QA+I
QUALITY ASSESSMENT & IMPROVEMENT

SPECIALIST PALLIATIVE CARE
May 2014

WORKBOOK

5

Leadership, Governance and Management

Supporting services to deliver quality healthcare

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

1

Introduction

Welcome to the **Leadership, Governance and Management** Quality Assessment and Improvement Workbook. This workbook will support assessment teams in preparing for assessment against Theme 5 of the National Standards for Safer Better Healthcare.

There are **11 Standards and 12 Essential Elements** of Quality under Theme 5. The Essential Elements are specific, tangible translations of the National Standards. They represent those key aspects of quality you would expect to see within a service that is delivering safe, sustainable, high quality care. There are four Levels of Quality for each Essential Element. These Levels build on each other and allow services to objectively assess the Level of Quality and maturity that most accurately reflects their service. The contents within each Level are guiding prompts as to what a service should be achieving for that Level and are not specific criteria that must be in place. Progress through these ascending Levels of Quality assumes that the main aspects of quality within the previous Level have been achieved before you move to the next Level.

Given that the National Standards for Safer Better Healthcare are relatively new to the healthcare system, it is recognised that implementing these standards may be challenging and require significant effort by services. Therefore a guiding principle of the assessment is to create a process of continuous quality improvement progressing towards full implementation. In some cases services may not have progressed as far along their quality journey compared to other services. This may result in services determining that for some Essential Elements and Standards they have not yet achieved 'Emerging Improvement', the first Level of Quality. In this instance services should not select a Level of Quality for these Essential Elements; instead they should consider outlining in the Additional Information section the necessary actions they need to implement to achieve 'Emerging Improvement' and higher Levels of Quality.

Levels of Quality	Emerging Improvement (EI)	There is progress with a strong recognition of the need to further develop and improve existing governing structures and processes.
	Continuous Improvement(CI)	There is significant progress in the development, implementation and monitoring of improved quality systems.
	Sustained Improvement(SI)	Well established quality systems are evaluated, consistently achieve quality outcomes and support sustainable good practice.
	Excellence (E)	The service is an innovative leader in consistently delivering good service user experience and excellent quality care.

A list of examples of evidence is provided to support you in verifying your selected Level of Quality for each Essential Element. This list is intended as a guide and services can include additional evidence that better supports their selected level.

Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment.

- Structures and processes in place and how they have been evaluated.
- Strategies and plans developed and implemented.
- Risks identified and improvement actions taken.
- Challenges to progressing to higher levels of quality.
- Outcomes achieved and examples of good practice.

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

2

The key output of this assessment is the development of improvement actions which will support your service in implementing the National Standards for Person Centred Care and Support and improving the quality of your service.

An overview of the steps within the assessment process for the National Standards for Safer Better Healthcare is illustrated in Figure 1.

Figure 1 Overview of Assessment Process

Select a Theme to commence assessment →	**8 Themes**
	↓
	View Standards under selected Theme
Select a Standard to assess against →	↓
	View Essential Element(s) of Quality
Select an Essential Element to assess against →	↓
	Select Level of Quality for Essential Element
	↓
	Select and provide additional evidence that supports the selected Level of Quality
	↓
	Provide additional information for the Essential Element and selected Level of Quality
	↓
	Agree Improvement Actions
	↓
	Continue assessment against next Essential Element/ Standard/Theme → **Quality Improvement Plan**

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

3

5. LEADERSHIP, GOVERNANCE AND MANAGEMENT

STANDARD	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT OR EXPERIENCE WHEN A SPECIALIST PALLIATIVE CARE SERVICE IS MEETING THIS STANDARD.
STANDARD 5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.	Clear Accountability	There is an identified person who has overall responsibility and accountability for the quality and safety of the service that you are attending.
STANDARD 5.2 Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.	Strong Governance	The people in charge make sure you receive the best care by having in place arrangements which ensure that the primary focus of the service is on quality and safety outcomes.
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.	Statement of Purpose	The service only provides care, treatment and support that it knows it can deliver effectively and safely.
STANDARD 5.4 Service providers set clear objectives and develop a clear plan for delivering high quality, safe, and reliable healthcare services.	Effective Strategic Planning	The service has clear plans that set out how it will meet your needs while delivering safe quality care.
STANDARD 5.5 Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.	(A) Effective Operational Planning (B) Effective Change Management	The service has clear plans to ensure that the day to day running of the service delivers best outcomes for you and your family. The service ensures that you continue to receive safe quality care during any changes to the service.
STANDARD 5.6 Leaders at all levels promote and strengthen a culture of quality and safety throughout the service.	Promoting a Culture of Quality and Safety	The service supports a culture whereby everybody works together to improve the quality and safety of care that you receive.
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.	Supporting Staff in Delivering Quality and Safety	All staff have a clear understanding of how they can support the delivery of safe quality care. They are also supported to raise concerns and access support and advice.
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.	Monitoring Arrangements for Quality and Safety	Service providers use different sources of information on the quality of care being provided so that they can identify opportunities for improvement.

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

4

5. LEADERSHIP, GOVERNANCE AND MANAGEMENT (cont.)

STANDARD	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT OR EXPERIENCE WHEN A SPECIALIST PALLIATIVE CARE SERVICE IS MEETING THIS STANDARD.
STANDARD 5.9 The quality and safety of services provided on behalf of healthcare service providers are monitored through formalised agreements.	Service Agreements	The service regularly checks that any services provided on their behalf are safe and of high quality.
STANDARD 5.10 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	Compliance with Legislation	The service is aware of all the relevant Irish and European legislation with which they must comply.
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.	Implementation of Standards, Alerts, Guidance and Recommendations	Service providers act on standards, alerts, guidance and recommendations produced by relevant regulatory bodies as they apply to their service.

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

5

STANDARD 5.1

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

Essential Element: Clear Accountability

There is a clear scheme of accountability throughout the service for the quality of care delivered.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• There is a clear formal scheme of accountability from the Board to the CEO, the Executive Management team and those external to the service. • There is an identified named individual who has overall accountability. • There is a Management team / Governing Board who is accountable for the quality of care delivered. • On induction staff are made aware of their responsibilities, accountabilities (professional, clinical, leadership and managerial), and reporting lines within their respective roles. • Volunteers are screened, educated, coordinated, and supervised by an appropriately educated and experienced professional team member.	☐
Continuous Improvement (CI)	• There is a clear scheme of accountability and delegation from the Board to the CEO and Executive Management team (General Manager to Management team) which cascades down to team and individual level. • The CEO / General Manager has clear documented, agreed objectives from the Board / Management team that accurately reflects their accountability, responsibility and authority. • Staff are aware of the accountability arrangements within the service for quality and safety. • Clear job descriptions set out accountability, responsibility and reporting structures for each position in the service with recognition of the level of authority required of each role.	☐
Sustained Improvement (SI)	• Accountability arrangements are reviewed to strengthen governance arrangements.	☐
Excellence (E)	• Governing committees e.g. Quality and Safety Board Committee and Quality and Safety Executive Committee reviews and implements learning from national and international report recommendations arising from investigations to further improve their accountability framework.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

6

Evidence to verify selected level of quality

Examples

- Clear documented scheme of accountability e.g. organisational structure and organogram.
- Terms of reference for Executive Management team that includes named individual with overall accountability.
- Evidence of clear objectives for named accountable individual e.g. yearly individual and/or team based performance reviews.
- Signed annual controls assurance statement.
- Clear job descriptions with accountability for quality and safety outlined e.g. competency based interview structures utilising the National Programme for Palliative Care Programme, Competence Framework at induction and as part of performance development.
- Accountability arrangements and Palliative Care Competence Framework are communicated to staff.
- Accountability arrangements presented during staff induction including risk management handbook for staff.
- Review and implementation of relevant report recommendations and any new national guidelines or care pathways.
- Policies and procedures are in place to ensure the necessary education of volunteers and to guide recruitment, screening (including background checks), training, work practices, support, supervision, and performance evaluation and to clarify the responsibilities of the organisation.

Add your own evidence

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

7

STANDARD 5.2

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

Essential Element: Strong Governance

An effective board that directs and oversees the delivery of quality safe services with a primary focus on improving outcomes for service users and their families.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• The organisation has a clear organisational structure which is communicated to all staff. • The Board / Management team have terms of reference which includes a code of governance. • Members of the Board have sufficient expertise to govern with clear role and functions.	☐
Continuous Improvement (CI)	• The organisational structure reflects integration of corporate and clinical governance. • The composition, competencies and conflict of interests are regularly assessed. • The Board / Management team oversee and monitor implementation of the strategic plan. • A code of governance ensures interests of service users and their families are taken into account when making executive decisions. • Arrangements facilitate escalation of service users, families and staff concerns, where appropriate, to the Board. • There is building of strategic partnerships with other stakeholders e.g. hospitals, community, primary care to support integration and achieve service objectives.	☐
Sustained Improvement (SI)	• The Board / Management team has a register of interests in place. • A mandatory Board induction programme is in place for all new members. • The Board monitors quality and safety outcomes and provides assurance to the public.	☐
Excellence (E)	• The Board / Management team agenda demonstrates active management of the Organisation's Quality Profile. • There is a mandatory continuing development programme for Board members.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

8

Evidence to verify selected level of quality

Examples

- Terms of reference with code of governance.
- Agenda and minutes of Governing Board to demonstrate the monitoring of implementation of service plan and achievement of performance indicators e.g. wait times.
- Quality and safety is a standing agenda item with regular review of the organisation's Quality Profile.
- Clear reporting lines between committees on quality and safety e.g. committee terms of reference and quality and safety organogram.
- Accountability and governing arrangements are communicated to staff on induction.
- Structured governing meetings with agendas, minutes, reports, action plans and signed off decisions.
- Review of Board effectiveness.
- Education and training resources available to staff on governance e.g. clinical governance information leaflet.

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

9

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

Essential Element: Statement of Purpose

The service has a clear publicly available statement of purpose.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• The organisation outlines the profile and location of services provided.	☐
Continuous Improvement (CI)	• The statement of purpose is developed and publicly available. • Statement of purpose is regularly reviewed and amended to reflect changes in service.	☐
Sustained Improvement (SI)	• The organisation has a clear publicly available statement of purpose which outlines the aims and objectives of the service, alignment of resources, services provided, target population, the model of service delivery and the location of the service. • Assurance arrangements ensure services delivered are within the statement of purpose. • Approval is sought from relevant stakeholders prior to changes being made to services delivered. • Communication plan supports public and staff awareness of the statement of purpose and any proposed changes.	☐
Excellence (E)	• Service provider translates the statement of purpose into a variety of languages to meet the needs of the diverse population who attend the service.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

10

Evidence to verify selected level of quality

Examples

- Statement of purpose is publicly available through various media.
- Statement of purpose includes a directory of all services provided with location of services and how to contact them.
- Statement of purpose includes review and audit dates.
- Statement of purpose communication plan identifying internal and external communication processes.
- Audits completed to ensure services provided are accurately reflected within the scope of the statement of purpose.

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

11

STANDARD 5.4

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

Essential Element: Effective Strategic Planning

A clear strategic plan supports the planning and delivery of quality, safe healthcare services.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• The service has a strategic plan that sets clear direction and objectives for the service. • It takes account of national strategies and standards, needs of the population, legislation and resources available.	☐
Continuous Improvement (CI)	• Strategic plan has short, medium and long term objectives with clear targets. • Performance indicators and targets are monitored and reported through governing arrangements. • Service consults as necessary with service users, families and staff on the development of the plan. • The plan and achievement of targets is publicly available for service users, families and other stakeholders. • A regular review is undertaken to ensure there is necessary capacity and capability available to achieve planned objectives and to address any gaps or deficits.	☐
Sustained Improvement (SI)	• Collective interests of service users and families are represented in strategic planning. • Service is constantly evaluating achievement of objectives and targets. • Learning from previous strategic plans is taken into account when developing new plans.	☐
Excellence (E)	• Service benchmarks performance with other services to improve implementation of plan. • Review of national and international quality strategies influence the development of strategic plans.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

12

Evidence to verify selected level of quality

Examples

- Strategic plan with clear objectives and targets identifying gaps in service provision.
- Performance reports submitted to governing committees.
- Plan takes account of national standards, Key Performance Indicators (KPIs), Policies, Procedures, Protocols and Guidelines, (PPPGs) and legislation.
- Strategic plan available to public on website.
- Service user and family consultation informing plans.
- Evidence of population needs assessment which informs strategic objectives.
- Evidence of benchmarking.
- Staff consultation and staff briefings.
- Performance against key performance indicators is published.

Add your own evidence

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

13

STANDARD 5.5

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

Essential Element (A): Effective Operational Planning

Operational plans are developed and implemented to ensure objectives for quality and safety are achieved.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Arrangements support the development and implementation of operational plans. • Staff and service providers collaborate with the development of operational plans relevant to them. • There is an identified lead accountable person for the implementation of each plan. • There is a communication plan to support implementation.	☐
Continuous Improvement (CI)	• Arrangements are reviewed to ensure they support implementation of operational plans. • National standards, Key Performance Indicators, Policies, Procedures, Protocols and Guidelines, National Clinical Care Programme, and legislation are taken into account whilst developing operational plans. • Contingency plans are developed and implemented for increased demand and capacity. • Reports to governing committees are provided by the lead accountable person.	☐
Sustained Improvement (SI)	• Monitoring of performance indicators associated with each operational plan. • Evaluations of arrangements are undertaken to improve operational planning. • Mechanisms to obtain feedback from stakeholders influence evaluations. • Effectiveness of capacity and demand contingency plans are evaluated and improvement actions agreed.	☐
Excellence (E)	• Service receives national recognition for successful implementation of operational plans. • Learning from evaluations is shared internally and externally through peer support.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

14

Evidence to verify selected level of quality

Examples

- Governance arrangements to support operational planning.
- A lead accountable person for implementation of operational plans.
- Implementation of operational plans reflecting short, medium and long term organisation vision and goals.
- Performance reports to the management team.
- Evaluations of operational plans and management arrangements.
- Monitoring the implementation of action plans arising from evaluations.
- Evidence of staff engagement in operational planning and implementation.
- Evaluations of capacity and demand contingency plans.
- National recognition via e.g. Healthcare Awards

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

15

STANDARD 5.5

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

Essential Element (B): Effective Change Management

Arrangements are in place to plan and manage service change and transition.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Following engagement with staff there are arrangements to support and manage change and transition. • There is a lead accountable person for the change. • There is a communication plan and feedback mechanism in place to support management of change and transition. • Staff and service providers are informed of all changes.	☐
Continuous Improvement (CI)	• Potential impacts of change initiatives are risk assessed and there are clear action plans developed and implemented. • National standards, policy and legislation are taken into account whilst undertaking change or transition. • Governing committees receive reports throughout the implementation of change. • Staff receive education and development on effective change management.	☐
Sustained Improvement (SI)	• There is monitoring of performance indicators and milestones. • Evaluations are undertaken to improve change management within the service. • Mechanisms obtain feedback on effectiveness and inclusiveness of change management within the service.	☐
Excellence (E)	• Service shares its experience of undertaking major change initiatives and provides peer support to other service providers. • National and international recognition for achievements in implementing change.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

16

Evidence to verify selected level of quality

Examples

- Change management process or strategy.
- Progress reports to the management team.
- A lead accountable person for implementation of change.
- Evaluations of governance and management arrangements.
- Monitoring the implementation of action plans from evaluations.
- Communication plan including feedback mechanism.
- Attendance at staff education and development on change management.
- Risk assessments or impact assessments undertaken.
- Governance arrangements to support planning and implementation of change.

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

17

STANDARD 5.6

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

Essential Element: Promoting A Culture Of Quality And Safety

Leaders promote a culture of quality and safety to achieve better outcomes and experience for service users, families and staff.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Quality and safety underpins the organisations strategic plan and mission statement. • Arrangements gather service users, families and staff feedback on the culture of quality and safety. • A protected disclosure policy is in place and communicated.	☐
Continuous Improvement (CI)	• Leaders define quality and safety objectives of the service and share them with staff. • Quality and safety is a standing agenda item for governing committees. • Regular reports are submitted through governing arrangements.	☐
Sustained Improvement (SI)	• Active visible engagement by leaders with frontline staff to improve quality and safety. • Leaders at all levels are facilitated to improve their knowledge and skills to fulfil their roles and responsibilities. • Leaders deliver consistent, positive and reinforcing messages to motivate staff. • Service participates in surveys to monitor its culture and support improvements.	☐
Excellence (E)	• The service supports staff development through transformational leadership development programmes. • Leaders enable innovation through different forums to identify ideas for improvement. • Benchmarking is undertaken to achieve better outcomes and experience for service users and families that balances safety with choice.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

18

Evidence to verify selected level of quality

Examples

- Agendas from governing committees showing quality and safety as a standing agenda item.
- Service users (where possible), families and staff are actively involved in dialogue, safety and culture surveys and improvement planning.
- There is evidence that safety and risk is balanced with the wishes and choices of service users.
- There is evidence that workplace environments are monitored for balance between suitability to rest and recuperation and a workplace for staff.
- Learning from improvement initiatives disseminated throughout the service.
- Staff education and development opportunities which promotes a quality and safety culture.
- Leadership development programmes.
- Evidence of evaluations, critical incident analysis, critical reflection and feedback informs change to further enhance a quality and safety culture.

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

19

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

Essential Element: Supporting Staff in Delivering Quality And Safety

Staff are enabled to fulfil their roles and responsibilities in providing quality, safe care.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Job descriptions include a clear understanding of the roles, responsibilities, competencies and accountabilities for all staff in providing quality, safe care. • Managers create opportunities which support staff in exercising their responsibilities and accountabilities in improving the care they provide. • A protected disclosure policy is in place and communicated to staff.	☐
Continuous Improvement (CI)	• Structures and processes support and facilitate staff feedback and discussion with senior managers on the quality and safety of the service.	☐
Sustained Improvement (SI)	• Evaluation of the arrangements to support staff is undertaken. • Staff who receive education and development consistently share their learning throughout the service. • Service recognises work undertaken by staff in improving quality and safety of the service.	☐
Excellence (E)	• Initiatives undertaken by staff are presented and shared with other providers through different media. • Service receives national and international recognition for work undertaken to improve the quality and safety of services.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

20

Evidence to verify selected level of quality

Examples

- Implementation of a protected disclosure policy.
- Education programmes for staff on protected disclosure and quality improvement initiatives.
- Communication plan and feedback structure for staff to support protected disclosure policy.
- Findings from service user and family safety culture survey inform improvements.
- Organisation acknowledges quality initiatives.
- Use of Quality and Safety Prompts by multidisciplinary teams.
- Service user and family safety information available e.g. high priority risk issues, the use of medical devices, slips, trips and falls, medication management.

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

21

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

Essential Element: Monitoring Arrangements For Quality And Safety

There are arrangements to support the collection, monitoring and response to quality and safety information.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Governance arrangements support the monitoring of quality and safety information at all levels within the service. • Arrangements support the collection of information from different sources within the service on the quality and safety of services. • Quality and safety reports are regularly developed.	☐
Continuous Improvement (CI)	• Information collected forms an Organisation Quality Profile. • Quality Profile is reported and reviewed by the governing committees to inform improvements.	☐
Sustained Improvement (SI)	• Evaluation of arrangements to support monitoring and reporting of quality and safety are undertaken. • Governing committees review the implementation of improvement plans and achievement of quality indicators. • An annual report is publicly reported focusing on the quality and safety of services provided.	☐
Excellence (E)	• Different methodologies in collecting quality and safety information are explored and tested locally. • Review of national and international quality indicators inform local measures which can be used to support the measurement of quality and safety	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

22

Evidence to verify selected level of quality

Examples

- Monitoring and feedback arrangements on the quality and safety of the service.
- There is evidence of the implementation of the Organisation's Quality Profile.
- Benchmarking systems with similar sized organisations.
- Quality record of national and local quality indicators.
- Quality reports reviewed by governing committees e.g. Quality and Safety Board committee and Quality and Safety Executive committee.
- Implementation of improvement plans and specific quality improvement initiatives.
- Recommendations within reports being implemented and monitored.
- External investigation reports are reviewed and actions taken to implement learning locally.
- Publication of an annual report on quality and safety of the service.
- Communication of the Organisation's Quality Profile including quality record throughout the service.

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

23

STANDARD 5.9

The quality and safety of services provided on behalf of healthcare service providers are monitored through formalised agreements

Essential Element: Service Agreements

Formalised agreements are in place to assure the quality and safety of services provided by another agency on behalf of the service provider.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• Governance arrangements support the establishment and monitoring of formalised agreements for the quality and safety of services provided by another agency on behalf of the service. • There is a named individual accountable for each agreement.	☐
Continuous Improvement (CI)	• These agreements and associated performance indicators are regularly monitored. • Any issues or concerns are reported in line with governing arrangements.	☐
Sustained Improvement (SI)	• Evaluations are undertaken to determine the effectiveness of governing arrangements. • Evaluations are undertaken to establish if the agreements are meeting the service's developing needs and are compliant with relevant standards prior to any renewals. • There is consistent demonstration of the achievement of agreed performance measures.	☐
Excellence (E)	• Feedback is sought from service users and families who receive services provided by an external contracted agency to seek assurances on the quality and safety of those services.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

24

Evidence to verify selected level of quality

Examples

- Governance arrangements that support service agreements.
- Arrangements to support the escalation of concerns regarding service agreements.
- Service agreements for all contracted services.
- Audit of compliance with service agreements by contracted services.
- Implementation of improvement plans based on audit findings.
- Service user and family experience surveys informing improvements.
- Monitoring of performance reports.
- Minutes of performance management meetings.

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

25

STANDARD 5.10

The conduct and provision of healthcare services are compliant with relevant Irish and European legislation

Essential Element: Compliance with Legislation

Arrangements are in place to review and monitor compliance with statutory legislation.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• There is a clear understanding of all Irish and European legislation which applies to the service. • Reviews are undertaken to determine any new or changed applicable legislation.	☐
Continuous Improvement (CI)	• Documented risk assessments are undertaken to determine any gaps in compliance with legislation and appropriate action is taken to achieve compliance. • All identified non compliances are included on the service's risk register. • Staff education on relevant legislation is provided.	☐
Sustained Improvement (SI)	• All plans to address non compliance are monitored, updated on the risk register and reported through appropriate governance arrangements. • Analysis of breeches with legislation are undertaken to inform targeted education. • Recommendations within external reports on compliance with legislation are implemented.	☐
Excellence (E)	• Governing committees receive regular reports providing assurance on compliance with all relevant legislation.	☐

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

26

Evidence to verify selected level of quality

Examples

- Comprehensive list of all relevant legislation to the service.
- Notification to staff of relevant legislative changes.
- Audits on compliance with legislation.
- Reports to governing committees on compliance with legislation.
- Risk assessments of non-compliance.
- Risk register contains identified risks of non-compliance.
- Attendance by staff at education programmes on relevant legislation.
- Staff communications regarding changes in legislation and learning from non-compliance reports.
- Implementation plan for external report recommendations on non-compliance.

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

27

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

Essential Element: Implementation of Standards, Alerts, Guidance and Relevant Recommendations

Arrangements are in place to support services in implementing standards, alerts, guidance and relevant recommendations.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	• There is a clear understanding of all standards which are relevant to the service. • Governance arrangements support the implementation of standards and alerts. • Arrangements are in place for recording and responding to guidance and recommendations.	☐
Continuous Improvement (CI)	• There is monitoring and review of these arrangements and reporting of progress to governance committees. • Staff education is provided to support implementation of plans.	☐
Sustained Improvement (SI)	• Evaluation of these arrangements is undertaken and improvement plans developed. • Learning from these evaluations is shared with other service providers. • Progress reports on implementation of standards are provided externally.	☐
Excellence (E)	• The service provides peer support to other service providers to enable them in improving compliance with standards. • Engagement with national groups which support the implementation of standards.	☐

Evidence to verify selected level of quality

Examples

- Comprehensive list of all applicable standards and alerts.
- System in place to receive and process alerts.
- Attendance at staff education programmes to support implementation of standards.
- Implementation plans for regulatory report findings and recommendations.
- Assurance reports on progress of implementation to the governing committees.
- Involvement in a peer support programme.
- Networking and involvement with national implementation groups.

Add your own evidence

_____

_____

_____

_____

_____

_____

_____

_____

Addtional information

_____

_____

_____

_____

_____

_____

_____

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

29

Improvement Actions for Theme 5: Leadership, Governance and Management

Standard	Essential Element	Improvement Action	Responsible Team Member	Due Date

Leadership, Governance and Management
Quality Assessment and Improvement: Specialist Palliative Care Services, May 2014

30