HSE Policy for supporting major investigations, receipt of subsequent reports and managing the implementation of the report recommendations

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Acknowledgements

The working group for this procedure were:

- John Kenny: Quality and Patient Safety Directorate (chair)
- Trish Markham: Population Health
- Rachel Brennan: Population Health
- Ann Carrigy: Integrated Services Directorate (Acute Services)
- Grace Cooke: Integrated Services Directorate (Acute Services)

The following contributed to reviews of this procedure:

- Maria Lordan Dunphy: Integrated Services Directorate (Quality lead)
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- Fionnuala Duffy: Quality and Patient Safety Directorate
- Ruth Maher: Quality and Patient Safety Directorate
- Greg Price: Quality and Patient Safety Directorate
- QPS management team
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1.0 Policy Statement

It is the policy of the Health Service Executive (HSE) that reports and associated recommendations from investigations into the quality of service delivery across the spectrum of social and clinical service provision are formally received accepted, implemented, and that the progress of implementation of recommendations are systematically monitored on an on-going basis.

This policy outlines the HSE’s process to be followed arising from the announcement of an investigation through to the implementation of the report recommendations.

2.0 Purpose

The purpose of this policy is to provide all HSE Employees with a standardised methodology for supporting the investigation process, receipt of investigation reports, and implementation of recommendations from specified investigation reports (defined in section 3.0 below) into the quality and safety of service delivery.

All HSE employees must ensure that they meet their roles and responsibilities pertaining to this policy as outlined in section 6.0.

A standardised methodology will ensure that there is clear accountability for:

- managing the investigation process;
- receipt of the investigation report;
- implementation of the associated recommendations.

In addition a standardised methodology will provide a streamlined approach to how learning from individual reports can be analysed and the learning applied across the services.

There is clarity on the process and responsibility for implementation of recommendations within the services.

This policy will be a formal HSE Policy document and contains a business process than will be monitored and audited.

This policy will serve to:

- Provide a mechanism whereby the HSE can meet its statutory obligations of implementing the recommendations arising from Statutory Reports;
- Promote best practice;
- Standardise practice and service delivery implementation of recommendations;
- Standardise performance monitoring against implementation of recommendations;
- Ensure employees and line managers are clear on their roles and responsibilities;
- Act as a basis for audit and evaluation;
- Expedite the dissemination of information throughout the organisation;
- Inform the risk management process throughout the organisation.
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3.0 Scope

This policy applies to the following types of reports:
- Reports received from the Statutory Regulators;
- Reports / Investigations commissioned by Minister or Government;
- Reports commissioned by the National Incident Management Team.
- Reports received from the Ombudsman
- Other reports as determined by the National Director for quality and Patient Safety.

The procedures and processes outlined and detailed in this document apply to HSE and HSE funded services.

4.0 Glossary of Terms and Definitions

4.1 Investigation
An investigation in this procedure refers to any investigation into the quality and safety of service delivery carried out by, or behalf of:
- A regulator under the regulators’ statutory powers
- By the ombudsman under the Ombudsman’s statutory powers
- The Minister for Health
- The Department of Health
- The HSE National Incident Management Team

4.2 Report
A report in this procedure refers to any report issued on foot of an investigation covered in section 4.1.

4.3 Recommendation
A recommendation in this policy refers to any recommendation contained in the reports of an investigation covered in section 4.1.

4.4 Implementation
Implementation refers to the process(s) that are required to give effect to the recommendations resulting from the investigations listed in section 4.1.

4.6 Evaluation
Evaluation is defined as assessment/appraisal of the degree of success in meeting the goals and expected results (outcomes) of the organisation, service, programme, population or patients/clients (Quality and Risk Taxonomy Governance Group report 2008).

4.8 Definition of terms
DoH    Department of Health
HSE    Health services Executive
CEO    Chief Executive Officer of the HSE
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ND    National Director within the HSE
AND   Assistant National Director (or equivalent)
RDO   Regional Director of Operations
ISD   Integrated Services Directorate
QPS   Quality and Patient Safety Directorate
SMT   HSE Senior Management Team
HIQA  The Health Information Quality Authority

Investigation Support Team  The group set up under this procedure to manage the investigation process as set out in section 6.2 of this procedure.
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Algorithm:

Process for Supporting/Receiving /Implementing the following reports:

Regulator/Department of Health/Ombudsman/National Incident Management Team Investigations
Management of investigation process, recommendation implementation and monitoring

1. Investigation Announced
2. Internal HSE Group established
3. Terms of Reference for Internal HSE Group agreed
4. Support to Investigation provided by HSE Internal Group
5. Pre Publication
6. Investigation Report Published
7. Updating of monitoring system with investigation report
8. Monitoring against recommendations
9. On-going Learning

Membership agreed with appropriate representation from QPS / ISD and Regions and other Directorates as appropriate

Terms of reference should include supporting the investigation

- Receive, collate and agree Investigation team information requests
- Send response to investigator
- Identify appropriate indicators currently being monitored / reported around investigation subject area

Agree communication of report findings process, and process for implementation and gap analysis across service areas

- Ensure existing Policy on Investigation Report Acceptance (Ref: QPS-001) is implemented within two working days of report publication
- Review membership of Group for implementation

QPS to upload recommendations into Recommendations ICT System to enable regional/service gap analysis to be undertaken

Process for local / regional and national monitoring will be confirmed and communicated through group

On-going monitoring will inform the development of patient safety initiatives

QPS Monitoring Function will include:
1) Monitoring that process is being followed
2) Monitoring recommendations are being implemented
3) Monitoring Compliance against recommendations
4) Development and ongoing monitoring of Quality and Patient Safety Indicators
5 Procedure

5.1 Notice of intention to hold an investigation is given to the HSE or HSE funded agency

When the CEO or a National Director becomes aware that an investigation within the scope of this procedure is to be initiated, the National Director informs the National Director of Quality and Patient Safety. The ND QPS initiates this procedure by agreeing with the appropriate national director(s) a lead senior manager / clinician to chair a HSE investigation support team. This will typically be at assistant national director level or clinical lead.

5.2 HSE investigation support team

The terms of reference of the group will be:
- Provide direction and support to the area/service being investigated
- Co-ordinate responses to information requests for the investigation
- Provide expertise to the area/service being investigated
- Prepare plan for receipt and action of the investigation report
- Prepare HSE response to investigation report
- Prepare plan for implementation of investigation recommendations
- Provide guidance for implementation
- Develop template for ongoing reporting
- Set target milestone dates for implementation of recommendations
- Oversee the implementation of the recommendations

The chair of the team will report to the National Director of QPS.

The team will consist of the following personnel:
- Chair nominated by the National Director of QPS following consultation with other relevant Directors. (The chair will normally be the ISD AND whose service is most impacted by the report, and will normally becomes the report owner for implementation purposes.)
- ISD Lead for Quality and Patient Safety.
- Quality and Patient Safety Directorate representative.
- Other ISD representative as appropriate.
- Other Directorate representative as determined and required by report outcomes.
- Consumer or patient representative as required
- Other expertise as required.

5.3 Investigation phase

The team will:
- Be the central point of contact for the HSE in dealing with the investigation;
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- Receive, collate and agree responses to investigation team information requests
- Send responses to investigator;
- Provide guidance to the HSE on issues that may arise during the investigation process;
- Identify appropriate indicators currently being monitored / reported around investigation subject area;
- Provide advice on the publication process for the investigation report.

5.4 Receipt of reports

Reports commissioned by the Minister will normally go to the Chair of the Board, who will forward to the CEO. Reports commissioned by the Department of Health and Children will normally go to the CEO. The CEO will circulate to the SMT for information purposes and send to the Director of QPS for action under this procedure.

Regulator reports are normally sent to the CEO directly, who will circulate to the Management Team for information purposes and send to the Director of QPS for action under this procedure.

Reports arising from the National Incident Management Team are submitted by the chairs of the Incident Review to the QPS National Director for action. The National Director of QPS will circulate the reports for information and or attention to the Senior Management Team.

Any investigation report subject to this process, however received, will:
- Be acknowledged as being received by the CEO or National Director who receives it;
- The report and accompanying correspondence will be forwarded to the National Director for Quality and Patient Safety;
- The National Director for Quality and Patient Safety will nominate a Chair for the Investigation Support Team;
- The National Director for Quality and Patient safety will informs the commissioner of the name of the chair of the investigation support team who will be the contact person for managing the process for acting on the report;
- The Quality and Patient Safety Directorate will log receipt of report, and subsequent actions, on database.

5.5 Report Implementation Phase

On publication of the investigation report the National Director of QPS in collaboration with other relevant national directors will:
- Review the membership of the investigation support team to ensure the necessary skills and resources are in place to support the implementation of the recommendations form the investigation report;
- Require the chair of the investigation support team;
  - Prepare a briefing document on the approach, timeframes, and issues involved in implementing the recommendations;
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- Propose a monitoring process for monitoring the HSE implementation;
- Outline key performance indicators to measure implementation;
- Have the implementation approach, timeframes and monitoring process agreed with the HSE senior management team;
- Have the monitoring on the implementation included in the QPS monitoring process;
- Identify the key learning messages from the investigation report and have them disseminated to appropriate parts of the organisation.

5.6 Implementation of recommendations
Implementing recommendations from the specified investigation reports are the responsibility of the service area to which they apply.

The investigation support team will ensure that:

- Each recommendation has an assigned owner who will be responsible for implementing the recommendation and reporting on progress of the implementation;
- Each recommendation owner is clear on the approach, timescales, monitoring measures for implementation, and reporting requirements.

The investigation support team will meet at least quarterly to:

- Review implementation performance;
- Prepare a status report for the ND QPS and other NDs as appropriate including identifying issues/risks and constraints on the implementation process;
- Identify any recommendations which it is proposing to be closed (e.g., fully implemented, implemented as far is considered possible, not deemed necessary for some reason);
- Prepare a report for publication on the HSE website to provide information to the public on progress. This report to be submitted and approved by the NQ QPS prior to publication.

The ND QPS will:

- Provide guidance as necessary to the chair of the investigation support team;
- Receive reports from the chair of the investigation support team;
- Approve list of closed recommendations;
- Address issues identified with implementing the recommendations in collaboration with the other National Directors.

5.7 Reporting on progress:
There will be one database that records actions and progress against each recommendation.

This will be administered through QPSD.

The database will be enabled by ICT for local update through the Intranet.
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6.0 Roles and Responsibilities

6.1 Roles

- Managers to ensure that employees are aware of this Procedure
- Managers to ensure that employees comply with this Procedure

6.2 Responsibility

- It is the responsibility of all managers to implement this procedure.
- It is the responsibility of all staff to carry out any duties within their area of responsibility to comply with this procedure.
- CEO:
  - To ensure that procedure is adhered to in CEO’s office and by the National Directors.
- National Directors (all):
  - Be aware of the procedure
  - Ensure compliance in their Directorate
  - Provide resources, expertise as required to implement the procedure.
- Assistant National Directors (all), RDOs
  - Be aware of the procedure
  - Carry out roles assigned by the NDs in the implementation of the procedure
  - Ensure compliance within their area of responsibility

6.3 Role of chair of Investigation Report Team

- Convene and chair meetings of the team as required
- Report to the ND QPS on the progress on the investigation and implementation of the recommendations

6.4 Responsibility of Chair of Investigation Support Team

- Be aware of the procedure and their role in the procedure
- Set the agenda for each meeting.
- Assign tasks to team members as required
- Provide reports on the status of the investigation and the progress on implementing the recommendations to their ND and the ND QPS.
6.5 Responsibilities of the team Members

- Understand the goals, objectives and desired outcomes of the work of the team.
- Attend and actively participate in team as required.
- Provide support and expertise to the investigation and implementation of recommendations.

6.6 It is the responsibility of all managers and clinical directors to implement this procedure

7.0 Audit:

Audits to verify compliance with this procedure and the provide assurance on the status of recommendations implementation will be conducted by the Independent Audit function.

8.0 Implementation of this procedure

The steps for implementation are:

- Circulate document with sign off sheet to each National director, RDO, and AND-in the HSE.
- Briefing session will be held for ISD/any other relevant directorate as appropriate ANDs, and QPS ANDS.
- Nominated person in QPS will be available to provide assistance to all other user
Appendix 1  Approval Sheet:

I agree with the contents of this policy and recommend this policy to the HSE Senior Management Team for approval and implementation across the HSE.

Name:  Dr. Philip Crowley

Role:  National Director, Quality & Patient Safety

Signature:  

Date:  5th January 2012
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**Appendix 2: Signature Sheet:**

Each Department must ensure that all staff read this policy.

*I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:*

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