of compliance of the HSE and service providers with the Standards.

## 3. Background to this review

Pre-hospital emergency care is the emergency care provided to a patient before transfer to a hospital or appropriate healthcare facility. Safe, high quality outcomes for patients in this care setting depends upon the most appropriately trained

person(s) with the necessary equipment attending the emergency incident within an acceptable time frame. Once in place, the trained person(s) needs to provide emergency care in line with international best practice. Finally, once immediate care has been administered, the patient needs to be transported to the most appropriate care setting based upon a clinical assessment of their needs.

Ambulance services in Ireland, including pre-hospital emergency care, are provided by the National Ambulance Service (NAS) of the HSE with the exception of Dublin City, where emergency ambulance services are provided by both the NAS and Dublin Fire Brigade (DFB).<sup>2</sup> The NAS provides funding assistance to DFB for the provision of 11 ambulances on a 24-hours-a-day, seven-days-a-week roster. In addition, the ambulance services deliver aeromedical services via service level agreements with both the Irish Defence Forces and the Irish Coast Guard. In Ireland, pre-hospital emergency care services can potentially involve any of the following: ambulance services, fire service, primary care, emergency departments, Irish Coast Guard, community responders, An Garda Síochána, Red Cross, Irish Defence Forces, the Naval Service and search and rescue (SAR) services.

While there has been a long history of the provision of services for the transport of sick patients, and more latterly pre-emergency care in Ireland, the statutory basis for the provision of ambulance services was only established by Section 57 of the Health Act 1970. This allowed for the provision of ambulance services by each of the eight former health boards for their respective areas.<sup>2</sup> The NAS in its current form was established with the formation of the HSE in 2005. At the time of this guidance, the NAS consisted of a total staff of approximately 1,550. This includes emergency medical technicians, paramedics, advanced paramedics, and control room staff.<sup>2</sup> A fleet of over 400 vehicles consisting of intermediate care ambulances, emergency ambulances, rapid response cars and motorcycles are deployed across over 100 ambulance stations nationally. Clinical governance of the over 1,400 clinicians employed by the NAS is overseen by the full-time Medical Director.

The ambulance services are facing significant challenges, notably in the increasing demand for health and social care services, an aging population who have a diverse range of needs, increasing costs of technology and a challenging financial position. In the health boards that existed prior to the establishment of the HSE there was, and has continued to be, a multiplicity of systems and processes for ambulance services. Currently, the NAS of the HSE is undergoing a process of modernization and development which includes:

- reducing the number of control centres (these centres process calls and deploy ambulance resources) from 10 to 2 centres nationally

- the introduction and roll out across the HSE of a medical priority dispatch system – version 12.1 Advanced Medical Priority Dispatch System (AMPDS). This system facilitates the prioritisation of emergency calls to match the appropriate response by the ambulance service to the clinical need of the patient(s), based on the information provided by the caller
- other investment in the information technology and other infrastructure of the NAS.

The Pre-Hospital Emergency Care Council (PHECC) is the national body with responsibility for the professional regulation of ambulance personnel, and education and training in the area of pre-hospital emergency care in Ireland.<sup>3</sup> It sets the education standards and conducts the examinations leading to the National Qualification in Emergency Medical Technology (NQEMT). PHECC also maintains a statutory register of pre-hospital emergency care practitioners.

The functions of the Authority are described in the Health Act 2007.<sup>1</sup> The Authority has planned to undertake a review of pre-hospital emergency services under its three-year assurance programmes. The aim of the Authority's assurance programme is to implement and report on a scrutiny programme aimed at providing assurance on the safety and quality of healthcare services in line with the requirements of the Health Act 2007,<sup>1</sup> the *National Standards for Safer Better Healthcare*<sup>4</sup> and other relevant healthcare standards. This review of pre-hospital emergency care services involves using a combination of interview, document assessment and on-site review to ensure the timely assessment, diagnosis, initial management and transport of an acutely ill patient to an appropriate healthcare facility.

#### 4. Objectives of the review

This decision to undertake this review was outlined in the Authority's Draft Business Plan for 2014,<sup>5</sup> and its *Corporate Plan for 2013-2015*.<sup>6</sup> The aim of this review is therefore in line with the following Health Information and Quality Authority strategic and business plan objectives:

- **HIQA Corporate Plan Strategic Objective 1.1:**

*We will conduct regulation programmes of health and social care services to safeguard people and achieve improved outcomes for service users. This includes the provision of an assurance programme of the quality and safety of defined healthcare services in Ireland.*<sup>6</sup>

- **2014 HIQA Business Plan Objective 1.1B3:**

*Apply the Authority's Monitoring Approach to undertake a review of three areas identified in the three-year assurance programme on the quality and safety of healthcare service provision against national standards. (Year one will include a review of pre-hospital emergency services).*<sup>5</sup>

The objective of this review is for the Authority to establish that the National Ambulance Service in Ireland has the necessary elements in place to ensure high quality performance in the assessment, diagnosis, initial clinical management and transport of acutely ill patients to appropriate healthcare facilities. The review's lines of enquiry (please see Appendix A for sample lines of enquiry) will therefore focus on determining if the following key elements are in place and are operationally embedded:

- the National Ambulance Service has clear accountability and governance arrangements, including clearly defined schemes of delegation, to ensure the delivery of high quality, safe, effective and reliable care
- that there is a clear strategic direction for the service, with implementation plans and control measures
- the provision of care ensures timely response and access to an appropriate healthcare facility based on service users' assessed needs

- the National Ambulance Service effectively identifies, manages, responds to and reports on patient safety incidents and risk
- that there are appropriate controls in place to monitor the quality and safety of services provided on behalf of the National Ambulance Service by third parties, through service level agreements
- that the workforce is well organised, and that employees at all levels of the organisation are supported to maintain and enhance their skills and competencies
- that the National Ambulance Service effectively uses information as a resource in the planning, delivery, audit, management, and improvement of the quality, safety and reliability of the service provided.

The review will be carried out in accordance with section 8(1)(c) and other relevant provisions set out in the Health Act 2007.<sup>1</sup> The review will be conducted by a team appointed and authorised by the Authority in accordance with Part 9 of the Health Act 2007. The Team will carry out the review and may exercise such powers as it has, in accordance with Part 9 of the Health Act, including rights of entry, its rights to inspect premises, records and/or documents, to conduct the interviews and to require explanations in relation to documents, records or other information. In addition, the Authority may, in keeping with the Health Act 2007, engage such advisors as it considers necessary in the undertaking of this review.

## 5 Review programme

In accordance with the Authority's standard monitoring approach, an assessment framework has been developed to guide this review process. An assessment framework is a detailed description of the standards to be reviewed, and the sources of evidence required to allow for an assessment of compliance with these standards. The standards to be assessed are selected from the *National Standards for Safer, Better Healthcare* (referred to as the Standards), with standard selection based on the aligned needs of the service under review.

The assessment framework includes the specific lines of enquiry to be explored in order to assess compliance with the Standards and to provide the review team with a framework for the selection and gathering of information. Lines of enquiry are the key questions that the review team use to inform an assessment. A sample of the lines of enquiry can be viewed in Appendix 1 and are framed around the National Standards' themes of quality and safety.

These themes reflect the essential components of a high quality, safe healthcare service and encompass the required capacity and capability of the service provider to deliver such services.

The quality dimensions are:

- Person-Centred Care and Support
- Safe Care and Support
- Effective Care and Support.

The capacity and capability themes are:

- Leadership, Governance and Management
- Workforce
- Use of Information
- Use of Resources.

The review will be conducted in three phases.

- **Phase One** will consist of documentation review and on-site review by the Authority of systems, processes and practices in operation by the ambulance service.
- **Phase Two** will consist of individual staff interviews, and focus group interviews. At this point, an evaluation of information gathered will be undertaken to identify if further clarification on any outstanding issues needs

to occur. This evaluation may necessitate further communication with staff members of the NAS as appropriate.

- **Phase Three** will involve an overall evaluation of the information gathered to conclude findings and judgments. The Authority will then complete and publish a full report.

The review commenced in March 2014, with the publication of findings scheduled for quarter three 2014.

The review will utilise a number of different methods to meet its desired objectives. These methods will be aligned to best address the specific lines of enquiry for the review (Appendix 1). The methods employed will be carried out by authorised persons and include the following:

- a document and data request
- individual staff interview
- focus groups with different staff groupings from all three NAS regions
- a review of processes and systems in practice through on-site observations.

## 5.1 Authorised Persons

- All members of the review team will be authorised persons.
- Authorised persons are appointed in accordance with section 70 of the Health Act 2007<sup>1</sup> for the purposes of monitoring compliance with standards.
- Authorised persons will carry a certificate of authorisation together with a form of personal identification.
- Authorised persons will work within the powers described in the Health Act 2007,<sup>1</sup> and for the purpose of this review will undertake data and documentation review, interviews, on-site reviews and observations as outlined in the following sections.
- Authorised persons must comply with the Authority's Code of Conduct,<sup>7</sup> which is available on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).

## 5.2 Data and documentation requirement

- The documentation and data requirement will be issued by an authorised person under Section 73(5) of the Health Act 2007.
- The data and documentation requirement for the review will include, but will not be limited to, data request on call handling, lists of adverse incidents, selected adverse incident reports, the service's strategic plan and organograms, lists of policies and procedures, and information on staffing levels.
- The required data and documentation should be returned, electronically, to the Authority on the date advised (this is usually within **10** working days of receipt of the request). The notification correspondence will confirm the return-by date.

***Please note:** the document and data requirement has been developed with the understanding that the documents and data requested should already be in existence and in use by the National Ambulance Service.*

## 5.3 Interviews

- Individual interviews will be conducted with relevant staff members as deemed appropriate by the review team. The list of interviewees will include, but will not be limited to, members of the senior and middle management team across the NAS. The process will also include interview of relevant senior management members of the Health Service Executive.
- Details in relation to the meetings will be communicated in advance so that necessary arrangements can be made to ensure staff availability on the day.
- The Authority's authorised persons will take written notes of the meetings. However, the information provided will not be attributed to any individual in the final report.

## 5.4 Focus groups

- A series of focus group meetings will also occur in all of the NAS regions to inform the review.
- These groups will include a representative sample of staff, including emergency medicine technicians, paramedics, advanced paramedics, call takers, dispatchers, control centre managers and station managers.
- Staff will be selected using a randomisation process to ensure a fair representation of staff from each staff grouping category.
- Details with respect to the staff selected to attend each focus group session will occur well in advance of the focus groups, with due regard for the need to prevent disruption to patient services in the context of staff rostering. The random staff selection process itself will also be designed to ensure minimal impact on the operational continuity of the ambulance service.
- Each focus group session will be 90 minutes in duration. As with the interview process, authorised persons from the Authority will take written notes during the focus group meetings. However, the information provided will not be attributed to any individual or collective focus group. The focus group sessions will be designed to provide contributors with the opportunity to freely express their views.

## 5.5 On-site observation

- In order to obtain information about the systems and structures in place to support operational performance, the authorised persons will observe the use of systems and processes in place.
- On-site assessments will be conducted by authorised persons, as determined by the Authority, and will be communicated to the NAS in advance of attendance on site. The NAS is required to nominate a liaison person who will be responsible for engagement with the Authority, during the course of the on-site component of each review.

- During the course of any observation component, the authorised persons may review documentation in the area selected for assessment. This documentation requirement will be reflective of documentation expected to be located in the area in question, for example: patient care records, policies, procedures, guidelines or standard operating procedures.
- Authorised persons may also talk with members of staff. These members of staff will be identified as the observation is taking place, and will vary in role.
- An office may be required by the authorised persons during the on-site components of the review to accommodate the scheduled meetings and on-site documentation review.

## 6 Risk identification and notification

- During the course of the monitoring assessments, authorised persons may identify specific issues that they believe may present a risk to the health or welfare of service users.
- If risks are identified, the authorised persons will use the Authority's risk matrix (Appendix 2) to assess the likelihood and the impact of the identified risks.
- Any high risks (**immediate**) to the health or welfare of service users identified during the on-site monitoring assessment, which require **immediate** mitigation, will be brought to the immediate attention of the National Ambulance Service's Director. This is to allow the actions necessary to mitigate such risks to be put in place.
- High risks that are not immediate (please see previous bullet point for immediate high risk) will be escalated in line with the Authority's escalation process (Appendix 3). This includes formal notification of the identified risk to the National Ambulance Service's Director within **two working days**, with the requirement to formally report back to the Authority with an action plan to reduce and effectively manage the risk within **five working days** from receipt of the formal notification of the risk, or as otherwise specified.
- Details of any risks identified will be included in the report. This will include copies of notification of high risks and the service provider's response.

## 7 Report of findings

- The Authority will provide the NAS with a report of findings of the review. The purpose of the report is twofold. Firstly, the report aims to provide assurances to potential future service users and the wider public that the NAS is meeting National Standards and has in place the effective corporate and clinical governance arrangements necessary to provide safe care to patients. Secondly, the reports will provide the NAS with the information about the good practices that are in place but will also identify improvement opportunities where action is required to provide safer and better care to patients.
- Details of any risks identified will be included in the report of the review. This will include copies of notification of high risks and each service provider's response.
- The Authority will send a copy of the draft report together with a feedback form to the identified accountable person. This is to allow the accountable person the opportunity to review the draft report, to allow for due process, and to provide feedback.
- The accountable person should complete the feedback form and return it to the Authority within **10 working days** of its receipt.
- The authorised persons will review the feedback and may make changes, as a result of the feedback provided prior to finalising the report for publication.

### 7.1 Publication of the report

- The report will be published on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie).
- The Authority will inform the NAS's accountable person and the Health Service Executive that the report will be published in advance of publication. A copy of the final report will be provided to the identified accountable person on the day of publication.
- In accordance with Section 8(1)(i) of the Act, the Authority will advise the Minister for Health and the Health Service Executive as to level of the NAS's compliance with the National Standards.

## 8. Continuous monitoring

- The Authority will continue to monitor the NAS in order to ensure that it is implementing and meeting the *National Standards for Safer Better Healthcare*<sup>4</sup> and is making quality and safety improvements that safeguard service users. The Authority will use a variety of sources of information to inform continuous monitoring. These may include:
  - data and document review to include publicly available information
  - information provided by other regulators
  - information provided by service users
  - meetings with service providers
  - meetings with service users
  - service-user feedback.
  
- The Authority will review all information received about the safety, quality and standards of services, provided by the Health Service Executive (HSE) or the NAS in accordance with the Health Acts 1947 to 2007. The purpose of this is to establish if:
  - the information indicates that the service provider has not implemented recommendations made by the Authority
  - the information indicates non-compliance with the National Standards
  - there are reasonable grounds for the Authority to believe that there is a high risk to the health and welfare of persons receiving services.
  
- The Authority's responses may include:
  - seeking the necessary assurances from the service provider that it is safeguarding service users through the mitigation of high risks
  - meetings with the service provider
  - unannounced monitoring assessment

- advising the HSE and the Minister for Health
- undertaking an investigation as to the safety, quality and standards of the services if the Authority believes there is a high risk to the health and welfare of a person receiving services and that the risk may be the result of any act, failure to act or negligence on the part of the HSE or a service provider.

**Appendix 1 – Review themes, Standards and sample lines of enquiry as they relate to the *National Standards for Safer Better Healthcare (NSSBH)***

<b>NSSBH theme</b>	<b>Standards</b>	<b>Sample lines of enquiry</b>
Person-Centred Care and Support	<b>Standard 1.2</b> – Service users have equitable access to healthcare services based on their assessed needs.	<p>Are service users that are acutely ill being responded to within an appropriate time frame?</p> <p>Are the appropriate measurement controls in place to assure the HSE that this is happening?</p>
Effective Care and Support, and Safe Care and Support	<p><b>Standard 2.1</b> – Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users.</p> <p><b>Standard 2.6</b> – Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare.</p> <p><b>Standard 3.1</b> – Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.</p> <p><b>Standard 3.3</b> – Service providers effectively identify, manage, respond to and report on patient-safety incidents.</p>	<p>Are all category A calls (Echo and Delta) being prioritised correctly using the Advanced Medical Priority Dispatch System (AMPDS) and is there a quality audit of AMPDS to ensure its correct application?</p> <p>Does the National Ambulance Service identify, manage, respond to and report on service-user safety incidents?</p> <p>Do the HSE and the National Ambulance Service have the appropriate arrangements in place to ensure that learning from adverse events and incidents is disseminated throughout the organisations and learning implemented?</p>

NSSBH theme	Standards	Sample lines of enquiry
Leadership, Governance and Management	<p><b>Standard 5.1</b> Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.</p> <p><b>Standard 5.2</b> Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.</p> <p><b>Standard 5.3</b> Service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided.</p> <p><b>Standard 5.4</b> Service providers set clear objectives and develop a clear plan for delivering high quality, safe and reliable healthcare services.</p> <p><b>Standard 5.5</b> Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.</p> <p><b>Standard 5.9</b> The quality and safety of services provided on behalf of healthcare service providers are monitored through formalised agreements.</p>	<p>Is there a clear strategic direction for the NAS for unscheduled care that is aligned with the HSE's national clinical care programmes?</p> <p>Are there effective governance structures in place that identify clear lines of authority and accountability for the NAS? (This includes third party providers.)</p> <p>Are there robust effective governance arrangements and management structures and systems in place to ensure the service is responsive, safe and effective?</p> <p>Are there robust assurance processes to assess and monitor the delivery and performance of the service, and is there a clear process to addresses underperformance?</p> <p>Is risk recognised and managed within the NAS?</p> <p>Are the rights of stakeholders respected, and is the service person-centred?</p>

NSSBH theme	Standards	Sample lines of enquiry
Workforce	<p><b>Standards 6.1</b> Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.</p> <p><b>Standard 6.3</b> Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.</p> <p><b>Standard 6.4</b> Service providers support their workforce in delivering high, quality, safe and reliable healthcare.</p>	<p>Has the HSE arrangements in place to ensure that the NAS executive is structured and resourced by staff with the appropriate competencies as well as adequate time and support to effectively meet the leadership and managerial requirements of the respective roles?</p> <p>Are all patients with life-threatening or potentially life-threatening conditions responded to by the correct personnel to meet their clinical needs?</p> <p>Is there well developed clinical and organisational governance for community-first-responder programmes ensuring delivery of high quality care for patients?</p> <p>How does the NAS, in conjunction with its regulatory bodies, ensure that staff are competent, skilled and have the appropriate skill mix, to meet the assessed needs of patients, to ensure continuity of care and the delivery of safe services?</p>

NSSBH theme	Standards	Sample lines of enquiry
Use of Information	<p><b>Standard 8.1</b> Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.</p> <p><b>Standard 8.2</b> Service providers have effective arrangements in place for information governance.</p>	<p>Is there an integrated system across the NAS to support patient care, management of information and business intelligence?</p> <p>Is the information collected appropriate and fit for purpose, and are the appropriate local and national key performance indicators identified to plan, deliver and monitor patient outcomes and improve patient care?</p>
Use of Resources	<p><b>Standard 7.1</b> Service providers plan and manage the use of resources to deliver high quality, safe and reliable healthcare efficiently and sustainability.</p> <p><b>Standard 7.2</b> Service providers have arrangements in place to achieve best possible quality and safety outcomes for service users for the money and resources used.</p>	<p>Are resource decisions informed by clinical and service users' views, risk assessment of the decision, best available evidence and quality and safety implications?</p> <p>Has the HSE and NAS robust arrangements in place to ensure the services use their resources to achieve the best quality and safety outcomes for service users? For example, is dynamic standby and deployment being utilised?</p>

## Appendix 2 – Risk matrix

**Risk assessment process:** the Authority's authorised persons will assess the consequence of the risk to patients and the probability of reoccurrence or recurrence to determine the level of risk, for example, consequence moderate x probability possible = orange grade 3 moderate risk (as shown in the matrix below).

**Consequence of the risk:** what is the actual impact of the risk?

Consequence category	Impact on individual or future service users
1 Negligible	<ul style="list-style-type: none"><li>▪ No obvious harm</li><li>▪ No injury requiring treatment</li></ul>
2 Minor	<ul style="list-style-type: none"><li>▪ Minor injury</li><li>▪ No permanent harm</li></ul>
3 Moderate	<ul style="list-style-type: none"><li>▪ Significant injury or ill health</li><li>▪ Some temporary incapacity</li></ul>
4 Major	<ul style="list-style-type: none"><li>▪ Major injuries or long-term incapacity or disability</li><li>▪ Major permanent harm as result of clinical or non-clinical incident injuries or long-term incapacity or disability</li><li>▪ Major permanent harm</li></ul>
5 Catastrophic	<ul style="list-style-type: none"><li>▪ Death</li></ul>

**Probability of reoccurrence or recurrence:** what is the chance of this event occurring, reoccurring, or recurring? Identify the 'probability rating' for recurrence from the following table:

Probability score	Descriptor	Frequency
1	Rare	This will probably never happen/reoccur
2	Unlikely	Do not expect it to happen/reoccur again but it is possible
3	Possible	Might happen or reoccur occasionally
4	Likely	Will probably reoccur, but it is not a persistent issue
5	Almost certain	Will undoubtedly recur, possibly frequently

The lead authorised person classifies the risk using the risk matrix below and documents the findings that indicate the risk.

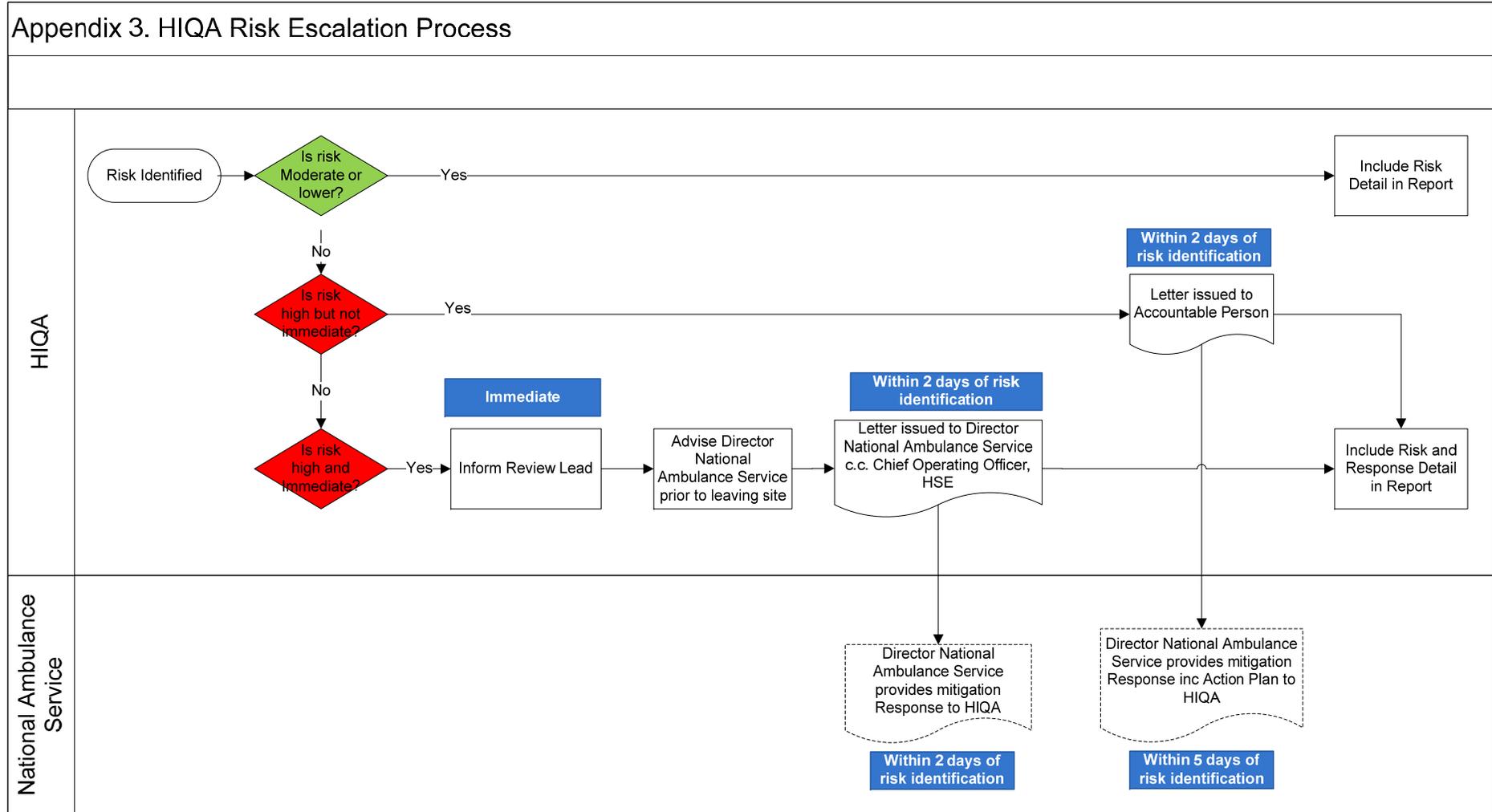
### Risk matrix

Probability ↓	→ CONSEQUENCE CATEGORY				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

The risk is then classified as high, moderate, low or very low as per the risk matrix score. See classification of risk table below.

Classification of risk	Risk matrix score
High Risk (Red)	15, 16, 20 or 25
Moderate Risk (Orange)	8, 9 10 or 12
Low Risk (Yellow)	4, 5 or 6
Very Low Risk (Green)	1, 2 or 3

Appendix 3 – Risk escalation process



## References<sup>#</sup>

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<sup>#</sup> All online references accessed at time of preparation of this guidance report.

Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority  
Dublin Regional Office  
George's Court  
George's Lane  
Smithfield  
Dublin 7

Phone: +353 (0) 1 814 7400

URL: [www.hiqa.ie](http://www.hiqa.ie)

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