General Guidance on the National Standards for Safer Better Healthcare

September 2012

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is the independent Authority established to drive continuous improvement in Ireland's health and personal social care services, monitor the safety and quality of these services 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:
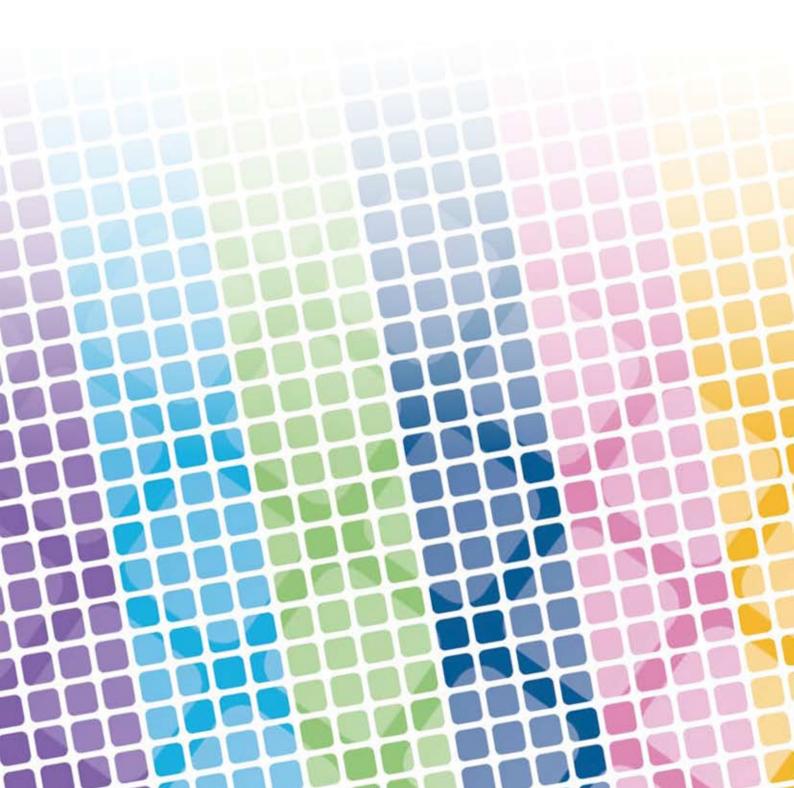
■ **Setting Standards for Health and Social Services** – Developing person-centred standards, based on evidence and best international practice, for those health and social care services in Ireland that by law are required to be regulated by the Authority.

■ **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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Part One

Introduction

1. Introduction

This document provides guidance which is intended to support the understanding and practical application of the *National Standards for Safer Better Healthcare* (the National Standards) developed by the Health Information and Quality Authority (the Authority). The National Standards took effect from June 2012 following approval by the Minister for Health.

The *National Standards for Safer Better Healthcare* are structured around eight themes for quality and safety. As Figure 1 illustrates, the eight themes are intended to work together. Collectively, they describe how a service provides high quality, safe and reliable care centred on the service user (see Figure 1). The four themes on the upper half of the figure, relate to dimensions of quality and safety and the four on the lower half of the figure, relate to key areas of capacity and capability.

Figure 1: Themes for Quality and Safety

This document presents the guidance for the *National Standards for Safer Better Healthcare* under these themes. The National Standards are also set out in full in a separate document. All documents are available on the Authority's website www.hiqa.ie.

2. Guidance

This guidance is offered to complement the National Standards and features of a service meeting these Standards, as set out in the National Standards, and should be read in conjunction with them. It further expands on the descriptions of high quality safe services, with two objectives:

■ to provide a common understanding and language for service users, service providers and the public as to how the *National Standards for Safer Better Healthcare* will apply across all healthcare services

■ to facilitate service providers in understanding and adopting the *National Standards for Safer Better Healthcare* in the Irish healthcare system.

The guidance includes:

■ Further descriptions of some of the concepts mentioned in the National Standards and features. Not every concept in the Standards or features is described in the Guidance. Guidance is given on a particular concept, or an aspect of that concept, because:

- it can be interpreted in a number of ways

- it has specific meanings in healthcare or in the context of this document

- it may be new or seldom used in some Irish healthcare settings.

Inclusion of specific concepts in the Guidance does not mean that these are necessarily the most important concepts.

■ Illustrative examples of activities, arrangements, structures, processes or outcomes that are relevant to the National Standards. Examples are given of what practical application of the standards might look like in different sectors or settings, such as a primary care team, an ambulance service or a hospital. The Guidance does not aim to provide an exhaustive list of illustrative examples, nor of examples corresponding to each feature.

Where an example is given for a type of service (such as a primary care team), not every service of that type will meet the standard in that particular way, but the example does give an indication of the nature and scale of activity that might be appropriate for such a service. If a service is different to the type outlined in the example, that does not mean the illustrative example is not pertinent to it as the example may relate to a concept applicable to all services. Therefore, other types of services may find it appropriate to use the approach given in the example or adapt it in some way.

The Guidance is not designed to be a checklist for compliance with the National Standards or indicative of any future assessment approach. Service providers may choose different approaches in meeting the National Standards to achieve safer better healthcare.

A resource list has been given for each theme. The resource list is indicative of the kinds of reports, documents or evidence that service providers might find useful. However, it is not an exhaustive list and it does not include all the resources that may be relevant to service providers. More recent information may have superseded that contained in the resource list, and services should ensure that the information they draw upon is up to date and based on evidence. Resource lists are provided for each theme, rather than each Standard, as many resources are relevant to more than one Standard in each theme.

The list of legislation, similarly, indicates the acts and regulations that service providers should be aware of and ensure compliance with. It is not exhaustive, not all items will be relevant to all providers, and as legislation is changing all the time, service providers should not rely on this list to ensure that they comply with current legal requirements.

2.1 Development of the guidance

In line with the Authority's values of openness, accountability and working together, we engaged with a range of stakeholder groups, including healthcare providers and service users, to develop guidance to support the understanding and practical application of these National Standards. The development of the Guidance was also informed by feedback received from the public consultation on the draft standards, which particularly assisted with identification of those concepts on which stakeholders required more information. In addition to the Standards Advisory Group, a reference group was formed and gave feedback on earlier drafts of this Guidance. This reference group included front-line staff from primary, community and acute care who provided feedback on the clarity, usefulness and practicality of the Guidance. The Guidance was also informed by the Authority's knowledge and experience of the Irish healthcare context, including reviews and investigations. The development of the Guidance was also underpinned by best available evidence.

This Guidance is intended as initial general assistance to support providers in their consideration of how well their service meets the National Standards. The Authority will undertake an ongoing process of review and engagement with relevant interested parties to update this Guidance and to identify areas which may require more specific guidance. This process will include further consultation with service users, front-line staff, relevant experts and service providers to ensure the development of guidance that facilitates the understanding and practical application of the Standards in specific settings within the Irish healthcare system. Therefore, it is intended that this ongoing process will lead to the development and publication of guidance which service providers should take into account in planning and delivering services. This guidance will be available via our website, www.hiqa.ie.

2.2 Feedback on the Guidance

The Authority would welcome feedback from those who work in the healthcare services who have used this Guidance, and from service users, on how well it supports the understanding and practical application of the National Standards. For instance, you might want to tell us the type of areas or services you would like more guidance on.

Please send your feedback to us either by email to healthcarestandards@hiqa.ie, or by post to:

> Safety and Quality Improvement Directorate
> Health Information and Quality Authority
> George's Court
> George's Lane
> Smithfield
> Dublin 7

3.   Implementation Principles of the *National Standards for Safer Better Healthcare*

3.1 Guidance on the Principles

These National Standards, when implemented, will contribute to high quality safe healthcare for service users and enable a culture of quality and safety.

There are five Implementation Principles set out at the beginning of the National Standards and these should be taken into account by service providers when implementing the National Standards. These are set out below.

Implementation Principles

1. These National Standards describe high quality safe healthcare and because of their interdependence should be regarded and implemented together as a complete system.

2. Steps taken to meet one National Standard by the service provider should not cause a breach of any other of the *National Standards for Safer Better Healthcare*.

3. Service providers evaluate and manage their performance against these National Standards on an ongoing basis and take steps to address any identified areas for improvement.

4. Actions taken to implement the National Standards should be proportionate to the size and complexity of the service.

5. Presented with the National Standards are features that services meeting the Standards are likely to include. This is not an exhaustive list and service providers may find other valid ways to meet the Standards. However, the service provider must assure the public, themselves and the Authority that they are meeting the Standard through the arrangements they have put in place.

Principle 2 states that steps taken to meet one Standard by the service provider should not cause a breach of any other of the National Standards. For example, service providers in meeting Standard 2.3 in relation to integrated care do not breach Standard 8.2 on information governance which includes arrangements for privacy and confidentiality of personal health information.

Principle 4 states that actions taken to implement the Standards should be proportionate to the size and complexity of the service. For example, the statement of purpose for a small GP practice would not be as extensive as a statement of purpose for a large acute hospital.

Principle 5 refers to the standards and features: these are described in the next section.

3.2   How the National Standards are structured

Each standard is numbered and presented under a theme.

> **The Standard**
>
> **A standard describes the high level outcome required to contribute to quality and safety.**

Features a service meeting the standard are likely to have in place

Features are arrangements and outcomes that services meeting the standard are likely to have in place. They provide initial guidance for service providers. However, service providers may decide not to focus on or use the features and instead to use other activity and quality improvement work that they are undertaking as a means of meeting the Standards.

What this means for you as a service user when this standard is met

The National Standards document includes a section titled 'What this means for you as a service user when this standard is met.' This section is primarily for service users and includes descriptions and/or examples of what a service user can expect when a service provider meets a particular standard.

These descriptions and/or examples do not describe standard outcomes and is not an exhaustive list.

Guidance is intended to expand the features in the National Standards in order to provide further understanding and practical application of the National Standards.

Part Two

Guidance on the National Standards

Theme 1
Person-Centred Care and Support

Standard 1.1

The planning, design and delivery of services are informed by service users' identified needs and preferences.

Features of a service meeting this standard are likely to include:

1.1.1 Proactive and systematic identification of service users' collective needs and preferences.

1.1.2 Formal consideration is given to service users' collective priorities, needs and preferences in the planning, design and delivery of services.

1.1.3 Involvement of service users at key stages in the planning and design of healthcare services. Service users are kept informed of key decisions during this process and how their needs and preferences have been considered.

1.1.4 Provision of services at a time and place which takes into account the expressed preferences of service users, where this provision can be achieved safely, effectively and efficiently.

1.1.5 Flexibility to respond to the changing needs and preferences of service users where this can be achieved safely, effectively and efficiently.

1.1.6 Coordination of care within and between services takes account of service users' needs and preferences.

1.1.7 Feedback from service users being used to continuously improve the experience for all service users.

1.1.8 Regular evaluation of services to assess how well they are meeting the identified needs and preferences of service users.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Services that identify and are responsive to service-user needs and preferences

Placing the service user at the centre of care, and actively seeking to identify and respond to their individual and collective needs and preferences is a core element in the delivery of person-centred care. These needs may extend beyond healthcare needs, for instance social support or educational needs of children in hospital. In a person-centred service, service providers identify all these needs and respond appropriately.

Service providers actively engage with service users, as individuals and as part of their local community, to ensure that their current and anticipated needs and preferences are taken into account when planning and designing services. The service makes service-user engagement as effective as possible by making it convenient for service users to become involved and to give their views. Service users are given feedback on how their views have informed service development and delivery.

Population healthcare needs assessment is about identifying the collective healthcare needs of the local population, so that services can be planned and delivered to meet those needs. The healthcare needs of a population will differ depending on the demographic profile, common health conditions and the social needs of the population. Information from population healthcare needs assessments and best available evidence facilitates the design, planning and delivery of services. This needs-assessment approach also helps service providers in prioritising the delivery of services and where required, to change services for the benefit of service users.

Service providers should be able to demonstrate to service users how their identified needs and preferences have been assessed and considered and how changes to the service have been implemented as a result.

Examples:

■   Service providers regularly review how, when and where they provide their services to ensure they are meeting the needs of the people they serve within their available resources. For instance, hospitals and primary care teams survey their service users about the convenience of their opening hours and accessibility of the services they provide.

- Service providers invite service users to participate as representatives on appropriate hospital and community committees.

- A healthcare needs assessment undertaken by a primary care team may highlight a proportion of service users with a specific long-term illness. This may result in the team developing a programme in partnership with service users to more effectively manage their condition. One aspect of such a programme may be to support and encourage self-management of that condition within the community.

- A primary care practice undertaking a healthcare needs assessment may identify mental health or drug addiction issues in their population. As a result, further consultation may be undertaken with these groups to identify the health issues of most concern to them and how best to address these needs.

Coordinating services

Healthcare is often delivered across many services and specialities and service users frequently move within and between different services. Service providers design services with appropriate safeguards to ensure effective communication and coordination between services. This includes the timely transfer of required information relevant to the care of the service user, including their identified needs and preferences.

Effective communication with service users about their plan of care, and the coordination of this plan of care, helps ensure that service users have all the necessary information to make informed decisions about, and participate as fully as possible in, their own treatment and care.

Examples:

- Service users whose care is provided across multiple services are provided with the opportunity to identify their specific needs and preferences in regard to the coordination of their care between services, and these are taken into consideration by service providers.

- At all times, service users are informed of the name of the healthcare professional responsible for their care.

- The transfer of a service user's care within and between services can be made more person-centred with the use of an agreed standardised patient transfer form that contains all the relevant clinical and personal information.

- When transferring a service user's care between the acute and community care settings, providers ensure that the service user's transfer not only

includes their treatment and discharge plan, but also includes information arising from discussions with the service user and their family about issues important to the service user, such as dietary and personal needs.

Evaluating whether services meet the identified needs and preferences of service users

An important aspect of evaluation is seeking feedback from service users on their experiences of the extent to which the service has met their identified needs and preferences. The service acts on this feedback to make the identified changes, and monitors these changes to measure their effectiveness.

Examples:

- Engagement with service users is inclusive of the diverse groups within the community.

- Service users are consulted in the development of and implementation of specific policies and service design, such as services for long-term conditions and end-of-life care.

- Service-user satisfaction surveys ask questions that are important to service users and are relevant to improving the quality of care provided to them.

- Service delivery issues, such as health promotion initiatives or the design of service-user information leaflets, are addressed with the engagement of service users, for instance, through the use of service-user panels.

Standard 1.2

Service users have equitable access to healthcare services based on their assessed needs.

Features of a service meeting this standard are likely to include:

1.2.1   Promotion of equitable access, through service design based on relevant information about the people using services, to ensure available resources are deployed fairly.

1.2.2   Access for service users that is based on needs assessment and best available evidence and is in line with relevant eligibility criteria. This is irrespective of factors such as the service users' age, gender or geographical location.

1.2.3   Clear and transparent decision-making processes, including referral pathways, to facilitate service users' access to healthcare services. The effectiveness of these processes is regularly evaluated.

1.2.4   Provision of clear and relevant information in usable formats for service users about the services available to them and how to access these services.

1.2.5   Identification of the access needs of the population served, including their physical, sensory and language needs, and arrangements to meet these needs in line with relevant legislation.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Equitable access to healthcare services

Equitable access to healthcare refers to a fair opportunity to access healthcare services based on relevant eligibility criteria and not on factors such as ethnicity, age, gender or geographical location. Publicly-funded services have clear and transparent decision making processes in place to ensure that service users can access the healthcare services they require based on their assessed clinical needs to achieve best possible outcomes. This decision-making process takes account of the availability of resources and the responsibility to act in the collective best interests of all service users.

The service provider uses best available evidence and information about its population to design a service that promotes equitable access.

Service users are provided with clear and relevant information in a format appropriate to their identified needs about the services provided and how service users can access these services.

The service designs and manages facilities and services to meet the diverse needs of all who wish to access and use the service.

Examples:

■ A service provider conducts regular audits of appointment times to ensure access times for service users are appropriate to their identified needs.

■ Service providers ensure that their facilities are accessible for wheelchair users, in line with legislative requirements including wheelchair accessible entrances, bathrooms, waiting rooms and consulting rooms.

■ Service providers are proactive in the use of assistive technology to facilitate service users with physical or sensory disability to access health services.

■ Service providers carry out an information accessibility audit to identify if the information they provide reaches the relevant service users. An action plan with clear timelines and responsibilities is developed to address the issues identified.

■ Service providers recognise that literacy levels may vary among the population they serve, and take account of this when developing information materials for service users.

■ An acute hospital has clear signs and directions from the arrival point to the principal areas and services. Signage and directions are visible at all times of the day or night.

■ Service providers ensure information about the services they deliver, including contact details and how to access the service, is available in different formats such as Braille, to meet the diverse needs of the community.

Standard 1.3

Service users experience healthcare which respects their diversity and protects their rights.

Features of a service meeting this standard are likely to include:

1.3.1   Facilitation of service users to exercise civil, political and religious rights as enshrined in Irish law, as far as is reasonably practicable, when they are receiving healthcare.

1.3.2   Initial and ongoing access to healthcare for service users which is in compliance with legislation and does not discriminate according to age, gender, sexual orientation, disability, marital status, family status, race, religious belief, or membership of the Traveller Community.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Respecting service users' diversity and rights

The diversity of Ireland's population is reflected in the profile of people using healthcare services. Service users have differing social, cultural and other needs and service providers respect this diversity and take account of it in planning and delivering their services.

Equality legislation promotes respect for diversity and prohibits discrimination based on the following nine grounds: age, gender, sexual orientation, disability, marital status, family status, race, religious belief, or membership of the Traveller Community.

The statutory rights of service users are set out under Irish and relevant international law. Service providers review relevant Irish and European legislation to determine what is relevant for their service.

A service provider facilitates service users in exercising their rights and respects their diversity when they are receiving healthcare by raising awareness and supporting their

workforce through appropriate training, policies and procedures to provide care that is respectful of rights, diverse values, beliefs and behaviours.

Examples:

■ Service providers assess the diversity of service users within the community they serve and tailor their services to ensure that, as far as possible, the differing social, cultural, religious, language and literacy needs of these groups are met.

■ Service providers design and deliver training programmes to ensure their workforce are aware of and respect the beliefs and practices of different religions and cultures in so far as they relate to how healthcare is delivered.

■ Service providers engage on an ongoing basis with voluntary support organisations in their community in order to understand better the diverse needs of their service users.

■ Service providers support their workforce in respecting and promoting the autonomy of service users with disabilities, for instance through facilitating disability awareness training.

■ Service providers make appropriate provision, where possible, for cultural practices, such as specific dietary requirements.

Standard 1.4

Service users are enabled to participate in making informed decisions about their care.

Features of a service meeting this standard are likely to include:

1.4.1 Provision of accessible, clear, timely and relevant information to service users about their condition, treatment options and the services available to them.

1.4.2 Active facilitation of individual service users as much as possible to exercise choice in the ongoing planning and delivery of their care and treatment.

1.4.3 Facilitation of service users to access patient support services including, where appropriate, independent support groups.

1.4.4 Notification in advance to service users of any direct financial costs to them for services they may receive.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Information to assist in making informed decisions

A service enables service-user participation in decision making by recognising and taking into account the diversity of those accessing their service. It develops and supports its workforce to respond to these diverse needs and to enable all service users to participate as far as possible, in their own care.

Service users need clear and relevant information, which is communicated to them in a manner appropriate to their age and capacity, in order to make decisions about their care. In the many interactions of care, treatment and support in healthcare, service users are assisted by members of the workforce to choose how and when their care, treatment and support is provided.

Information about services in different formats and languages is widely available and easily accessible. Service providers ensure that service users have as much

information as they need and want about their condition, and the risks, benefits or alternatives of any proposed treatments. Healthcare teams ensure that service users are given regular opportunities and adequate time to discuss their condition. They are also encouraged to ask questions and to indicate how well they have understood the information they have been given.

Examples:

- A primary care service involves service users as fully as possible in the development and review of their own care plan.

- service providers engage with service users in developing information leaflets to ensure all documentation for service users is easy-to-read and user-friendly

- service providers make information about common conditions accessible to service users through leaflets, booklets, service-user discussion and/or information evenings.

- a hospital offers information in different language and accessible formats about the type of health services delivered, opening hours, complaints process, and how service users can give feedback and get involved in service design and delivery.

- service providers facilitate service users in accessing patient support services and advocacy groups when this choice is consistent with service users' wishes, for instance, by providing them with contact details for these services.

- an ambulance service ensures their workforce has the necessary skills to support service users who have cognitive or communication difficulties making decisions about their care and communicating these decisions.

- service providers use professional interpretation services to identify and respond to individual service user's needs.

Service users, when required to pay for part or all of their care, treatment or support, should be informed about the expected costs prior to that treatment being provided.

Examples:

- Primary care practices display a schedule of charges for routine treatments in waiting areas.

- Information on hospital charges are publicly available and described to the service user prior to any intervention or treatment being provided. Any unexpected additional costs are communicated to the service user before treatment where possible.

Standard 1.5

Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

Features of a service meeting this standard are likely to include:

1.5.1   Arrangements to obtain, and act in accordance with, the informed consent of service users in line with legislation and best available evidence.

1.5.2   Effective arrangements that protect the best interests of children and service users who lack capacity to give informed consent.

1.5.3   Monitoring and evaluation of the effectiveness of the arrangements for obtaining informed consent and taking steps to address any identified areas for improvement.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Informed consent

Obtaining informed consent is a process of communication between the service user and an appropriate healthcare professional. Depending on individual circumstances, this process can evolve over a period of time. Through ongoing conversations, that enhance the service user's understanding of their condition and the treatment options available to them, service users are supported to make decisions about their treatment options. Consent may be written, oral or implied and service providers follow evidence-based practice for obtaining consent.

It is a legal and ethical requirement that informed consent is obtained from the service user prior to any of the following:

■   medical treatment or intervention

■   provision of personal care

■ participation in research projects

■ provision of the service user's personalised information to a third party.

Assessment of an individual's capacity to give informed consent is the fundamental component of the informed consent process.

Service providers put in place suitable arrangements to obtain, and act in accordance with, the informed consent of service users. These arrangements are evidence-based and take account of relevant legislation.

These arrangements include (but are not limited to):

■ When the service user lacks capacity to give informed consent there are procedures in place to take into account their past and present wishes, needs and preferences and act in their best interests.

■ Recognising that a service user's capacity to make informed decisions or their physical ability to communicate their wishes may fluctuate over time, their capacity and ability should be assessed and monitored on an ongoing basis.

■ Education, development and training to ensure all members of the workforce understand the consent process, including the exceptional circumstances under which obtaining consent may not be possible, for example in an emergency situation.

■ The service user is allowed sufficient time to think about their consent decisions, except in an emergency where this may not always be possible.

■ Consent is sought by a person who has sufficient knowledge about the service user's clinical needs and the proposed care, treatment and support options for the service user to make an informed decision.

■ The service user is provided with information (in an appropriate format to meet their communication needs) that outlines the advantages and disadvantages of the proposed care, treatment and support options, including potential risks and side effects.

■ Recognising that a service user's needs and preferences may change over time and having arrangements in place for reviewing with the service user their informed consent concerning proposed care, treatment and support options.

■ The specific requirements associated with obtaining consent for children.

■ Respecting and taking account of a decision by a service user to refuse or withdraw consent at any point.

■ The procedures for obtaining consent take account of all relevant legislation,

ethical considerations, evidence-based guidelines and any guidance issued by professional or regulatory bodies.

■ Ongoing monitoring and evaluation of the effectiveness of the arrangements to obtain informed consent and mechanisms to address any areas that require improvement.

Examples:

■ A hospital regularly audits its consent arrangements and addresses any opportunities for improvement highlighted by this process, for instance a surgical service audits healthcare records to ensure that informed consent was obtained for all surgical patients.

■ A primary care team audits its immunisation programme to ensure that it has an appropriate process for obtaining informed consent.

Standard 1.6

Service users' dignity, privacy and autonomy are respected and promoted.

Features of a service meeting this standard are likely to include:

1.6.1   Design and delivery of care in a manner which promotes service users' dignity, privacy and autonomy.

1.6.2   Promotion and protection of service users' privacy, dignity and autonomy within an appropriately designed and managed physical environment.

1.6.3   Communication with service users in a manner that respects their dignity and privacy.

1.6.4   Respect at all times for service users' dignity and privacy when they are receiving personal care or attending to their own personal care.

1.6.5   Protection of a service user's personal information at all times in line with legislation and best available evidence.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Promoting and respecting service users' dignity, privacy and autonomy

Dignity, privacy and autonomy are fundamental to the delivery of person-centred care and lead to better healthcare outcomes for service users. They are promoted by a service through the attitudes and behaviours of the workforce towards service users and each other, and by the design and management of the physical environment.

All members of the workforce should clearly understand and display the attitudes and behaviours that are required to promote dignity, autonomy and respect for service users. Such behaviours and attitudes should be modelled by leaders and managers

throughout the service and the workforce is supported to respond to service user needs in a timely, respectful and courteous manner. Reflection and review of practice in relation to these attitudes and behaviours are included in ongoing professional development activities and are assisted by structured service-user feedback.

Examples:

■   All members of a workforce introduce themselves to the people to whom they are providing care or treatment on initial contact and at other times as appropriate.

■   Service providers promote the values of dignity, autonomy and respect through their code of conduct and behaviour.

■   Service users who have specific needs are identified and supports are put in place to ensure their dignity is respected and maintained, for instance, if a person requires assistance with eating.

■   A hospital has arrangements in place to ensure that service users' personal information is managed in a confidential manner for instance, during ward rounds.

Managing the physical environment to promote dignity and privacy

A service user's personal environment (that is, where the person receives care, for instance, any clinic or treatment area, a consulting room or a hospital or residential care bed space) is assessed and, where possible, is adapted to meet the individual's assessed needs and preferences and to promote wellbeing and independence.

Service providers review and manage the physical environment in line with service users' assessed needs to promote their dignity, privacy, and autonomy.

Examples:

■   Hospitals provide service users with same-sex bedroom and bathroom accommodation while taking into account that this may not always be possible in specific areas, such as an intensive care unit or a coronary care unit.

■   Service providers have arrangements to ensure service users are familiarised with their immediate surroundings, advised of relevant information such as how to get assistance if necessary, and are shown the location of toilets, bathrooms, the nurses' station and supporting facilities.

■   Service providers ensure that their procurement practices take account of the dignity, privacy and autonomy of service users, for instance they purchase hospital gowns which are designed to protect the dignity of the service user.

■ The service protects service users' dignity and privacy through the use of signs, curtains, screens and private areas, for instance, to minimise unwanted interruptions when service users are receiving personal care or attending to their own personal care.

■ Information provided to service users in advance of attending or being admitted to hospital includes practical information as to their personal requirements during their stay, for example, that they will need a dressing gown and slippers.

■ Service providers ensure that all administrative staff are aware of protecting and promoting service-user dignity and privacy during registration conversations at reception.

■ Service users are offered the opportunity to discuss, in a private space, information that they consider sensitive.

Standard 1.7

Service providers promote a culture of kindness, consideration and respect.

Features of a service meeting this standard are likely to include:

1.7.1   A culture of kindness, consideration and respect that is actively promoted through the service's mission statement, service design, code of conduct, training, development and evaluation processes.

1.7.2   Active listening and communication with service users in an open and sensitive manner, in line with their expressed needs and preferences.

1.7.3   Recognition that at certain stages of a services user's care and treatment some individuals may be more vulnerable than others. Service providers proactively identify the likely points where this may occur (for example, approaching end-of-life) and provide mechanisms to support service users.

1.7.4   Actively seeking and respecting service users' views, values and preferences and taking these into account in the provision of their care.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Promoting a culture of kindness, consideration and respect

A person-centred service ensures that kindness, consideration and respect are central to the delivery of all healthcare and are reflected in the service's mission statement and code of conduct and behaviour. The service ensures, through training, development and its code of conduct and behaviour, that all members of its workforce understand the attitudes and behaviours that are expected of them.

Service providers facilitate all members of the workforce to develop and maintain communication and interpersonal skills that promote a partnership approach to healthcare delivery.

At certain stages of life, such as childhood, a service user may be more vulnerable. Additionally, some points of healthcare delivery may be associated with greater vulnerability for service users. These vulnerabilities can lead to a loss of autonomy and therefore service providers acknowledge this by promoting and respecting service users' independence, autonomy and by treating them with consideration and kindness.

A service monitors and regularly evaluates its formal arrangements to identify and protect as far as possible vulnerable service users' autonomy, privacy and confidentiality.

Examples:

■ Service providers have arrangements in place to identify, respond to, manage, monitor and review the pain and symptom needs of service users, including those who are unable to articulate verbally or express their needs, for example a child with special needs, or an adult with dementia.

■ A hospital includes communication and interpersonal skills as part of the workforce induction programme in a way that is appropriately tailored to individual roles.

■ Service users are offered opportunities to raise any issues relevant to their care and are supported to explore and discuss these issues.

■ A service facilitates where possible, service users keeping with them items to support their communication, understanding and comfort, for example, reading glasses, pictures or toys.

■ Members of the workforce and service users discuss and work together to agree rehabilitation options to enhance the service user's independence.

■ The service educates and trains all members of the workforce to communicate with, and respond to, the needs of service users with communicable diseases who require isolation, to ensure that they are treated with kindness, consideration and respect at all times.

■ A hospital has arrangements in place to ensure that children / young adults moving from children's services to adult services are supported during this transition.

Standard 1.8

Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Features of a service meeting this standard are likely to include:

1.8.1   Complaints procedures that are clear, transparent, open and accessible to service users and take account of legislation, relevant regulations, national guidelines and best available evidence.

1.8.2   Complaints procedures that ensure as timely a response as possible, taking account of the requirement to fully address the issues raised by the complainant.

1.8.3   Complaints procedures that identify the expectations of service users making complaints and ensure that these expectations are taken into account and addressed throughout the process.

1.8.4   A coordinated response to service users who make a complaint, including when their care is shared between healthcare professionals or transferred from one service provider to another.

1.8.5   A supportive environment for service users that encourages them to provide feedback, raise concerns or make complaints verbally or in writing in a culture of openness and partnership.

1.8.6   Support for a culture in which service users' care is not negatively affected as a result of them having made a complaint or expressed a concern.

1.8.7   Structured arrangements to ensure that service users who make a complaint are facilitated to access support services, such as independent advocacy services.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

A supportive environment to raise complaints or concerns

Although services endeavour to provide high quality safe care in an optimum care setting at all times, there are occasions where care and/or the care setting itself is not of the desired quality for all service users. Therefore services should recognise this fact and respond by encouraging service users to provide feedback through comments, complaints and concerns. The service's complaints procedure should be regularly audited and appropriate action taken to ensure compliance with relevant timelines for provision of a response to the service user. This review of the effectiveness of the complaints management process includes feedback from service users of their experience of the process.

There are clear feedback procedures for service users that are in an accessible format and prominently displayed. These procedures take account of the requirements of legislation, relevant regulations and national guidelines.

Children may have difficulties expressing their concerns, and therefore the service ensures that members of the workforce are competent to encourage children to speak about issues that may be worrying them and respond to those concerns in an age-appropriate manner.

All members of the workforce receive appropriate education and training in the management of complaints and concerns to fulfil their roles and responsibilities. The service constantly reinforces the responsibility of all members of the workforce to communicate in a manner that is respectful and non-judgmental with service users who wish to make a complaint or raise a concern.

Members of the workforce work with service users to ensure that raising a concern or making a complaint does not negatively affect their ongoing or future care. Complaints are resolved by members of the workforce promptly and locally where possible and the complaint and the action taken are recorded. If such resolution is not possible the complaints mechanism ensures that the complaint is addressed at the appropriate level within the governance structure.

The service ensures that:

- Complaints are dealt with promptly with a focus on resolving problems locally where possible.

■ There is an identified staff member responsible for the management of complaints and concerns.

■ All service users who wish to make a complaint will be listened to and responded to promptly.

■ Making a complaint will not negatively affect a service user's present or future treatment.

■ The service provider understand the details of the complaint and the outcome desired by the service user.

■ The service user is informed of the steps to be taken and the likely timescale to deal with their complaint.

■ The service user's expectations of the possible outcomes are explored and addressed.

■ The service user is supported, including having access to independent support services if required.

■ Complaints are reviewed by members of the workforce who are competent to deal with the issues raised, provide explanations based on fact and give reasons for decisions made.

■ Where a complaint involves a number of disciplines or services, the service user is advised of the name and contact details of the person who is coordinating the management of the complaint or concern.

■ The learning from complaints helps to improve care and outcomes for all service users.

■ The service user is informed of the action taken in response to their complaint.

Examples:

■ Internal communication structures are used to emphasise the value placed by the service on promoting an open and effective response to service-user feedback, complaints and concerns, for instance information posters displayed in prominent places.

■ Service providers organise age-appropriate forums for children and young people to ascertain the particular difficulties they may face in making a complaint or raising a concern. Information from these forums is used to inform the service's complaints process.

Promoting learning from complaints and concerns

Learning from complaints and concerns plays an important role in promoting improvements in the safety and quality of patient care. The service ensures that all members of the workforce understand and comply with the need to consider the learning from complaints and concerns and use this to review practice and to improve care.

Examples:

■ The service publishes complaints and concerns data and trends as part of the service's annual report.

■ The service has a formal process for the feedback of data relating to complaints and concerns to the relevant teams/departments and individuals including the senior management team and the board as applicable.

■ Service providers have a mechanism to demonstrate how learning from complaints and concerns has been shared and implemented.

See also guidance on:

Theme 3, Standard 3.1.

Standard 1.9

Service users are supported in maintaining and improving their own health and wellbeing.

Features of a service meeting this standard are likely to include:

1.9.1   Active development of, and support for, a culture that promotes better health for service users.

1.9.2   Support for individual service users to identify their key health priorities.

1.9.3   Support for service users to have greater responsibility for maintaining and improving their own health and wellbeing.

1.9.4   A structured approach to identification of opportunities, in partnership with service users, to maintain and improve service users' health and wellbeing.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Supporting service users to maintain and improve their own health and wellbeing

Service providers develop and support a culture that promotes better health for all service users and the workforce and take this into account when designing the physical environment. The service provider has effective mechanisms to engage with service users to discuss ways of maintaining and improving their current and future health.

Examples:

■   An outpatient appointment in a hospital is used as an opportunity to discuss with service users lifestyle issues, such as diet and exercise, that may contribute to their health and wellbeing.

- Service providers offer service users information in accessible formats in relation to activities and practices that maintain and improve their own health and wellbeing, for instance, smoking cessation.

- Service providers organise (and encourage service users to attend) events to promote beneficial lifestyle habits. For instance, workshops in relation to stress management or preventing slips, trips and falls.

- Service providers are proactive in developing condition-specific information forums, on issues such as chronic pain management, diabetes, asthma or urinary continence.

- Service providers help service users with long-term conditions to live as actively as possible through the early identification and effective treatment of pain and symptoms.

- When a public health nurse visits a new mother, this provides an opportunity to discuss safety and accident prevention for babies and give information on the childhood immunisation schedule.

- Healthcare professionals providing travel vaccinations offer information to service users on communicable diseases and their prevention.

- A person with newly diagnosed diabetes is offered dietary advice and, following discussion with their healthcare professional, this advice is built into their care plan.

- Children in hospital are supported to live a healthy lifestyle and their wellbeing is promoted by, for instance, providing them with a nutritious, appealing and balanced diet and encouraging and facilitating them to play as appropriate.

Resources

The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

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Legislation

> The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

Non-fatal Offences Against the Person Act 1997

Health Act 2004 (Complaints) Regulations SI 652 of 2006

Equal Status Act 2000

Medical Practitioners Act 2007

Health Act 2004

Disability Act 2005

European Convention on Human Rights 2003

Theme 2
Effective Care and Support

Standard 2.1
Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users.

Features of a service meeting this standard are likely to include:

2.1.1   Healthcare that is delivered according to policies, guidelines, protocols and care pathways that are based on best available evidence.

2.1.2   Use of National Clinical Guidelines and nationally agreed protocols, care bundles and care pathways where available.

2.1.3   Regular reviews of National Clinical Guidelines to determine what is relevant to the care and treatment provided and taking steps to address any identified gaps to ensure guidelines are implemented.

2.1.4   A clearly documented risk assessment when services are unable to fully implement National Clinical Guidelines and appropriate action taken to ensure the quality and safety of services.

2.1.5   Modification of National Clinical Guidelines for use in local practice and consideration of these guidelines when assessing and planning an individual service user's care.

2.1.6   An evidence-based process for the development of policies, guidelines, protocols and care pathways.

2.1.7   Support for, and facilitation of, the workforce in making decisions based on the best available evidence.

2.1.8   Support for healthcare professionals in making clinical decisions based on evidence which will maximise benefits to service users and minimise unnecessary treatment and care.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Evidence-based healthcare

Evidence-based healthcare involves the integration of best available evidence from systematic research, healthcare professionals' knowledge and experience, and service users' individual values and circumstances.

It seeks to assess the quality of the evidence about the risks and benefits of the delivery of healthcare and therefore, is as relevant to managers and policy makers as it is to frontline healthcare professionals. Healthcare that is supported by best available evidence helps assure providers that they are delivering safe high quality reliable care.

Implementing clinical guidelines, integrated care pathways and care bundles are internationally recognised ways of getting evidence into practice and improving the effectiveness of care and treatment. A national suite of clinical guidelines for use in all relevant services is being developed in Ireland to drive improvements in quality and consistency of care. The development of these National Clinical Guidelines will reflect evidence-based methodology and will undergo a quality assurance process under the auspices of the National Clinical Effectiveness Committee.

To support evidence-based healthcare, services use integrated care pathways that follow national guidelines and national care pathways where they are available. The local development or adaptation of integrated care pathways is multidisciplinary, involves service users and is evidence based.

Care bundles, groupings of interventions that are based on best available evidence and relate to the management of a particular healthcare need, can also be adopted by services but international evidence would suggest that, to ensure improved outcomes for service users, the bundles must be adhered to in their entirety.

Examples:

■　Primary care teams have regular multidisciplinary team meetings to discuss national and international evidence and how it applies to their clinical practice.

■　Senior management decisions are informed by regular review of new national and international evidence relevant to the design and delivery of healthcare services.

■ National designated cancer centres review their current population of service users and their current and anticipated needs and use this information in conjunction with best available evidence to plan future delivery of the service.

■ Following the approval and publication of a national suite of clinical guidelines, a hospital uses relevant guidelines as a basis for the development and review of local integrated care pathways in conjunction with service users, the local community, local primary care services and the multidisciplinary care team.

■ Service providers regularly review national and international evidence-based care bundles and adopt those that are relevant to their service. Instances of care bundles include those produced by the Health Protection and Surveillance Centre, such as C. difficile Care Bundle, Central Vascular Catheters Care Bundle, Peripheral Venous Catheter Care Bundle and Surgical Site Infection Care Bundle.

■ Service providers ensure the workforce has appropriate access to information sources which support the provision of evidence-based healthcare, for instance library facilities, electronic journals and clinical audit findings.

Standard 2.2

Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users.

Features of a service meeting this standard are likely to include:

2.2.1   Planning and delivery of healthcare in response to an individual service user's assessed needs that also takes into consideration the collective priorities and needs of service users as a whole.

2.2.2   Assessment of the service user's individual healthcare needs by the healthcare professional or team with the necessary competencies and information to plan for and deliver healthcare to the service user.

2.2.3   Prioritising the assessment and treatment of each service user according to their needs so that they receive an assessment and treatment that is timely and appropriate to their needs.

2.2.4   Outcome goals that are clearly defined when planning care for individual service users. These goals are:

– based on the service user's assessed needs

– agreed between the service user and the identified lead healthcare professional

– regularly reviewed and revised to ensure effectiveness

– regularly reviewed and revised to ensure they reflect the service user's changing needs and preferences.

2.2.5   When the healthcare needs of a service user cannot be met within the scope of the service, informing the service user, and, in consultation with them, making the necessary arrangements for transfer of care to the appropriate service.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Assessing needs

Assessing the physical, psychological, social, cultural and emotional needs of a service user ensures the care they receive is planned and responsive to their identified needs.

While service providers endeavour to meet an individual service user's needs, it is recognised that this must be achieved within their available resources and with consideration of the health needs of the wider community.

All service users have their healthcare needs identified through an established continuous assessment process which is timely and appropriate to the service users' immediate clinical needs. Service providers have the necessary arrangements and controls in place to involve carers or relatives, where appropriate, in assessing and addressing the needs of service users.

The assessment of need also includes identifying relevant social needs, for instance, if a service user requiring inpatient treatment is a parent or carer they are facilitated to access the appropriate support services. The initial assessment process includes the identification of service users' needs on their discharge, including future access to primary and social care, and planning how these needs can be met. Service providers have the necessary arrangements in place to ensure identified needs and the care plan for a service user are effectively communicated and coordinated across services.

Individual needs may change and the early recognition of, and prompt response to, changing needs is associated with better outcomes for service users. Service providers have arrangements in place to facilitate the early identification of and response to clinical deterioration to improve patient outcomes and reduce their length of hospital stay.

Examples:

■   Service providers use evidence-based tools to monitor and manage the potential evolving needs of service users, for instance, the use of Early Warning Score System to recognise clinical deterioration in service users.

■ Ongoing assessment of a service user's needs in hospital includes monitoring of their vital signs and symptoms (including pain) and involves the assessment, management and evaluation of the effectiveness of the care.

■ Part of the initial assessment of a service user on admission to hospital includes how the service user can access primary care and social care networks on discharge, for instance people who are homeless may require additional support to access these services.

■ Ambulance services have systems in place to effectively assess service users' needs in order to initiate the appropriate response in line with best available evidence and national guidance.

■ Service providers have appropriate training and development programmes to support the workforce in the use of patient assessment tools, for instance the Waterlow score for the assessment of risk of developing pressure ulcers.

■ Service providers use evidence-based assessment tools which are adapted to the patient group served, for instance, paediatric services use child-friendly validated pain assessment tools.

> See also guidance on:
>
> **Theme 1, Standard 1.1.**

Standard 2.3

Service users receive integrated care which is coordinated effectively within and between services.

Features of a service meeting this standard are likely to include:

2.3.1   Formally agreed systems, when care is provided by more than one service provider, to actively coordinate the provision of care. This is done in partnership with service users while respecting their confidentiality.

2.3.2   Active cooperation with other service providers, in particular when service users are transferring within and between services.

2.3.3   Sharing of necessary information to facilitate the safe transfer or sharing of care, in a timely and appropriate manner and in line with relevant data protection legislation.

2.3.4   Arrangements to facilitate effective communication and multidisciplinary team-working to deliver integrated care.

2.3.5   Provision of information about the process for transfer of care, to ensure clarity for service users and other service providers.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Integrated and coordinated care

Service users may receive care from more than one practitioner, team or service provider and may have their care shared across services and so the provision and coordination of care can be complex. As a result, it is essential that an identified healthcare professional is accountable and responsible for the coordination of a service user's care at all times.

The safe and effective management of care throughout the patient journey needs an integrated approach which works in partnership with the service user, from referral

through to discharge home or to community services. This approach includes acute hospitals and primary and community care services working together to provide combined care for service users, such as, maternity care or caring for service users with long-term conditions so that the service user is treated by an appropriate healthcare professional at a frequency appropriate to their needs.

Having clear, efficient and agreed protocols in place between service providers will help to ensure the safe and timely referral and transfer of patients. These protocols are regularly evaluated and audited.

Service providers proactively manage discharge by taking account of national guidelines or recommended practices in relation to integrated discharge planning.

When a patient is moving from one service to another, professional responsibility and accountability for some or all of a patient's care is formally handed over to another healthcare professional for a period of time or indefinitely. Central to this process is the transfer of complete, accurate and timely information to other healthcare professionals or service providers in an agreed uniform approach. All those involved in the service user's care are kept informed of decisions about transfer of care.

Service providers coordinate care at local level by using locally adapted integrated care pathways which are based on nationally agreed, evidence-based pathways where these exist. These pathways act as a guide to coordinated planning, monitoring, documenting and reviewing of care.

Examples:

■ Service providers use nationally-agreed referral templates, where they exist, to facilitate the transfer of care of service users between service providers, for instance the National Cancer Referral Forms.

■ A hospital develops protocols and referral forms to facilitate the transfer of care of service users within the hospital, to primary, community care and other services.

■ Service providers have arrangements in place to ensure that all test results pending on discharge are followed up and acted on.

■ In a hospital, staff rotas are developed to ensure there is effective and efficient handover of care.

■ Service providers have processes and protocols in place to ensure there is comprehensive transfer of service user information, for instance, when ambulance services transfer the care of a service user to a hospital, all relevant information is transferred.

■ GPs and emergency departments liaise closely when transferring the care of patients between their services.

Standard 2.4

An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care.

Features of a service meeting this standard are likely to include:

2.4.1   Informing service users who their responsible healthcare professional is, and facilitating discussion about their care between the service user and that healthcare professional.

2.4.2   Clear documentation of the identified healthcare professional with overall responsibility and accountability for a service user's care at all times.

2.4.3   Timely, formal handover of information and accountability for the overall care of a service user when they move within or between services and the responsible healthcare professional changes; keeping the service user informed of these changes and making explicit the change of healthcare professional and documenting this.

2.4.4   Identification of a healthcare professional who is accountable and responsible for the coordination of a service user's care, including during an episode of care involving multiple clinical specialities.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Integrated and coordinated care

The service provider clearly communicates to service users, their families and carers, and all members of the healthcare team who the responsible healthcare professional accountable for the care of the service user is, and how they can best contact them.

Examples:

■ The responsible healthcare professional for a service user attending a dental practice for treatment of a specific condition is identified to the service user.

■ When a GP refers a service user to a hospital for inpatient care, there is a timely handover of information and accountability for the overall care of that patient. This change is made explicit, documented and the patient and their relatives or carer are kept informed at all stages.

■ There are clear transition arrangements between the healthcare professionals in an acute hospital's emergency department (ED) and the relevant admitting team for patients who have been assessed in the ED and referred for inpatient admission.

Standard 2.5

All information necessary to support the provision of effective care, including information provided by the service user, is available at the point of clinical decision making.

Features of a service meeting this standard are likely to include:

2.5.1   Relevant information being shared in a timely and appropriate manner to facilitate the transfer or sharing of care within and between multidisciplinary healthcare teams and services from referral through to transfer or discharge.

2.5.2   Necessary information being shared to support the provision of care in a manner that respects service users' privacy and confidentiality.

2.5.3   Ready availability of accurate, up-to-date and easily retrievable high quality information, including information from the service user, to healthcare providers involved in each individual's care.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Healthcare information

Service providers ensure healthcare professionals have the relevant information to make effective clinical decisions. For effective clinical decision making, healthcare professionals need easily accessible, complete and accurate patient information, including their past medical and surgical history, diagnostic results, medications and discussions with the patient, available at the point of clinical decision making. Healthcare professionals also need access to best available evidence to inform clinical decision making.

Service providers ensure that service users understand why their healthcare information is being collected, who (within or outside the service) will have access to the information and how the information will be used. Service providers have arrangements in place to ensure that service users' healthcare information is shared in a confidential manner in line with legislation.

Examples:

■ At clinical decision making meetings, such as multidisciplinary team meetings (whether in a hospital or a primary care setting), relevant service-user healthcare records are available, accurate and up to date.

■ When referring a service user to a surgical service, a GP obtains the service user's consent to share information and provides this information to relevant services to support the provision of effective care.

■ A service provider facilitates access to resources proportionate to the scope and scale of the service to enable healthcare professionals to use the national and international evidence required at the point of clinical decision making.

■ All relevant healthcare records, including, for instance, X-rays and recent blood results, are available in the operating theatre for a service user undergoing surgery.

See also guidance on:

Theme 8, Standard 8.2 and 8.3.

Standard 2.6

Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

2.6.1   Clear description of how the service will be delivered and communication of the scope, objectives and intended quality outcomes of the service through a publicly available statement of purpose.

2.6.2   Delivery of care using high quality, safe and reliable models of service delivery that have the required clinical services, meet legislative requirements and take into account best available evidence, national policies, National Clinical Guidelines if available, local population health needs and available resources.

2.6.3   Necessary arrangements in place for transfer of care to the appropriate service when the service user's healthcare needs cannot be met within the model of service provided. This transfer process involves clear consultation with the service user throughout.

2.6.4   Regular review of the services provided and evidence that the defined model of service can be delivered safely. This review should include the:

– assessed needs of the population being served

– size, complexity and specialties of the service being provided

– interdependencies of internal and external clinical and non-clinical services and support arrangements

– national and international evidence regarding the model of service or type of service being provided

– relevant legislation and Government policy

– findings from consultation with key stakeholders

– number of staff required to deliver the service

– skill mix and competencies required to deliver the service

– resources and facilities available

– changes in the workload.

The service takes the required action where gaps are identified to ensure quality and safety of services.

2.6.5   Ongoing assessment of the volumes and casemix of their service users to ensure services are provided to sufficient numbers of service users to maintain the skills and competencies of clinical teams based on best available evidence or advice from the relevant professional and expert bodies. This assessment also ensures that clinical teams receive adequate experience of the management of complex and rare conditions and complications.

2.6.6   Management of available resources, including the workforce, to meet legislative requirements, and to deliver the defined model of service safely and sustainably at all times.

2.6.7   Planning, management and delivery of services to maintain the quality and safety of care when demand, service requirements, resources or capabilities change.

2.6.8   Delivery of healthcare within the stated scope of what can be delivered safely and effectively.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Model of service

A model of service sets out the way a health service is delivered and can be applied to a single service unit, to an organisation or a national service. It should be developed using an evidence-based process, agreed through the service's governance structures and reflecting their statement of purpose. The model of service reflects best available evidence, takes into account available resources and complies with legislation. Service providers ensure that clear information about their service, the model of delivery and any potential changes are publicly available.

International evidence suggests that service users with specific conditions have better outcomes when cared for by teams who routinely care for high numbers of service users with such conditions. International evidence also shows that clinical teams treating service users who require more complex care will need to treat sufficient numbers of these service users in order to maintain their clinical skills constantly and

to ensure best outcomes for service users. These concepts need to be taken into account when designing services.

Examples:

- Service providers, when designing and reviewing a service, take into account the evidence around the volumes and casemix of patients required for each service to ensure best outcomes for service users and the maintenance of the workforce's competencies.

- Healthcare professionals' work schedules and rotas are designed to ensure compliance with all relevant legislation including for instance the European Working Time Directive, and are informed by evidence-based healthcare.

- Service providers take full account of potential surges in demand by putting in place contingency and emergency plans for instance, a plan to manage service delivery during a flu epidemic.

Reliable healthcare consistently performs its intended functions in the required time. All elements in a process of care are performed correctly, all of the time, for that process to be called completely reliable. A service that improves reliability thereby reduces variability in the performance of processes that are known to work and thus improves consistency and outcomes for service users.

Service providers identify the processes required to deliver the model of service that they have defined for their service. They align their resources, including their workforce, to perform those processes reliably, and these processes are regularly reviewed and updated in line with best available evidence and the model of the service.

See also guidance on:

Theme 2, Standard 2.1.

Standard 2.7

Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.

Features of a service meeting this standard are likely to include:

2.7.1   Premises and facilities that comply with relevant legislative requirements.

2.7.2   Premises and facilities that are accessible and responsive to service users' physical and sensory needs where this can be achieved safely, effectively and efficiently.

2.7.3   A physical environment that is planned, designed, developed and maintained to achieve the best possible outcomes for service users for the resources used.

2.7.4   A physical environment that is developed and managed to promote better health and wellbeing for service users and members of the workforce.

2.7.5   A physical environment that is developed and managed to minimise the risk to service users and members of the workforce from acquiring a Healthcare Associated Infection.

2.7.6   Appropriate management of hazardous materials and waste including arrangements for safe handling, storage, use and disposal.

2.7.7   Appropriate measures in place to ensure the security of the premises.

2.7.8   A physical environment that is planned and managed, for example through ongoing risk assessment and management, to maintain the quality and safety of care when demand, services delivered or resources change.

2.7.9   The proactive identification of risks associated with changes to the physical environment where care is delivered and evaluation of identified risks and necessary action to eliminate or minimise such risks.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Physical environment

The physical environment refers to premises and facilities including buildings, vehicles and all their fixtures, fittings and furnishings, whether owned or contracted by the service provider to provide services.

The physical environment meets relevant legislation such as health and safety, access for people with a disability, and building legislation.

The physical environment in which healthcare is provided may pose challenges to service providers in delivering safe high quality care. For example, a hospital may be located in a building that has protected status limiting the physical modifications that can be made. Service providers put in place arrangements to assess the risks to their service users related to their environment, mitigate these risks, take action to optimise the environment and put in place measures, such as quality improvement plans, to improve it so that it supports care that is safe and of high quality.

The physical environment is effectively managed and maintained according to relevant national guidelines and legislation to protect service users' dignity and privacy and to reduce the risk of the spread of Healthcare Associated Infections (HAIs).

Examples:

- All equipment, medical and non-medical, including cleaning devices are effectively managed, decontaminated and maintained according to national guidelines and best available evidence.

- The possible spread of HAIs is minimised during construction, renovation, demolition, repair or maintenance by having clear policies and procedures which reduce the risks to health and welfare of service users.

- The use of available single rooms and bed spacing is planned and managed in a way that minimises the risk of spread of HAIs.

- Ambulance services ensure that all vehicles are compliant with the relevant legislation and are in line with best available evidence.

- A paediatric service carries out regular risk assessments of its environment to ensure children's safety, for instance the security of access to ward areas.

See also guidance on:

Theme 3, Standard 3.1.

■ Service providers manage the layout of the ward area to maximise the potential to observe patients who may be at risk of deterioration.

■ A surgical service reviews the location of storage of essential supplies to minimise the time required by staff to access these supplies and maximise time available for provision of direct service user care.

■ Services that use ionising radiation ensure there is adequate signage and physical barriers to minimise unnecessary exposure to this radiation.

Waste management

Waste management is the segregation, classification, collection, handling, transportation, processing, recycling or disposal and monitoring of waste materials. It can involve liquid, solid, gaseous or radioactive substances, with different methods of disposal for each.

Waste management is undertaken to reduce the negative effect of waste on the health of the public and service users. Service providers have arrangements in place to ensure that they are compliant with relevant legislation and are aware of best available evidence when managing waste.

Example:

■ A hospital ensures that it has the appropriate facilities in place and provides training to members of the workforce on the correct management and disposal of sharps to minimise the risk of harm.

See also guidance on:

Theme 7, Standard 7.1.

Standard 2.8

The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Features of a service meeting this standard are likely to include:

2.8.1 Use of relevant national performance indicators and benchmarks, where they exist, to monitor and evaluate the quality and safety of the care and its outcomes.

2.8.2 Where national metrics do not exist, the development or adoption of performance indicators and benchmarks in accordance with best available evidence to monitor and evaluate the quality and safety of the care provided and outcomes.

2.8.3 Use of a variety of outcome measures to evaluate the effectiveness of healthcare including:

– clinical outcomes

– service users' perspectives on their outcomes

– service users' experience of care

– feedback from healthcare professionals.

2.8.4 Use of information from monitoring and evaluation to improve care and to disseminate learning.

2.8.5 Monitoring and evaluation of performance by developing and implementing clinical and non-clinical audits and implementing improvements based on the findings.

2.8.6 An agreed annual plan for audit, which incorporates participation in national audit programmes, and local, targeted audits conducted in line with service requirements and priorities.

2.8.7 An evidence-based methodology, in line with national guidelines where they exist, is used in the conduct of audit.

2.8.8 Clinical governance arrangements that ensure findings from clinical audits are reported and monitored effectively.

2.8.9 Dissemination and public reporting of information about the quality and safety of care delivered and quality improvement programmes.

2.8.10 Provision of requested information to relevant agencies, including national statutory bodies, in line with relevant legislation and good practice.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Performance monitoring

Performance monitoring in healthcare is a continuous process that involves collecting data to determine if a service is meeting desired standards or targets. It helps to identify what is working and what needs improvement, so that the service can build on existing good practice and improve under-performing aspects of care to benefit all current and future service users.

Performance monitoring is dependent on good quality information on healthcare which can only be achieved by having a systematic process to ensure that data is collected consistently, both within, and between organisations. The tools used to monitor performance include key performance indicators (KPIs) and audit.

Key performance indicators

Performance indicators are not intended to be direct measures of quality and safety but instead act as alerts highlighting opportunities for improvement in the delivery of the service. Internationally, key performance indicators (KPIs) developed for clinical care are moving towards focusing on clinical outcomes for service users. Monitoring performance also assists healthcare services to benchmark performance internally on an ongoing basis and externally with other similar service providers.

The Authority has published Guidance on developing key performance indicators and minimum data sets to monitor healthcare quality. This document is available on the Authority's website www.hiqa.ie.

Examples:

■ Ambulance services use National Key Performance Indicators for Emergency Response Times to measure their performance against set timeframes and targets for emergency ambulance service response times to life-threatening and non-life-threatening emergency calls.

■ A hospital develops performance indicators to monitor surgical site infection rates with clearly defined data definitions, inclusion and exclusion criteria. Performance against these KPIs are monitored on an ongoing basis internally to

rapidly identify any risks in this area and benchmarks these results where possible with similar external services.

See also guidance on:

Theme 5, Standard 5.8.

Audit

The purpose of audit in healthcare is to assess, monitor and improve care for service users. Audit, whether clinical or non-clinical, forms part of the governance of the service as it aims to ensure that high quality safe care is provided to service users by measuring current practice against evidence-based defined criteria. Clinical audit is one of the principal methods of monitoring quality of care and provides an effective mechanism for ongoing improvement.

Conducting and participating in local and national audit programmes helps improve the quality of care. Involvement in these programmes by service providers helps to identify and to promote good practice and leads to improvements in service delivery and outcomes for service users at all levels.

Service providers use an annual audit forward plan to prioritise their audit projects for the year ahead. This plan reflects individual, departmental, local and national priorities.

Examples:

- Hospitals take part in any relevant National Clinical Audits programmes, for instance, surgical services participate in a national audit of outcomes in surgery.

Reporting on performance

Reporting publicly on quality and safety programmes and their findings allows service providers to share learning within the service, across the service and with service users. Service providers are required under relevant legislation, to report certain quality and safety information to statutory bodies.

Examples:

- A hospital reports on the performance of its service through its website, newsletters, annual report and service-user forum groups.

- Notifiable diseases are reported to the relevant agency such as the Health Protection and Surveillance Centre.

- Adverse incidents are reported to the Clinical Indemnity Scheme by all publicly funded healthcare services.

Resources

> The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

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Legislation

The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

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Theme 3
Safe Care and Support

Standard 3.1

Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.

Features of a service meeting this standard are likely to include:

3.1.1 Proactive monitoring, analysis and response to information relevant to the provision of safe services. This information includes:

- patient-safety incidents and other incidents involving service users and staff

- complaints, concerns and compliments

- findings from risk assessments

- legal claims

- audits

- satisfaction surveys

- findings and recommendations from national and international reviews and investigations

- casemix, activity and performance data.

3.1.2 Proactive identification, evaluation and management of immediate and potential risks to service users and taking necessary action to eliminate or minimise these risks. The action taken is evaluated and reported through relevant governance structures.

3.1.3 Proactive identification, evaluation and management of risks associated with changes to the design or delivery of services.

3.1.4 Systematic identification of aspects of the delivery of care associated with increased risk of harm to service users and structured arrangements to minimise these risks. These include but are not limited to:

- prevention and control of Healthcare Associated Infections

- medication management

- management of blood and blood components

- transfers of care between and within service providers

- tissue viability management

- management of nutritional needs

- management and use of equipment and medical devices

- falls and fracture prevention

- surgical and invasive procedures

- medical use of ionising radiation

- research and clinical trials

- healthcare records management

- patient identification.

3.1.5 Safe and effective management of medication, from procurement to disposal, in accordance with legislative requirements, national policy, national guidelines where they exist, and best available national and international evidence.

3.1.6 Safe and effective management of medical devices and other equipment in accordance with legislative requirements, national policy, national guidelines where they exist, and best available national and international evidence.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Identification, evaluation and management of risks to service users

The delivery of healthcare always includes some element of risk. Providing safe care and support means that service providers take steps to proactively identify and minimise the risks associated with the design and delivery of its current and any future services.

Service providers have processes in place to ensure that risk of harm to service users is assessed and prioritised to determine the most appropriate level of response to, and the management of, risk.

Management of risks involves: identifying and planning the necessary action to be taken to eliminate or minimise the risk; assigning responsibility to an individual or team to carry out the required action; and determining the timeframe within which the action must be completed.

Service providers have a risk management policy which describes the service's risk assessment and associated risk management process which is proportionate to the size and complexity of the service. Service providers use tools to identify, manage and monitor risks to service users, such tools may include a risk matrix and a risk register.

Service providers evaluate the actions undertaken to ascertain if the action taken was effective in minimising the risk to service users and use the findings from such evaluations to inform their ongoing risk management processes.

Service providers have arrangements in place to proactively identify specific clinical risks inherent in systems of care in their service as well as risks associated with service change and transition so that potential risks are eliminated or minimised.

Services cooperate with all relevant services and agencies both internally and externally to manage risks to service users which they have identified in other services.

Examples:

- Before building work commences on a healthcare facility, providers carry out a risk assessment to identify any potential risks to the safety of service users and staff.

- When developing a new service, service providers carry out a risk assessment to identify the risks associated with the new service and the impact of the new service on the delivery of current services.

Aspects of the delivery of care associated with increased risk of harm to service-users

Service providers take account of aspects of care which are associated with an increased risk of harm to service users, and develop, implement and monitor structured and formal programmes to minimise harm to service users associated with this.

Examples of programmes to minimise harm to service users from aspects of care associated with increased service-user risk include the following:

Prevention and control of Healthcare Associated Infections (HAIs)

An effective programme to prevent and control Healthcare Associated Infections (HAIs) includes the structures, systems and processes a service has in order to reduce the acquisition and spread of communicable or transmissible disease. Service providers have effective arrangements in place for the reporting of infectious and communicable diseases in compliance with legislation. A service-wide programme to prevent and control Healthcare Associated Infections links with existing arrangements in place for service wide governance, leadership and management. These arrangements take account of national standards, guidelines and guidance where they exist.

Medication management

Medication management refers to the clinically-effective, cost-effective and safe use of medicines to ensure that service users get the maximum benefit from the medicines they need, while at the same time minimising potential harm. Medication safety involves giving the right service user, the right medication, in the right dose, at the right time and by the correct route.

Service providers have arrangements in place to ensure the safe and effective use of medicines throughout the medication use process including: selecting, procuring, storing, ordering, prescribing, transcribing, distribution, preparing, dispensing, administering, documenting, reconciliation, monitoring and disposal of medication.

Examples:

■   A hospital facilitates safe prescribing by developing medication management policies and procedures which address issues including (but not limited to) the safe use of high risk medicines, unlicensed or unauthorised medicines and the prescribing of medicine as part of a clinical trial.

■   Primary and community care services have appropriate and secure facilities for the storage of medicines such as lockable cupboards, freezers and fridges with temperature monitoring as appropriate.

■   Services in which controlled drugs are prescribed and dispensed ensure that these drugs are appropriately stored and accounted for according to applicable legislation and regulation.

■   Hospitals take account of issues relating to access to and availability of medicines when developing their medication management policies and procedures. Such issues could include (but not be limited to) situations when medicines not stocked or readily available are required by a particular service, when medicines are required at night or outside of pharmacy working hours.

■   A primary care service audits the practice of transcribing of prescription or

medication orders against its local policy and works with other relevant stakeholders for instance, community pharmacists where appropriate to implement changes to address any issues identified through audit.

- Ambulance services have policies and procedures in place to ensure that appropriate emergency medications are available and accessible to authorised personnel in their vehicles when required.

Medication reconciliation is the process of creating and maintaining the most accurate list possible of all medications a patient or service user is taking (including drug name, dosage, frequency and route) in order to identify any discrepancies and to ensure any changes are documented, thus resulting in a complete list of medications. Medication reconciliation aims to provide correct medications to the service user at all transition points within and between services. Medication reconciliation can be considered complete when each medication that a service user is taking has been actively continued, discontinued, held or modified at each transition point.

There are three steps in the medication reconciliation process:

- verification (collection of the medication history)

- clarification (ensuring that the medications and doses are appropriate)

- reconciliation (documentation and communication of any differences or discrepancies noted).

The medication reconciliation process starts when the patient or service user is admitted to the service, continues whenever the patient or service user is moved or transferred to a different level of care, and occurs again when the patient or service user is discharged from the service.

Service providers' arrangements to facilitate medication reconciliation are proportionate to, and reflect the size and scope of, the service provided, are tailored to the different groups of service users accessing the service, and involve relevant stakeholders in their development.

Examples:

- A hospital engages with services users, frontline staff and external service providers such as local GPs, community pharmacists and nursing homes in developing their medication reconciliation arrangements.

- Acute hospitals have clear medication reconciliation policies and procedures to facilitate reconciliation at admission to the service, at transfer from one level of care to another within the service and at discharge from the service. The policies and procedures outline who is responsible and accountable for the different steps of the medication reconciliation process.

■ Community services use tools such as forms to facilitate the timely, clear, unambiguous and legible recording and communication of information about service users' medications.

■ Members of the workforce receive training and education appropriate to their role about the service's medication reconciliation process and their roles and responsibilities in this process.

Management of blood and blood components

Service providers who manage human blood and blood components comply with legislative requirements and have formal arrangements for ongoing surveillance and reporting relating to serious adverse reactions and events in recipients of blood, blood components and plasma. These arrangements are proportionate to the scale and nature of their service.

Example:

■ Primary care services that send blood samples to a laboratory for group and cross-matching, have arrangements in place to make sure that samples are always recorded, labelled, packaged and transported safely and promptly to minimise the risks and maximise the benefits associated with blood testing.

Transfer of care within and between services

> See guidance on:
>
> **Theme 2, Standard 2.3.**

Tissue viability management (wound care)

Tissue viability management focuses on the prevention and management of all aspects of acute and chronic skin and soft tissue wounds, for example, leg ulcer prevention and care, prevention and care of pressure ulcers, management of surgical wounds and the prevention and management of lymphoedema.

Examples:

■ Hospitals have a structured timetable for static mattress testing and care.

■ Healthcare professionals providing wound care use evidence-based

assessment and classification tools from which the appropriate dressings are identified.

Management of nutritional needs

Nutritional needs encompass both the food and hydration requirements of service users and may include parenteral nutrition and prescribed dietary supplements.

As part of their initial and ongoing assessment, service users' nutritional status is assessed and their nutritional needs identified. Such assessments also involve assessing a service user's swallowing status and ascertaining whether they may need assistance at mealtimes. Measures are then put in place to address these needs as far as practicable.

Examples:

- Hydration and nutrition are provided in accordance with clinical advice to respond to the individual's assessed needs when a patient is fasting for surgery.

- Service providers assess a service user's ability to eat and drink independently including swallowing status to ascertain whether they need assistance at mealtimes.

- Service providers ensure that the required policies and procedures are in place regarding the fasting requirements for pre-surgery service users.

- Service providers have arrangements to educate their workforce about nutritional requirements for specific conditions, for instance, diabetes, obesity and coeliac.

Management and use of equipment and medical devices

Medical devices and equipment (including invasive medical devices), are increasingly used to support healthcare delivery in primary, community, ambulance and hospital settings. The management of medical devices and other equipment includes procurement, storage and inventory, supply, installation, use, monitoring/testing/ calibration, maintenance and disposal. Medical devices and equipment are maintained in line with best available evidence, including manufacturers' instructions, where applicable.

Service providers have processes in place to identify and manage risks associated with such devices in order to minimise the risk of harm to service users. Arrangements include:

- having the necessary training and control arrangements in place for the safe management and use of medical devices

- having formal arrangements to evaluate any medical devices being purchased and including key members of the workforce such as healthcare professionals in the decision-making process

- having the systems in place to identify, manage and learn from:
  – risks associated with medical devices and equipment
  – patient safety incidents associated with medical devices and equipment
  – alerts from the Irish Medicines Board

- developing contingency plans for medical device or equipment absence or failure.

Examples:

- Service providers have service level agreements for the maintenance and repair of medical devices where required, for instance, ionising radiation equipment.

- Service providers have structures in place for the education and ongoing support of service users being discharged from hospital with a medical device.

- Service providers use structured sets of processes, such as approved care bundles, to manage any risks associated with invasive medical devices. These may include, for example, care bundles for the safe management of intravenous catheters produced by the Health Protection and Surveillance Centre.

Falls and fracture prevention

Slips, trips and falls are one of the highest reported risks to service users in a healthcare setting. Service providers develop, implement and evaluate evidence-based interventions to minimise these risks to all service users.

Examples:

- Service providers have the necessary service-user and environment-falls-assessment tools in place to identify potential risks to service users.

- Service providers have a programme in place to manage any identified risks, for example, the installation of handrails where necessary, the location of a call bell in close proximity to a service user, encouraging service users to wear good supportive footwear during their hospital stay.

- Service providers design and deliver education and training programmes to the workforce in relation to the prevention of slips, trips and falls.

■ Service users are informed about the potential side effects of their medication that may increase the risk of falls and are advised where necessary to seek assistance for mobility.

Surgical and invasive procedures

Service providers have structured arrangements in place to minimise the risk of harm to service users from surgical and invasive procedures. These arrangements are based on best available national or international evidence for the respective surgical and / or invasive procedure and include the use of nationally agreed clinical guidelines, protocols, care bundles and care pathways where available.

Examples:

■ An acute hospital implements and regularly evaluates compliance with the World Health Organization's Safe Surgery Saves Lives Surgical Safety Checklist in all operating departments.

■ Service providers have a policy in place for the decontamination, cleaning and sterilisation of invasive medical devices for instance, surgical and dental instruments; this policy is regularly audited.

■ A surgical service regularly monitors its incidence of postoperative surgical site infection rates and takes appropriate action in line with the findings.

Medical use of ionising radiation

Service providers monitor their arrangements to protect service users, members of the public and staff from the harmful effects of exposure to ionising radiation to ensure they are effective and in line with relevant Irish and European legislation. Service providers take account of guidance, alerts and recommendations issued by the Radiological Protection Institute of Ireland as relevant to their service and take appropriate action.

Examples:

■ Service providers who use radioactive sources or irradiating apparatus hold a valid licence from the Radiological Protection Institute of Ireland.

■ Service providers report patient-safety incidents from medical ionising radiation to the appropriate national body in line with legislation.

■ Service providers ensure the necessary arrangements are in place for the appropriate care and support of service users after administration of radioactive substances.

Research and clinical trials

Service providers put in place arrangements to protect the rights and safety of service users involved in research and clinical trials.

Example:

■   Acute hospitals involved in clinical trials are compliant with legislative and ethical requirements.

Healthcare records management

See guidance on:

Theme 8, Standard 8.3.

Patient identification

See guidance on:

Theme 8, Standard 8.3.

Standard 3.2

Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally.

Features of a service meeting this standard are likely to include:

3.2.1   Arrangements to gather, analyse and learn from information relevant to the provision of safe services.

3.2.2   Use of information relevant to the provision of safe services to inform the continuous improvement of the safety of the service.

3.2.3   Sharing of learning from information relevant to the provision of safe services throughout the service and, where relevant, with external services.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Gathering and analysis of information relevant to the provision of safe services

Information relevant to the provision of safe services comes from a variety of sources including findings from risk assessments, patient-safety incidents, complaints, concerns and compliments, audits and service-user satisfaction surveys among others.

Service providers have arrangements in place to analyse all information relevant to the provision of safe services. This facilitates the identification of trends or patterns in the information with respect to risks to service users and opportunities for improvement with regard to service design or delivery. Service providers also proactively use such information to develop solutions to address risks to service users or opportunities for improvement with regard to service design or delivery.

Examples:

■   A hospital develops a service-wide initiative in which individual services are requested to identify their key risks specific to that service, and to develop associated action plans to address or minimise these risks.

■   A hospital uses the findings from service-user satisfaction surveys regarding the cleanliness of the hospital and hand hygiene practices among staff to inform its infection prevention and control activities.

■   Service providers include details in their communication strategy or annual report of how the learning from analysis of information relevant to the provision of safe services is communicated both internally and externally.

■   Service providers use local, regional, national and international conferences as a forum to share their learning.

Standard 3.3

Service providers effectively identify, manage, respond to and report on patient-safety incidents.

Features of a service meeting this standard are likely to include:

3.3.1   Arrangements to identify, manage, respond to and report patient-safety incidents in a timely manner in line with national legislation, policy, guidelines and guidance where these exist. These arrangements are clearly communicated to all stakeholders.

3.3.2   Classification of patient-safety incidents using an agreed taxonomy in line with national policy, guidelines and guidance.

3.3.3   Arrangements to identify patient-safety incidents through structured incident-reporting mechanisms and the surveillance of information relevant to the provision of safe services.

3.3.4   Reporting of patient-safety incidents in a timely manner through national reporting systems, where they exist, in line with national legislation, policy, guidelines and guidance.

3.3.5   Arrangements to facilitate robust, fair and effective investigations to identify the causes of patient-safety incidents and to identify necessary actions. Service users are kept informed and supported during the investigation process.

3.3.6   Arrangements to implement recommendations from investigations of patient-safety incidents and to monitor the effectiveness of action taken.

3.3.7   Evaluation of the effectiveness of the arrangements for identifying, managing, responding to and reporting on patient-safety incidents.

3.3.8   Induction and ongoing training for the workforce on the identification, management, response to, and reporting of patient-safety incidents.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Patient-safety incidents

A patient-safety incident (as defined by the World Health Organization's *Conceptual Framework for the International Classification for Patient Safety*) is an event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. Patient-safety incidents may result from intended and unintended acts and include:

■ **adverse events** – incidents which result in harm to a patient, for example, where a patient had wrong-site surgery

■ **near misses** – incidents which do not reach the patient, for example, where a patient was almost administered the incorrect medication but it was picked up by a double checking procedure and so the patient did not receive the medication

■ **no-harm events** – incidents which reach the patient, but result in no harm to the patient, for example, where a patient received the incorrect medication but it had no negative health consequences for them.

Patient-safety incidents may be identified through a number of different sources, for example, by a member of the workforce, a service user or through the complaints and incident reporting systems. The information from all of these sources needs to be analysed in an integrated way.

Service providers have processes in place to ensure that all patient-safety incidents are assessed and prioritised to determine the most appropriate level of response to, and management of, the incident. This enables an appropriate level of review or investigation of the incident to be carried out. Following the occurrence of a patient-safety incident immediate action may need to be taken to minimise the impact of the incident or prevent further harm to the service user.

Service providers have arrangements in place to facilitate the dissemination of learning from patient-safety incidents both internally and externally.

Service providers evaluate the effectiveness of their arrangements for identifying, managing, responding to and reporting patient-safety incidents individually and collectively.

The findings from such evaluations are reported through the relevant governance structures to ensure that identified opportunities for improvement are acted upon to improve the overall process.

Examples:

■ Patient-safety incidents are classified using an agreed taxonomy, such as the World Health Organization's *Conceptual Framework for the International Classification for Patient Safety*, in line with national policy, guidelines and guidance where these exist.

■ Service providers have arrangements in place to ensure that all services within a hospital report any patient-safety incident through their local reporting system and to any relevant national reporting system.

■ An ambulance service continually identifies, evaluates and monitors adverse events in the management of calls, deployment of resources and provision of care and transportation and disseminates learning locally, regionally and nationally in order to prevent recurrence where applicable.

■ Service providers design and deliver appropriate, tailored training to the workforce regarding the reporting and management of patient-safety incidents as part of their induction and ongoing education and development in patient safety.

Standard 3.4

Service providers ensure all reasonable measures are taken to protect service users from abuse.

Features of a service meeting this standard are likely to include:

3.4.1 Arrangements to minimise the risk to service users of all types of abuse from members of the workforce and other service users while receiving care, including:

  – physical abuse

  – psychological ill-treatment, for example bullying and harassment

  – theft

  – misuse or misappropriation of money or property

  – sexual abuse

  – discriminatory abuse

  – neglect and acts of omission which cause harm or place the service user at risk of harm.

3.4.2 Induction and ongoing training for the workforce on the prevention, identification, response to and management of all types of abuse of service users.

3.4.3 Arrangements to ensure that appropriate action is taken in line with legislation and national guidelines, where suspected abuse is identified while healthcare is being provided.

3.4.4 Specific arrangements to protect children and vulnerable adults from all forms of abuse while healthcare is being provided.

3.4.5 Structured arrangements to ensure that service users who have experienced abuse, or are suspected of having experienced abuse, are facilitated to access appropriate services, including support services.

3.4.6 Cooperation, in line with legislation, with all relevant services and agencies both internally and externally, to protect service users from abuse.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Protecting service users

Service providers put arrangements in place to ensure that reasonable measures are taken to protect service users, particularly vulnerable service users such as children and older people, from all forms of abuse.

These arrangements are in line with national legislation, policy, guidelines and guidance where they exist. These arrangements include: robust recruitment and selection processes for the workforce; policies and procedures that protect service users from abuse; and the provision of relevant education, development and training of all staff in the identification, response to and the reporting of verified and suspected abuse.

Robust recruitment and selection processes include An Garda Síochána vetting, and checking qualifications and references. Where a service provider is awaiting the results of these checks for a member of the workforce, the service provider has arrangements in place to ensure the safety of its service users.

Service providers providing care to children ensure that their child protection and welfare policies and procedures are in line with *Children First: National Guidance for the Protection and Welfare of Children* (Children First). Service providers ensure that all members of the workforce are aware of their responsibilities in relation to child protection and welfare and the reporting of any child protection concerns as outlined in Children First. Service providers ensure that members of the workforce receive education, development and training appropriate to their role in relation to the Children First national guidance and the reporting of any child protection concerns.

Service providers recognise the potential impact of abuse on service users and staff and put in place measures to facilitate them to access support services. If the incident of abuse has occurred within the service, the service provider supports the individual service user and keeps them informed of the progress and outcome of any assessment or investigation of the matter.

Examples:

■ Services providing care for older people ensure that their workforce receive training relevant to their roles in identifying and responding to suspected and verified elder abuse.

■ Service providers monitor adherence to policies and procedures in place that detail arrangements to protect service users from abuse during the delivery of care in particular during physical examination or delivery of personal care.

See also guidance on:

Theme 6, Standard 6.2.

Standard 3.5

Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed.

Features of a service meeting this standard are likely to include:

3.5.1   Promotion of a culture of quality and safety which includes open disclosure with service users, and where appropriate their families and carers, following an adverse event.

3.5.2   Arrangements to support service users following an adverse event. Service users are informed about and provided with information on support services, including independent patient support services, and how to access them.

3.5.3   Ensuring service users have the opportunity to be involved in the investigation process following an adverse event and are kept informed of progress.

3.5.4   Actively seeking and taking into account the needs and preferences of service users affected by an adverse event.

3.5.5   Fair and transparent arrangements to support and manage staff who have been involved in an adverse event. The fitness of such staff to return to work is ascertained before they return to normal duties.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Open disclosure

All adverse events that have caused harm should be disclosed to the service users involved. Harm is the impairment of the structure or function of the body and or any detrimental effect arising there from. Harm includes disease, injury, suffering, disability and death. When an adverse event occurs the first priority is prompt and appropriate clinical care of the service user in order to minimise the impact of the adverse event or prevent further harm and this is reflected in a service's arrangements for disclosure and management of adverse events.

International evidence and research highlights that open, honest and transparent communication between service providers and service users is important following an adverse event as this can help service users, their families and carers understand and come to terms with what has happened and any potential implications for their health. The evidence also suggests that service users also want to know what the service provider intends to do to prevent similar events occurring in the future.

Open disclosure refers to the open and honest discussion of incidents that have caused harm to a service user while receiving healthcare. It is an ongoing communication process with service users and their families or carers. This process includes the initial conversation and follow-up conversations in which the service user is provided with information of any investigation, associated timelines and the actions the service provider intends to take to prevent a similar incident happening again. Service users are also invited to participate in the investigation if they so wish.

Service providers develop and implement clear open disclosure arrangements in partnership with service users and independent patient support services where relevant. Open disclosure arrangements reflect the fact that different levels of harm may occur as a result of an adverse event and that accordingly different levels of management of the event and communication with service users may be required.

Examples:

■   Service providers have clear and documented open disclosure policies and procedures with associated timelines.

■   Service providers provide education and training on open disclosure to members of the workforce specific to their role.

Support for the workforce

When a service user experiences an adverse event, individual members of the workforce involved in the care of the service user are also affected by the event and may require support and advice. Service providers have arrangements in place to facilitate members of the workforce to access any assistance or support they may require.

Examples:

■ Service providers have in place peer support arrangements that can be informal and formal, including team debriefings.

■ People working in the service are provided with information on the different support systems currently available for members of the workforce. These support systems may include employee assistance schemes, external counselling services and internal peer support programme.

■ Service providers keep members of the workforce who have been involved in an adverse event updated on the investigation and its outcomes.

See also guidance on:

Theme 6, Standard 6.4.

Standard 3.6

Service providers actively support and promote the safety of service users as part of a wider culture of quality and safety.

Features of a service meeting this standard are likely to include:

3.6.1   A commitment to quality and safety articulated and demonstrated by those governing and leading the service.

3.6.2   Clear articulation of the elements of a patient-safety culture and specific arrangements that actively promote this culture through a mission statement, service design, code of conduct, allocation of resources and training, development and evaluation processes.

3.6.3   Clear accountability arrangements throughout the service that ensure all members of the workforce are aware of their responsibilities and contribute to improving the quality and safety of healthcare for service users.

3.6.4   Facilitation of members of the workforce and service users to report concerns about the quality and safety of services and ensuring members of the workforce and service users are not negatively affected as a result of this reporting.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Culture of quality and safety

A service which actively supports and promotes patient safety as part of a wider culture of quality and safety is one which seeks to make the service safer for service users by proactively identifying risks to them and opportunities for improvement and taking action to address these risks.

A culture focused on patient safety has clear leadership, robust accountability arrangements, a workforce that promotes and supports this culture, open communication and mutual trust between the workforce and service users,

collaborative teamworking, and uses its resources to achieve its objectives for quality and safety.

Service providers recognise and acknowledge the impact of adverse events on service users and engage in ongoing communication with the service user in a manner that respects their expressed wishes and needs.

Examples:

- When a new member of staff joins a service, they are made aware of the responsibility and accountability of their role and to whom they report.

- Members of the workforce are encouraged and enabled to raise concerns about the quality and safety of the service by having this as an agenda item at weekly team meetings.

- Service providers have in place an education and development programme that includes clear programme objectives, with a specific focus on patient safety and teamworking. Service providers monitor the participation in and effectiveness of this programme.

- A multidisciplinary team within a hospital works together to undertake a clinical audit to identify priority areas to monitor service user quality and safety outcomes.

- Service providers clearly allocate specific resources for the achievement of quality and safety objectives in their annual budget.

See also guidance on:

Theme 5, Standard 5.6.

Standard 3.7

Service providers implement, evaluate and publicly report on a structured patient-safety improvement programme.

Features of a service meeting this standard are likely to include:

3.7.1 A patient-safety improvement programme as part of the arrangements the service has in place to improve the overall quality and safety of services delivered.

3.7.2 A patient-safety improvement programme based on assessed local needs and priorities and national and international initiatives. This programme incorporates specific evidence-based interventions that are proportionate to the context, nature and scale of the service provided.

3.7.3 Regular evaluation of the patient-safety improvement programme through performance indicators and benchmarks to identify both positive outcomes and areas for improvement. Any necessary actions to improve the quality and safety of the service are implemented and learning is disseminated both internally and externally.

3.7.4 Publicly reporting the patient-safety improvement programme's goals, the outcomes of its evaluation and the actions, if any, to be taken to ensure quality and safety of services.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Patient Safety Improvement Programmes

A patient-safety improvement programme is one of the arrangements that service providers have in place to improve the overall quality and safety of the service. It is a structured and coordinated programme that is in line with the service's overall quality and safety objectives.

A patient-safety improvement programme is unique to each service provider and is

proportionate to the context, nature and scale of the service provided. The development of the programme is informed by, for example, information relevant to the provision of safe services, national and international evidence, identified opportunities for improvement related to the design and delivery of the services and the assessed local priorities of service users. It may be composed of a number of individual and related projects with a collective aim of minimising harm and improving outcomes for service users.

A focused patient-safety improvement programme helps to ensure that resources and efforts to improve quality and safety throughout a service are appropriate to achieve the programme's objectives. Service providers publicly report on the objectives, scope, progress and outcomes of the patient-safety improvement programme.

Examples:

■ A hospital group ensures there are clearly defined reporting relationships between individual teams within a service, department or unit and the identified lead or coordinator for an area or element of the patient-safety improvement programme.

■ Service providers include an update on the progress of the patient-safety improvement programme in their annual report.

Resources

> The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

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Theme 4
Better Health and Wellbeing

Standard 4.1
The health and wellbeing of service users are promoted, protected and improved.

Features of a service meeting this standard are likely to include:

4.1.1   Identification and use of opportunities to promote better health and wellbeing while delivering care, in partnership with service users at individual and population levels.

4.1.2   Development and support of an environment and culture that promotes better health and wellbeing for service users and the workforce.

4.1.3   Development and delivery of programmes or initiatives to protect health and promote better health and wellbeing in line with the service's objectives and in partnership with service users. These are proportionate to the context, nature and scale of services provided and take account of national policies, stakeholders' views, best available evidence, the needs of the population served and the resources available.

4.1.4   Identification of the health priorities and health inequalities among service users and development of initiatives to minimise these inequalities in health outcomes.

4.1.5   Collaboration and working in partnership with other service providers, national and voluntary agencies and non-healthcare organisations (where appropriate) to promote the health and wellbeing of service users.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Opportunities for better health and wellbeing

Steps for improving health can be taken at both individual and population level with the shared aim of supporting people to make informed decisions about their health.

In promoting better health and wellbeing, service providers view all interactions with service users as an opportunity to discuss with them ways of maintaining and improving their current and future health. Supporting service users in maintaining and improving their health and wellbeing includes looking at ways to enhance their quality of life particularly for service users with long-term conditions and those receiving end-of-life care.

Examples:

■ Patients attending outpatients or primary care clinics for management of their long-term condition are offered information on, and opportunities to discuss, evidence-based ways to control and improve their condition and health related quality of life.

■ Primary care teams use individual service-user consultations to encourage and promote participation in the national cancer screening programmes amongst service users eligible for these programmes.

■ Maternity hospitals provide information to all mothers, in a format and language that is clear and easily understandable, regarding breastfeeding support services and the importance of newborn screening.

See also guidance on:

Theme 1, Standard 1.9.

Culture of promoting better health and wellbeing

A culture of promoting better health and wellbeing within a service continuously seeks to improve the health of the population served (including hard-to-reach groups) and the health of all members of the workforce.

To ensure that such a culture is actively promoted throughout the service, support is required from senior management and healthcare professionals so that promoting better health and wellbeing is recognised as a fundamental part of providing a high quality service.

The environment within which healthcare is delivered can impact on the health and wellbeing of service users and members of the workforce. Service providers can support their workforce by creating an environment in which the importance of promoting health and wellbeing is acknowledged and addressed.

Examples:

■ Hospitals adopt the framework and principles of the World Health Organization's International Network of Health Promoting Hospitals and Health Services.

■ Service providers work closely with members of their workforce to identify initiatives to create a healthier workplace such as walking routes around the grounds.

■ Service providers organise education sessions for their service users and their workforce on topics such as stress management, the importance of exercise and healthy eating.

■ Service providers build on the existing statutory smoking ban by introducing a smoking ban throughout their entire grounds.

■ Service providers support service users and members of the workforce who wish to breastfeed by providing appropriate facilities.

■ Service providers assess the impact of service change and transition on the health and wellbeing of service users and members of the workforce to inform the effective management of further changes to the service.

Programmes that protect health and promote better health and wellbeing

Service providers deliver programmes that protect health and promote better health and wellbeing which are based on best available evidence, reflect the needs and views of service users and are in line with the objectives of the service provider, national policies and programmes. Providers ensure that all their programmes clearly set out their goals, objectives, interventions and evaluation plans prior to the commencement of any programme activities.

Examples:

■ As part of a healthy eating programme, a hospital's catering department regularly reviews the variety and nutritional content of its menu and seeks feedback from service users on ways it can be improved. These reviews and feedback are used to inform menu planning.

■ A public health service monitors immunisation rates to identify localities where uptake can be improved. This allows them to develop a targeted programme to raise awareness among parents of the benefits of immunisation.

■ Service providers take account of national data relevant to morbidity and mortality rates in the population they serve, such as the National Cancer Registry data, when developing their programmes to promote better health and wellbeing.

■ An integrated care pathway includes interventions that address aspects of lifestyle that can improve health and wellbeing.

Health inequalities

Health inequalities can be defined as measurable differences in health experiences and health outcomes between different population groups that are attributable to a range of demographic and social determinants such as age, socioeconomic group, gender, ethnicity, and geography.

Many of the determinants of health inequalities are outside the influence of healthcare services. However, service providers can play a role in helping to minimise these inequalities by, for example, developing initiatives to help service users in accessing services, to support them in preventing ill health and to empower them in making informed decisions to improve their health and wellbeing.

Identifying health inequalities allows activities and available resources to be targeted to those areas or populations where they will have the greatest impact in improving service-user health outcomes. This identification of disparities in health outcomes forms part of the overall assessment of service users' needs and preferences. This can be achieved through using available data and working closely with relevant stakeholders, including local communities, to identify service users' needs and preferences and how they can be addressed within available resources.

Examples:

■ A hospital uses a structured process to identify groups within its community that have poorer health outcomes and raises awareness amongst them of the services the hospital provides and how these can be best accessed.

■ Service providers in partnership with a range of local ethnic or minority groups assess the barriers or difficulties they experience in accessing services and work with them to improve the accessibility of services.

■ Primary care teams raise awareness of the seasonal influenza vaccination programme among older people within their local community to highlight the benefits of this programme and put in place arrangements to facilitate access to the programme among this group

■ A hospital ensures that their discharge planning includes the discussion and provision of information to all service users, particularly those with poorer health outcomes, on how to access relevant social care, support and advice.

Collaborative working for better health

The wider social and environmental determinants of health require service providers to work with service users and agencies such as local authorities, educational bodies and voluntary organisations to explore opportunities for better health and wellbeing. This enables a coordinated approach to identifying and addressing those health and wellbeing issues that are a priority within a community.

Examples:

■ Service providers identify and use opportunities to influence agencies such as local authorities, schools and other healthcare service providers in developing programmes and initiatives to prevent obesity.

■ A hospital collaborates with local authorities, An Garda Síochána, educational bodies and local primary care teams to reduce alcohol-related disease and injury.

Resources

The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

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Theme 5
Leadership, Governance and Management

Standard 5.1
Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

5.1.1   An identified individual whose role includes:

– having overall executive accountability, responsibility and authority for the delivery of high quality, safe and reliable services

– leading a governance system that clearly specifies, delegates and integrates corporate and clinical governance

– formally reporting on the quality and safety of the service through its relevant governance structures.

5.1.2   When a service is located on more than one site, the identified individual delegates accountability and responsibility for quality and safety of services to an identified person who is involved in the management and delivery of the service and who is at an appropriate level within the governance structure.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Governance and accountability arrangements

Governance in healthcare is the framework for continuously improving the quality and safety of care for service users. Effective governance in healthcare integrates corporate and clinical arrangements to achieve safe high quality care for service users. A key function of governance is specifying the accountability and reporting structures in the service at individual, team and service level so that everyone working in the service is aware of their responsibility and accountability for the delivery of high quality, safe and reliable care. Where responsibility is delegated, authority is also delegated so

that prompt, well-informed, clear decisions can be made at the most appropriate level in the service.

In an effective governance structure there is an identified individual with overall accountability, responsibility and authority for the delivery of high quality, safe and reliable services. When a service is located on more than one site and responsibility and accountability is delegated, this identified individual still retains overall accountability for the delivery of services at all locations or sites.

This identified individual should review sufficient relevant information on the quality and safety of the service to assure themselves, and those governing the service, that it is effective, safe and person centred.

A service regularly reviews its accountability arrangements to ensure that they are robust and effective and that everyone working in the service, including those governing and managing the service, understands their role in delivering safe high quality healthcare. Where such a review indicates that the arrangements are not effective, service providers take steps to address this.

When a new member of staff joins the service there are arrangements in place to ensure that they understand the responsibilities and accountability of their role, who they report to and who reports to them. The reporting relationships are explicit between the identified individual leading the governance structure and those to whom they have delegated responsibility and accountability for elements of corporate and clinical governance in the service.

All job descriptions clearly outline and describe the responsibilities, accountability and reporting relationships for each position or role within a service. Each member of the workforce, including those governing and managing the service, has clear objectives in their role and is supported in achieving these objectives. This is linked to a performance management programme and supports individuals to fulfil requirements of their current role as well as further developing their competencies to contribute to the improvement of the quality and safety of the service. Any committees or teams with a delegated corporate or clinical function have clear objectives, clear responsibilities for its members and an explicit reporting relationship with the identified individual.

Examples:

■ A primary care service clearly outlines, documents and disseminates how each team within the service (such as the public health nursing team, the physiotherapy team and the home care team among others) reports and is accountable to the identified individual with overall accountability, responsibility and authority for the quality and safety of the service provided.

■ A service describes its vision and objectives in its mission statement and those governing the service ensure their activities reflect these.

■   A hospital clearly describes the corporate and clinical governance arrangements in its service, for instance the accountability and reporting relationship between the chief executive officer and clinical directors.

■   A clinical risk management committee within a hospital monitors risks associated with the delivery of clinical care and ensures that appropriate actions are taken to minimise these risks and reports through the appropriate governance structure.

Standard 5.2

Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

5.2.1   Integrated corporate and clinical governance arrangements, which clearly define roles, accountability and responsibilities throughout the service for assuring quality and safety. These governance arrangements are made publicly available.

5.2.2   Governance arrangements that ensure the primary focus of the service is on quality and safety outcomes for service users. These arrangements include regular review of information relating to quality and safety outcomes for service users.

5.2.3   Governance arrangements that ensure the collective interests of service users are taken into consideration when decisions are made about the planning, design and delivery of services.

5.2.4   Arrangements that ensure that the people involved in the governance of the service have the skills and competencies necessary to provide effective assurance of high quality, safe and reliable healthcare.

5.2.5   Public reporting by those governing the service on the quality and safety of care.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Governance

The functions of governance in healthcare include (but are not limited to):

■   specifying the accountability and reporting structures in the service, for instance through a scheme of delegation

- ensuring the service is compliant with relevant legislation and other external requirements

- setting the direction of the service by developing an overall strategy and related plans that take account of national strategies and policies

- ensuring the development of policies and procedures to guide the provision of services

- ensuring that information, including clinical information, is managed and used effectively for the delivery of high quality, safe and reliable healthcare

- ensuring the workforce is planned, configured and managed to provide high quality, safe and reliable healthcare

- managing and mitigating risks including clinical, financial, viability and reputational risks

- ensuring the provision of sustainable services through the effective management of available resources

- monitoring and managing the performance of the service to ensure the achievement of the service's objectives.

Service providers have governance arrangements in place which are appropriate for the size, scope and complexity of the service provided. These arrangements integrate corporate and clinical governance to achieve safe high quality care for service users. The governance arrangements at all levels in a service are regularly reviewed to ensure that they are robust and effective. Where such a review indicates that the arrangements are not effective, service providers take steps to address this.

Service providers make the accountability and responsibility arrangements for their service publicly available.

Those governing the service collectively require a range of competencies to be able to review and challenge the performance of the service. The competencies (the knowledge, skills, abilities, behaviours and expertise) required for those governing the service are identified and explicitly described. Those governing the service are recruited and developed accordingly. Arrangements are in place to monitor and review individuals' performance in their respective governing roles to ensure they are meeting the requirements of their role and to identify any training and development needs. Those governing the service are facilitated to maintain and further develop the competencies required in their individual and collective roles to deliver high quality safe care.

Examples:

- An acute hospital with a governing board has a formal, transparent, and rigorous process for the appointment of all board members. This process involves

identifying the required competencies of the board collectively to ensure the competencies of the board members enable it to fulfil its role effectively. The size and composition of the board allows it to operate efficiently and reflects the size, scale and complexity of the service's activities.

■ A hospital makes accountability arrangements publicly available on its website or by displaying organograms with photographs in a public area on the premises.

Arrangements for assuring the delivery of high quality, safe and reliable healthcare

Service providers have arrangements in place to ensure that information about the quality and safety of their service is reported through their governance structures and they ensure that the correct action is taken to address any relevant issues in a timely manner and minimise risks for service users.

Information and metrics which are used to evaluate the performance of the service are evidence based, focused on the quality and safety outcomes for service users, in line with any nationally agreed policies and guidance and are appropriate to the size and scope of the service provided.

Review and evaluation of the performance of the service in delivering high quality, safe care can be undertaken by using, amongst other measures:

■ key performance indicators (KPIs)

■ audit, including clinical audit

■ local, regional, national and international benchmarks where available.

Examples:

■ Those governing the service receive data on service-user complaints, legal claims, concerns and compliments, and ensure that appropriate action is taken to address any risks to service users, and that learning is disseminated both within and between healthcare services.

■ An infection prevention and control committee in a hospital presents monthly statistics to those governing the service on the service's rates of infection and on the effectiveness of the activities that are being undertaken to prevent and control Healthcare Associated Infections.

See also guidance on:

Theme 1, Standard 1.1.
Theme 2, Standard 2.8.
Theme 5, Standard 5.1 and 5.8.

Public reporting

The people governing the service publicly report on the quality and safety of their services provided in a manner that is appropriate to the size and scope of the service.

Example:

■ Hospital and ambulance services report on the quality and safety of the services provided in annual reports which they publish on their websites. These detail their service objectives and their performance in relation to these.

Standard 5.3

Service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided.

Features of a service meeting this standard are likely to include:

5.3.1 A statement of purpose for the service that details:

– aims and objectives of the service including how resources are aligned to deliver these objectives

– description of services provided

– intended service-user population

– models of service delivery and aligned resources necessary to deliver high quality, safe and reliable healthcare

– location or locations of service delivery.

5.3.2 A statement of purpose which is publicly available and communicated to all stakeholders, including service users, in an accessible format.

5.3.3 Evaluation of proposed service changes to ensure the statement of purpose reflects what can be delivered safely, sustainably and within available resources.

5.3.4 Notification of, and consultation with, relevant stakeholders regarding any proposed changes to the statement of purpose that affect the function or purpose of the services. This notification is provided in a timely manner that allows stakeholders appropriate time to respond to proposed changes. Any necessary approval is sought before changes to the statement of purpose are made.

5.3.5 Governance arrangements that incorporate review and evaluation to provide assurance that services are being delivered within the scope of the statement of purpose.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Statement of purpose

A statement of purpose accurately describes the service provider, the type of service(s) provided and the people for whom the service is provided. Service providers make their statement of purpose publicly available and accessible through different media, for example, their website or leaflets in different languages and accessible formats.

The statement of purpose includes the following information:

- name and address of the service provider

- legal status of the service provider

- description of the governance arrangements for the service including the scheme of delegation

- the name of the identified person with overall responsibility and accountability for the quality and safety of the service

- the aims and objectives of the service

- the types of services provided such as medical services, surgical services, and the specific services and specialities under each of these

- location(s) of where services are delivered

- details of any services the service provider is publicly funded to provide and details of any 'unfunded' services provided.

Service providers periodically review the services they provide and take any necessary action to ensure they continue to deliver services according to their statement of purpose.

Service providers review their statement of purpose if they decide to:

- initiate any additional service(s)

- discontinue an existing service(s)

- change the location of a service(s)

- change the model of service delivery.

Examples:

■ A surgical service that wishes to cease inpatient surgical procedures and to provide only day-case surgical procedures reviews the statement of purpose to ascertain whether they can deliver this proposed change to the service safely and sustainably, according to the scope of their existing statement of purpose and within available resources. If the proposed change to the service delivery model requires the statement of purpose to be amended then the relevant stakeholders are informed and given time to respond

■ A dental practice ensures that any proposed changes to their practice, such as the purchase of new X-ray equipment or the relocation of existing equipment, are discussed with relevant stakeholders, including the Radiological Protection Institute of Ireland.

Standard 5.4

Service providers set clear objectives and develop a clear plan for delivering high quality, safe and reliable healthcare services.

Features of a service meeting this standard are likely to include:

5.4.1   Plans that set clear direction for delivering quality and safety in the short-, medium- and long-term.

5.4.2   Service objectives and plans that take account of:

– national strategies, policies and standards

– views of stakeholders

– the needs of the population served

– best available evidence

– legislation

– resources available

– information relevant to the provision of safe services.

5.4.3   Routine representation of the collective interests of service users and consideration of these in decisions about the planning of services. Service users are kept informed of key decisions in the planning of services.

5.4.4   Monitoring the performance of the service against service objectives, benchmarking and managing and reporting on this performance through the relevant governance structures.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Planning

Service providers have a structured decision-making process through which they develop their short-, medium- and long-term plans and address the competing demands on the service. They identify the needs of the population they serve, including the specific needs of groups within that population, and take these into consideration when planning services.

Consideration of service users' views is clearly documented in the planning process. In planning and setting objectives for the service, financial and other resources are taken account of, to achieve the best possible outcomes for service users.

Publicly funded services make their plans publicly available and accessible to service users and other stakeholders so that they are informed about service planning decisions.

See also guidance on:

Theme 1, Standard 1.1.
Theme 2, Standard 2.1.
Theme 3, Standard 3.1.
Theme 4, Standard 4.1.
Theme 5, Standard 5.8.
Theme 7, Standard 7.2.

Standard 5.5

Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.

Features of a service meeting this standard are likely to include:

5.5.1 Management arrangements to effectively and efficiently achieve planned objectives. This includes reviewing and identifying gaps in these management arrangements and taking action to address these gaps. These management arrangements may include (but are not limited to):

– workforce management

– communication management

– information management

– risk management

– patient-safety improvement

– service design, improvement and innovation

– environment and physical infrastructure management

– financial and resource management.

5.5.2 Management arrangements, structures and mechanisms which involve all levels of the service to achieve its planned objectives for quality and safety.

5.5.3 Arrangements to manage increases or decreases in service demand that ensure the quality and safety of healthcare delivered to service users.

5.5.4 Arrangements to plan and manage service change and transition effectively including:

– identification of an accountable person responsible for leading and managing the change process

– setting clear objectives for the service change and transition

– prior assessment of service interdependencies at local, regional and national levels where relevant

– modelling of demand and capacity through estimating current and future requirements

– assessment of staffing implications and determination of staffing requirements

– consideration of impact on stakeholders

– implementation of communication and engagement strategies

– development and monitoring of performance indicators relevant to change and service transition.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Management arrangements

Effective management arrangements reflect the size and scope of the service with the appropriate competent people at executive and senior management level. These arrangements are clearly communicated. Service providers review their management arrangements to ensure that they have the capacity and capability to effectively achieve their planned objectives. The competencies required for those managing the service are clearly identified. The managers, up to and including the person with overall accountability for the service, are supported in maintaining and developing these competencies and their performance is managed and reviewed.

Effective management arrangements in a healthcare service take account of the input and expertise of clinical staff in all decision making. Appropriate training, development and other supports are provided to healthcare professionals with managerial responsibility.

Examples:

■ As part of a service's management arrangements for patient-safety improvement an identified member of the workforce is assigned responsibility and accountability for leading, coordinating and reporting on the service's patient-safety improvement programme and for its associated outcomes.

■ Service providers have arrangements in place to develop and support clinical directors to effectively fulfil their managerial role, for instance, development programmes, business and administrative supports.

■ A service reviews its information management arrangements and where gaps are identified, such as retrieval of healthcare records, an action plan is developed to address this issue with assigned responsibility and defined timeframes.

> See also guidance on:
>
> **Theme 2, Standard 2.7 and 2.8.**
> **Theme 3, Standard 3.1 and 3.7.**
> **Theme 5, Standard 5.8.**
> **Theme 6, Workforce**
> **Theme 7, Use of Resources**
> **Theme 8, Use of Information**

Communication management

Effective communication management includes having arrangements in place to:

■ provide information internally and externally

■ actively listen to the service user, the public and other stakeholders such as independent patient support groups

■ identify issues that are most important to the service user

■ help service users to understand complex healthcare issues

■ develop solutions using a partnership approach

■ actively listen to members of the workforce

■ support collaboration and teamworking amongst healthcare professionals to deliver integrated care.

Service providers have formal mechanisms in place to obtain feedback from stakeholders including service users, local community groups, independent patient support groups, and primary and community care services to inform annual business plans.

Examples:

■ A primary care team has structures and processes in place to engage with other service providers, for example, mental health services to ensure smooth transitions for the service user between different services.

■ Service-user representatives are involved in the development of programmes to improve the quality and safety of the service.

■ Service providers develop an internal communication strategy which includes a component on how to disseminate learning internally from patient safety incidents.

Managing increases and decreases in service demand

Managing delivery of healthcare requires an understanding of the numerous and complex factors that affect the supply and demand for healthcare in the long- and short-term.

Factors to be considered in planning for the medium- and long-term demand for healthcare may include:

■ healthcare policy

■ overall population health and demographic trends in the population served

■ technological change in healthcare

■ availability of services from other providers.

Examples:

■ An endocrinology service when developing its long-term plans takes into consideration current evidence of the rising level of obesity in the population.

■ A community care service takes account of the age profile of service users in planning future services for children.

■ A primary care team assesses the impact of reconfiguration of acute care services in their area on demand for their services. It plans and takes action to adapt to this increase in demand.

Service providers also have structured arrangements in place to respond effectively to short-term changes in demand. Regularly monitoring the patterns of increased or decreased demand for service helps service providers in planning and responding appropriately to these changes. Service providers have structures and processes in place to respond promptly and effectively to sudden or unexpected increases in demand such as any major emergency.

Examples:

■ A hospital service reviews its management arrangements for increases in demand as a result of an influenza outbreak, including the prompt triage, treatment and transfer of service users from the emergency department to minimise spread of the infection and risk to other service users.

■ A hospital reviews its preparedness to respond effectively to a selection of major emergency scenarios by conducting regular practice drills. This process ensures that the resources necessary to perform functions at anticipated levels are in place and can be mobilised.

Managing change and transition effectively

Service change and transition can occur when:

■ new services are introduced

■ existing services are discontinued or withdrawn

■ the location of a service changes

■ the model of service delivery changes.

In advance of any clinical service change, risks to service users associated with the transition and revised arrangements are identified and analysed, with mitigation actions implemented, recorded and monitored.

Any process of change management in the service includes formal arrangements to maintain quality and safety throughout the transition including assessment and determination of resource requirements. The arrangements ensure that all affected by the change are given the opportunity to engage in the process.

Any plans for service change and transition are reflected in the short-, medium- and long-term plans, including business plans, of the service. Such changes may also have an impact on the service's statement of purpose and it should be reviewed and revised accordingly.

When developing and implementing communication and engagement strategies as part of a change-management process, service providers identify their different stakeholder audiences (for instance, service users including the general public and the workforce) to tailor their communication and engagement strategy to ensure that issues pertinent to each group are identified and responded to appropriately.

See also guidance on:

Theme 6, Standard 6.1

Standard 5.6

Leaders at all levels promote and strengthen a culture of quality and safety throughout the service.

Features of a service meeting this standard are likely to include:

5.6.1   Active promotion and strengthening of a culture of quality and safety through the mission statement, service design, code of governance (which includes a code of conduct and management of conflict of interest), allocation of resources and training, development and evaluation processes.

5.6.2   Demonstration of a clear commitment by leaders at all levels to promote and strengthen a culture of quality and safety.

5.6.3   Facilitation of leaders at all levels in maintaining and improving the skills, knowledge and competencies to fulfil their roles and responsibilities in delivering high quality and safe care.

5.6.4   Regular review and identification of areas for improvement in the culture of the service, which incorporates feedback from service users and the workforce.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

A culture of quality and safety

A service with a culture of quality and safety continuously seeks to improve service users' outcomes and experiences and minimise harm by placing the safety of patients and the centre of the service's agenda. Such a culture is characterised by:

■   clear leadership commitment to quality and safety

■   staff individually and collectively being supported and encouraged to play their part in improving healthcare experiences and outcomes for service users

- leaders encourage a shared perception of the importance of quality and safety throughout the service

- an environment that encourages and supports reporting throughout the service, especially when things go wrong

- disseminating learning from reported quality and safety concerns, both internal and external, and using this learning to inform the development of training programmes

- open communication and mutual trust between healthcare professionals and service users

- leaders ensure the review of, and where appropriate investigation into any concerns about the quality and safety of the service which are brought to their attention by service users or members of the workforce

- everybody in the service working together to improve quality and safety

- healthcare professionals working cooperatively to deliver a high quality safe service

- allocation of resources to achieve the service's plans for quality and safety

- training, development and evaluation structures have a focus on developing staff competencies which will improve quality and safety.

Examples:

- Quality and safety is a standing agenda item at meetings of those governing and managing the service.

- At team meetings, staff are encouraged to discuss or highlight any issues relating to quality and safety of the service.

Leaders

Leaders are essential in promoting quality and safety in a service and members of the workforce are encouraged and supported in taking leadership roles. Managers at all levels (clinical and non-clinical) lead by example by demonstrating appropriate values, attitudes and behaviours regarding quality and safety.

Service providers explicitly describe the competencies required for different leadership roles, to promote and facilitate a culture of quality and safety in the service. Service providers have an education and development programme in place which enables leaders throughout the service to maintain and further develop the competencies required in their roles.

Service providers have arrangements in place to monitor and regularly review individuals' performance in their leadership roles to ensure that they are meeting the requirements of their role and to identify any training and development needs.

Code of governance including a code of conduct and behaviour

A code of governance in a healthcare service describes the corporate and clinical governance arrangements and the associated accountability and reporting relationships in place. The code of governance for a service is appropriate to the size, scope and complexity of the service provided and reflects the service's mission, vision and values.

A code of conduct and behaviour describes the values, principles and expected behaviours of individuals and teams working within a service. It promotes the concept of individual accountability of each member of the workforce and includes guidance on advocacy, ethics, probity, patient safety, respect, consideration and managing complaints. Healthcare professionals who are registered with professional regulatory bodies also adhere to the professional code of conduct for their relevant regulatory body.

Examples:

■ In a hospital, leaders engage in regular safety WalkRounds to promote a culture of quality and safety. These may involve leaders visiting clinical and non-clinical areas, meeting with frontline staff, listening to their concerns on quality and safety and identifying good practice and areas for improvement. Leaders use the learning from these safety WalkRounds when developing strategies for improving quality and safety in the service.

■ In a hospital, managers lead by example by demonstrating appropriate behaviours regarding quality and safety, for instance, hand washing at all opportunities.

■ Leaders at all levels of the service demonstrate a commitment to the culture of quality and safety by championing safety and quality initiatives, for instance, a surgeon coordinates an audit of the consent process prior to theatre and ensures any subsequent improvements are implemented

■ Service providers publicly identify and reward both individual and team endeavours that result in improved quality and safety outcomes, and service providers publicise these achievements in staff newsletters or the staff intranet site. Award mechanisms may also include an opportunity to present their findings at national or international conferences.

■ The code of conduct and behaviour for the service is described to all members of the workforce as part of their mandatory induction programme.

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Standard 5.7

Members of the workforce at all levels are enabled to exercise their personal and professional responsibility for the quality and safety of services provided.

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Features of a service meeting this standard are likely to include:

5.7.1   Teams and individuals who are supported and managed to effectively exercise their personal, professional and collective responsibility for the provision of high quality, safe and reliable healthcare.

5.7.2   Promotion of a culture of openness and accountability throughout the service, so that the workforce can exercise their personal, professional and collective responsibility to report in good faith any concerns that they have in relation to the safety and quality of the service. Individuals reporting these concerns are not negatively affected as a result.

5.7.3   Facilitation of members of the workforce who wish to make protected disclosures about the quality and safety of the service in line with legislative requirements.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Personal and professional accountability and responsibility for the provision of safe, high quality care

The workforce has a key role in delivering a high quality safe service. Service providers support members of the workforce in fulfilling this role by enabling them to exercise their responsibilities within the service. There are clear accountability arrangements to ensure members of the workforce can make prompt and effective decisions and can take action to maximise the safety and quality of the service. These arrangements also encourage initiative and innovation. Certain healthcare professionals also have responsibility and accountability requirements related to their professional practice.

Service providers recognise that their workforce is an important source of information

about the service being provided and has structures and processes in place to encourage, support and facilitate staff discussion and feedback on the quality and safety of the service. All opportunities are taken by management to reinforce the key role that all staff play in ensuring quality and safety of the service delivered.

> See also guidance on:
>
> **Theme 5, Standard 5.5.**

Examples:

- Service providers develop clear job descriptions which explicitly describe the personal, professional and team-based responsibilities that each role or position in the service entails.

- Each member of the workforce on commencement of their employment agrees to adhere to the service's code of conduct and behaviour.

- At induction, the workforce are informed of the formal incident reporting policy and procedures relating to adverse events, near miss and no harm events within the service and their individual responsibility and accountability to report appropriately is highlighted.

- Managers utilise weekly team meetings as an opportunity to:
  - reinforce the importance of adhering to the service's incident reporting policy and procedures
  - provide feedback on overall service performance
  - provide feedback as appropriate on adverse events, near misses and no harm events
  - promote open discussion on quality and safety issues.

Protected disclosure

Protected disclosure as set out in the Health Act 2007 provides legal safeguards for individuals who wish to report serious concerns they have about standards of safety or quality in Irish health and social care services.

Members of the workforce are informed of the protected disclosure arrangements in place in their service and given details about how to make a protected disclosure as part of their induction training in patient safety. Information on the protected disclosure arrangements in place in a service are made publicly available to members of the workforce.

Example:

- Information on the protected disclosure arrangements in place, including how to make a protected disclosure or who to contact for information about this, is available on the staff intranet and is displayed on staff notice boards throughout a hospital.

Standard 5.8

Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Features of a service meeting this standard are likely to include:

5.8.1   The proactive identification, management, reduction and elimination of risks, including clinical, financial and viability risks to safeguard service users.

5.8.2   Proactive identification, documentation, monitoring and analysis of patient-safety incidents. Learning from these incidents is communicated internally and externally and used to improve the quality and safety of the service.

5.8.3   The use of information from monitoring of performance to improve the quality and safety of the service.

5.8.4   Use and dissemination of service-user feedback, compliments and complaints to promote learning throughout the service.

5.8.5   Development, implementation and continuous evaluation of programmes to actively improve the quality and safety of the services.

5.8.6   Participation in national quality and safety improvement programmes, where relevant.

5.8.7   Proactive approach to learning from findings and recommendations from national and international reviews and investigations.

5.8.8   Supporting and promoting effective communication with service users, patient support groups, external agencies and other service providers.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Improving the quality and safety of healthcare services

Service providers have structured arrangements in place to identify and act on opportunities for improvement. These arrangements include:

- risk management structures and processes to proactively identify, manage and minimise clinical, financial and viability risks, which are as follows:

  - clinical risks are the risks associated with the delivery of clinical care

  - financial risks are the risks associated with the acquisition, allocation and expenditure of monetary resources

  - viability risks are those risks that may impact on the ability of a service provider to deliver services sustainably, achieve its objectives and fulfil its mission over the long term

- a patient safety incident reporting system to identify, monitor, respond, analyse and learn from patient safety incidents including adverse events, near misses and no harm events

- structures and processes in place to receive, manage and act on service-user feedback including complaints and concerns

- performance monitoring processes and procedures including the use of healthcare audit.

> See also guidance on:
>
> **Theme 1, Standard 1.8.**
> **Theme 2, Standard 2.8.**
> **Theme 3, Standard 3.1 and 3.3.**

These arrangements highlight specific areas for improvement which need to be addressed by the service to ensure that it continues to deliver safe, high quality healthcare. Making the necessary changes in these areas can be planned, implemented and evaluated through programmes to improve the quality and safety of the service.

These programmes are tailored to the size and scope of the service and consist of a number of related projects with a collective aim of improving outcomes for service users and minimising harm to all involved in healthcare. Those responsible for implementing these changes and the agreed timeframes for implementation are clearly identified in the programme and services publicly report on their outcomes in order to share learning within and across services.

Examples:

■ A hospital has structures in place to identify and manage clinical risk in relation to its performance against internal, national and international benchmarks, for instance, in relation to Healthcare Associated Infection.

■ A service develops and implement a medication safety programme which includes a number of projects aimed at improving specific areas of the medication management process. This programme may be informed by the areas of concern highlighted by the local patient safety incident reporting system or by international medication safety initiatives.

■ A hospital develops a service-user experience improvement programme. As part of this, the catering department utilises feedback from service-user surveys to develop a more person-centred menu that reflects the dietary requirements of the population served.

■ A hospital uses feedback from service users and surveillance data to develop a project to improve hand hygiene as part of a wider programme to reduce Healthcare Associated Infections.

See also guidance on:

Theme 2, Standard 2.8.

Standard 5.9

The quality and safety of services provided on behalf of healthcare service providers are monitored through formalised agreements.

Features of a service meeting this standard are likely to include:

5.9.1   Formalised agreements are in place for the provision and quality of services sourced externally. The contracts of agreement include the scope of service provided, resources required and the quality assurance and governance arrangements for the quality and safety of services delivered including compliance with relevant standards.

5.9.2   Regular monitoring of the formalised arrangements in place with external recruitment agencies to assure the service they provide is compliant with relevant standards. These arrangements include the agency's role, responsibility and area of accountability in the recruitment process.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Services provided on behalf of healthcare providers

When activities are not provided directly by the service provider but are provided by another agency on its behalf, service providers should monitor and performance manage the external contracted service to ensure the quality and safety of the services, including ensuring that any issues arising are addressed in a timely and effective manner. Service providers also regularly review how contracted services meet their objectives and the developing needs of the service.

Examples:

- A contract between a hospital and external laboratory service includes the arrangements that the laboratory has in place to assure the quality of the service that it provides and explicitly describes the reporting and accountability arrangements in place between the hospital and the external laboratory facility.

- A service that contracts out its cleaning service specifies the ongoing education and development arrangements which are necessary to support the cleaning staff in fulfilling their roles in preventing and controlling infection in the service.

- Service providers have a clearly defined contractual agreement and monitor the quality, safety, timeliness and performance of ambulance services provided on their behalf.

Services provided by external recruitment agencies

Service providers ensure the safety of their service users through formalised arrangements with external agencies used to recruit permanent, temporary or locum members of the workforce. The contract of agreement with recruitment agencies explicitly describes the ongoing quality assurance mechanisms in place between the service provider and the external agency to monitor and performance-manage the recruitment process.

Examples:

- A contract of agreement describes the contracted external recruitment agency's role in obtaining specified relevant information from applicants and the agency's responsibility to verify that the information submitted by applicants is accurate.

- A hospital that uses a nursing agency has a formalised agreement in place with this agency regarding the scope of service they provide and the accountability arrangements in place relating to agency-staff registration, credentials and competencies.

Standard 5.10

The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.

Features of a service meeting this standard are likely to include:

5.10.1   Regular reviews of Irish and European legislation to determine what is relevant for the service.

5.10.2   A clearly documented risk assessment of any identified gap in compliance with legislation and appropriate, timely, action taken to achieve compliance to ensure the quality and safety of the services.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Legislation reviews

Service providers have structures and processes in place to ensure that regular reviews of legislation (Irish and European) are undertaken and ongoing compliance is ensured. Those governing the service satisfy themselves that all statutory obligations are identified and made known to them. Those governing a publicly funded service are responsible for compliance with legislation relating to the establishment of the service, where this exists.

Service providers who identify any gap in their compliance with Irish and European legislation undertake a clearly documented risk assessment and develop action plans to ensure compliance is achieved in a timely manner.

Examples:

■   The haemovigilance officer or equivalent regularly reviews the legislation relating to the management of blood and blood components to ensure ongoing compliance with Irish and European legislation.

- The human resource department reviews Irish and European employment legislation to ensure it is meeting all necessary legislative requirements, for instance, the European Working Time Directive.

- A service reports relevant accidents or dangerous occurrences on its premises to the Health and Safety Authority, in compliance with safety, health and welfare at work regulations.

Standard 5.11

Service providers act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

Features of a service meeting this standard are likely to include:

5.11.1 Regular reviews of standards, guidance, alerts and recommendations formally issued by regulatory bodies in order to determine what is relevant to the services they provide, and taking action to address any identified gaps.

5.11.2 Prompt action on recommendations made by regulatory bodies relating to the quality and safety of their service, including recommendations made following an investigation into the service.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Standards, guidance, alerts and recommendations from regulatory bodies

Service providers review, on an ongoing basis, any standards or alerts issued by regulatory bodies to ensure that the service is compliant with any relevant licensing, registration or regulatory requirements.

Safety alerts are issued by a number of regulatory and other bodies including the Irish Medicines Board, the Food Safety Authority of Ireland and the Health and Safety Authority. Alerts may be issued with various levels of urgency and some alerts relate to serious risks to health and wellbeing. Services have arrangements to identify relevant alerts promptly and to act in accordance with the alerts so that they comply with directions or requests from the regulatory or other body and ensure the quality and safety of the service.

Services also review recommendations and guidance issued by regulatory or other

bodies to determine which apply to their service and implement those that apply directly to support safer better care. These recommendations and guidance may be issued as 'codes of practice', 'information documents' or with other descriptions and titles.

The strength with which recommendations, guidance and advice are issued should be reflected in the actions of services. Where service providers choose approaches and actions that differ to recommendations or guidance issued, they should be able to demonstrate that they meeting the requirements of the regulatory body. The information from regulatory bodies is incorporated into the service's planning process.

Relevant regulatory bodies include (but are not limited to):
– An Bord Altranais
– Dental Council
– Data Protection Commissioner
– Environmental Protection Agency
– Equality Authority
– Food Safety Authority of Ireland
– Health and Safety Authority
– Health and Social Care Professionals Council
– Health Information and Quality Authority
– Irish Medicines Board
– Medical Council
– Mental Health Commission
– National Employment Rights Authority
– Opticians Board
– Pharmaceutical Society of Ireland
– Pre-Hospital Emergency Care Council
– Radiological Protection Institute

Examples:

■ Where the Health Information and Quality Authority issues formal recommendations with local implications for service delivery, the appropriate service provider has a defined process to address these recommendations in a systematic and timely manner.

■ Hospitals preparing and serving food to service users follow Food Safety Authority of Ireland guidance and alerts.

■ Service providers act on alerts issued by the Irish Medicines Board and disseminate this information appropriately.

Resources

> The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

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The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

Adoptive Leave Act 1995.

Building Control Act 2007.

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Carer's Leave Act 2001.

Citizen's Information Act 2007.

Dentists Act 1985.

European Communities (Organisation of Working Time) (Activities of Doctors in Training) Regulations 2004 SI No. 494 of 2004.

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Organisation of Working Time Act 1997.

Organisation of Working Time (Records) (Prescribed Form and Exemptions) Regulations 2001.

Protection of Employees (Part-Time Work) Act 2001.

Protection of Employees on Transfer of Undertakings Regulations 2003.

Protection of Employees (Fixed-Term Work) Act 2003.

Parental Leave Act, 1998.

Terms of Employment (Information) Act 1994.

Unfair Dismissals (Amendment) Act 1993.

Safety, Health and Welfare at Work (Night Work and Shift Work) Regulations, 2000 SI No. 11 of 2000.

Theme 6
Workforce

Standard 6.1

Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

6.1.1   Planning, organisation and management of the workforce to take account of the:

– assessed needs of the population served

– national and international best available evidence regarding the model of service or type of service being provided

– size, complexity and specialities of the service being provided

– number of staff required to deliver the service

– skill mix and competencies required to deliver the service

– resources available

– changes in the workload

– relevant legislation and government policy.

6.1.2   Managing the workforce to respond in a timely manner to changes in workload or resources available to ensure the delivery of high quality safe service.

6.1.3   Workforce planning including succession planning, to deliver a high quality, safe, and sustainable service.

6.1.4   Organisation of the workforce to deliver healthcare according to a model of delivery that is based on best available evidence. Where the selected model includes multidisciplinary teams, the workforce is organised and managed to work in such teams.

6.1.5   Regular review and evaluation of the management of the workforce, and the service's response to changes in workload and resources available, to ensure the delivery of a high quality safe service.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Workforce planning

Workforce planning enables service providers to meet their current and projected future objectives for quality and safety by planning, organising and managing their workforce in line with the service's current and projected future needs.

Effective workforce planning ensures that service providers will have a workforce of sufficient numbers with the appropriate combination of competencies, organised within available resources, to deliver the best possible care and treatment to their service users.

Effective workforce planning is an ongoing activity that is regularly reviewed. It facilitates planning for large-scale and long-term service change. It also supports shorter-term planning to ensure that appropriate numbers of competent staff are available to deliver care at all times.

Workforce planning that is integrated with service and financial planning ensures that decisions around the workforce are aligned to the service's quality and safety objectives.

Workforce planning for healthcare providers involves:

- identifying the current and future health and social care needs of service users

- identifying any legislative requirements

- evaluating how service functions will change over time and the effect that this will have on job or role requirements

- exploring how the current workforce compares in terms of competencies and skill mix for anticipated changes in service functions

- determining how to develop the current workforce and to attract new members of the workforce to meet the future projected needs of the service

- determining how to retain the workforce required to meet the service's current and anticipated needs and objectives

- planning, managing and organising the workforce in the event of a major change management process such as service expansion or contraction, relocation,

service withdrawal or the introduction of a new service evaluating how the composition of the workforce is changing in terms of demographics and taking action to address any identified issues

- identifying and managing any workforce related risks, for instance high staff turnover, which may impact on the delivery of safe, high quality care.

Succession planning, which is part of workforce planning, helps service providers to assess how key members of the workforce might be replaced if they change jobs, leave the service or take short- or long-term leave. It helps to ensure that the workforce are facilitated to develop the relevant competencies so that the service can fulfil its functions and ensure continuity of service delivery in the short- or long-term.

Service providers plan and organise their workforce to ensure their healthcare teams have the competencies and experience to complement each other to provide safe high quality care at all times.

Examples:

- A hospital that is considering expanding its surgical service considers the workload implications for related services such as the radiology, anaesthetic and laboratory services. If the expansion of the surgical service is viable then workforce planning determines the human resources required to deliver a safe, high quality service.

- Ward managers consider the competencies and experience of members of the workforce when designing a weekly work roster for a ward to ensure there is an appropriate team composition for each shift cycle to deliver safe high quality care.

Planning for changes in workload and resources

Service providers develop plans to help minimise identified risks associated with changes in workload. Changes in workload can occur when there is:

- expansion or reduction in the range and scope of services being provided

- a change in the availability of competent members of the workforce

- or a sudden change in demand for services such as a major disaster or pandemic.

These plans include clear accountability arrangements, and all members of the workforce are made aware of their roles under the plan.

Examples:

- A hospital develops a contingency plan to manage the increases in demand and associated workforce requirements that would be caused by a pandemic or major disaster. This plan describes the requirements for specific areas responding to such increases, for instance the emergency department.

- An ambulance service provider has contingency and emergency planning arrangements in place to meet the needs of changes in workloads due to for instance, major incidents and high activity periods.

See also guidance on:

Theme 2, Standard 2.6.
Theme 5, Standard 5.3, 5.4 and 5.5.

Standard 6.2

Service providers recruit people with the required competencies to provide high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

6.2.1   Selection and recruitment of the workforce in accordance with relevant Irish and European legislation and informed by evidence-based human resource practices.

6.2.2   Recruitment of people, including those on temporary and locum contracts, who have the required experience, registration (where relevant), credentials and competencies (including communication skills), to deliver high quality, safe care.

6.2.3   Monitoring and evaluation of the effectiveness of recruitment processes and arrangements to address any gaps identified.

6.2.4   Recruitment and selection arrangements that incorporate all reasonable measures to protect service users from harm.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Recruitment processes

Service providers have effective, evidence-based human resource arrangements that are tailored to the role or position they are recruiting for, including ensuring that everyone they recruit has the required credentials (evidence of qualifications and competencies), experience and Garda Síochána vetting necessary for the role, and are registered with the appropriate professional regulatory body where relevant.

Service providers evaluate how well candidates' competencies match those required for a role through the use of processes and arrangements (such as interviews, tests or checks) that are selected or adapted to measure those competencies. Where service providers are awaiting the results of checks for a member of the workforce – such as

their credentials, references or Garda Síochána vetting – the service provider has arrangements in place to ensure the safety of its service users.

Examples:

■ Service providers develop clear job descriptions for each position in their service which describe the competencies required, and the responsibilities and accountability of the position.

■ A hospital recruiting a locum doctor has processes in place to ensure that the locum doctor is appropriately qualified, has the necessary competencies and is registered with the Medical Council.

■ Service providers who provide services to children or vulnerable adults ensure that candidates for positions in their service undergo Garda Síochána vetting as part of the recruitment process for such positions.

■ Service providers have processes in place to verify on an annual basis that all healthcare professionals working in their service have renewed their registration with the relevant professional regulatory body, where this is relevant.

■ A hospital that uses an external recruitment agency to recruit temporary members of the workforce specifies in the service level agreement, the agency's role, responsibility and area of accountability in the recruitment process, including credentialing.

■ Service providers have processes in place to assess the proficiency in spoken and written English of candidates for specific roles to ensure that their proficiency meets the specific requirements of the role.

Standard 6.3

Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

6.3.1   A formal mandatory induction programme for the workforce which includes communication and safety of service users.

6.3.2   Facilitation of each member of the workforce in maintaining and developing their competencies to fulfil their roles and responsibilities in delivering high quality and safe care.

6.3.3   Facilitation of members of the workforce to maintain necessary competencies to meet their relevant professional registration requirements.

6.3.4   Regular reviews of the development needs of the workforce to deliver high quality and safe care and taking action to address any identified gaps.

6.3.5   A training, educational and development programme with a specific focus on patient safety, communication and person-centred care, which has clear objectives and which is tailored to specific members of the workforce to develop competencies to ensure the delivery of high quality safe care.

6.3.6   Supervision, monitoring and review of the provision of care to ensure all members of the workforce work within their competencies.

6.3.7   Facilitation of members of the workforce to seek support or advice, including advice from decision makers and senior team members, to deliver high quality, safe healthcare.

6.3.8   A workforce with the competencies to work effectively in teams to deliver safe and integrated care within and between services.

6.3.9   Adherence to the code of conduct for the service by each member of the workforce. Members of the workforce are facilitated to adhere to any other relevant professional codes.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Induction Programme

Service providers have a formal mandatory induction programme for the entire workforce which is tailored to the group receiving induction. The induction programme has an emphasis on the individual and collective responsibilities of each member of the workforce in relation to the safety and quality of the services and includes modules such as service-user safety and communication.

Example:

- An induction programme for new nursing staff in an acute hospital includes (but is not limited to):

    - an outline of the responsibilities of individual members of the workforce in relation to safety of the service user

    - a description of how complaints are managed and responded to in the service so that each member of the workforce can fulfil their responsibilities in relation to feedback and complaints

    - a description of the importance of effective communication and how members of the workforce can communicate effectively with service users and in teams to ensure that care is person-centred and coordinated

    - a description of the patient safety incident reporting process, including how to report an incident and what happens once an incident is reported

    - an overview of the service's patient-safety improvement programme

    - a description of service policy in relation to topics such as (but not limited to) infection prevention and control, haemovigilance, medication management and correct service user identification

    - code of governance and code of conduct

    - a description of teamworking and the reporting and accountability arrangements for different teams.

Education and development

As part of workforce planning, service providers determine the priorities for competency development in the service as a whole, for specific services or teams within the service and for individual members of the workforce.

The arrangements to support and enable a workforce to maintain and further develop their competencies include a clear training and development policy to facilitate members of the workforce in identifying how best to meet their individual training and development needs. This might also include structured in-house or external training courses, and less structured arrangements such as coaching or mentoring. These arrangements facilitate members of the workforce in acquiring new knowledge and skills so that their practice develops in line with up-to-date evidence of what provides the best outcomes for service users.

Examples:

- Service providers put in place individual learning and development plans for members of their workforce, which identify individual learning and development needs relative to their individual roles and organisational objectives. These plans outline how the individual will be supported to address their identified learning and development needs.

- A service offers members of the workforce in-house education and training to support their continuing professional development requirements, for instance, in a hospital this may include case presentations, learning workshops and study days.

- Service providers request that medically registered doctors in their employment provide evidence annually that they are participating in a professional competence maintenance scheme.

- Service providers provide a support system for new members of the workforce. For example, a new member of a primary care team is supported and mentored in their role by a more experienced team member.

- Service providers facilitate healthcare professionals to take appropriate opportunities to discuss, reflect and learn from their experiences working in the service in a confidential and supportive atmosphere.

> See also guidance on:
>
> **Theme 2, Standard 2.1.**

Supervision

Service providers have supervisory arrangements in place at all times which are clearly communicated to all members of the workforce. These supervisory arrangements are in line with national guidance from professional and postgraduate training bodies where available.

These arrangements facilitate and encourage the workforce in seeking support and advice from decision makers and senior team members at all times, and include accessible and effective on-call arrangements out of hours. These arrangements are reported and evaluated through the relevant governance structures and action is taken to build on existing good practice and make improvements where required.

Examples:

■ Service providers ensure that all relevant members of the workforce are informed of the on-call arrangements at the beginning of their shift and that current bleep and telephone numbers for the senior team members on call are easily accessible to them.

■ As part of its formalised agreements with third-level institutions regarding undergraduate and postgraduate student placements, a hospital has clear arrangements for the supervision and training of students.

Code of conduct

A code of conduct and behaviour developed by a service describes the values, principles and expected behaviours of individuals and teams working within that service. It may include guidance on advocacy, ethics, probity, patient safety, respect and consideration and managing complaints, and promote individual accountability of each member of the workforce.

The code of conduct is developed in consultation with the workforce at all levels. Those governing the service monitor adherence to it and leaders at all levels in the service promote a culture that encourages conduct in line with the code.

Example:

■ The mandatory induction programme includes training on the code of conduct and behaviour so that all members of the workforce understand the importance of the code and know what is expected of them.

See also guidance on:

Theme 5, Standard 5.6.

Multidisciplinary teamworking

Multidisciplinary teamworking is becoming more widespread in healthcare services. Where it has been shown that this approach delivers better outcomes for service users, service providers facilitate multidisciplinary teamworking within their services.

Support for multidisciplinary teamworking includes:

■   training for the workforce to help them understand the dynamics of teamworking and to develop the skills for effective teamworking

■   resources to support multidisciplinary team meetings

■   clear job descriptions that outline roles and responsibilities within multidisciplinary teams.

Standard 6.4

Service providers support their workforce in delivering high quality, safe and reliable healthcare.

Features of a service meeting this standard are likely to include:

6.4.1   Support for and promotion of a culture that values, respects, actively listens to and responds to the views and feedback from all members of the workforce.

6.4.2   Provision of clear descriptions to the workforce of their roles, responsibilities and lines of accountability.

6.4.3   A working environment that, in line with relevant legislation and national policy, supports and protects the workforce in delivering high quality, safe care.

6.4.4   Measures to protect the workforce by minimising the risk of violence, bullying and harassment by other members of the workforce or people using the services.

6.4.5   Monitoring, management and development of the performance of the workforce, at individual and team level, including the evaluation of service users' feedback and taking action to address identified areas for improvement.

6.4.6   Clear and transparent procedures for the effective management of under-performance.

6.4.7   Procedures to inform the relevant professional body, where it is considered that the behaviour, conduct, practice, performance or health of a healthcare professional is not what would be expected of such a healthcare professional.

6.4.8   Fair and transparent arrangements to support and manage a member of the workforce if a complaint or a concern has been expressed about them.

6.4.9   Promotion of a culture of openness and accountability throughout the service, and arrangements, in line with legislation, to allow the workforce to report in good faith any concerns that they have in relation to the safety and quality of the service.

6.4.10 Support for and facilitation of the workforce to identify and propose areas for improvement in the delivery of healthcare reflecting best available evidence.

6.4.11 Regular evaluation and response to feedback about the workforce from service users and members of the workforce.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Workforce engagement

Service providers have arrangements in place to engage with, and gather feedback from, members of the workforce to identify opportunities for improvement. Service providers report on what action has been undertaken following workforce feedback.

Service providers have structures and processes in place to inform and facilitate members of the workforce to make protected disclosures about the quality and safety of services in line with legislative requirements. Protected disclosure also facilitates members of the workforce in circumstances in which they do not feel comfortable using other arrangements in the service to raise issues or concerns about the quality and safety of the service provided.

Examples:

■ A hospital may organise a regular forum for all members of the workforce to identify and disseminate instances of good practice or raise any concerns and discuss potential areas for service improvement.

■ Senior managers regularly engage with frontline healthcare professionals for instance, through quality and safety WalkRounds to identify what is working well in their service and to discuss any concerns or opportunities for service improvement the workforce may have.

■ At team meetings, members of the workforce are encouraged to raise any concerns or opportunities for service delivery improvement they may have identified during day-to-day practice.

■ Services may use surveys of their workforce as a means of identifying training and development needs.

> See also guidance on:
>
> **Theme 5, Standard 5.7.**

The working environment

Service providers take account of best available evidence-based up-to-date design practice in managing the physical environment and in designing services. Leaders at all levels in the service promote and strengthen a culture that minimises the risk of violence, bullying or harassment so that the working environment protects and supports the workforce in their delivery of care.

Examples:

■ Service providers have appropriate security measures in place to protect service users and their workforce.

■ Service providers develop and implement a lone working policy which proactively identifies potential risks to members of the workforce working alone and provides practical advice on how to minimise these risks.

■ Service providers take all reasonable measures to protect their workforce from the effects of ionising radiation in line with relevant legislation and best available evidence.

> See also guidance on:
>
> **Theme 2, Standard 2.7.**

Performance monitoring and management

Service providers have arrangements in place so that each member of the workforce has clear objectives in their role and is supported in achieving these objectives. This is linked to the training, education and development programme to facilitate members of the workforce in fulfilling the requirements of their current role as well as further developing their competencies to contribute to the improvement of the quality and safety of the service.

In cases where members of the workforce are not meeting their objectives in providing safe, high quality care, service providers have fair and transparent arrangements in place which take account of the rights of members of the workforce to address this underperformance and the risks to the delivery of care to service users.

Such arrangements involve identifying why the individual is not performing to the expected standard in their role and supporting them to meet the necessary standard. They also include processes to deal effectively and fairly with concerns about a healthcare professional's fitness to practise.

Where a service provider considers that the behaviour, conduct, practice, performance or health of an individual healthcare professional may pose a risk to service users, they make this information available to the relevant professional statutory body in a timely manner in line with best practice and regulatory requirements. A service provider also takes action according to any findings or directions produced by a relevant professional statutory body in relation to the practice of an individual professional.

Example:

■   A service provider has a performance management and development policy which is linked to the education and development programme for the service. Therefore, each member of the workforce has a personal plan developed with their line manager which identifies clear performance objectives for them on an annual basis.

Resources

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An Bord Altranais. *Guidance to Nurses and Midwives on Medication Management.* Dublin: An Bord Altranais; 2007.

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Legislation

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Protection of Employees (Fixed-Term Work) Act 2003.

Parental Leave Act, 1998.

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Theme 7
Use of Resources

Standard 7.1

Service providers plan and manage the use of resources to deliver high quality, safe and reliable healthcare efficiently and sustainably.

Features of a service meeting this standard are likely to include:

7.1.1   Clear plans that take account of the funding and resources required to ensure viability of the service.

7.1.2   Allocation of available resources to achieve quality and safety outcomes for service users sustainably.

7.1.3   Consultation with key stakeholders including service users, policy makers and their workforce regarding the allocation of resources to achieve the best quality and safety outcomes for service users.

7.1.4   Arrangements to manage financial performance and evaluate its impact on the quality and safety of services, in particular any deterioration in performance.

7.1.5   Resource decisions that are informed by:

–   explicit consideration of the quality, safety and ethical implications of such decisions

–   risk assessment of the decisions

–   best available evidence

–   clinical and service users' views.

7.1.6   Management and future planning of physical assets, based on analysis of what is needed to deliver the service's objectives for quality and safety.

7.1.7   Transparent reporting on financial performance in line with legislation and national policy.

7.1.8   Transparent and effective decision-making arrangements when planning and managing the use of resources in services that receive public funding.

7.1.9   Management of natural resources, hazardous materials and waste so that the service's impact on the environment is minimised.

Guidance

> This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Planning and management of resources

Quality and safety of healthcare is intrinsically linked to how the use of resources is planned, managed and delivered, and the principles outlined in the standards for **Use of Resources** can be applied to all healthcare service providers regardless of how they are funded.

The use of resources in healthcare services is subject to requirements under certain legislation such as equality and employment legislation, and may, depending on the status of the service comply with other legislation such as the companies' acts or charities acts.

The decision-making processes and accountability arrangements with regard to use of resources in publicly funded healthcare are also governed by specific national legislation and Government policy.

Effective decision making requires that decisions regarding the use of resources are made based on legislative requirements, national policy, high-quality information, best available evidence, the needs of the population served, information relevant to the provision of safe services and the views of relevant stakeholders including service users and healthcare professionals.

Financial planning describes how a service will use its available resources to meet its objectives for quality and safety, and deliver its services safely and sustainably. Service providers develop financial plans which describe the activities, resources (including human resources), equipment and materials required to meet the aims and objectives of service delivery within agreed timeframes.

In some situations, long-term investments will be required in order for service providers to deliver services and meet their strategic aims and objectives. These investments may include replacement of equipment or machinery, the building of new premises or facilities or the acquisition of new services.

Service providers use a planning process to determine which long-term investments will maximise quality and safety outcomes for service users, the timeframe in which such long-term investments will occur and how the service intends to finance these investments. For effective planning of the use of resources, service providers have clearly defined financial and business planning processes that integrate their quality

and safety objectives. The development and evaluation of these plans is reported through relevant governance structures.

Service providers develop an annual business plan which sets out the services that it will provide based on the financial budget allocated to it and other resources (e.g. human resources) available. In line with relevant legislation, service providers put in place robust accounting and internal audit structures that facilitate the provision of accurate financial information in a timely manner to inform financial and other service planning decisions.

Physical assets include cash, equipment, vehicles, stock and buildings or properties owned by a service provider. Service providers have structures and processes in place to support the procurement, in-service support, maintenance and appropriate disposal of physical assets. Decisions about physical assets are based on how those assets contribute to the quality and safety of the service, also taking into account the sustainability of the service, human resources available and its environmental impact.

Examples:

■ A service reviews information on its wage bill, overtime cost, use of agency staff, subcontracted services, contingency plans and the long-term requirements of the service to plan its recruitment strategy in the medium-term and long-term.

■ A hospital develops a capital plan which describes, on a prioritised basis, the equipment to be replaced and buildings to be refurbished or renovated over a defined timeframe. The priorities of the capital plan are taken into account when developing annual business and related financial plans.

■ A hospital has a comprehensive testing, service, maintenance and calibration programme to ensure the efficient and safe use of equipment and medical devices. This programme is regularly audited

■ An ambulance service uses best available evidence to plan its vehicle management. This includes, for instance, comprehensive records of the purchase and service records of all the vehicles in its fleet, so that it can plan and effectively manage vehicle replacement.

■ A hospital pharmacy has structures and processes in place to manage its medication stock levels efficiently to ensure that medications are available in sufficient quantities to meet the needs of service users during normal working hours and out of hours.

Monitoring the use of resources

Service providers regularly review financial efficiency and operational effectiveness including the quality and safety outcomes achieved as a result of resource allocation and usage. The findings of such reviews are reported through the relevant governance structures and appropriate actions are taken.

Service providers regularly monitor their current services to ensure they have adequate resources (financial or otherwise) to continue delivering their defined model of service safely and effectively.

Where service providers may not have adequate resources to deliver their current range of or level of services safely and effectively, they explicitly consider the quality and safety implications of a different model and scope of service provision. They then undertake a risk assessment of each option, taking into account the views of their workforce and service users. Publicly-funded service providers' document the quality and safety implications, risk assessments and views of the workforce and service users clearly so that their decision-making processes are transparent.

In situations where resource constraints mean that service providers must change the type or range of services that they provide, they plan and engage in a robust change management programme to ensure that the service transition process is safe, effective and efficient.

Where service providers are planning and using resources that have been allocated for a specific purpose, for example, the expansion of a service, they have structured arrangements in place to evaluate and report on the use of those resources and on the outcomes relevant to the specific purpose.

If a publicly-funded healthcare service provider achieves surplus financial resources the service provider deploys these resources to maximise the quality and safety of service provision, getting the best value for money. A clear decision-making process guides the re-allocation of surplus resources and they are used in a sustainable manner in line with the statement of purpose of the service provider.

Examples:

■　A hospital that does not have the resources to continue a particular service at its current level, such as the outpatient service, considers other options for service provision and the quality and safety implications of these options. The decision-making process also includes consideration of the impact that each option would have on service users and on other services within the hospital and in the community.

■　Where a service has determined a need for a new building which requires significant capital investment, they consider the ongoing running costs, such as the wage bill and maintenance costs for the building, as well as the initial capital

investment. The decision to invest takes account of the numbers and skill mix requirements of the workforce and other ongoing resources needed to deliver a safe, high quality service.

See also guidance on:

Theme 5, Standard 5.5.

Use of natural resources

Healthcare services can be a large consumer of natural resources such as water, energy, and land. Services also have the potential to be one of the largest producers of waste in a community.

The impact of the consumption of natural resources and the management of waste produced on the environment can be detrimental to human health. For example, dangers from unnecessary exposure to ionising radiation, from medical waste that has not been disposed of safely, from drinking water contamination or air pollution, and from the long-term impact of energy consumption on climate change.

To ensure compliance with legislation, and to minimise the impact on the environment, services monitor their use of natural resources, including production and emission of waste (solid, liquid and gas). This information helps to identify opportunities to reduce this impact (usually through reducing consumption and waste production) which are consistent with high quality safe care. This may include identifying where resources for investment in energy reduction can be found or setting realistic, challenging targets for reductions in use of a resource, such as water. Plans are developed, implemented and evaluated to achieve these aims.

Examples:

■   A hospital benchmarks its energy usage against other similar sized services and acts on identified opportunities for improvement.

■   A service analyses its waste production, identifies strategies to further reduce non-recyclable waste and finds methods of disposing of it safely and efficiently. It then sets goals for reducing such waste, plans how these changes can be made efficiently and implements these plans.

■   A hospital develops an energy awareness campaign for the workforce and service users highlighting the importance of energy conservation and how each individual can help to achieve this.

Standard 7.2

Service providers have arrangements in place to achieve best possible quality and safety outcomes for service users for the money and resources used.

Features of a service meeting this standard are likely to include:

7.2.1   Planning, design, development, maintenance and use of the service's resources to achieve best possible quality and safety outcomes for service users.

7.2.2   Regular evaluation and management of the efficiency and cost-effectiveness of services and technologies. This evaluation and management uses best available evidence to maximise quality and safety and to inform investment and disinvestment decisions.

7.2.3   Promotion of awareness within their workforce of the resource consequences of service delivery and active promotion of individual and collective responsibility and accountability for resource management.

7.2.4   Procurement of external goods and services that achieves the best possible quality and safety outcomes for service users for the money and resources used.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Best outcomes for resources used

Achieving the best outcomes for the resources used requires knowing what is effective, for whom, under what circumstances, and how to deliver that care most efficiently.

Service providers review and assess the best available evidence in relation to the efficiency and effectiveness of services and technologies when making decisions about which to invest in or which to withdraw.

Health technology assessments (HTAs) are evidence-based processes that ascertain the relative costs and benefits of technologies such as pharmaceuticals, devices, medical equipment, medical and surgical procedures, and the organisational and supportive systems within which healthcare is provided. HTAs inform decision making about the value of new or existing technologies. Service providers can use HTAs to make decisions about the most cost-effective use of resources.

Procurement refers to the full range of activities related to purchasing goods and services. Procurement arrangements should optimise quality as well as cost, quantity, time and location of the goods and services required to meet the needs of the service.

Publicly-funded service providers have formalised, robust and transparent procurement arrangements in place in line with national and international policy and legislation. Service providers regularly review national and European procurement legislation to ensure that they are fully compliant. Where service providers are not fully compliant, a clearly documented risk assessment is undertaken with appropriate actions to ensure the quality and safety of service provision.

Service providers review their procurement arrangements on a regular basis to ensure that they are delivering the best possible quality and safety outcomes for the money spent.

Examples:

- A hospital considering introducing a new diagnostic technique takes account of the findings of a national health technology assessment for this technique where available to support the decision-making process regarding investment or non-investment in the particular technique.

- Procurement decisions in a hospital pharmacy department are informed by value for money as well as patient safety information.

Responsibility and accountability for use of resources

The attitudes, values and behaviour of people who work in a service has a significant impact on the efficient use of resources to deliver a safe, high quality service and to ensure the service remains financially viable.

Service providers ensure that all members of the workforce understand their individual and collective responsibility for the efficient and effective use of resources and the impact that their behaviours and actions have on reducing operating cost, improving efficiency and maximising the delivery of safe, high quality care.

Service providers can support their workforce in making more efficient use of resources by, for example:

- promoting individual and collective responsibility and accountability for the efficient and effective use of resources in the code of conduct and behaviour

- addressing quality and safety objectives through service-wide initiatives which will improve service-user outcomes and achieve value for money. Such initiatives may include among others the prevention and control of Healthcare Associated Infections, falls prevention and medication safety

- supporting members of the workforce to analyse workflow and work processes in order to identify opportunities for efficiency and effectiveness through the elimination of waste and duplication.

Examples:

- A hospital identifies a specific focus for reducing cost, while maintaining safety and quality, such as reducing turnaround time for clinical tests or length of inpatient stay.

- A primary care team enables their workforce to exercise their personal and professional accountability for delivering best value for money by disseminating information on where resources are being used, consulting with the workforce on what efficiency measures can deliver the same or higher quality care, and feeding back to them on improvements in efficiency.

- A hospital reviews its usage of operating theatre time to ensure elective and emergency operating time is used optimally to ensure safe care.

Resources

> The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

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Legislation

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Health Act 2004

Theme 8
Use of Information

Standard 8.1

Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare.

Features of a service meeting this standard are likely to include:

8.1.1 Identification and collection of information on the current and anticipated needs of the service and the population served to support effective decision-making. The service uses this information to plan, design, manage and deliver services.

8.1.2 Arrangements, including information and communication technologies systems, to collect and manage accessible high quality information to support effective decision-making.

8.1.3 Use of high quality information to support and inform decision-making in relation to the use of human, physical, natural and financial resources.

8.1.4 Arrangements to ensure that healthcare professionals have access to high quality information including best available evidence to support and inform effective clinical decision-making.

8.1.5 Strategic plans that take into consideration the current and future needs of the service in relation to information systems.

8.1.6 Arrangements to evaluate and manage the quality and safety of services provided using relevant quality information including key performance indicators.

8.1.7 Evaluation of the effectiveness of the arrangements for the collection, and management of information. The service takes steps to address any identified areas for improvement.

8.1.8 Arrangements to ensure necessary information is shared in a timely manner within and between services, in line with legislation, based on best available evidence, national standards and guidance where available.

8.1.9 Information systems, whether electronic or paper-based, which are integrated and interface with other systems to support the delivery of high quality safe healthcare.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Information

Health Information is information, recorded in any form or medium, which is created or communicated by an individual or an organisation which relates to the past, present or future, physical or mental health or social care of an individual or group of people.

Health information includes, for example, healthcare records, information relating to the management of the health and social care system and best available evidence. It is used throughout healthcare services by everyone involved in healthcare and is not the preserve of data managers or other specialists.

To manage both electronic and paper health information throughout its life cycle, from creation to disposal, service providers have clear arrangements in place. These arrangements also include provisions for managing the technology and systems required to gather and process data and information.

Information management systems are regularly evaluated and are proportionate to the size, scope and nature of the service. This evaluation examines the quality of the information, resources allocated, the workforce required and the systems in place (including software systems). The evaluation of the information management system should identify any risks to be minimised or opportunities for improvement to be taken both internally and externally.

Quality information is:

■ accurate – it describes or measures what it was designed to describe or measure

■ valid – it is collected in accordance with any rules or definitions applicable for that information. These rules check for correctness, meaningfulness, and security before the data is processed. This enables comparison and benchmarking over time

■ reliable – it is collected consistently over time, whether manually or electronically

■ timely – it is collected within a reasonable time period after the activity it measures and it is available when it is required and as often as it is required

■ relevant – it meets the needs of the information users

■ legible – it is readable and understandable for the intended users

■ complete – it has all those items required to describe or measure the intended activity or event.

Strategic plans in relation to information systems

Strategic plans in relation to information systems are developed and aligned with short-, medium- and long-term plans for the service as a whole to deliver safe, high quality, reliable care.

These plans take account of the need for compatibility, interoperability and sharing of information within and between information systems.

Roles and responsibilities in relation to developing and implementing these plans are clearly assigned. Implementation of systems and processes is monitored and evaluated.

Information for management of services

All those involved in the management of healthcare require high quality information to make decisions about the short-, medium- and long-term planning, management and delivery of care.

Those governing and leading a service need access to information about their service to plan and make arrangements for delivery of the service. Such information includes: clinical activity and outcomes, service demand, the views of service users, the workforce requirements, finance and other resources.

Service providers use information to monitor their performance against the objectives stated in their plans, for example through the use of metrics such as key performance indicators (KPIs). Information and metrics that are used for monitoring must be evidence-based, in line with any nationally agreed policies and guidance and be appropriate to the size and scope of the service provided. They should be selected to provide a comprehensive overview of the quality and safety of the overall service and effectively identify areas for improvement.

Where KPIs are used, they are regularly monitored, benchmarked internally (and externally where appropriate) and any indicators of poor performance are responded to in a timely manner.

Information for clinical practice

Healthcare professionals require access to information about the service user and best available evidence at the point of clinical decision making to deliver high quality, safe care. This is supported by having effective arrangements for the management of healthcare records. It can also be supported by, for example, information and communication technology systems that send requests and receive results in a timely, efficient and accurate manner that also respects confidentiality.

Examples:

■   Those governing the service are involved in the selection of the information and metrics used to monitor quality and safety outcomes for service users and review this information, including performance measures and indicators at all management meetings.

■   Service providers support healthcare professionals to access robust, up to date resources to facilitate evidence-based practice, for instance, access to evidence on effective care and treatment in international peer-reviewed publications via the Internet or annual subscription to journals.

■   A service publishes an annual report that describes, among other things, its performance against stated plans. This report is made available to the public, for example, via the service's website.

Sharing of information

Service providers have arrangements in place to ensure that the healthcare of each service user is co-ordinated within and between services. Information sharing is essential to coordinate care, and is facilitated through the use of compatible and interoperable information systems within and between service providers, for example, diagnostic test results, details of care and discharge information.

While sharing information both within and between services, service providers have appropriate safeguards to protect the security, privacy and confidentiality of information.

Examples:

■   Agreed detailed referral forms are used when transferring the care of service users between primary care and acute hospitals.

■   A hospital has a robust and defined process for receiving and managing general practitioner (GP) referral letters based on national guidance and evidence. This process is audited on a regular basis to help validate its effectiveness.

■   At discharge from a hospital, a service user, their GP, public health nurse and other relevant healthcare professionals are provided with a discharge letter which summarises the care they received in hospital and details the plan for their follow–up care.

■   A hospital has defined pathways for communicating significant or unexpected findings between diagnostic services and the identified healthcare professional with overall responsibility and accountability for a service user's care.

■ Inpatient hospital services have a formal process in place to facilitate effective handover of information at the end of each shift-cycle.

■ Hospital laboratories have an information system which facilitates the timely provision of investigation and test results both internally (for instance, to hospital departments) and externally (for instance, to primary and community care).

■ Laboratory and radiology information systems can support electronic interfaces with GP practice management systems to share the results of investigations in a timely manner, for example using a message broker such as Healthlink.

Standard 8.2

Service providers have effective arrangements in place for information governance.

Features of a service meeting this standard are likely to include:

8.2.1   Arrangements for information governance to ensure that the service complies with legislation, uses information ethically and uses best available evidence, including national guidance if available, to protect service users' information.

8.2.2   Training in information governance for all members of the workforce in accordance with their specific need and their level of access to personal health information that facilitates them fulfilling their roles and responsibilities for information governance.

8.2.3   Effective arrangements to ensure that healthcare information, both in paper and electronic formats, is of a high quality.

8.2.4   Evaluation, validation and reporting on the quality of information to support the provision of safe high quality healthcare.

8.2.5   Compliance of all data collected, analysed, used and shared with national standards, guidance or nationally agreed definitions, where they exist, to enable the comparability and sharing of information.

8.2.6   Arrangements for sharing information within and between service providers that protect the security, privacy and confidentiality of personal health information.

8.2.7   The use of service-user information, both to support the provision of safe and effective care and for secondary purposes, in line with legislation and recognised evidence-based guidance.

8.2.8   Security of healthcare information, in both paper and electronic formats, from unauthorised access.

8.2.9   Arrangements to facilitate service users to access a copy of their personal health information in line with legislation.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Information governance

Information Governance provides a means of bringing together all the relevant legislation., guidance and evidence-based practice that apply to the handling of information and offers a consistent way for people working in healthcare to deal with the many different legal provisions, guidance, and professional codes of conduct that apply to handling personal health information.

The Health Information and Quality Authority has developed a guide for health and social care staff on information governance entitled What you should know about Information Governance and has also developed specific guidance on information governance for service providers, Guidance on Information Governance for health and social care services in Ireland. Both documents are available on the Authority's website at www.hiqa.ie.

Standard 8.3

Service providers have effective arrangements for the management of healthcare records.

Features of a service meeting this standard are likely to include:

8.3.1   Arrangements that ensure that service users and their records are identified uniquely to avoid duplication and misidentification.

8.3.2   Management of healthcare records that is in line with legislation and uses best available evidence, national health information standards and guidance, and nationally agreed definitions, where these exist.

8.3.3   Evaluation of the effectiveness of the service's healthcare record management practices and systems, and, where appropriate, taking action to address areas for improvement.

8.3.4   Arrangements that are in line with legislation, best available evidence and national guidance, if available, for the creation, use, storage and disposal of personal health information.

8.3.5   Compliance with health information technical standards, where they exist, to facilitate the interoperability of systems and sharing of information.

Guidance

This Guidance contains both explanations of the concepts and specific illustrative examples that may assist in implementing this Standard. Service providers may choose different approaches to those outlined here but will still need to demonstrate that they are meeting this Standard.

Management of healthcare records

Healthcare records refer to all the information in both paper and electronic formats relating to the individual care of a service user. It includes (but is not limited to) demographics (such as name, address, date of birth), medical history, social history, findings from physical examination, images and specimens, the results of diagnostic tests, prescriptions, procedures and all communication relating to the care of the service user. Where possible, personal health information is obtained from the service user and not from a third party.

The arrangements for healthcare records management include arrangements for the quality of those records, including accountability arrangements, incorporating arrangements for individual records and the management of records collectively.

Effective management of healthcare records ensures that all relevant parts of the healthcare record are available in a timely and appropriate manner at the point of clinical decision making.

Examples:

■   Service providers maintain healthcare records using a standard design for format and filing so that clinical observations and results of investigations are easily accessed when required.

■   Healthcare records are regularly audited to ensure alerts and allergies are recorded and easily observed in the appropriate section of each record and all documentation is legible, dated and timed and can be traced to origin.

■   Service providers have a process for tracking healthcare records to ensure they are accessible at all times to support healthcare delivery, including out-of-hours care.

■   Healthcare records have a minimum retention period based on best available evidence for the provision of current and subsequent care.

■   Disposal of healthcare records takes place under confidential conditions and a record is maintained detailing all records that have been destroyed.

■   The service complies with any acts or regulations related to use of information and with any guidance on information issued by relevant bodies, such as the Health Information and Quality Authority or the Data Protection Commissioner.

Service user identification

The ability to identify an individual uniquely is essential for the safety of service users in the provision and management of high quality healthcare. It facilitates the accurate creation and retrieval of healthcare records and contributes to provision of safe care.

Best available evidence and national guidance promotes the use of an individual health identifier (IHI) to identify each individual who attends a healthcare service. In the absence of an IHI, service providers must have arrangements in place to uniquely identify all service users that attend their service to ensure that the service user is matched with their unique healthcare record and that the correct information is available at the point of care for service users. Such arrangements should take account of best available international and national evidence regarding the unique identification of a service user.

Examples:

■ Service providers have a process in place to identify each service user uniquely at initial registration and when the service user returns to a service.

■ The accurate identification of service users is facilitated by providing all service users with an identity wristband on their admission to hospital.

■ Service providers have a process for identifying and reconciling duplicate records.

Information technology systems

Information technology systems used in healthcare are computer systems that have been designed to manage the administrative, financial and clinical aspects of service users' care. Service providers have arrangements in place that take account of the need for compatibility, interoperability and sharing of information between information systems internally and externally.

Examples:

■ A practice management system used by a GP complies with technical standards so that the GP system can order and receive laboratory investigations from a hospital.

■ Hospitals have health information systems that can receive and manage GP referrals sent electronically from practice management systems.

■ Services have contingency plans for interruptions in access to information systems.

■ Hospitals have processes in place to ensure that patient referrals can be individually and collectively tracked and traced throughout the referral pathway within secondary care.

Resources

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Legislation

The accuracy, quality, relevance and currency of these works is not guaranteed or uniform and more recent information may have superseded these works. This list is not exhaustive. It does not include all the resources that may be relevant to service providers. It is up to service providers to identify the best available evidence relevant to their activities.

Bunreacht na hÉireann. 1937

Data Protection Acts 1988 and 2003

Freedom of Information Acts 1997 and 2003

Health (Provision of Information) Act 1997

Infectious Diseases (Amendment) Regulations. 2011

Infectious Diseases (Maintenance) Regulations. 1981

Health Act 2007

Health Act 1947

Statistics Act 1993

European Convention on Human Rights Act 2003.

Human Rights Commission Act 2000.

Council of Europe Convention for the Protection of Human Rights and Fundamental Freedoms 2003

EU Directive 95/46/EC - The Data Protection Directive 1995.

Medical Practitioners Act 2007.

EU Directive 2002/98/EC The Blood Safety and Quality Regulations 2005 (SI2005 No. 50)

EU Directive 2001/20/EC of 4 April 2001, of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Member States relating to implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use

EU Directive 2005/28/EC of 8 April 2005 of the European Parliament and of the Council laying down principles and detailed guidelines for good clinical practice as regards investigational medicinal products for human use, as well as the requirements for authorisation of the manufacturing or importation of such products

Glossary of Terms

This glossary details key terms and a description of their meaning within the context of this document.

Abuse: a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to a person or violates their human or civil rights.

Accountability: being answerable to another person or organisation for decisions, behaviour and any consequences.

Adverse event: an incident that results in harm to a patient.

Advocacy: the practice of an individual acting independently of the service provider, on behalf of, and in the interests of a service user, who may feel unable to represent themselves.

Audit: the assessment of performance against any standards and criteria (clinical and non-clinical) in a health or social care service.

Autonomy: freedom to determine one's own actions and behaviour.

Benchmarking: a continuous process of measuring and comparing care and services with similar service providers.

Best available evidence: the consistent and systematic identification, analysis and selection of data and information to evaluate options and make decisions in relation to a specific question.

Care bundles: a number of related evidence-based interventions, which when followed consistently for every patient each time care is delivered, result in improved patient outcomes.

Casemix: the types of patients and complexity of their condition treated within a healthcare service, including diagnosis, treatments given and resources required for care.

Care pathway: a multidisciplinary care plan that outlines the main clinical interventions undertaken by different healthcare professionals, in the care of service users with a specific condition or set of symptoms.

Clinical audit: a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.

Clinical governance: a system through which service providers are accountable for continuously improving the quality of their clinical practice and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. This includes mechanisms for monitoring clinical quality and safety through structured programmes, for example, clinical audit.

Clinical guidelines: systematically developed statements to assist healthcare professionals' and service users' decisions about appropriate healthcare for specific circumstances.

Code of conduct: a description of the values, principles and expected behaviours of individuals and teams working within a service.

Code of governance: a description of the roles and responsibilities of those governing the service including an oversight role with clear lines of

accountability in respect of safety and quality of health services provided.

Competence: the knowledge, skills, abilities, behaviours and expertise sufficient to be able to perform a particular task and activity.

Complaint: an expression of dissatisfaction with any aspect of service provision.

Concern: a safety or quality issue regarding any aspect of service provision, raised by a service user, service provider, member of the workforce or general public.

Confidentiality: the right of individuals to keep information about themselves from being disclosed.

Contract of agreement: document which explicitly describes the nature of the service being provided to the service provider by an external agency.

Corporate governance: the system by which services direct and control their functions in order to achieve organisational objectives, manage their business processes, meet required standards of accountability, integrity and propriety and relate to external stakeholders.

Cost effectiveness: the point at which the minimum amount of input (such as finance, human resources) is used to achieve a defined health outcome.

Credentials: evidence or proof of an individual's qualification, competence or authority.

Culture: the shared attitudes, beliefs and values that define a group or groups of people and shape and influence perceptions and behaviours.

Dignity: the right to be treated with respect, courtesy and consideration.

Effective: a measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do for a specified population.

Efficient: use of resources to achieve optimal results with minimal waste.

End-of-life care: care in relation to all aspects of end of life, dying, death and bereavement, regardless of the service user's age or diagnosis or whether death is anticipated or unexpected. It includes care for those with advanced, progressive, incurable illness. Aspects of end-of-life care may include management of pain and other symptoms and provision of psychological, social, and other supports.

Episode of care: a period of care for a specific medical problem or condition. It may be continuous or it may consist of a series of intervals marked by one or more brief separations. An episode of care is initiated with an initial assessment and acceptance by the organisation and is usually completed with discharge or appropriate referral.

Evaluation: a formal process to determine the extent to which the planned or desired outcomes of an intervention are achieved.

Evidence: data and information used to make decisions. Evidence can be derived from research, experiential learning, indicator data and evaluations.

Evidence-based healthcare: the practice of consistently using current

best available evidence in making decisions about the care of individual service users or the delivery of health services.

Evidence-based practice: the practice of using current best available clinical evidence and individual clinical expertise or judgment to make decisions about the care of individual service users.

General practitioner (GP): a doctor who has completed a recognised training programme in general practice and provides personal and continuing care to individuals and to families in the community.

Governance: in healthcare, an integration of corporate and clinical governance; the systems, processes and behaviours by which services lead, direct and control their functions in order to achieve their objectives, including the quality and safety of services for service users. See also Clinical governance and Corporate governance above.

Harm: impairment of structure or function of the body and/or any detrimental effect arising from this, including disease, injury, suffering, disability and death. Harm may be physical, social or psychological.

Health: the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Health information technical standards: standards that support interoperability between systems and meaningful sharing of data.

Healthcare Associated Infections: infections that are acquired as a result of healthcare interventions.

Healthcare: services received by individuals or communities to promote, maintain, monitor or restore health.

Healthcare professional: a person who exercises skill or judgment in diagnosing, treating or caring for service users, preserving or improving the health of service users.

Healthcare record: all information in both paper and electronic formats relating to the care of a service user.

Information governance: the arrangements that service providers have in place to manage information to support their immediate and future regulatory, legal, risk, environmental and operational requirements.

Informed consent: voluntary authorisation by a service user with full comprehension of the risks and benefits involved for any medical treatment or intervention, provision of personal care, participation in research projects and provision of the service user's personalised information to a third party.

Integrated care: healthcare services working together, both internally and externally, to ensure service users receive continuous and coordinated care.

Ionising radiation: radiation having sufficient energy to remove electrons from the orbit of an atom, making the atom charged or 'ionised'. Ionising radiation is used in, for example, X-rays and radiotherapy to treat cancer.

Key performance indicator (KPI): specific and measurable elements of practice that can be used to assess quality and safety of care.

Licensing: the mandatory process by which a governmental authority grants permission to a healthcare organisation to operate.

Locum: a healthcare professional, with the required competencies, who is employed to temporarily cover the duties of another healthcare professional who is on leave.

Medical device: any product, except medicines, used in healthcare for the diagnosis, prevention, monitoring or treatment of illness or disability.

Medication management: the clinical, cost-effective and safe use of medicines to ensure that service users get the maximum benefit from the medicines they need, while at the same time minimising potential harm.

Model of service: the way a health service is delivered and can be applied to a single service unit, to an organisation or a national service.

Monitoring: systematic process of gathering information and tracking change over time. Monitoring provides a verification of progress towards achievement of objectives and goals.

Multidisciplinary: an approach to the planning of treatment and the delivery of care for a service user by a team of healthcare professionals who work together to provide integrated care.

National Clinical Guidelines: a suite of guidelines that meet specific quality assurance criteria and have been mandated by the designated national body – National Clinical Effectiveness Committee.

National Standard for Safer Better Healthcare: a statement which describes the high level outcome required to contribute to quality and safety.

Needs assessment: systematic identification of the needs of an individual or population to determine the appropriate level of care or services required.

Nominated Advocate: a person nominated and trusted by an individual to speak or act on their behalf. An advocate respects the individual they speak for, or act on behalf of, and their wishes at all times, acts in the best interests of that individual, acts independently on behalf of that individual and protects their privacy.

Open disclosure: a comprehensive and clear discussion of an incident that resulted or may have resulted in harm to a service user while receiving healthcare. Open disclosure is an ongoing communication process with service users and their families or carers following an adverse event.

Patient-safety incident: an event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. Patient-safety incidents include an incident which reached the patient and caused harm (adverse event); an incident which did not reach the patient (near miss) and an incident which reached the patient, but resulted in no discernable harm to the patient (no harm event).

Patient-Safety Improvement Programme: a number of related projects and initiatives with a collective aim of minimising harm and improving

outcomes for service users.

Policy: a written operational statement of intent which helps staff make appropriate decisions and take actions, consistent with the aims of the service provider, and in the best interests of service users.

Protected disclosure: any communication made in good faith that discloses or demonstrates an intention to disclose information that may provide evidence of improper conduct which poses a significant risk to public health or safety.

Primary care: an approach to care that includes a range of services designed to keep people well. These services range from promotion of health and screening for disease, to assessment, diagnosis, treatment and rehabilitation as well as personal social services.

Quality information: data that has been processed or analysed to produce something useful and is accurate, valid, reliable, timely, relevant, legible and complete.

Regulation: a sustained and focused control exercised by a public agency over activities that are valued by a community.

Reliable healthcare: a reliable health service consistently performs its intended function in the required time under normal circumstances.

Risk: the likelihood of an adverse event or outcome.

Risk management: the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals.

Service provider: any person, organisation, or part of an organisation delivering healthcare services, as described in the Health Act 2007 Section 8(1)(b)(i)–(ii).

Service user: the term service user includes: people who use healthcare services (this does not include service providers who use other services on behalf of their patients and service users, such as GPs commissioning hospital laboratory services); parents, guardians, carers and family, nominated advocates and potential users of healthcare services. The term service user is used in general throughout this document, but occasionally the term patient is used where it is more appropriate.

Service: anywhere health or social care is provided. Examples include but are not limited to: acute hospitals, community hospitals, district hospitals, health centres, dental clinics, GP surgeries, home care, etc..

Skill mix: the combination of competencies including skills needed in the workforce to accomplish the specific tasks or perform the given functions required for safe high quality care.

Stakeholder: a person, group or organisation that affects or can be affected by the actions of, or has an interest in, the services provided.

Standard: in the context of this document a standard is a statement which describes the high level outcome required to contribute to quality and safety.

Statement of purpose: a description of the aims and objectives of the service including how resources are aligned to

deliver these objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

Succession planning: assessing how key members of the workforce might be replaced if they change jobs, leave the service or take short- or long-term leave.

Taxonomy: a system for describing and organising terms into groups that share similar characteristics.

Tissue viability management: the prevention and management of all aspects of the skin and soft tissue wounds.

Workforce: the people who work in, for or with the service provider. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to the service user.

Useful web resources

The Health Information and Quality Authority is not responsible for external website content.

An Bord Altranais – www.nursingboard.ie

Agency for Healthcare Research and Quality – www.ahrq.gov

Australian Patient Safety Foundation – www.apsf.net.au

Canadian Patient Safety Institute – www.patientsafetyinstitute.ca

Citizens Information Board   – www.citizensinformationboard.ie

Clinical Indemnity Scheme – www.stateclaims.ie

Cochrane Collaboration – www.cochrane.org

Data Protection Commissioner – www.dataprotection.ie

Dental Council – www.dentalcouncil.ie

Department of Children and Youth Affairs – www.dcya.gov.ie

Department of Health – www.dohc.ie

Economic and Social Research Institute – www.esri.ie

Environmental Protection Agency – www.epa.ie

Food Safety Authority of Ireland – www.fsai.ie

Freedom of Information website – http://foi.gov.ie/

Guidelines International Network – www.g–i–n.net

Health Complaints – www.healthcomplaints.ie

Health and Safety Authority – www.hsa.ie

Health and Social Care Professionals Council – www.coru.ie

Health Protection Surveillance Centre – www.hpsc.ie

Health Service Executive – www.hse.ie

Health Research Board – www.hrb.ie

Information Commissioner – www.oic.gov.ie

Institute for Healthcare Improvement – www.ihi.org

Institute of Public Health in Ireland – www.publichealth.ie

Irish Blood Transfusion Service – www.giveblood.ie

Irish Hospice Foundation – www.hospice–foundation.ie

Irish Medication Safety Network – www.imsn.ie

Irish Medicines Board – www.imb.ie

Irish Society for Quality and Safety in Healthcare – www.isqsh.ie

Law Reform Commission of Ireland – www.lawreform.ie

Medical Council – www.medicalcouncil.ie

Mental Health Commission – www.mhcirl.ie

National Adult Literacy Agency – www.nala.ie

National Disability Authority – www.nda.ie

National Institute for Health and Clinical Excellence – www.nice.org.uk

National Medicines Information Centre – www.nmic.ie

Pharmaceutical Society of Ireland – www.pharmaceuticalsociety.ie

Pre-Hospital Emergency Care Council – www.phecit.ie

Radiological Protection Institute – www.rpii.ie

Modified and speciality surgical checklists – www.safesurg.org

Scottish Intercollegiate Guidelines Network – www.sign.ac.uk

The Equality Authority – www.equality.ie

The King's Fund – www.kingsfund.org.uk
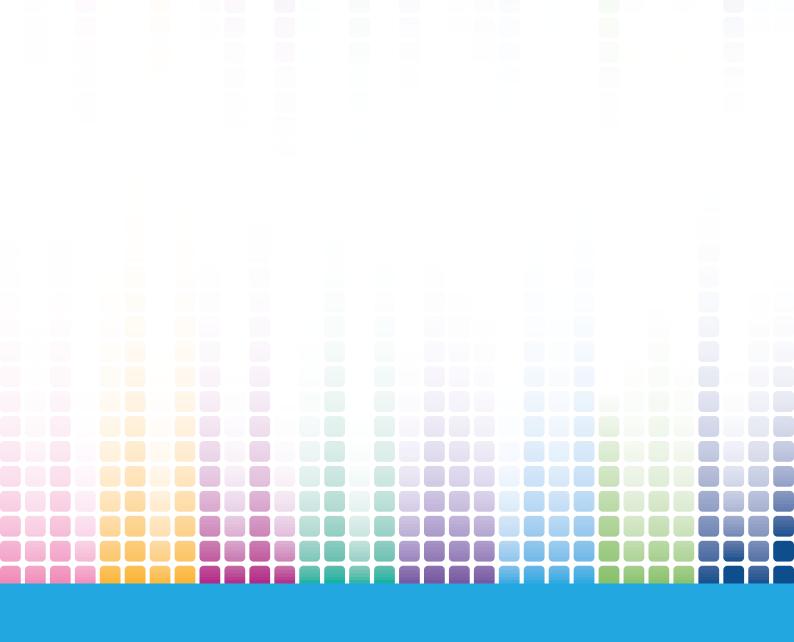
World Health Organization – www.who.int

Appendix

Membership of the Standards Advisory Group convened by the Health Information and Quality Authority

Paul Armstrong	Forum of Irish Postgraduate Training Bodies – ICGP
Jon Billings	Health Information and Quality Authority (chairperson)
Mary Boyd	Irish Association of Directors of Nursing and Midwifery (joined April 2010)
Margaret Brennan	Health Service Executive
Fergus Clancy	Independent Hospital Association of Ireland
Eibhlin Connolly	Department of Health (joined March 2011, replacing Philip Crowley)
Philip Crowley	Department of Health and Children (resigned January 2011)
Brian Conlan	Dublin Academic Teaching Hospitals
Joe Devlin	Health Service Executive
Eugene Donoghue	Health and Social Care Regulatory Forum
Debbie Dunne	Clinical Indemnity Scheme (deputising for Ailis Quinlan)
Patricia Gilheaney	Mental Health Commission
Tom Gorey	Forum of Irish Postgraduate Training Bodies – Surgeons
Ginny Hanrahan	The Health and Social Care Professionals' Council (resigned January 2010)
Paul Kavanagh	Health Service Executive (resigned May 2010)
Leo Kearns	Forum of Irish Postgraduate Training Bodies
Thomas Kearns	Health and Social Care Regulatory Forum (deputising for Eugene Donoghue)
Ken Lowry	Forum of Irish Postgraduate Training Bodies – Anaesthetists

Deirdre Madden	Faculty of Law, University College Cork
Pat McCreanor	Pre Hospital Emergency Care, HSE (joined April 2010)
Jeanne Moriarty	Forum of Irish Postgraduate Training Bodies (deputising for Ken Lowry)
Deirdre Mulholland	Health Information and Quality Authority
Stephen Mulvany	Health Service Executive (resigned January 2011)
Robert Morton	Pre Hospital Emergency Care, HSE (joined March 2011)
Margaret Murphy	WHO Patients for Patient Safety Programme
Muireann Ni Chroninin	Forum of Irish Postgraduate Training Bodies - Paediatricians
Ailis Ni Riain	Forum of Irish Postgraduate Training Bodies - ICGP (deputising for Paul Armstrong)
Irene O'Connor	Irish Association of Directors of Nursing and Midwifery
Lisa O'Farrell	Mental Health Commission (deputising for Patricia Gilheaney)
Kieran O'Leary	Diabetes Federation of Ireland
Ailis Quinlan	Clinical Indemnity Scheme
Geraldine Regan	Health Management Institute of Ireland
Jim Reilly	Patient Focus
Kieran Ryan	Forum of Irish Postgraduate Training Bodies - Surgeons (deputising for Tom Gorey)
Winifred Ryan	Health Service Executive (joined April, 2010, replacing Paul Kavanagh)
Cornelia Stuart	Health Service Executive (joined January 2011, replacing Stephen Mulvanny)

Notes