We are all responsible...and together we are creating a safer healthcare system
Foreword

The Quality and Patient Safety Directorate in the HSE is seeking to support health service providers to place the quality and safety of patient care at the top of every agenda and that the leadership structures are in place to ensure that.

The importance of clinical governance and the quality and patient safety agenda is of critical importance at a time of transition to new HSE Board/senior management team governance arrangements and at a time of major financial constraint.

It will be crucial for all health providers to develop a senior Quality and Safety committee. This guidance document will assist organisations in reviewing their arrangements and/or addressing current gaps. The first mapping of quality and safety (clinical governance) committees in each HSE region was completed and submitted to the HSE Board Risk Committee in November 2012. In total 441 agencies were included in the mapping exercise. Of this 273 (62%) reported having a committee structure.

The boards of hospitals group trusts and the leadership across our services have a critical role in communicating an inspiring vision for quality and safety and in translating that vision into clear priority objectives. Every clinical and social care action needs to be considered for its likely impact on the quality and safety of care that we provide. The HSE Quality and Patient Safety Directorate wants to put quality and safety on every agenda at board, executive, directorate and multidisciplinary team level.

The purpose of the document is to provide guidance and sample terms of reference for organisations to use and adapt in the establishment of both i) Quality and Safety Board Committees and ii) Quality and Safety Executive Committees. The guidance document is one of a series with the tag line ‘we are all responsible … and together we are creating a safer healthcare system’.

I would like to thank the quality and safety clinical governance development steering group, working group, international reference panel, colleges and associations for preparing and endorsing our approach. I would like to strongly recommend that all health service providers use this guidance which can be adapted to suit your particular context and environment. I would welcome feedback on the use of the approach, and we will develop the document further arising from feedback from health service providers.

Dr. Philip Crowley
National Director
Quality and Patient Safety Directorate
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1. Introduction

Quality and safety is about delivering effective care in an environment that is safe for patients, staff and the public. Clinical governance is the system through which healthcare teams are accountable for the quality, safety and satisfaction for patients in the care they have delivered. For health care staff this means specifying the clinical standards you are going to deliver and showing everyone the measurement you have made to demonstrate that you have done what you set out to do.

Achieving quality and safety requires the vigilance and cooperation of the whole workforce including patients and members of the public. Improving quality and protecting people from harm is all our responsibility – integrated corporate and clinical governance delivers the leadership and accountability systems to achieve this.

For effective governance, it is important that there be division of duties between oversight roles, management and implementation roles. This is realised through the establishment of separate board and executive committees for quality and safety. It is important to note the distinction between the governance and management of quality and safety. The Board Committee is different to an Executive Committee. Titles for committees vary, ‘clinical governance’ or ‘quality safety and risk management’ are often used. For consistency ‘quality and safety’ is used throughout this document.

This document provides guidance and sample terms of reference for organisations to use and adapt in the establishment of both i) Quality and Safety Board Committees and ii) Quality and Safety Executive Committees. Appendix 1 shows a model structure for acute care governance. The structure for acute and primary/community care will be informed by the governance changes set out in ‘Future Health A Strategic Framework for the Reform of the Health Service 2012-2015’ (Department of Health, 2012).

The roles are as follows:

- **The Quality and Safety Board Committee** oversees quality and safety on behalf of the Board. For voluntary services of the HSE (and in the future, Trust Boards for groups of hospitals/community services), the governance of quality and safety is a function of the Board. A Quality and Safety Board Committee comprising of non-executive and executive members would normally be established. The Quality and Safety Board Committee operates on behalf of and reports directly to the Board.

- **The Quality and Safety Executive Committee** manages quality and safety on behalf of the executive/senior management team. The Quality and Safety Executive Committee is a multidisciplinary team of representative employees whose roles are directly concerned with establishing, developing and implementing clinical governance within the service. It focuses on driving the implementation of improvements and safeguards in quality and safety. The Quality and Safety Executive Committee is accountable to the executive/senior management team.

2. Setting the parameters

In developing a Quality and Safety Committee (either Board or Executive) it is essential that unambiguous terms of reference are established. Developing the terms of reference provides the committee an opportunity to clearly define the following:

- the governance arrangements within which the Quality and Safety Committee(s) will function and operate within the organisation. This should include the role of Chair of the Board/CEO/General Manager/Integrated Services Manager/Regional Director of Operations/Clinical Director/Director of Nursing/Midwifery in relation to the committees, implementation of decisions made by committee and the reporting mechanism between the committee the Board and executive/senior management team. These arrangements will be further developed arising from the new governance arrangements for hospital/groups and community services currently being developed by the Government;

- the role and purpose of the committee, i.e. the aims and objectives;

- the scope of the committee so that there is no ambiguity regarding its role and responsibilities; and

- what the committee is to deliver in terms of quality indicators and outcomes.
3. Guidance: Quality and Safety Board Committee

To assist in the development of terms of reference for a Quality and Safety Board Committee the following general guidance is provided. This should be considered within the context of the governance arrangements for the service. In terms of clear roles and responsibilities, it is important to distinguish between oversight, management and implementation functions as, generally speaking, they should be executed by different personnel.

3.1 Purpose: Quality and Safety Board Committee

The aims of the committee should be clearly articulated. To assist the following might be considered.

Aim: a clear statement why the committee is being developed, for example, to assure the Board that there are appropriate and effective systems in place that cover all aspects of clinical quality and safety.

3.2 Roles and Responsibilities: Quality and Safety Board Committee

The quality and safety committee is a committee of the Board established to:

- Oversee the development by the executive/senior management team of a quality and safety programme for the service;
- Recommend to the Board a quality and safety programme and an executive/senior management team structure, policies and processes that clearly articulates responsibility, authority and accountability for quality, safety and risk management across the service;
- Secure assurance from the executive/senior management team on the implementation of the quality and safety programme and the application of appropriate governance structure and processes (e.g. risk escalation) including monitored outcomes through quality indicators and outcome measures;
- Secure assurance from the executive/senior management team that the hospital/community service is conforming with all regulatory and legal requirements to assure quality safety and risk management; and
- Act as advocates at both Board and Government level for quality and safety issues which cannot be resolved by the executive/senior management team.

3.3 Membership: Quality and Safety Board Committee

The Quality and Safety Board Committee normally consists of a number of Non-executive Directors (drawn from the Board). The committee is normally chaired by a Non-executive Director (member of the Board) who reports on behalf of the committee to the chair of the Board.

It is usual for the following executives to be in attendance at the Quality and Safety Board Committee meetings:

- Chief Executive Officer/General Manager/Service Manager;
- Lead Clinical Director/Executive Clinical Director/Director Quality and Safety; and
- Director of Nursing/Midwifery.

At the committee’s discretion, other executives, personnel or external expertise may be co-opted onto the committee or attend to address specific topics as they arise, including patient representatives.

A quorum for a meeting is agreed and outlined in the terms of reference. This might be at least three members including at least one non-executive and one executive director.

3.4 Accountability: Quality and Safety Board Committee

The Quality and Safety Board Committee is directly accountable to the Hospital/Trust/Service Board.

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1 This includes Department of Health and other relevant Government Departments
3.5 **Frequency of Meetings: Quality and Safety Board Committee**
Quarterly meetings (four per year) are suggested, with additional meetings where necessary. In the event of a meeting being cancelled it should be reconvened.

3.6 **Reports: Quality and Safety Board Committee**
Following each meeting a high level report is provided to the Board, with additional reports as deemed necessary.

3.7 **Performance: Quality and Safety Board Committee**
Clearly identify performance outcomes that will be measured to ensure that the Board committee is performing effectively. Self evaluation may be undertaken or arranged through another function such as internal audit. Performance measures could include:
- Percentage of attendance at meetings by members
- Achievement of the roles and responsibilities as set out at 3.2 above.
- Review the processes of the committee – how well are they operating?
- How do the committee and Board feel they are performing?
- How do others feel they are performing?

3.8 **Administrative Support: Quality and Safety Board Committee**
A staff member to provide secretarial support to the committee is identified. This person will circulate the agenda, schedules, and papers that need to be read prior to meetings, document the minutes of each meeting and circulate to members within an agreed timeframe of the meeting being held. The minutes should be approved and signed off by the chair at the next meeting.

3.9 **Approval and Review Date: Quality and Safety Board Committee**
The terms of reference are prepared by the Board, (including the term of office for members) communicated to and accepted by each member of the committee. The terms of reference should be reviewed by the Board every year or more frequently if necessary.
### 4. Guidance: Quality and Safety Executive Committee

To assist committees in developing their terms of reference, the following is suggested as a guide (see outline Terms of Reference in section 6).

#### 4.1 Purpose: Quality and Safety Executive Committee

**Aim:** clear statement identifying why the committee is being developed, for example - to *develop, deliver, implement and evaluate a comprehensive quality and safety programme with associated structures, policies and processes which are the vehicle for improving quality and safety.*

Objectives: a set of goals that the committee plan to achieve. To be most effective, objectives should be: achievable; resourced; realistic; time bound; explicit; measurable; within the scope/remit of the committee; linked to health service providers' national service plan objectives and aligned to national policy and strategy.

The overall objective, for example - *to ensure that every clinical and social care action is aligned within a clinical governance system.*

*Examples of objectives that could be used by a Quality and Safety Executive Committee are set out below:*

<table>
<thead>
<tr>
<th>Oversight and reviewing:</th>
<th>Identifying trends, in:</th>
<th>Providing assurance, to the executive/senior management team that:</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ the quality and safety of the service through proactive risk management processes to include risk registers, incident analysis, morbidity and mortality meetings, case reviews, and investigation reports, etc;</td>
<td>■ feedback from patients and staff (for example from surveys, forums, compliments and complaints);</td>
<td>■ known risks are being addressed and managed through appropriate risk management process managed internally and escalated where necessary;</td>
</tr>
<tr>
<td>■ the patient experience of the quality of care provided;</td>
<td>■ areas in need of development and improvement (consider how these are identified);</td>
<td>■ processes for incident reporting are being adhered to;</td>
</tr>
<tr>
<td>■ legislation, mandatory standards and quality indicators and outcome measures, coroner’s reports to the health service provided by the facility; and</td>
<td>■ areas of excellence which can support areas in need of improvement; and</td>
<td>■ assessments have been undertaken in a manner which facilitates full participation of the relevant staff members and are an accurate reflection of the status of that service at the time of assessment;</td>
</tr>
<tr>
<td>■ the annual plan for clinical audits.</td>
<td>■ policies, procedures, protocols and guidelines (PPPGs) that need to be developed to support best practice and ensure safety is maximised.</td>
<td>■ assessments (signed off by the committee) are sent to CEO’s/GMs office within the delegated timeframes; and</td>
</tr>
</tbody>
</table>

**Examples of objectives that could be used by a Quality and Safety Executive Committee are set out below:**

- **Oversight and reviewing:**
  - the quality and safety of the service through proactive risk management processes to include risk registers, incident analysis, morbidity and mortality meetings, case reviews, and investigation reports, etc;
  - the patient experience of the quality of care provided;
  - legislation, mandatory standards and quality indicators and outcome measures, coroner’s reports to the health service provided by the facility; and
  - the annual plan for clinical audits.

- **Identifying trends, in:**
  - feedback from patients and staff (for example from surveys, forums, compliments and complaints);
  - areas in need of development and improvement (consider how these are identified);
  - areas of excellence which can support areas in need of improvement; and
  - policies, procedures, protocols and guidelines (PPPGs) that need to be developed to support best practice and ensure safety is maximised.

- **Providing assurance, to the executive/senior management team that:**
  - known risks are being addressed and managed through appropriate risk management process managed internally and escalated where necessary;
  - processes for incident reporting are being adhered to;
  - assessments have been undertaken in a manner which facilitates full participation of the relevant staff members and are an accurate reflection of the status of that service at the time of assessment;
  - assessments (signed off by the committee) are sent to CEO’s/GMs office within the delegated timeframes; and
  - the facility is in compliance with legislation, national standards and regulations.
4.2 **Role and Responsibilities: Quality and Safety Executive Committee**

- Promote and advance the importance and value of quality safety and risk management.
- Support continuous quality improvements.
- Accountable for developing and delivering an integrated quality safety and risk management programme on behalf of the executive/senior management team. This includes (but is not limited to) the following:
  - Ensure patients, members of the public and front line staff are engaged in the quality and safety programme;
  - Risk identification, description, assessment, mitigation and escalation;
  - Report, control, learn and disseminate lessons from significant incidents (including external alerts) and complaints;
  - Ensure appropriate clinical policies, procedures, protocols and guidelines are developed/adapted, implemented and evaluated (based on best available evidence);
  - Ensure that all mandatory, licensing, regulatory, credentialing and accreditation requirements are met and maintained for the facility;
  - Ensure that a structured programme of clinical audit is in place; and
  - Oversee and monitor staff compliance with mandatory education and training and specialist competency programmes.
- Establish subcommittees/groups to lead on specific elements of quality and safety as required.
- Access and invite clinical expertise to the Quality and Safety Executive Committee as required.
- Ensure reporting and two-way communication processes are in place between executive/senior management team, the Quality and Safety Executive Committee and the Quality and Safety Board Committee (where a Board is in place).

4.3 **Membership: Quality and Safety Executive Committee**

This would include the name, title and role of each member of the team. It also identifies the roles that are agreed as part of the terms of reference for each member in relation to their designated role on the committee, for example, chair, secretary etc.

The committee must be multidisciplinary. *Suggested membership for the Quality and Safety Executive Committee might be as follows:*

- Chaired by (Lead Clinical Director/Medical Director/Director Quality and Safety/Director of Nursing/Midwifery)
- Vice-Chair (from other professional group, for example, Director of Nursing or Midwifery)
- Clinical director/representation from peri-operative, medicine and emergency medicine, women and children's and diagnostics directorates
- Appropriate representation from general practice, care groups, health and social care professionals, pharmacy, and radiology
- Quality/accreditation manager (where in post)
- Risk manager (where in post)
- Director of human resources/representative
- Administration support
- Patient representative
- Where in post representation from the following can be considered (titles will vary):
  - Clinical audit lead
  - Director of finance/representative
Education and training coordinator
Facilities/environment manager
Healthcare records manager
Information systems management

Chairs of relevant quality and safety sub-committees (for example drugs and therapeutics committee, health and safety committee, infection prevention and control committee, radiation safety committee, transfusion surveillance committee).

Consideration may be given to identifying core and standing members of the executive committee. Core members would be expected to attend every meeting. Standing members would be welcome to attend all meetings, however they are only expected to attend if there are relevant agenda items and/or if requested to attend by the chair.

A quorum for a meeting should be agreed and outlined in the terms of reference. This might be the chairperson and 30% of the core members of the committee.

4.4 Accountability Reporting Relationships: Quality and Safety Executive Committee

The committee is operationally accountable to the executive/senior management team. It is important to clearly identify who the committee chair reports to within the organisation, for example the CEO/General Manager or Area Manager in the community setting.

4.5 Frequency of Meetings: Quality and Safety Executive Committee

In order to facilitate member’s diaries and promote maximum attendance, it is suggested that the frequency and dates of meetings (for a full calendar year) be identified during the development of the terms of reference. Normally the frequency of meetings is monthly. Each facility should agree what is appropriate and practical for their organisation. In the event of a meeting being cancelled it should be reconvened.

4.6 Reports: Quality and Safety Executive Committee

Identify what will be produced from the committee, for example, regular reports up to the senior most accountable person (e.g. CEO/GM) to whom the committee is accountable, or to other groups for consultation. An Annual Report should be prepared by the committee and submitted to the CEO/GM.

4.7 Performance: Quality and Safety Executive Committee

Clearly identify the quality indicators and outcomes that will be measured to ensure that the committee is performing effectively. Self evaluation may be undertaken or arranged through another function such as internal audit. Performance measures could include:

- Percentage of attendance at meetings by members
- Criteria against each of the objectives stated in number 4.1 above with an emphasis on the measurement of reduction in harm
- Review the process of the group – how well are they operating?
- How do they feel they are performing?
- How do others feel they are performing?
4.8  Administrative Support: Quality and Safety Executive Committee

A member of staff who provides secretarial support to the committee is identified. This person will circulate the agenda, schedules, and papers that need to be read prior to meetings, document the minutes of each meeting and circulate to members within an agreed timeframe of the meeting being held. The minutes should be approved and signed off by the chair at the next meeting.

4.9  Approval and Review Date: Quality and Safety Executive Committee

The terms of reference are prepared by the executive/senior management team, communicated and accepted by each member of the committee. The terms of reference should be reviewed every year or sooner if necessary by the Board.

5.  Additional information

This document was prepared by the Quality and Patient Safety Directorate during the clinical governance development initiative, and is part of a series of documents to support health service providers (see www.hse.ie/go/clinicalgovernance.ie):

- Quality and Patient Safety Clinical Governance Information Leaflet (2012);
- Quality and Patient Safety Clinical Governance Development Assurance Check for Health Service Providers (2012);
- Quality and Safety Prompts for Multidisciplinary Teams (2013);
- Quality and Safety Walk-rounds: Toolkit (2013); and
6. **Outline of Terms of Reference**

The following template can be adapted for use by either a Board or Executive Quality and Safety Committee.

**Name of Committee**

**Terms of Reference**

1. **Purpose**
   - **Aim**
   - **Objective**

2. **Role and Responsibilities**

3. **Membership**

4. **Accountability Reporting Relationships**

5. **Frequency of Meetings**

6. **Reports**

7. **Performance**

8. **Administrative Support**

9. **Approval and Review Date**

**Signatures of Committee Members:**

<table>
<thead>
<tr>
<th>Names of committee members:</th>
<th>Signatures:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Signature of Chair:**

<table>
<thead>
<tr>
<th>Name of chair:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Date of Approval:**

| Date of approval: | Date of review: |
This model structure of corporate and clinical governance shows accountability relationships in an acute hospital/group/trust. It demonstrates that quality and safety is everyone’s responsibility and that clear governance underpins every aspect of the service. The lines of accountability are drawn from the patient to the organisations managers and executives. The accountability continues from the hospital group to the CEO/Director General, Chair of the HSE Board and Minister for Health. This chart will require revision in light of emerging governance changes (March 2013).
Appendix 2: Identifying Quality Indicators and Outcome Measures

Quality and Safety Committees have an important role in identifying and agreeing the indicators that will be monitored and reviewed within their organisation. The primary focus of the committee is to review indicators that relate specifically to the quality of the service being delivered, and the outcomes of this for patients. The Quality and Safety Committee should review the national clinical programmes being implemented in their service and monitor their service against the relevant indicators.

The national scorecard, contained within the HSE National Service Plan 2013 incorporates a selection of indicators which will be included in monthly performance management meetings, using Compstat. Other indicators should be monitored within the organisation through other committees. However, there may be times when indicators in relation to access and activity are also reviewed alongside the quality indicators.

Examples of the indicators could, but are not limited to:

- **Quality**: patient experience, HCAI e.g. antibiotic use, hand hygiene, MRSA rates etc.
- **Access**: number of people waiting for admission for a specific procedure e.g. colonoscopy
- **Activity**: number of people in receipt of care packages e.g. home care package

In addition, a number of specific, internationally recognised and validated patient safety indicators are being developed, tested and piloted in 2013. These will be incorporated into the service plan performance reports or Compstat as they are developed. Examples of these include: patient experience, medication management, patient observations, standardised mortality, additional HCAI indicators, post operative complications, patient falls and pressure ulcers.

The Quality and Safety Committee should review the scorecards contained in the HSE National Operational Plan 2013 – Implementing the National Service Plan 2013 (available at www.hse.ie). Each scorecard outlines the indicators being measured in each area. The scorecards which may be relevant include:

- **Acute Care (including Clinical Programmes Scorecard)**;
- **Ambulance Scorecard**;
- **Children and Families Scorecard**;
- **Community (Demand-led) Scorecard**;
- **Disability Services Scorecard**;
- **Health and Wellbeing Scorecard**;
- **National Cancer Control Programme Scorecard**;
- **Palliative Care Services Scorecard**;
- **Primary Care Scorecard**;
- **Quality and Safety Scorecard**;
- **Services for Older People Scorecard**; and
- **Social Inclusion Scorecard**.

In addition, any specific indicators the organisation has developed for local reporting or monitoring can be included in the suite of indicators being reviewed and monitored by the quality and safety committee.
### NATIONAL SCORECARD

#### National Performance Scorecard

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Target 2013</th>
<th>Performance Indicator</th>
<th>Target 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Care</td>
<td>95%</td>
<td>Health Protection</td>
<td>95%</td>
</tr>
<tr>
<td>% of all attendees at ED who are discharged or admitted within 6 hours of registration</td>
<td></td>
<td>% of children 24 months of age who have received three doses of 6 in 1 vaccine</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>% of children 24 months of age who have received the MMR vaccine</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of first year girls who have received the third dose of HPV vaccine by August 2013</td>
<td>80%</td>
</tr>
<tr>
<td>Elective Waiting Time</td>
<td>0</td>
<td>Child Health</td>
<td>95%</td>
</tr>
<tr>
<td>No. of adults waiting more than 8 months for an elective procedure</td>
<td></td>
<td>% of new born babies visited by a PHN within 48 hours of hospital discharge</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of children waiting more than 20 weeks for an elective procedure</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colonoscopy / Gastrointestinal Service</td>
<td>0</td>
<td>Child Protection and Welfare Services</td>
<td>100%</td>
</tr>
<tr>
<td>No. of people waiting more than 4 weeks for an urgent colonoscopy</td>
<td></td>
<td>% of children in care who have an allocated social worker at the end of the reporting period</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatients</td>
<td>0</td>
<td>Primary Care</td>
<td>51</td>
</tr>
<tr>
<td>No. of people waiting longer than 52 weeks for OPD appointment</td>
<td></td>
<td>No. of PCTs implementing the national Integrated Care Package for Diabetes</td>
<td>139,102</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day of Procedure Admission</td>
<td>75%</td>
<td>Child and Adolescent Mental Health</td>
<td>0%</td>
</tr>
<tr>
<td>% of elective inpatients who had principal procedure conducted on day of admission</td>
<td></td>
<td>% on waiting list for first appointment waiting &gt; 12 months</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-Admission Rates</td>
<td>&lt; 3%</td>
<td>Adult Acute Mental Health Services Inpatient Units</td>
<td>14,044</td>
</tr>
<tr>
<td>% of surgical re-admissions to the same hospital within 30 days of discharge</td>
<td></td>
<td>No. of admissions to adult acute inpatient units</td>
<td>14,044</td>
</tr>
<tr>
<td></td>
<td>&lt; 5.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>9.6%</td>
<td>Disability Services</td>
<td>1.68m</td>
</tr>
<tr>
<td>% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge</td>
<td></td>
<td>Total no. of home support hours (incl. PA) delivered to adults and children with physical and / or sensory disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke Care</td>
<td>50%</td>
<td>Emergency Services</td>
<td>8,172</td>
</tr>
<tr>
<td>% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.</td>
<td></td>
<td>No. of persons with ID and / or autism benefitting from residential services</td>
<td>8,172</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Coronary Syndrome</td>
<td>70%</td>
<td>Older People Services</td>
<td>22,761</td>
</tr>
<tr>
<td>% of STEMI patients (without contraindication to reperfusion therapy) who get PPCI</td>
<td></td>
<td>No. of people being funded under the Nursing Home Support Scheme (NHSS) in long term residential care at end of reporting period</td>
<td>22,761</td>
</tr>
<tr>
<td></td>
<td>5.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical patient average length of stay</td>
<td>4.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical patient average length of stay</td>
<td>reduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCAI</td>
<td>0.06%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.5</td>
<td>Palliative Care</td>
<td>92%</td>
</tr>
<tr>
<td>Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used</td>
<td></td>
<td>% of specialist inpatient beds provided within 7 days</td>
<td>92%</td>
</tr>
<tr>
<td>% of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral</td>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Services</td>
<td>95%</td>
<td>Social Inclusion</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>% of cancer service attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HQQA standard of 2 weeks for urgent referrals (% offered an appointment that falls within 2 weeks)</td>
<td></td>
<td>% of individual service users admitted to residential homeless services who have medical cards.</td>
<td>&gt;75%</td>
</tr>
<tr>
<td></td>
<td>99%</td>
<td>Finance</td>
<td>≤ 0%</td>
</tr>
<tr>
<td>% of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral</td>
<td>90%</td>
<td>Variance against Budget: Income and Expenditure</td>
<td>≤ 0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Variance against Budget: Income Collection / Pay / Non Pay / Revenue and Capital Vote</td>
<td>≤ 0%</td>
</tr>
<tr>
<td>Emergency Response Times</td>
<td>&gt; 70%</td>
<td>Human Resources</td>
<td>3.5%</td>
</tr>
<tr>
<td>% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HQQA target 85%)</td>
<td></td>
<td>Absenteeism rates</td>
<td>≤ 0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Variance from approved WTE ceiling</td>
<td>≤ 0%</td>
</tr>
</tbody>
</table>
Appendix 3: Sample Agenda for Quality and Safety Executive Committee Meeting

Table 1 provides a sample agenda for a Quality and Safety Executive Committee meeting. This is not intended to be prescriptive and not all issues will be covered at each monthly meeting. Each committee can create a schedule for the frequency and the sequence of reports being considered by the committee. The agenda items are linked with the National Standards for Safer Better Healthcare (2012) and the Quality Framework for Mental Health Services in Ireland (2007).

Table 1: Sample Agenda for Quality and Safety Executive Committee Meeting

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introductions sign-in and apologies</td>
</tr>
<tr>
<td></td>
<td>Minutes of previous meeting and matters arising</td>
</tr>
<tr>
<td>1</td>
<td>Patient experience</td>
</tr>
<tr>
<td>2</td>
<td>Staff experience</td>
</tr>
<tr>
<td>3</td>
<td>Quality indicators and outcome measures*</td>
</tr>
<tr>
<td>4</td>
<td>Audit Plan</td>
</tr>
<tr>
<td>5</td>
<td>Meeting national standards, guidelines, policies, audit and report recommendations</td>
</tr>
<tr>
<td>6</td>
<td>Implementation of national and local quality and safety initiatives</td>
</tr>
<tr>
<td>7</td>
<td>Risk management processes</td>
</tr>
<tr>
<td>8</td>
<td>Prevention and Control of Health Care Acquired Infection</td>
</tr>
<tr>
<td>9</td>
<td>Better health and well being for staff, patients and members of the public</td>
</tr>
<tr>
<td>10</td>
<td>Quality and Safety reports from committees/directorates/specialty teams</td>
</tr>
<tr>
<td>11</td>
<td>Review of reports of service specific and mandatory education and training</td>
</tr>
<tr>
<td>12</td>
<td>Risk assessment of cost containment plans</td>
</tr>
<tr>
<td>13</td>
<td>Healthcare records management</td>
</tr>
<tr>
<td>14</td>
<td>Any other business</td>
</tr>
</tbody>
</table>

*Note: outcome indicators and measures can be linked to a number of themes their function in terms of monitoring and quality assurance are very much linked to theme two Effective Care and Support of the National Standards for Safety Better Healthcare (2012)
Guidance for each quality and safety agenda items are set out in this section. Suggestions for the issues that might be reported/reviewed/discussed under each agenda item are provided. This is not intended to be prescriptive and will vary depending on the context and services provided by the health service provider:

**Quality Improvement**

1. Patient experience (person-centred care and support)
   - Review of compliments, complaints (trends)
   - Review of patient suggestions
   - Feedback from patient forums
   - Any issues arising from patient consent/do not attempt resuscitation (DNAR)

2. Staff experience (workforce)
   - Review of feedback from staff (concerns, suggestions)
   - Review of results from patient safety culture survey
   - Review of absenteeism (trends)

3. Quality indicators and outcome measures (effective care and support)*
   - Review of quality dashboard
   - Review of quality profile

4. Audit Plan (effective care and support)
   - Review and approve annual audit plan for the service
   - Receive updates and audit reports

5. Meeting national standards, guidelines, policies, audit and report recommendations (effective care and support)
   - Progress on meeting National Standards
   - Compliance with regulatory and legislative requirements
   - Progress on implementation of recommendations from audit
   - Progress on implementation and learning from report recommendations (internal and external)
   - Policy procedure protocol and guideline development
   - Progress on implementation of national clinical programmes
   - Morbidity and mortality review (e.g. learning from case reviews)

6. Implementation of national and local quality and safety initiatives (safe care and support)
   - Progress on implementation of open disclosure policy
   - Progress on implementation of care bundles
   - Progress on implementation of National Early Warning Score (NEWS) (including review of learning from cardiac arrests)
   - Progress on implementation of safe surgery policy
   - Progress on implementation of productive ward/theatre
   - Progress on medication safety programmes

7. Risk management processes (safe care and support)
   - Review of incidents/near misses and trends (learning from these)
   - Review of health and safety incidents and trends (learning from these)
   - Update on systems analysis underway
   - Management and use of medical devices and equipment: reports of planned maintenance and replacements

8. Prevention and Control of Health Care Acquired Infection (safe care and support)
   - PCHCAI Committee Reports on: training, surveillance, audit, and quality improvement plans for the following:
     - Hand, equipment and environmental hygiene
     - Anti-microbial stewardship
     - Prevention of device (e.g. I/V line) and procedure (e.g. surgical) related infections
   - Review of incidents of infection (trends) and learning

9. Better health and well being for staff, patients and members of the public (better health and wellbeing)
   - Programmes supporting health and well being of staff and teams
   - Progress with health promotion programmes (e.g. smoking cessation, vaccination)

**Capacity and Capability**

10. Quality and safety reports from committees/directorates/specialty teams (leadership governance and management)
    - Committees - the frequency of reports from each committee reporting into the Quality and Safety Executive Committee should be agreed and sequenced for review (e.g. drugs and therapeutics, haemovigilence, radiation protection etc)
    - Directorate/specialty teams - the frequency of quality and safety reports from each directorate/specialty to the Quality and Safety Executive committee should be agreed and sequenced for review

11. Review of reports of service specific and mandatory education and training (workforce)
    - Reports on service specific training for example (BLS, ACLS, haemovigilence)
    - Reports on health and safety training (fire, moving and handling)

12. Risk assessment of cost containment plans (use of resources)
    - Advice to the executive/senior management on quality and safety issues arising from cost containment plans

13. Healthcare records management (use of information)
    - Audit and training

14. Any other business
    - Additional issues that committee members may wish to raise

* Note: outcome indicators and measures can be linked to a number of themes their function in terms of monitoring and quality assurance are very much linked to theme two Effective Care and Support of the National Standards for Safety Better Healthcare (2012)
About the Quality and Patient Safety Directorate

The Quality and Patient Safety (QPS) Directorate of the Health Service Executive (HSE) was established in January 2011, on the appointment of the National Director, Dr. Philip Crowley. The national director is a member of both the HSE Senior Management Team and the Board of the HSE.

The role of the QPS Directorate is to provide leadership and be a driving force by supporting the statutory and voluntary services of the HSE in providing high quality and safe services to patients, their families, and members of the public.

The National Director for Quality and Patient Safety has responsibility for leading and supporting:

- **Capacity and capability** - developing a strong system of integrated corporate and clinical governance. Strengthening and embedding the role of clinical directors. Achieving a critical mass of senior healthcare staff with a knowledge and understanding of improvement science through the Diploma in Leadership and Quality in Healthcare.

- **Clinical effectiveness and audit** - providing systems and tools to assist service providers in embedding national standards and HSE recommended practices. Supporting the National Office of Clinical Audit and undertaking a planned programme of QPS audits providing independent assurance on safety and quality.

- **Information management** - monitoring and analysing data to provide information to support the quality improvement process and learning. Widening the use of the Health Intelligence Ireland information system and National Quality Assurance Intelligence System (NQAIS) to help drive quality, safety, and efficiency of health services.

- **Learning and sharing information** - innovating and improving how we share learning. Enhancing the way we manage and learn from incidents through revised incident management policies and guidelines.

- **Patient and public involvement** – Continually involving service users in improving care delivery and developing systems for listening to and seeking their feedback.

- **Quality and performance indicators** - measurement of quality and safety through the adoption and development of indicators in collaboration with the national clinical programmes.

- **Patient safety and risk management** - promoting risk management as everyday practice. Advocating and designing patient safety initiatives e.g. Health Care Acquired Infection programme. Designing a framework for quality and safety to cover all stages of the chain from organ donation to transplantation.

- **Staffing and staff management** – appreciating the importance of caring for the morale of front line staff. Designing systems for measuring staff perceptions of the patient safety culture. Leading the HSE relationship with regulatory and statutory.

While it is the QPS Directorate role to determine and define systems and processes for quality and safety within the HSE, implementation is the responsibility of and achieved by the Integrated Services, Clinical Strategy and Programmes, Cancer Control, Children and Families, Finance, Communication, Human Resource, and Corporate Planning and Corporate Performance, Directorates.

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For further information please see www.hse.ie/go/qps

The HSE is a signatory to Patient Safety First - the initiative through which healthcare organisations declare their commitment to patient safety. Through participation in this initiative, those involved aspire to play their part in improving the safety and quality of healthcare services. This commitment is intended to create momentum for positive change towards increased patient safety. For further information see www.patientsafetyfirst.ie.
We are all responsible…and together we are creating a safer healthcare system

An initiative of the Quality and Patient Safety Directorate, Health Service Executive, May 2013 ©

Toolkit

Quality and Safety

Walk-rounds

THERAPY PROFESSIONS COMMITTEE

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