SAFER BETTER CARE:
STANDARDS FOR OCCUPATIONAL HEALTH SERVICES
2017

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Standards for Occupational Health Services
in the Irish Health Service

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FOREWORD

The Standards for Occupational Health Services in the Irish Health Services were developed by a multi-disciplinary team within the Workplace Health and Wellbeing Unit, HR Division Health Service Executive.

The aim of these standards is to help drive improvements in the quality and safety of Occupational Health Services in Ireland. Their purpose is to help the healthcare worker, managers and all those who use Occupational Health Services and the people who provide them understand what a high quality, safe Occupational Health Services look like. The standards aim to promote consistency of service delivery.

The Workplace Health and Wellbeing Unit will be supporting the implementation of these standards with a number of resources including Quality Assessment + Improvement plans.

These standards are a testament to those who recognise the critical need for evidence based practice, who took on this enormous body of work over a short period of time and demonstrated transformational leadership in the delivery of this document.

We want to thank the Project Group, Expert Advisory Group, Consultative Parties and all our Health Service colleagues for their engagement with the Standards for Occupational Health Services in the Irish Health Services.

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DEVELOPMENT OF STANDARDS: THE PROCESS:

The Standards were developed in response to concerns that Occupational Health Services were fragmented and inconsistent and that there was a requirement for standardisation nationally. Following an international trend many OHS services were seeking an accredited service that would address these concerns.

One of the first priorities of the newly formed Workplace Health and Wellbeing Unit was to commence a review of existing International OHS Standards. An early approach was made to Health Information and Quality Authority. Following discussions, it was agreed that the service would develop unique standards in line with the Quality Assurance Framework (QAF), Safety and Quality Improvement Directorate, HIQA, dated 25 February 2016.

A workshop was held with HIQA to discuss the format and process to develop standards under this Framework.

A Standards Project Group first met in October 2016 and on 6 further occasions. The group included representatives from Health and Safety, Staff Health and Wellbeing and Occupational Health Services nationwide.

In accordance with the Framework, an Expert Advisory group was convened and presented with an early draft in November 2016 and further drafts in early 2017.

The Quality Assessment + Improvement Framework will be used in implementation of these standards as part of an embedded culture of learning in the Service.

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THEME 1: WORKER-CENTRED CARE AND SUPPORT

INTRODUCTION:

Worker-centred care and support places workers at the centre of all that the Occupational Health Service(s) (OHS) does. It does this by advocating for the needs of workers, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of healthcare. Worker-centred care and support promotes kindness, consideration and respect for dignity, privacy and confidentiality

Considering workers needs and preferences in the planning, design and delivery of occupational health care and support services, can result in a more positive experience for those using the service. This, in turn, can lead to improved outcomes for workers including better health and wellbeing. Worker-centred care supports equitable access for all so that they have access to the right care, advice and support at the right time, based on their assessed needs.

Being worker-centred means OHS operate and communicate in a manner that supports developing a relationship based on trust; workers should be empowered to make informed choices with their OHS. Good communication and providing adequate information ensures that they can make informed decisions about their care, including informed decision-making to give or refuse informed consent.

Positive experiences for workers and those using the OHS are an important outcome for all OHS. Having a fair and efficient complaints and compliments process provides the opportunity to express their views, and allows the OHS to identify areas for improvement.

Hearing the voices of workers and service users is essential in evaluating the services provided and to guide quality improvement initiatives at a local and national level.

Theme 1: Worker-Centred Care and Support	
Standard 1.1	The planning, design and delivery of OHS are informed through worker engagement strategies and workers experience care which respects their diversity, dignity, privacy and confidentiality.
Standard 1.2	Workers have equitable access to OHS based on their assessed needs.
Standard 1.3	Workers are empowered to make informed decisions about their care or need from the OHS to ensure informed consent is obtained in accordance with laws, regulations and best available evidence.
Standard 1.4	Worker feedback including complaints and compliments are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Standard 1.1	The planning, design and delivery of OHS are informed through worker engagement strategies and workers experience care which respects their diversity, dignity, privacy and confidentiality.

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

1.1.1 Worker engagement

1.1.1a OHS involve workers on an ongoing basis so that the views of the workers inform the design and delivery of services in as much as is practicable. This will be done by OHS embracing a culture of worker engagement, providing clear information and receiving and giving feedback on a regular basis. A culture of listening to workers and what matters to them is promoted.. There is a culture of mutual respect and trust between workers and the OHS.

1.1.2 Respect for diversity and dignity

1.1.2a Initial and ongoing access to OHS complies with laws and regulations and does not discriminate according to race, sexual orientation, disability, marital status, family status, religious belief or membership of the Traveller community.

1.1.2b Services are flexible, accessible and culturally sensitive and planned to motivate all workers to engage with the OHS.

1.1.2c Care is provided in a manner that is respectful to the worker's dignity and that takes account of his/her preferences and choices.

1.1.3 Respect for privacy and confidentiality

1.1.3a OHS respect privacy and confidentiality, and are aware of the sensitivity of personal health information. OHS must inform workers about how their personal information is recorded, used and stored, how to access their personal information and their rights in relation to how their personal information is stored, shared and used.

1.1.3b All OHS identify and introduce themselves and explain their role before starting a discussion or examination with a worker.

Standard 1.2	Workers have equitable access to OHS based on their assessed needs.

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

1.2.1 Equitable Access

1.2.1a OHS is fair, transparent and easily accessible to all workers with OHS working to meet the needs of all workers. OHS appointments are allocated on the basis of assessed need, as determined by an appropriate healthcare professional.

1.2.1b Access to quality standardised information about the service is available to all workers and the information is clearly and sensitively communicated to workers, both verbally and in written format. It is culturally appropriate and free of jargon and is provided in other languages where necessary.

1.2.1c OHS regularly assess potential barriers to workers accessing their service including those who underuse the service. Measures are put in place to overcome these potential barriers and the OHS evaluates the effectiveness of such measures.

1.2.2 Access to interpretive services and support

1.2.2a Systems are in place to ensure workers with communication and or sensory difficulties have access to an interpreter and a support person of their choosing.

1.2.2b Interpretive services are available to make sure the care and support of any worker is not compromised by lack of communication and understanding.

Standard 1.3	Workers are empowered to make informed decisions about their care or need from the OHS to ensure informed consent is obtained in accordance with laws, regulations and best available evidence.

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

1.3.1 Informed decision making

1.3.1a Workers are provided with evidence-based information, in a variety of formats, on the range of options available to them throughout their interaction with the OHS. This is to assist them to actively participate in their own care, if that is their choice. This includes information on the care available and information about their specific care.

1.3.1b Workers are given sufficient time to consider their choice and make decisions after an opportunity to process the information that they have been given, where such a decision is not time-critical.

1.3.1c OHS assist in providing programmes of education on OHS to workers.

1.3.2 Informed consent

1.3.2a There is a culture of respect for every worker as an individual in all OHS such that the worker's autonomy is respected, that she/he is listened to and is cared for with compassion and that informed consent is sought appropriately.

1.3.2b OHS adhere to the National Consent Policy. Workers who have been fully informed about a recommended course of action, and the potential consequences of not pursuing such recommendations, have their choice of informed refusal respected, notwithstanding any legal or constitutional arrangements that may affect their decisions.

1.3.2c Appropriately trained OHS professionals obtain informed consent for the release of worker's personal health information before releasing it to a third party in accordance with professional standards.

Standard 1.4	Worker feedback including complaints and compliments are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

1.4.1 Worker feedback

1.4.1a There is a formalized mechanism for workers or their representatives and other service users to feedback to service providers about their experiences in order to inform continuous quality improvement in the planning, design and delivery of services.

1.4.1b There is a structure for worker feedback to be regularly reviewed, collated and acted upon and this is communicated back to workers and service users.

1.4.2 Complaints and Compliments

1.4.2a Complaints procedures are clear, transparent, open and accessible, and take account of laws, relevant regulations, national guidelines and best available evidence. These procedures assist workers to express their views about their OHS experience.

1.4.2b Compliments are recorded and disseminated

1.4.2c Workers who make a complaint are helped with accessing support services. A service- or hospital-appointed dedicated liaison person may be provided as part of the complaints structure.

1.4.2d A worker's care is not negatively affected as a result of having made a complaint or expressing a concern.

1.4.2e The complaints procedure ensures a timely response in line with legal requirements, takes account of the requirement to fully address the issues raised, and ensures workers are made aware of the progress of their complaint or concern.

1.4.2f Information is made available to workers about how to have their complaint addressed outside of the service.

THEME 2: SAFE, EFFECTIVE CARE AND SUPPORT

INTRODUCTION

Safe, effective care and support recognises that the safety, health and wellbeing of the OHS staff is intrinsically linked to the continuing improvement of the delivery of a quality service In order to provide safe care and support to OHS staff and develop a safety culture. Everyone in the service has a responsibility to identify safety health and wellbeing hazards and play their part in managing the associated risks.

It is also essential that there is learning and sharing of information resulting from safety incidents that occur when providing the OHS in order to reduce the likelihood of reoccurrence.

The safety management programme is underpinned by a shared understanding by all OHS staff of the inherent risk associated with their work activities which can be reduced by the manner in which the service is designed and delivered.

Standard 2.1	In order to manage health and safety in their workplace, the OHS will implement a **Safety Management Programme** within their service.

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING:

2.1.1 Governance

2.1.1a   A commitment to safety and health is articulated and demonstrated by those governing and leading the OHS.

2.1.1b There are clear accountability arrangements throughout the OHS that ensure all its staff are aware of their responsibilities and contribute to improving the safety and health of their colleagues and other healthcare workers.

2.1.2 Information, Instruction, Training and Supervision

2.1.2a All OH staff receive appropriate instruction, information and training necessary to ensure their safety and health, in line with statutory and mandatory requirements and as identified by a training needs assessment. Attendance is recorded and monitored.

2.1.2b The effectiveness of any information, instruction and training provided is monitored and evaluated.

2.1.3 Risk Management

2.1.3a There is a proactive approach to identification, evaluation and management of safety and health risks associated with the work activities and work environment in which OHS is delivered.

2.1.3b There is a safety statement in place which is service and site specific. The safety statement must reflect the specific arrangements in place to manage health and safety and the risks identified through the risk assessment process.

2.1.4 Consultation and Communication

2.1.4a There is effective consultation and employee participation on matters of health and safety including but not limited to Safety committees, election/selection of Safety representatives.

2.1.4b All protective and preventative control measures put in place to ensure the safety, health and wellbeing of staff working in the service, including emergency arrangements, are effectively communicated. This includes the results of the risk assessment process and the contents of the safety statement.

2.1.5 Incident Management

2.1.5a A system is in place to report, record, investigate and ensure learning takes place when incidents occur while delivering the OHS.

2.1.5b Arrangements are available to support OHS staff and workers following a safety and health incident.

2.1.5c Promotion of a culture of safety and health which includes open disclosure with staff and where appropriate their families following an incident involving the delivery of OHS.

2.1.6 Continuous Improvement

2.1.6a The effectiveness of the OHS Safety Management Programme is systematically monitored to inform a quality improvement programme.

2.1.6b The results and arising actions that inform the quality improvement programme are implemented and are communicated to staff.

THEME 3: WORKFORCE PLANNING AND RESOURCE MANAGEMENT

INTRODUCTION

OHS have human, physical, financial and natural resources available to them. How these resources are planned, managed and delivered impacts on the quality, safety and sustainability of the care the OHS provides.

In order to effectively plan, deliver, manage and improve services it is first necessary for an OHS to determine the current and future needs of the workers. The service needs to regularly review if these needs are being met in order to determine if resources can be used more effectively or to identify if additional resources are required.

The decisions and choices made by those responsible for resources must be informed and accountable. A well-run OHS knows how it is using resources and needs to be able to access up-to-date evidence about cost-effectiveness to inform its resource decisions.

Each OHS manages and reviews its use of resources to determine its capacity to continue to deliver its specified care pathways safely and effectively.

The OHS must maintain the quality of the care it provides while striving for greater efficiency with finite resources. Decisions about the deployment of resources take account of the needs of the other components of the OHS. The way these decisions are made must be transparent and the rationale for these decisions presented to workers, the public and the workforce in a way that they can understand.

Theme 3: Workforce Planning and Resource Management	
Standard 3.1	OHS plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.
Standard 3.2	OHS recruit people with the required competencies to provide high quality, safe and reliable healthcare
Standard 3.3	OHS ensure their workforce maintain the competencies required to deliver high quality, safe reliable healthcare
Standard 3.4	OHS support their workforce in delivering high quality, safe and reliable healthcare

Standard 3.1	OHS plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING:

3.1.1 Workforce Planning and Organisation

3.1.1a OHS use nationally agreed workforce planning tools to plan organise and manage the workforce.

3.1.1b The workforce plan includes contingency (sick, annual, maternity leave) and succession planning, to deliver a high quality, safe and sustainable service.

3.1.1c The workforce development plan describes career pathways.

3.1.1d OHS are organised to deliver services according to a model of delivery that is based on best available evidence. Where the selected model includes multidisciplinary teams, workers are organised and managed to work in such teams.

3.1.2 Workforce Management

3.1.2a OHS are managed to respond in a timely manner to changes in workload or resources available to ensure the delivery of high quality safe service.

3.1.2b The management of OHS and the service's response to changes in workload and resources available is regularly reviewed and evaluated to ensure the delivery of a high quality safe service.

3.1.2c OHS must be capable of providing the widest range of services either directly or by coordinating services and expertise from other specialists

Standard 3.2	OHS recruit people with the required competencies to provide high quality, safe and reliable healthcare

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE:

3.2.1 Recruitment and Selection of OHS

3.2.1a OHS are selected and recruited in accordance with relevant Irish and European legislation and informed by evidence-based human resources practices

3.2.1b OHS are recruited with the required competencies, registration (where relevant), credentials and competencies (including communication skills), including those on temporary and locum contracts.

3.2.1c The effectiveness of recruitment processes and arrangements are monitored and evaluated and any gaps are identified and addressed.

3.2.1d Healthcare professionals in the relevant speciality have input into the recruitment of OHS.

3.2.1e Recruitment and selection arrangements incorporate all reasonable measures to protect workers from harm.

3.2.1f OHS staff are registered with the appropriate regulatory bodies, and are indemnified by the appropriate organisations for their scope of practice. OHS have a system in place to monitor that all members of their workforce are registered appropriately.

Standard 3.3	OHS ensure their workforce maintain the competencies required to deliver high quality, safe reliable healthcare

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE:

3.3.1 Training and Development of OHS

3.3.1a There is a formal mandatory induction programme for OHS which includes a focus on communication and safety of workers.

3.3.1b A training, educational and development programme is tailored to specific OHS to develop competencies to deliver high quality safe care.

3.3.1c The development needs of OHS are regularly reviewed to deliver high quality and safe care and action is taken to address any identified gaps.

3.3.1d OHS are facilitated in maintaining and developing their competencies to fulfil their roles and responsibilities and meet relevant professional requirements.

3.3.2 Support of OHS to Work within their Competencies

3.3.2a The provision of care is supervised, monitored and reviewed to ensure all OHS work within their competencies.

3.3.2b OHS are facilitated to seek support or advice from an Occupational Health Physician (OHP) for clinical advice and escalating cases.

3.3.2c All OHS staff adhere to the code of conduct for the service. OHS are facilitated to adhere to any other relevant professional codes.

Standard 3.4	OHS support their workforce in delivering high quality, safe and reliable healthcare

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE:

3.4.1 Cultural Competence

3.4.1a Promotion of a culture of openness, accountability, fairness and transparency throughout the service and arrangements, in line with legislation, to support and manage OHS -

- If a complaint or concern has been expressed about them.
- If they are at risk of violence, bullying and harassment by other workers or people using the service.
- If they report in good faith any concerns that they have in relation to the safety and quality of the service.
- Debriefing support is offered to OHS, as required. Peer support and access to counselling services are also available.

3.4.1b Support for and promotion of a culture that values, respects, actively listens to and responds to the views and feedback from all members of the workforce.

A working environment, in line with relevant legislation and national policy, supports and protects OHS in delivering high quality, safe care.

3.4.1c Monitoring, management and development of the performance of OHS, at individual and team level, including the evaluation of service user's feedback and taking action to address identified areas for improvement is in place

3.4.1d Support for and facilitation of OHS to identify and propose areas for improvement in the delivery of healthcare reflecting best available evidence.

3.4.1e Regular attention and response to feedback about OHS from workers is in place

3.4.2 Financial performance

3.4.2a Arrangements are in place to manage financial performance and evaluate its impact on the quality and safety of services with transparent reporting on financial performance in line with laws, regulations and government policy.

3.4.2b Each OHS works within its network structure and the budget to ensure that it has adequate facilities, expertise and capacity to deliver safe, high-quality care.

3.4.2c Procurement of external goods and services that achieve the best possible quality and safety outcomes for workers for the money and resources used exist.

3.4.2d Regular evaluation and management of the efficiency and cost-effectiveness of services and technologies exist. This evaluation and management uses best available evidence to maximise quality and safety.

3.4.3 Equipment and Waste Management

3.4.3a Equipment remains fit for purpose and there is a system of regular inspection, quality assurance, calibration and maintenance in place.

3.4.3b Each OHS has its own equipment replacement programme and an annual programme of servicing and maintenance that ensures that the equipment is safe and appropriate to the services provided.

3.4.3c Hazardous materials and waste is managed so that the service's impact on the environment is minimised.

THEME 4: LEADERSHIP, GOVERNANCE AND MANAGEMENT

INTRODUCTION

OHS have a governance system through which they are accountable for continuously improving the quality of practice and safeguarding high standards of care. It encompasses a range of activities in which OHS staff is involved in order to maintain and improve the quality of care they provide to workers and to ensure full accountability of the service to workers.

Leadership represents a key lever for successful transformation towards integrated OHS delivery. It influences the performance of all professions and grades in providing services for workers. OHS require dispersed and collective forms of leadership, alongside active followership, core management practices and organisational direction.

OHS employ people in a diverse range of occupations, who are in numerous settings and who provide a wide range of health and social care services to workers. It is essential that all staff have the management skills to meet the standards necessary to successfully achieve service imperatives.

Relationships with purchasers of OH services and client organisations should be governed by a clearly defined assessment of need and outlined in a service level agreement.

Theme 4: Leadership, Governance and Management	
Standard 4.1	OHS requires effective and clear governance arrangements that provide the necessary framework, structure, systems and processes to enable and demonstrate the provision and management of high quality and safe services.
Standard 4.2	OHS maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided
Standard 4.3	OHS have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of service
Standard 4.4	The conduct and provision of OHS are compliant with relevant Irish and European Legislation and regulatory bodies as they apply to their service.
Standard 4.5	The OHS manages its relationship with interested parties including managers suppliers and purchasers of services based on an assessment and clear understanding of the needs of the parties and governed by service level agreements where appropriate

Standard 4.1	OHS requires effective and clear governance arrangements that provide the necessary framework, structure, systems and processes to enable and demonstrate the provision and management of high quality and safe services.

FEATURES OF OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

4.1.1 Corporate and Clinical Governance

4.1.1a Governance at a National Level within the Health Service is defined. There is a named individual who has overall accountability for governance in the OHS

4.1.1b At a Corporate level/Organisational level, there is a clear formal scheme of accountability from the Board to the CEO, the Executive Management team and external to the OHS.

4.1.2 Local Governance

4.1.2a A Mission Statement is in place, taking in to consideration national standards, policies and legislation.

4.1.2b There is a Management team / Governing Board who is accountable for the quality of care delivered.

4.1.2c Governance for OHS involves having the necessary structures, processes, standards and oversight in place to ensure that safe, worker-centred and effective services are delivered.

4.1.2d OHS have an organisational structure chart defining accountability and lines of reporting relationships in place.

4.1.3 Governance of Staff

4.1.3a OHS staff are made aware of their roles, responsibilities, accountabilities and reporting lines on induction.

4.1.3b Governance arrangements to ensure that all OHS staff have the opportunity and support for CPD, including agreed mandatory education and training sessions, as well as improving and updating their skills, as required, are in place.

4.1.3c Clear and transparent procedures for the effective management of underperformance are in place.

4.1.3d Procedures to inform the relevant professional body, where it is considered that the behaviour, conduct, practice, performance or health of a healthcare professional is not what would be expected of such a healthcare professional.

4.1.3e Each staff member, as part of a team, knows the purpose and function of leadership and accountability for good occupational health services.

4.1.3f Each staff member, as part of a team, knows their responsibility, level of authority and to whom they are accountable.

4.1.3g A culture of trust, openness, respect and caring is evident among OHS teams and service users.

4.1.3h OH Staff have access to an independent OHS in an alternative setting.

Standard 4.2	OHS maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

4.2.1 Information

4.2.1a OHS publish information about types of services provided with a supporting evidence base.

4.2.1b Relevant information is compliant with the Plain English Guidelines as stated by the National Literary Agency (NALA).

4.2.1c Information is displayed on appropriate communication platforms.

4.2.1 Accessibility

4.2.1a The intended service user population is clearly defined

4.2.1b The OHS demonstrates the principle of Inclusion.

4.2.1c Language ability is taken into consideration for users of the service

Standard 4.3	OHS have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of service

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

4.3.1 Systematic Review of Service

4.3.1a The OHS continuously reviews the quality and safety of services provided so that it's overall safety and health performance improves outcomes for service users

4.3.1b There is a systematic review of performance based on data from self monitoring and from independent audits of OHS.

4.3.1c Each OH staff member consistently demonstrates a commitment to the principles of quality and safety in decision-making.

4.3.1d There is a strong commitment to continuous improvement involving the development of policies, systems and techniques of risk management

4.3.2 Key Performance Indicators

4.3.2a OHS follow evidence based practice for key performance indicators which are specific and measurable elements of practice that can be used to assess the quality of care.

4.3.2b There is an external comparison with the performance of best practice in the OHS nationally and internationally.

Standard 4.4	The conduct and provision of OHS are compliant with relevant Irish and European Legislation and regulatory bodies as they apply to their service.

FEATURES OF OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

4.4.1 Professional Codes of Conduct

4.4.1a All OHS polices/ procedures/protocols adhere to Professional Codes of Conducts.

4.4.1b There is an agreed formalised system for the effective management of notification of alerts from Regulatory Bodies.

4.4.2 Compliance with Legislation

4.4.2a OHS are compliant with Irish and European Legislation and systems are in place to monitor this.

4.4.2b Compliance is monitored and recorded at a OHS Departmental Governance Group.

4.4.2c There is evidence of review of OH Procedures/protocols as a result of guidance/direction from relevant external agencies e.g. HSPC, DOH, Health and Safety Authority and external audits.

4.4.2d There is a systematic approach to the review of OH Site Specific Safety Statement, risk registers and protective disclosure legislation.

4.4.2e There is evidence that governing committees e.g. Health and Safety Committee; Infection Control Committee receive regular reports providing assurance on compliance with all relevant legislation.

Standard 4.5	The OHS manages its relationship with interested parties including managers suppliers and purchasers of services based on an assessment and clear understanding of the needs of the parties and governed by service level agreements where appropriate

FEATURES OF OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

4.5.1 Management of Relationships

4.5.1a There should be a systematic approach to the management of relationships with interested parties such as managers, suppliers and purchasers of service

4.5.1b The OHS must understand the parties' needs based on reliable and recent information and assessment

4.5.1c The OHS should be familiar with the hazards, risks, and risk control processes for each client organisation. This should be based on current information and reviewed regularly to ensure that the OHS remains up to date.

4.5.2 Service Level Agreement (SLA)

4.5.2a The SLA should be reviewed regularly. It should include details of the OH services to be delivered and the OH resources that are required in order to safely and effectively deliver the service. The agreement should also cover what is required to ensure service continuity on the occurrence of unanticipated events.

4.5.2b Expectations relating to the referral and reporting process and the content of occupational health reports should be clarified. These may form the basis for key performance indicators for service delivery. Feedback on service provision should be sought on a regular basis and any findings should form part of a service improvement plan.

THEME 5: USE OF INFORMATION

INTRODUCTION

An information governance framework enables OHS to ensure all information, including personal information, is handled securely, efficiently, effectively and in line with relevant legislation and regulations. This supports the delivery of worker-centred, safe, high-quality care and helps ensure that when sharing information across services, service providers protect and manage personal information in a sensitive and responsible manner. This supports a consistent way for the OHS to deal with the many different legislative provisions, guidelines and professional codes of conduct that apply to handling information.

Quality information is an important resource for OHS in planning, managing, delivering and improving safe, high-quality services. Quality information is accurate, valid, reliable, timely, relevant, legible and complete.

There are multiple sources of information including national and international evidence, healthcare records, audit findings, and feedback from workers using OHS. Using all the available data on an ongoing basis to monitor trends allows areas of possible concern for the service to be identified early and actions taken as required.

In order to accurately benchmark against other services nationally and internationally, it is important to use standardized definitions where they are available and to report data consistently in line with national reporting requirements.

To effectively use information, service providers have systems — including information and communications technology — to make sure the collection and reporting of high-quality information takes place within the context of effective arrangements for information governance.

Information governance provides a framework to bring together all the laws, regulations, guidance and best available evidence that applies to the handling of information. Workers' personal healthcare information informs all aspects of their care. It is essential that personal information is treated in a confidential manner and that service providers put in place arrangements to make sure that this happens.

The ability to identify an individual uniquely is important for safe effective care; therefore, OHS should have arrangements in place to uniquely identify each worker using their services.

Theme 5: Use of Information	
Standard 5.1	OHS use information as a resource in planning, delivering, managing and improving the quality, safety, reliability and sustainability of healthcare
Standard 5.2	OHS have effective arrangements in place for information governance
Standard 5.3	OHS have effective arrangements for the management of healthcare records

Standard 5.1	OHS use information as a resource in planning, delivering, managing and improving the quality, safety, reliability and sustainability of healthcare

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

5.1.1 Information Systems

5.1.1a Information systems, whether electronic or paper-based, are integrated, and they interface with other systems to support the delivery of safe, high-quality care.

5.1.2 Collection of Information

5.1.2a Arrangements to collect information on the current and anticipated needs of the workers and client organisations for example, the occupational health service report, to support effective decision-making. This information is used to plan, deliver, manage and improve services.

5.1.2b Arrangements to collect, manage and use accessible high-quality information to support effective decision-making in relation to the use of human, physical, financial and natural resources, for example, through collection and use of nationally agreed metrics. The effectiveness of these arrangements are regularly checked and steps are taken to address any areas identified for improvement.

5.1.2c Arrangements to ensure that OH staff have access to high-quality information including best available evidence to support and inform effective clinical decision-making exist.

5.1.2d Arrangements to evaluate and manage the quality and safety of services provided using relevant quality information including key performance indicators.

5.1.3 Feedback and Sharing of Information

5.1.3a Where information is reported, arrangements to ensure feedback is given in a timely manner and appropriate action taken as necessary.

5.1.3b Arrangements to ensure necessary information is shared where this is appropriate in a timely manner within and between services, in line with laws and regulations, based on best available evidence, national standards and guidance where available.

5.1.4 Surveys and Reports

5.1.4a Survey and reporting requirements for example, to national data collections, are met in a timely manner through the use of consistent datasets, using standardised definitions.

5.1.4b Surveys are used to measure the experience of both workers and managers of client organisations to determine how the service is operating in practice.

5.1.4c Recommendations arising from investigations, reviews and research findings are communicated and shared with relevant bodies.

Standard 5.2	OHS have effective arrangements in place for information governance

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

5.2.1 Information Governance and Training of OHS

5.2.1a Arrangements are in place for information governance to ensure services are complying with laws and regulations, using information ethically and using best available evidence, including national guidance if available, to protect workers' information.

5.2.1b Training in information governance for all OHS is in line with their level of access to personal health information that facilitates them to fulfil their roles and responsibilities for information governance and that they understand their responsibility to protect confidentiality.

5.2.2 Use of Information

5.2.2a The use of information, both to support providing safe and effective care and for secondary purposes, for example research, is in line with laws and regulations and recognized evidence-based guidance.

5.2.3 Quality of Information

5.2.3a Effective arrangements exist to ensure that information, both in paper and electronic formats, is of a high quality.

5.2.3b All data collected, analysed, used and shared complies with national standards, guidance or nationally agreed definitions, where they exist, to allow the comparability and sharing of information.

5.2.4 Security and Access to Information

5.2.4a Where health records are used, they are contemporaneous, accurate, relevant and accessible to workers where this is appropriate.

5.2.4b Procedures are in place to ensure security of health information, in both paper and electronic formats, controlling access and preventing unauthorized access.

5.2.4c Arrangements for sharing information within and between workers where this is appropriate that protect security and confidentiality of personal health information.

5.2.4d Arrangements are in place for workers to access a copy of their personal health information in line with laws and regulations

Standard 5.3	OHS have effective arrangements for the management of healthcare records

FEATURES OF AN OHS MEETING THIS STANDARD ARE LIKELY TO INCLUDE THE FOLLOWING.

5.3.1 Types of Healthcare Record

5.3.1a Structured and accurate records are kept of all care.

5.3.1b All information including a plan of care, clinical observations, diagnostic tests and progress notes are followed up, acted on and this is contemporaneously recorded by the relevant healthcare professional in an agreed format within an agreed health record.

5.3.1c Arrangements to make sure workers and their records are identified uniquely to avoid duplication and misidentification.

5.3.2 Management of Healthcare Records

5.3.2a Wherever health records are held, management is in line with laws and regulations, national policies, national health information standards and guidance, professional practice recommendations and nationally agreed definitions, where these exist.

5.3.2b Evaluation of the effectiveness of the service's records management practices and systems, and, where appropriate, taking action to address areas for improvement.

5.3.3 Storage and Backup

5.3.3a Arrangements are in place for backing up healthcare records with appropriate back up verification and storage.

5.3.4 Disposal and Transfer of Records

5.3.4a Arrangements are in line with legislation, best available evidence and national guidance, if available, for creating, using, storing, and disposing of personal health information.

5.3.4b A system is in place to ensure that information about workers is collated and transferred between services where this is appropriate in a reliable, timely and secure manner. Services comply with health information technical standards, where they exist, to facilitate the interoperability of systems and sharing of information.

5.3.4c Arrangements are in place for the transfer of clinical records on change of contract or cessation of business activity.

GLOSSARY OF TERMS

Accountability: Accountability describes the mechanism by which progress and success are recognised, remedial action is initiated or whereby sanctions (warnings, suspension, deregistration, etc) are imposed

Assessed need: systematic identification of the needs of a worker, group of, or population to determine the appropriate level of care or services required.

Assurance: Confidence, based on sufficient evidence, that internal controls are in place, operating effectively and objectives are being achieved.

Assurance framework: A structure within which boards identify the principal risks to the organisation meeting its principal objectives and map out both the key controls in place to manage them and also how they have gained sufficient assurance about their effectiveness.

Authority: Is associated with a role, which is linked to the responsibilities given. Authority is the power given to carry out responsibilities.

Autonomy: autonomy relates to being human and worthy of respect. In a practical sense, it is the ability of an individual to direct how he or she lives on a day-to-day basis according to personal values, beliefs and preferences. In health and social care, this involves the worker who uses services making informed decisions about the care, support or treatment that he or she receives. The ability to be autonomous, and make decisions, can be supported and developed.

Clinical governance: Is a system through which service providers are accountable for continuously improving the quality of their clinical practice and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. It is an umbrella term which encompasses a range of activities in which health care staff should become involved in order to maintain and improve the quality of care they provide to patients and to ensure full accountability of the system to patients. Traditionally it has been described using seven key pillars: clinical effectiveness and research; audit; risk management; education and training; patient and public involvement; using information and information technology; and staffing and staff management. It defines the culture, the values, the processes and the procedures that must be put in place in order to achieve sustained quality of care in healthcare organisations. Clinical governance involves moving towards a culture where safe, high quality patient centred care is ensured by all those involved in the patient's journey. Clinical governance must be a core concern of the Board and CEO of a healthcare organisation.

Controls assurance: A holistic concept based on best governance practice, it is a process designed to provide evidence that organisations are doing their 'reasonable best' to manage themselves so as to meet their objectives and protect patients, staff, the public and other stakeholders against risks of all kinds.

Corporate governance: The systems and procedures by which organisations direct and control their functions and relate to their stakeholders in order to manage their business, achieve their missions and objectives and meet the necessary standards of accountability, integrity and propriety. It is a key element in improving efficiency and accountability, as well as in enhancing openness and transparency.

Complaint: an expression of dissatisfaction by a worker(s) with any aspects of care or service provision.

Concern: a safety or quality issue regarding any aspect of the provision of occupational health services raised by a worker.

Confidentiality: the right of individuals to keep information about themselves from being disclosed.

Culture: the shared attitudes, beliefs and values that define a worker or groups of and shape and influence perceptions and behaviours.

Dignity: the right to be treated with respect, courtesy and consideration.

Effective: a measure of the extent to which a specific intervention, procedure, treatment, or service, when delivered, does what it is intended to do, for a specific worker or population.

Efficient: use of resources to achieve best results with minimal waste.

Employment: is a relationship between two parties, usually based on a contract where work is paid for, where one party, is the employer and the other is the worker.

External assurance: Assurances provided by reviewers, auditors and inspectors from outside the organisation, such as External Audit, HIQA, Mental Health Commission or Medical Colleges.

Features: in the context of this document these, taken together, will enable progress towards achieving the standard.

Financial governance: Is concerned with specific internal financial and operational control and accountability procedures. These include a wide range of written policies, procedures, guidelines, codes, audits, standards applicable to all HSE employees and are essential to ensure that governance in the HSE is robust and effective.

Gap in assurance: Failure to gain sufficient evidence that policies, procedures, practices or organisational structures on which reliance is placed are operating effectively.

Guideline: A principle or criterion that guides or directs action.

Healthcare Services: of health care professionals and their agents that are addressed at (1) health promotion; (2) prevention of illness and injury; (3) monitoring of health; (4) maintenance of health; and (5) treatment of diseases, disorders, and injuries in order to obtain cure or, failing that, optimum comfort and function (quality of life).

Informed consent: the giving of permission or agreement for an intervention, receipt or use of a service, release of information or participation in research following a process of communication in which the worker has received sufficient information to enable him/her to understand the nature, potential risks and benefits of the proposed intervention or service.

Informed decision making: the consistent and systematic identification, analysis, selection and supply of data and information to assist a worker evaluate options and make decisions in relation to a specific question. Information exchange is a two-way process in the consultation. Both deliberation and decision are made by both occupational health professional and worker.

Interpreter: a person who facilitates communication between users of different languages by use of oral translation or sign-language methods, either simultaneously or consecutively.

Leadership: is getting people to do things, using intrinsic motivation, i.e. internal motivators such as knowing that the organisation (in the person of your manager) cares about you as a person; a sense of ownership of the work(whether individual or collective); of pride in something well done; of satisfaction in a challenge overcome; of meaning to what one does. Leadership represents a key lever for successful transformation towards integrated service delivery. It influences the performance of all professions and grades in providing services for users. Health services require dispersed and collective forms of leadership, alongside active followership, core management practices and organisational direction.

Occupational Health care and support: is the promotion and maintenance of the highest degree of physical, mental and social well-being in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs

Occupational Healthcare professionals: are persons who have been accredited through appropriate training and policy to exercise skill or judgment according to professional training in diagnosing, treating or caring for and preserving or improving their health.

Occupational Health Service (OHS): any unit in which occupational health care and support is provided.

Occupational Health Service Provider: any person, organization or part of an organization employed to deliver occupational health services.

Occupational Health Staff: the people who work in the occupational health services, including but not limited to, administrative staff, occupational health nursing, occupational health medical staff, physiotherapy, occupational hygienist and cleaning staff.

Open disclosure: An open, consistent approach to communicating with patients when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the patient informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.

Patient: A person who is a recipient of healthcare.

Performance management: Is not just a process; it is, more importantly, a mindset and a way of behaving which influences organisational outcomes. It is primarily a process which establishes a shared understanding about what is to be achieved, why it needs to be achieved and how it is to be achieved, the acceptance of personal responsibility and accountability and an approach to managing outcomes and people that increases the probability of achieving success.

Policy: a written operational statement of intent which helps occupational health service provider make appropriate decisions and take actions, consistent with the aims of the occupational health service and in the best interest of the worker.

Pre employment: the time in the run up to a worker taking up a new job.

Procedure: Is a written set of instructions that describe the approved and recommended steps for a particular act or sequence of events.

Protocol: Operational instructions which regulate and direct activity.

Purchasers: Purchasers of OH Services are managers and other client organisations who utilise either by purchasing for an agreed fee or by some other agreement, the services of an OHS

Responsibility: Is a set of tasks or functions performed to a required standard that your employer can legitimately demand from you and which you are qualified and competent to exercise. Your responsibilities are defined by a contract of employment, which usually includes a job description describing responsibilities in detail.

Risk management: Coordinated activities to direct and control an organisation with regards to risk. The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects.

Service users: In Occupational Health the term service user may relate to:

- People who use health and social care services as patients; carers, parents and guardians; organisations and communities that represent the interests of people who use health and social care services; members of the public and communities who are potential users of health services and social care interventions.
- Managers and other client organisations who utilise, either by purchasing or some other agreement, the services of an OHS

Stakeholders: A person, group, organisation, or system who affects or can be affected by an organisation's actions. Heath service provider's stakeholders, for example, include its patients, employees, medical staff, government, insurers, industry, and the community.

Standards: Best practice standards can reflect (1) evidence-based medical practice (this is practice supported by current investigative studies of like patient populations), and (2) knowledge-based systems. Explicit in benchmarking is movement away from anecdotal and single-practitioner experience-based practice.

Support person: a person assisting a worker in any dealings with the occupational health service. The worker has the right to identify when he/she requires a support person and can nominate this person himself/herself

Third party: a person or persons that may need to be contacted outside of the primary relationship between the worker and occupational healthcare professional.

Worker: the people who work in the HSE organisation, including but not limited to healthcare professionals, health care assistants, laboratory staff, administrative staff, catering staff, cleaning staff, security staff, portering staff or anyone who is responsible to the organisation.

QA+I

QUALITY ASSESSMENT & IMPROVEMENT

QUALITY ASSESSMENT+ IMPROVEMENT FRAMEWORK

INTRODUCTION

Welcome to the Workforce Planning and Resource Management Quality Assessment and Improvement Workbook. This workbook will support assessment teams in preparing for assessment against the Standards for Safer Better Care in Occupational Health Services. Teams can use this workbook to familiarise themselves with the assessment process.

The Essential Elements are specific, tangible translations of the Standards. They represent those key aspects of quality you would expect to see within a service that is delivering safe, sustainable, high quality care in Occupational Health Services. 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 content within each Level are guiding prompts 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 Standards for Safer Better Care in Occupational Health Services are relatively new to Occupational Health Services, 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.
Continous 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)	There is an innovative leader in consistently delivering good patient 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.

The key output of this assessment is the development of Improvement Actions which will support your service in implementing the National Standards for Workforce and improving the quality of your service.

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

FIGURE 1: OVERVIEW OF ASSESSMENT PROCESS

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                              ┌─────────────────────┐
                              │      5 Themes       │
                              └─────────────────────┘
                                        │
┌──────────────────────┐                ▼
│ Select a Theme to    │     ┌─────────────────────┐
│ commence assessment  │────▶│  View Standards under│◀──────────┐
└──────────────────────┘     │     chosenTheme     │           │
                             └─────────────────────┘           │
                                        │                      │
┌──────────────────────┐                ▼                      │
│ Select a Standard to │     ┌─────────────────────┐           │
│ assess against       │────▶│ View Essential       │           │
└──────────────────────┘     │ Element(s) of Quality│           │
                             └─────────────────────┘           │
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┌──────────────────────┐                ▼                      │
│ Select an Essential  │     ┌─────────────────────┐           │
│ Element to assess    │────▶│ Select Level of      │           │
│ against              │     │ Quality for          │           │
└──────────────────────┘     │ Essential Element    │           │
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                             ┌─────────────────────┐           │
                             │ Select and provide   │           │
                             │ additional Evidence  │           │
                             │ that supports the    │           │
                             │ selected Level of    │           │
                             │ Quality              │           │
                             └─────────────────────┘           │
                                        │                      │
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                             ┌─────────────────────┐           │
                             │ Provide additional   │           │
                             │ information for the  │           │
                             │ Essential Element and│           │
                             │ selected Level of    │           │
                             │ Quality              │           │
                             └─────────────────────┘           │
                                        │                      │
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                             ┌─────────────────────┐           │
                             │ Agree Improvement    │           │
                             │ Actions              │           │
                             └─────────────────────┘           │
                                        │                      │
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                             ┌─────────────────────┐   ┌───────────────┐
                             │ Continue assessment  │   │   Quality     │
                             │ against next         │──▶│ Improvement   │
                             │ Essential Element/   │   │    Plan       │
                             │ Standard/Theme       │   └───────────────┘
                             └─────────────────────┘
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STANDARDS	ESSENTIAL ELEMENTS	WHAT YOU CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
STANDARD 1.1 **The planning, design, delivery of OHS are informed through worker engagement strategies and workers experience care which respects their diversity, dignity and their privacy and confidentiality**	**Maximising Worker Engagement**	• You can be confident that on referral you will be treated with respect, privacy and confidentiality
STANDARD 1.2 **Workers have equitable access to OHS based on their assessed needs**	**Equitable Access**	• If you have special physical or mental health needs, you will be accommodated whenever possible when you use our service. We will arrange for a n interpreter or a support person if you need them
STANDARD 1.3 **Workers are empowered to make informed decisions about their care or need from the OHS to ensure informed consent is obtained in accordance with laws regulation and best available evidence**	**Informed Decision Making**	• Those who use our service will be supported in making decisions and asked for consent for care
STANDARD 1.4 **Worker feedback including complaints and compliments are responded to promptly openly and effectively with clear communication and support provided through this process**	**Feedback**	• The service you are using listens to the views and the feedback of staff and supports them in making your care safer and better.

Standard 1.1

The planning, design and delivery of OHS are informed through worker engagement strategies and workers experience care which respects their diversity, dignity, privacy and confidentiality.

Essential Element: **Maximising Worker Engagement, Diversity and Dignity, Privacy and Confidentiality**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

▸ OHS has a code of conduct which promotes a culture of kindness, consideration and respect throughout the service.

▸ Service users and staff are made aware of the National Healthcare Charter.

▸ Information is provided to service users:
  – on service user rights.
  – on privacy, dignity and confidentiality.

▸ OHS has arrangements to:
  – identify its worker population needs and preferences.
  – support service user involvement.
  – promote respect for the dignity and privacy of service users
  – seek feedback from service users about their care experience.

▸ OHS complies with legislation to protect service user confidentiality.

▸ OHS ensures staff receive training on protecting confidentiality on induction.

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

▸ OHS mission statement and values reflects a culture of kindness, consideration and respect.

▸ OHS strategic plan reflects population needs and service user involvement.

▸ Implementation plan for the National Healthcare Charter is in place.

▸ OHS assesses the cultural diversity of its population

▸ Environment and facility reviews are undertaken to ensure privacy and dignity is protected through appropriate design and management

▸ Service user feedback:
  – is actively sought in relation to their experience of privacy, dignity and confidentiality.
  – outcome measures are identified, measured and monitored and reviewed.

▸ Changes to Irish and European legislation are circulated to all staff.

▸ Staff receive training:
  – at induction on how to reflect the mission statement and code of conduct in their behaviour towards service users
  – on an ongoing basis on protecting confidentiality.
  – on the National Healthcare Charter.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

▸ Evaluation takes place:
  – of arrangements for service user involvement.
  – of implementation plans.
  – of the extent to which service user needs are being met.
  – of the implementation of the National Healthcare Charter.

- Service users are regularly informed of changes made as a result of their assessed needs and from feedback on their preferences.
- Outcomes from evaluations, surveys and analysis of service user feedback informs improvement plans.
- There is evidence of consistent performance in patient experience outcome measures.
- Service users differing social and cultural needs are taken into account in the planning and delivery of services.
- OHS identifies, monitors and reports on quality indicators for dignity, respect, privacy and confidentiality.
- Analysis of incidents pertaining to privacy, dignity and confidentiality is undertaken and improvement actions implemented.

LEVEL OF QUALITY: Excellence (E)
GUIDING PROMPTS

- Services users are involved in the auditing of quality of services.
- Service users are actively encouraged and facilitated to exercise their rights.
- There is evidence of strong leadership and commitment to protecting and improving the dignity, privacy and confidentiality of service users.
- There is a strong culture of respecting privacy and dignity throughout the service.
- Learning experiences from supporting the development of a culture of kindness, consideration and respect is shared throughout the OHS and with other OHS.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Worker population needs assessment.
- Terms of reference and minutes of service user panel / forum.
- Documented changes in service delivery as a result of service user engagement / feedback.
- Strategies which support service user involvement.
- Surveys of service user feedback analysis and improvement plans.
- Implementation of quality improvement plans based upon survey results.
- Staff training on implementation of principles of service user involvement.
- Mission statement / strategic plan are underpinned by the principles of the National Healthcare Charter.
- Compliance with relevant legislation and regulations relating to service user rights.
- Information on advocacy and interpreting services is accessible.
- Results of patient and carer feedback inform improvement plans.
- Analysis of cultural diversity review.
- Attendance at staff training on advocacy and effective communication skills.
- Attendance at staff training on cultural diversity, privacy, dignity and autonomy of service users.
- Outcomes of investigations on the protection of service user rights inform improvements.
- Evaluation of patient information that supports dignity, privacy and autonomy
- Environmental reviews take account of need for privacy and dignity and are incorporated into improvement plans.

- ▸ Employee handbook outlines staff code of conduct.
- ▸ OHS mission statement and code of conduct.
- ▸ Implementation plan for the National Healthcare Charter and evaluation.
- ▸ Quality and Safety walk rounds inform improvement plans and take account of the culture of kindness and respect.
- ▸ Attendance and agendas at induction and ongoing training and completed training needs assessments.
- ▸ Evaluation of training including staff feedback and findings from analysis of service user feedback.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 1.2

Workers have equitable access to OHS based on their assessed needs.
Essential Element: **Equitable Access, Interpreter service.**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

- ▶ Service assesses performance against national access targets.
- ▶ Referral criteria are in place and are communicated to all stakeholders.
- ▶ Service users receive information on access.

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

- ▶ Policies for the management of referrals are implemented.
- ▶ Referral pathways based on national guidance and worker population needs facilitate access.
- ▶ OHS governing committees review reports on performance including access targets and agree improvement plans.
- ▶ OHS environment and facilities are reviewed to ensure accessibility for all service users.
- ▶ OHS reviews and addresses complaints in relation to access.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

- ▶ Consistent achievement of the national access targets and these are reported.
- ▶ Referral pathways and criteria are evaluated and updated to meet service user assessed needs.
- ▶ Audits on compliance with policies for the management of referrals are undertaken.
- ▶ Service evaluates the experience of service users regarding the accessibility of services.

LEVEL OF QUALITY: GUIDING PROMPTS	Excellence (E)

- ▶ • Benchmarking of performance in relation to access is undertaken.
- ▶ • Service examines international and national innovative approaches to improving access.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

Performance reports on access targets.

▶ Referral pathways developed, implemented and evaluated.

▶ Evaluation of referral criteria for services.

▶ Implementation of the National Healthcare Charter and resources.

▶ Audits on the management of referrals.

▶ Evidence of implementing report recommendations pertaining to access.

▶ Quality initiatives to improve access e.g. validation of waiting lists, awareness raising on DNAs.

▶ Attendance at staff training on implementation of policies relating to referral management.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 1.3

Workers are empowered to make informed decisions about their care or need from the OHS to ensure informed consent is obtained in accordance with laws, regulations and best available evidence.
Essential Element: **Informed Decision Making, Informed Consent.**

LEVEL OF QUALITY: Emerging Improvement (EI)
GUIDING PROMPTS

▶ Workers are provided with and have access to relevant, clear and timely information.

▶ OHS encourages participation of workers in decision making.

▶ Shared decision making is reflected in care planning.

▶ Workers and service users are made aware of information relating to potential charges associated with the provision of care.

▶ OHS has a policy and procedure on obtaining and acting in accordance with the informed consent of workers.

▶ Policy includes arrangements that protect the best interests of workers who lack capacity to give informed consent.

▶ Members of staff receive training on obtaining informed consent including in exceptional and emergency situations.

LEVEL OF QUALITY: Continuous Improvement (CI)
GUIDING PROMPTS

▶ OHS has adapted information to reflect the diversity of its workers e.g. capacity to understand and cultural background.

▶ Training is provided to staff on approaches to empowering shared decision making.

▶ OHS audits compliance with consent policy and procedure which informs improvement plans.

▶ OHS has arrangements to support workers in making informed decisions about their treatment and care.

LEVEL OF QUALITY: Sustained Improvement (SI)
GUIDING PROMPTS

▶ Workers are facilitated to exercise choice, where it is available, in the planning and delivery of their care and treatment.

▶ Analysis of feedback to support improvements in shared decision making.

▶ Evaluation of worker and service user information informs improvement.

▶ Worker feedback on their experience of providing consent is reviewed and improvement plans developed.

▶ Incidents pertaining to informed consent are analysed, reported and learning shared within the OHS and between OHS.

▶ Evaluation of consent policy and procedure informs improvement plans.

LEVEL OF QUALITY: Excellence (E)
GUIDING PROMPTS

▶ A strong culture of worker participation in their care.

▶ Innovative approaches are undertaken to improve participation in shared decision making.

▶ OHS implements the relevant learning from national and international incidents involving issues around consent.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

▸ Implementation of National Healthcare Charter principle of communication and information.
▸ Availability of information to empower shared decision making e.g. 'It's Safer to Ask' resources.
▸ Patient information is available in many formats and languages.
▸ Patient information is evaluated and informs improvements.
▸ Audit of healthcare records to demonstrate provision of information.
▸ Analysis of worker and service user feedback and implementation of improvement plans.
▸ Availability of interpretation services.
▸ Treatment costs are clearly available where relevant.
▸ Local consent policy based on national policy and legislation.
▸ Audit of compliance with consent policy including audit of health care records.
▸ Quality improvement plans to improve consent process based on audit cycle results.
▸ Evaluation of service user feedback on experience of providing consent.
▸ Reports of analysis and trending of incidents pertaining to consent.
▸ Staff training on obtaining consent.
▸ Shared learning of incidents in the service.
▸ Evaluation of patient information relating to consent.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 1.4

Worker feedback including complaints and compliments are responded to promptly, openly and effectively with clear communication and support provided throughout this process.
Essential Element: **Feedback, Complaints and Compliments.**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

▶ A named competent individual is identified to manage and respond to worker and service user feedback.
▶ OHS implements a publicly available policy which takes account of legislation, relevant regulations and national guidelines.
▶ Workers and service users receive information on how to provide feedback.

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

▶ Regular analysis of feedback informs improvement plans.
▶ Potential risks and incidents identified from feedback are appropriately managed.
▶ Reports of analysis are submitted to OHS governing committees.
▶ Workers and service users and are kept informed on the progress and outcome of their complaint.
▶ Relevant outcome measures are monitored including the timeliness of the complaints management process.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

▶ Complaints management process is regularly monitored against performance indicators and evaluated.
▶ Improvement plans are monitored and reported through governance structures.

LEVEL OF QUALITY: GUIDING PROMPTS	Excellence (E)

▶ Learning from feedback is used to promote improvements both locally and nationally.
▶ Innovative approaches are taken to gather and action worker and service user feedback.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

▸ Minutes / agenda of management team meetings include review incidents and feedback.
▸ Audit of compliance with policy on the management of feedback including timeliness of the process.
▸ Evaluation of the local implementation of Your Service Your Say.
▸ Complaints analysis, trending and improvement plans.
▸ Arrangements support the performance management of staff who may be the subject of a complaint.
▸ Attendance at staff training on complaints management.
▸ Visible signage prompting service user feedback.
▸ Quality improvement initiatives to gather and action service user feedback.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARDS	ESSENTIAL ELEMENTS	WHAT YOU CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
STANDARD 2.1 **In order to manage health and safety in their workplace, the OHS will implement a safety and health management programme within their service**	**Commitment to Safety and Health** **Clear Accountability** **Incident Reporting**	• Health and Safety is a priority to the OHS. We take a proactive approach to managing health and safety in order to reduce the likelihood of incidents occurring. However If they do occur, you can be confident that we will deal with them in a professional and transparent way and ensure there is learning to minimise the risk of reoccurrence

Standard 2.1

In order to manage health and safety in their workplace, the OHS will implement a Safety and Health Management Programme within their service.

Essential Element: **Commitment to Safety and Health, Clear Accountability, Incident Reporting.**

LEVEL OF QUALITY: Emerging Improvement (EI)
GUIDING PROMPTS

- ▸ The OHS commits to improving the safety and health of the services it delivers
- ▸ Accountability arrangements which identify those responsible for the implementation, co-ordination and maintenance of the Safety Management Programme
- ▸ Governance arrangements in place which support the implementation of the Safety Management Programme
- ▸ Hazards are identified and risk assessments are completed
- ▸ Safety Statement based on the findings of the risk assessment process available
- ▸ Incident reporting and recording system in place including reporting of incidents to external agencies as appropriate e.g. State Claims Agency, HSA
- ▸ There are processes in place to receive, monitor, analyse and report on safety and health information
- ▸ Training needs assessment is completed and appropriate statutory and mandatory health and safety training provided

LEVEL OF QUALITY: Continuous Improvement (CI)
GUIDING PROMPTS

- ▸ Safety and health underpins the OHS strategic plan
- ▸ Safety and health is a standing agenda item on governing committees and these committees receive safety and health reports and implement actions
- ▸ Safety Statement review undertaken at least annually
- ▸ Review risk assessments and monitor implementation of additional controls identified
- ▸ Risk Register in place where risks that cannot be managed locally are escalated to the next level of management for attention
- ▸ A consultation process is established which allows effective communication on health and safety matters
- ▸ Safety and health audits are undertaken and improvement plans developed, implemented and monitored in line with governance arrangements
- ▸ Regular audit and evaluation of investigation process is undertaken to provide assurance on the quality of such investigations
- ▸ Recommendations from incident investigations are implemented and learning shared
- ▸ Safety and health information collated from all relevant sources is used to inform the development of the safety and health improvement plan
- ▸ Training programme in place

LEVEL OF QUALITY: Sustained Improvement (SI)
GUIDING PROMPTS

- ▸ Results of audits on the Safety Management Programme inform further improvement and development of the programme
- ▸ There is a culture of proactive risk assessment
- ▸ Good culture of incident reporting, management and investigation supported by continuous training
- ▸ The consultation process is evaluated for effectiveness
- ▸ Learning from Safety and health information is shared across the service and externally as appropriate

▸ The OHS benchmarks its safety and health performance against other OHS

▸ OHS actively engages with other OHS to consider alternative approaches to improving safety and health performance

▸ Analysis of incidents, investigations, their causal and contributory factors identified and their recommendations annually reported

▸ Learning from international and national investigations informs improvements

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

▸ A current Safety Statement based on hazard identification and risk assessment is available to all OHS staff in their place of work

▸ A risk register is in place that provides the Occupational Health Service with a risk profile including safety and health risks

▸ There is a forum e.g. risk committee meeting or similar at which incident reports, state claims agency reports, risk assessments and risk registers, quality improvement action plans are discussed and progress is monitored.

▸ Minutes of meetings which refer to discussions on matters of safety and health

▸ Information from the forum is used to inform KPIs and strategic business plans for Occupational Health Services

▸ Integrated risk reports and analysis e.g. incidents, complaints, risk assessments, legal claims

▸ There is evidence that recommended control measures or actions from the risk assessment have been implemented within an agreed timeframe

▸ Training needs assessment undertaken for each employee

▸ Training programme established based on a training needs assessment

▸ Records of attendance at statutory and mandatory training

▸ Incident reporting system (NIMS) in place

▸ Incident analysis and trending

▸ Implementation plan for recommendations arising from an investigation

▸ Evidence of communication of learning from incident investigations

▸ Implementation plan arising from an audit of the Safety Management Programme

▸ Implementation of recommendations/actions documented in the Safety Management Programme audit implementation plan

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARDS	ESSENTIAL ELEMENTS	WHAT YOU CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
STANDARD 4.1 **OHS requires effective and clear governance arrangements that provide the necessary framework and structure, systems and processes to enable and demonstrate the provision and management of high quality and safe services**	**Strong Governance and Clear Accountability**	• We recognise that we have an important role in a larger organisation we operate under a broader quality system
STANDARD 4.2 **OHS maintain a publically available statement of purpose**	**Statement of Purpose**	• We publish clear information on the services that we provide for the organisation. We encourage you to contact us if you have any questions or queries
STANDARD 4.3 **Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of OHS**	**Monitoring Arrangement for Improving Quality, Safety and Reliability of OHS**	• We review the service using standards for quality. We see how we compare to others elsewhere and strive to continually improve the service.
STANDARD 4.4 **The conduct and provision of OHS are compliant with relevant Irish and European legislation and regulatory bodies as they apply to their service**	**Compliance with legislation**	• We ensure that we are compliant with legislation and regulatory bodies and keep this under constant review
STANDARD 4.5 **Relationship with Purchasers of Service should be based on an assessment and clear understanding of the needs of the customer and governed by service level agreement for each client organisation**	**Relationship with Purchaser**	• We have clearly defined processes and agreements with anyone who purchases service from us.

Standard 3.1

Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.

Essential Element: **Maximising Staff Resources**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

▸ There are structures and processes to support the management and engagement of staff.

▸ Management of staff takes account of deployment and the short term needs of the service.

▸ Organisation and deployment of staff support service delivery within the Employment Control Framework.

▸ Employment legislation and any changes are communicated to staff.

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

▸ Systematic review of staff resources ensures alignment to the quality and safety objectives of the service.

▸ Human resource management policies and practices are implemented and reviewed to maximise staff retention, replacement, succession planning and deployment.

▸ Staff management takes account of skill mix, competencies and deficits in staffing and reflects relevant legislation and government policy.

▸ Staffing deficits are risk assessed and linked to the service's risk management process.

▸ Outcome measures are reviewed and reported to governing committees with reciprocal feedback to staff.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

▸ Workforce planning is integrated into service and financial planning.

▸ Evaluation of workforce plan informs contingency plans and future developments.

▸ Planning for changes in resources and workload support the continued safe delivery of services and support staff in adapting to change.

▸ Outcome measures are consistently achieved and reported.

▸ Workforce planning takes account of staff capability, capacity and skill-mix to meet long term needs of the service.

LEVEL OF QUALITY: GUIDING PROMPTS	Excellence (E)

▸ Benchmarking with other service providers informs improvements and learning.

▸ Innovative approaches to maximising staff resources are implemented and shared nationally.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

▸ Development and evaluation of workforce plan.
▸ Workforce plan aligned to service plan objectives.
▸ Workforce reports submitted to governing committees.
▸ Future needs assessments are incorporated into workforce plan.
▸ Testing of workforce models.
▸ Implementation of contingency plans.
▸ Implementation of improvement plans based on benchmarking.
▸ Implementation of succession planning.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 3.2

Service providers recruit people with the required competencies to provide high quality, safe and reliable healthcare.

Essential Element: **Effective Staff Recruitment**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

▸ Service has policies, procedures and guidelines based on Irish and European legislation.
▸ Changes in legislation are reflected in all relevant documentation.
▸ Staff involved in recruitment and selection receive relevant training.
▸ Documented service agreements with external recruitment agencies.
▸ Service has publicly available information on recruitment and selection procedures.

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

▸ Human Resource Management policies are regularly reviewed and changes are communicated to staff.
▸ Review of service agreements with external recruitment agencies to assure roles and responsibilities are being met and agreed measures are being achieved.
▸ Assurance checks are undertaken to confirm that all appointees have appropriate qualifications, relevant statutory registration, Garda vetting and are medically fit for the role.
▸ Review of feedback that is sought from candidates and line managers informs improvements.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

▸ Evaluation of systems to ensure appropriateness and effectiveness of recruitment and selection processes.
▸ Audits undertaken by the Commission for Public Service Appointments (CPSA) demonstrates compliance with Code of Practice.

LEVEL OF QUALITY: GUIDING PROMPTS	Excellence (E)

▸ Service explores innovative methods of recruitment and selection to secure a high quality candidate pool.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

▸ Governing arrangements that support recruitment and selection.
▸ Implementation of human resource policies and guidelines.
▸ Assurance checks to verify staff qualifications, statutory registration, health and Garda vetting.
▸ Audit of compliance with Code of Practice issued by Commission for Public Service Appointments (CPSA).
▸ Feedback sought from candidates and line managers.
▸ Attendance at staff training.
▸ Pre and post interview candidate information packs.
▸ Innovative approaches to recruitment.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 3.3

Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.

Essential Element: **Maintaining Competent Staff**

LEVEL OF QUALITY: Emerging Improvement   (EI)
GUIDING PROMPTS

▸ Structures and processes support staff induction, performance management, maintenance and development of competencies.
▸ Induction programme includes the quality and safety objectives of the service and focuses on all new staff (including temporary and locum staff).
▸ Probation periods are effectively managed and expectations clearly established early in employment.
▸ Performance management systems are utilised in managing staff.
▸ A system to retain and access training records is in place.

LEVEL OF QUALITY: Continuous Improvement (CI)
GUIDING PROMPTS

▸ Training education and development plans are based on training needs analyses.
▸ Training programmes are aligned to identified quality and safety objectives and include enhancing communication skills.
▸ Analysis of incidents and report recommendations informs training programmes.
▸ Staff are supported in maintaining competencies required for professional registration.
▸ The service supervises and reviews the provision of care to ensure that staff work within their competencies and scope of practice.
▸ Review of arrangements that support annual verification of professional registration.

LEVEL OF QUALITY: Sustained Improvement (SI)
GUIDING PROMPTS

▸ Induction programmes and training and development plans are evaluated and outcome measures are reported and actioned.
▸ Participants' feedback forms part of these evaluations.
▸ Performance management systems are fully operational and inform the overall training needs assessment and succession management.

LEVEL OF QUALITY: Excellence (E)
GUIDING PROMPTS

▸ The service reviews national and international competency development programmes to inform improvements.

EXAMPLES

- Training needs analysis report.
- Training and development plan with short, medium and long term goals.
- Completion of competency assessment frameworks.
- Regular review of professional development plans.
- Evaluation of induction and training programme.
- Report of attendance at mandatory training and induction programme.
- Arrangements to support professional supervision, mentoring and coaching.
- Implementation of innovative approaches to facilitating staff training e.g. e-learning.
- System that verifies annual verification of professional registration.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 3.4

Service providers support their workforce in delivering high quality, safe and reliable healthcare.
Essential Element: **Support Systems and Resources for Staff**

LEVEL OF QUALITY:	Emerging Improvement	(EI)
GUIDING PROMPTS		

▸ Governing arrangements support clarity on roles, responsibilities and lines of accountability for all staff.
▸ Governance arrangements support clear lines of accountability for management of resources e.g. delegation of authority to the executive team, standard procedures for delegated tasks.
▸ Arrangements support the management of staff performance including underperformance.
▸ Arrangements exist to address identified clinical concerns at local level initially with onward reporting to professional and regulatory bodies as appropriate.
▸ Arrangements support staff engagement, consultation and responding to staff feedback.
▸ Policy supports staff in making protected disclosures.
▸ The work environment is risk assessed in line with legislation and policies.
▸ Finance committee support and provide assurance to executive governing committees.
▸ Service plan aligns financial plan allocation to service plan objectives and contingency plans are developed.
▸ Performance reports against service plan are developed, monitored and reported to governing committees.
▸ Risk assessments of significant resource decisions are undertaken to include impact on patient safety and quality.

LEVEL OF QUALITY:	Continuous Improvement (CI)
GUIDING PROMPTS	

▸ Arrangements for engaging with and gathering feedback from staff are reviewed, improvement plans implemented and there is reciprocal feedback on outcomes.
▸ The findings from risk assessments inform improvement plans which are implemented.
▸ Training and support is provided to staff working in areas identified as potential risk environments.
▸ Staff safety incidents are analysed, trended and inform improvements.
▸ Human resource systems to manage performance are fully utilised.
▸ Implementation of plans to address variances in performance against service plan.
▸ Internal and external resource audits are completed and inform action plans.
▸ Consultation and transparency on resource decisions with service users and staff.
▸ Ongoing service planning takes into account capital and equipment needs and reduction of waste.
▸ Resource decisions are informed by quality and safety priorities, ethical implications, risk assessments, benchmarking and the views of service users and the workforce.
▸ Systems are developed to gain better understanding of the costs of the service.

LEVEL OF QUALITY:	Sustained Improvement (SI)
GUIDING PROMPTS	

▸ Evaluation of performance management system with implementation of improvement actions.
▸ Methods of engagement with staff are evaluated and improvement plans developed.
▸ Evaluation of the staff health and safety programme is undertaken.
▸ Service provides an occupational health service and employee assistance programmes for staff.
▸ Consistent performance in achieving service plan targets within budget allocation.

- ▸ Consistent achievement of savings targets.
- ▸ Audit structures are well established and provide timely accurate information on use of resources which informs good decision making

LEVEL OF QUALITY: Excellence (E)
GUIDING PROMPTS

- ▸ The service reviews national and international incidents relating to staff welfare and incorporates learning into local improvement plans.
- ▸ Partnership with other agencies to improve financial intelligence.
- ▸ Reporting on the use of resources is available to service users.
- ▸ Fully costed pathways and services to support implementation of government policy.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- ▸ Formal performance management arrangements.
- ▸ Evidence of performance being reviewed and monitored.
- ▸ Performance improvement plan is linked to training and development.
- ▸ Access to occupational health services.
- ▸ Risk assessments of the work environment and implementation of improvement plans.
- ▸ Evaluation of staff health and safety programme.
- ▸ Analysis and trending of incidents.
- ▸ Evaluation of arrangements for staff engagement.
- ▸ Governing arrangements that support resource management.
- ▸ Terms of reference for finance and audit committees.
- ▸ Risk assessments of significant cost containment plans.
- ▸ Reports on achievement of service plan key performance indicators.
- ▸ Reports from the financial auditor reviewing compliance with national financial regulations.
- ▸ Remedial action plans for non compliance with legislation.
- ▸ Signed review of internal controls assurance.
- ▸ ISO 9001:2008 Quality management system registration.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARDS	ESSENTIAL ELEMENTS	WHAT YOU CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
STANDARD 4.1 **OHS requires effective and clear governance arrangements that provide the necessary framework and structure, systems and processes to enable and demonstrate the provision and management of high quality and safe services**	**Strong Governance and Clear Accountability**	• We recognise that we have an important role in a larger organisation we operate under a broader quality system
STANDARD 4.2 **OHS maintain a publically available statement of purpose**	**Statement of Purpose**	• We publish clear information on the services that we provide for the organisation. We encourage you to contact us if you have any questions or queries
STANDARD 4.3 **Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of OHS**	**Monitoring Arrangement for Improving Quality, Safety and Reliability of OHS**	• We review the service using standards for quality. We see how we compare to others elsewhere and strive to continually improve the service.
STANDARD 4.4 **The conduct and provision of OHS are compliant with relevant Irish and European legislation and regulatory bodies as they apply to their service**	**Compliance with legislation**	• We ensure that we are compliant with legislation and regulatory bodies and keep this under constant review
STANDARD 4.5 **Relationship with Purchasers of Service should be based on an assessment and clear understanding of the needs of the customer and governed by service level agreement for each client organisation**	**Relationship with Purchaser**	• We have clearly defined processes and agreements with anyone who purchases service from us.

Standard 4.1

OHS requires effective and clear governance arrangements that provide the necessary framework, structure, systems and processes to enable and demonstrate the provision and management of high quality and safe services.

Essential Element: **Strong governance and clear accountability.**

LEVEL OF QUALITY: Emerging Improvement (EI)
GUIDING PROMPTS

▸ OHS has a clear organisational and accountability structure.
▸ There is an identified named individual who has overall accountability.
▸ OH staff have sufficient expertise and are aware of their responsibilities, accountabilities (professional, clinical, leadership and managerial), and reporting lines within their respective roles.

LEVEL OF QUALITY: Continuous Improvement (CI)
GUIDING PROMPTS

▸ The OHS structure reflects integration of corporate and clinical governance.
▸ There is a clear scheme of accountability and delegation which cascades down to team and individual level.
▸ OH 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 OHS with recognition of the level of authority required of each role.
▸ The composition, competencies and conflict of interests are regularly assessed.
▸ Arrangements are in place to facilitate escalation of service users compliments/concerns.

LEVEL OF QUALITY: Sustained Improvement (SI)
GUIDING PROMPTS

▸ An induction programme is in place for all new OH staff.
▸ The OHS monitors quality and safety outcomes and provides assurance to service users.
▸ Accountability arrangements are reviewed to strengthen governance arrangements.

LEVEL OF QUALITY: Excellence (E)
GUIDING PROMPTS

▸ OHS agenda demonstrates active management of the organisation's quality profile.
▸ There is a mandatory continuing development programme for OH staff.
▸ Implementation of learning from national and international report recommendations arising from investigations is undertaken to further improve accountability framework.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

▶ Organisational chart.
▶ Terms of reference.
▶ Demonstration the monitoring and implementation of service plan and achievement of performance indicators.
▶ Structured governing OHS meetings with agendas, minutes, reports, action plans and signed off decisions.
▶ Clear job descriptions with accountability outlined.
▶ Evidence of clear objectives for named accountable individual e.g. yearly individual and/or team based performance reviews.
▶ Review and implementation of relevant report recommendations and any new national guidelines or care pathways.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 4.2

OHS 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.**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

▶ OHS outlines the profile and location of services provided.

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

▶ The statement of purpose is developed and publicly available.

▶ Statement of purpose is regularly reviewed and amended to reflect changes in the OHS.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

▶ OHS has a clear publicly available statement of purpose which outlines the aims and objectives of the service, alignment of resources, services provided, the model of service delivery and the location of the service.

▶ Assurance arrangements ensure services delivered are within the statement of purpose.

▶ Consultation is sought from relevant stakeholders prior to changes being made to services delivered.

▶ Communication plan supports awareness of the statement of purpose and any proposed changes.

LEVEL OF QUALITY: GUIDING PROMPTS	Excellence (E)

▶ OHS translate the statement of purpose into a variety of languages to meet the needs of the staff who attend the service.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

▸ Statement of purpose is publicly available.
▸ 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.
▸ HSE and OH statement of mission, vision and values.
▸ OH leaflets and websites.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 4.3

OHS have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of service.

Essential Element: **Monitoring arrangements for improving quality, safety and reliability of OHS.**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

▶ Governance arrangements support the monitoring of quality, safety and reliability information at all levels within the OHS.

▶ Arrangements support the collection of information from different sources on the quality, safety and reliability of OHS.

▶ Quality, safety and reliability reports are regularly developed within the OHS.

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

▶ Information collected forms an OHS profile.

▶ OHS profile is reported and reviewed to inform improvements.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

▶ Evaluation of arrangements to support monitoring and reporting of OHS quality, safety and reliability are undertaken.

▶ An annual report is reported focusing on the quality, safety and reliability of OHS provided, implementation of improvement plans and achievement of quality indicators.

LEVEL OF QUALITY: GUIDING PROMPTS	Excellence (E)

▶ Different methodologies in collecting quality and safety information are explored and tested locally.

▶ Review of national and international indicators inform local measures which can be used to support the measurement of quality, safety and reliability within the OHS.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- ▶ Monitoring and feedback arrangements on the quality, safety and reliability of the OHS.
- ▶ 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).
- ▶ Implementation of improvement plans and specific quality, safety and reliability 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, safety and reliability of the OHS.
- ▶ Communication of the OHS profile.
- ▶ HIQA (2013)-developing key performance indicators.
- ▶ HSE service plan.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 4.4

The conduct and provision of OHS are compliant with relevant Irish and European Legislation and regulatory bodies as they apply to their service.

Essential Element: **Compliance with legislation.**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

- ▶ There is a clear understanding of all Irish and European legislation which applies to OHS.
- ▶ Reviews are undertaken to determine any new or changed applicable legislation.
- ▶ OHS supports the implementation of standards and alerts.

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

- ▶ 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 OHS risk register.
- ▶ Staff education on relevant legislation is provided.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

- ▶ Plans to address non-compliance are monitored, updated and reported accordingly.
- ▶ Analysis of breaches with legislation are undertaken to inform targeted education.
- ▶ Recommendations within external reports on compliance with legislation are implemented.

LEVEL OF QUALITY: GUIDING PROMPTS	Excellence (E)

- ▶ Governing committees receive regular reports providing assurance on OHS compliance with all relevant legislation.
- ▶ OHS provides 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 relevant OHS legislation, standards and alerts.
- ▸ Notification to staff of relevant OHS legislative changes.
- ▸ Audits on compliance with OHS legislation.
- ▸ Reports to governing committees on OHS compliance with legislation.
- ▸ Risk assessments of non-compliance.
- ▸ Hospital and OHS risk register contains identified risks of non-compliance.
- ▸ Attendance by staff at education programmes on relevant OHS legislation.
- ▸ Staff communications regarding changes in OHS legislation and learning from non-compliance reports.
- ▸ System in place to receive and process alerts applicable to OHS.
- ▸ Involvement in a peer support programme.
- ▸ Networking and involvement with national implementation groups.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 4.5

Relationships with purchasers of services should be based on an assessment and clear understanding of the needs of the customer and governed by Service Level Agreement for each client organisation

Essential Element: **Service Agreement**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

▶ Governance arrangements support the establishment and monitoring of formalised agreements for the quality and safety of OH services provided by another agency on behalf of the OHS.

▶ There is a named individual accountable for each agreement.

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

▶ These agreements and associated performance indicators are regularly monitored.

▶ Any issues or concerns are reported in line with governing arrangements.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

▶ Evaluations are undertaken to determine the effectiveness of governing arrangements.

▶ Evaluations are undertaken to establish if the agreements are meeting the OHS developing needs and are compliant with relevant standards prior to any renewals.

▶ There is consistent demonstration of the achievement of agreed performance measures.

LEVEL OF QUALITY: GUIDING PROMPTS	Excellence (E)

▶ Feedback is sought from service users who receive services provided by an external contracted agency to seek assurances on the quality and safety of those services.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

Governance arrangements that support service level 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 experience surveys informing improvements.
▶ Monitoring of performance reports.
▶ Minutes of performance management meetings.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARDS	ESSENTIAL ELEMENTS	WHAT YOU CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
STANDARD 5.1 **OHS use information as a resource in planning, delivering, managing and improving the quality safety, reliability, and sustainability of healthcare**	**Integrated Information System**	• We collect our information in the most integrated way possible. When we are asked for surveys or reports we will deliver them in an accurate and timely fashion.
STANDARD 5.2 **OHS have effective arrangements in place for information governance**	**Quality of Information Security and Access Training of Staff**	• Our staff are trained in the use of information. We use best practice in access and security measures with all confidential medical information.
STANDARD 5.3 **OHS have effective arrangements in place for the management of health care records**	**Storage, Disposal and Transfer of Information**	• We adhere to very clear guidelines and regulations when it comes to the storage, disposal or transfer of personal medical Information.

Standard 5.1

OHS use information as a resource in planning, delivering, managing and improving the quality, safety, reliability and sustainability of healthcare.

Essential Element: **Integrated Information System**

LEVEL OF QUALITY: Emerging Improvement (EI) GUIDING PROMPTS

▶ OHS arrangements support the collation and analysis of available information to enable effective decision making.

▶ OHS uses this information to strategically plan for current and future service needs.

▶ Relevant staff are trained on the collection and recording of data and use of information systems.

▶ Staff are supported in accessing evidence based information.

LEVEL OF QUALITY: Continuous Improvement (CI) GUIDING PROMPTS

▶ OH governing committees receive reports from relevant sources of information to include trend analysis and achievement of performance measures.

▶ OHS continually validates the accuracy of information provided.

▶ Relevant staff are trained on new information systems to maximise their full benefits.

▶ Relevant clinical staff are involved in procurement of information systems.

▶ Planning for new information systems takes into account the compatibility and inter-operability within and between different systems

LEVEL OF QUALITY: Sustained Improvement (SI) GUIDING PROMPTS

▶ Information systems are evaluated to improve their effectiveness e.g. validity and timeliness of data captured and analysed.

▶ OHS supports national priorities regarding data collection for research and quality improvement initiatives.

▶ Co-ordination of care is facilitated through the use of compatible and inter-operable external information systems.

LEVEL OF QUALITY: Excellence (E) GUIDING PROMPTS

▶ Information systems support electronic interfaces with laboratory management systems, within hospital groups and with other OHS.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- ▸ Arrangements to support staff in accessing information e.g. electronic inventory for policies and procedures, library, internet access.
- ▸ Systems and processes to enable internal and external sharing of information.
- ▸ Staff training on legislation, standards and policies relating to information management.
- ▸ Strategic plans for future ICT system needs.
- ▸ Audits of performance against turnaround time and other key performance indicators (KPI's).
- ▸ Staff training needs analysis and associated training programmes.
- ▸ Relevant staff involvement in ICT procurement.
- ▸ Data validation and use initiatives informing improvements.
- ▸ Collection of nationally agreed OH metrics and reporting requirements to national data collections are met.
- ▸ Evidence of data systems integration.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 5.2

OHS have effective arrangements in place for information governance
Essential Element: **Quality of Information, Security and Access, Training of Staff.**

LEVEL OF QUALITY: Emerging Improvement (EI)
GUIDING PROMPTS

▸ Arrangements ensure the OHS manages its information systems and complies with legislation.
▸ Staff receive training on information governance applicable to their role.
▸ The OHS undertakes data quality assurance activities.
▸ Workers and service users receive information relevant to their personal health information e.g. rights to access.

LEVEL OF QUALITY: Continuous Improvement (CI)
GUIDING PROMPTS

▸ Breaches of legislation and other incidents are reported and improvement plans developed.
▸ Audit of compliance with policies, procedures and guidance on information governance and this is shared within the OHS.
▸ Governing committees monitor implementation of improvement plans.
▸ Training and induction programmes are reviewed to target priority
▸ Preventative maintenance programme of IT systems is in place.

LEVEL OF QUALITY: Sustained Improvement (SI)
GUIDING PROMPTS

▸ Outcome measures are consistently achieved e.g. timely response to FOI requests.
▸ Learning from audits and incidents is shared and reflected in new work practices.
▸ Service user experience informs evaluations of information governance arrangements.

LEVEL OF QUALITY: Excellence (E)
GUIDING PROMPTS

▸ OHS learns from national and international incidents relating to information governance and this is shared within the OHS.

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- ▶ Implementation and audit of compliance with HIQA's guidance on Information Governance.
- ▶ Implementation of improvement plans from assessments on information governing arrangements e.g. HIQA self assessment tool.
- ▶ Submission of reports on compliance to OH governing committees.
- ▶ Undertaking data assurance audits.
- ▶ Implementing security measures through encryption and auditing its use.
- ▶ Trained decision makers for legislative requirements e.g. FOI, Data Protection.
- ▶ Attendance at staff training on information governance.
- ▶ Analysis and trending of incidents and implementation of improvement plans.
- ▶ Arrangements for security of health information
- ▶ Procedure for and records of access to a copy of their personal health information
- ▶ Procedure for use of information, both to support providing safe and effective care and for secondary purposes, for example research.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

Standard 5.3

OHS have effective arrangements for the management of healthcare records.
Essential Element: **Storage, Disposal and Transfer of Information**

LEVEL OF QUALITY: GUIDING PROMPTS	Emerging Improvement (EI)

▸ Arrangements support the effective management of healthcare records.
▸ OHS regularly assesses against the HSE Standards for Healthcare Records Management.
▸ Relevant staff receive induction training and ongoing training for effective healthcare records management.
▸ Evidence of health record backup procedure

LEVEL OF QUALITY: GUIDING PROMPTS	Continuous Improvement (CI)

▸ Audit programme against the HSE Standards informs improvement plans for health care records management.
▸ OH governing committee receives reports on the implementation of improvement plans with reciprocal communication to relevant staff.
▸ Incidents reported are analysed, trended and inform improvements.
▸ Achievement of outcome measures (e.g. turnaround times for clinics) is monitored and reported.
▸ Internal and external audit findings inform staff training programme and improvement initiatives.
▸ Areas of identified risk (e.g. duplicate records or temporary charts) are linked to the risk management process.

LEVEL OF QUALITY: GUIDING PROMPTS	Sustained Improvement (SI)

▸ Arrangements have been evaluated in terms of their effectiveness.
▸ OHS consistently achieves relevant outcome measures.
▸ Staff training programme is continually evaluated.
▸ The learning from reported incidents is shared throughout the OHS.
▸ System is in place to ensure that information about workers is collated and transferred between OH services where appropriate.

LEVEL OF QUALITY: GUIDING PROMPTS	Excellence (E)

▸ OHS learns from national and international incidents and innovative initiatives relating to health care records management.
▸ The OHS implements innovative measures to improve the safety of healthcare records e.g. electronic healthcare records.

EXAMPLES

▸ Clear governing arrangements for health care records management with evaluations informing improvements.
▸ Assessment against the HSE Standards for Healthcare Records Management.
▸ Internal and external audits on health care records management.
▸ Implementation of improvement plans based on findings from audits and assessments.
▸ Analysis of incidents and development of improvement actions.
▸ Implementation of report recommendations pertaining to health care records.
▸ Staff attendance at training and education sessions.
▸ Reporting on achievement of outcome measures.
▸ Evidence of health record backup procedure.
▸ System is in place to ensure that information about workers is collated and transferred between services.
▸ Arrangements for sharing information within and between service providers that protect security, privacy and confidentiality.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION