



Addiction Services

March 2017

Person Centred Care
and Support

The National Standards for Safer Better
Healthcare

WORKBOOK

1



QUALITY ASSESSMENT &
IMPROVEMENT



INTRODUCTION

Welcome to the Person Centred Care and Support Quality Assessment and Improvement Workbook for HSE Addiction Services. This workbook will support assessment teams in preparing for assessment against Theme 1 of the National Standards for Safer Better Healthcare.

There are 9 Standards and 9 Essential Elements of Quality under Theme 1. The Essential Elements are specific, tangible translations of the National Standards. They represent those key aspects of quality you would expect to see within a service that is delivering safe, sustainable, high quality care. There are four Levels of Quality for each Essential Element. These Levels build on each other and allow services to objectively assess the Level of Quality and maturity that most accurately reflects their service. The content within each Level are guiding prompts as to what a service should be achieving for that Level and are not specific criteria that must be in place. Progress through these ascending Levels of Quality assumes that the main aspects of quality within the previous level have been achieved before you move to the next level.

Although the National Standards for Safer Better Healthcare and QuADS Organisational Standards were initiated in 2012, it is recognised that implementing these standards may be challenging and require significant effort by HSE Addiction Services. Therefore a guiding principle of the assessment is to create a process of continuous quality improvement progressing towards full implementation. In some cases services may not have progressed as far along their quality journey compared to other services. This may result in services determining that for some Essential Elements and Standards they have not yet achieved 'Emerging Improvement', the first Level of Quality. In this instance services should not select a Level of Quality for these Essential Elements; instead they should consider outlining in the Additional Information section the necessary actions they need to implement to achieve 'Emerging Improvement' and higher Levels of Quality.

LEVELS OF QUALITY	
Emerging Improvement (EI)	There is progress with a strong recognition of the need to further develop and improve existing governing structures and processes.
Continuous Improvement (CI)	There is significant progress in the development, implementation and monitoring of improved quality systems.
Sustained Improvement (SI)	Well established quality systems are evaluated, consistently achieve quality outcomes and support sustainable good practice.
Excellence (E)	The service is an innovative leader in consistently delivering good 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. The examples provided are guided by the relevant QuADS Organisational Standards. This list is intended as a guide and services can include additional evidence that better supports their selected level.

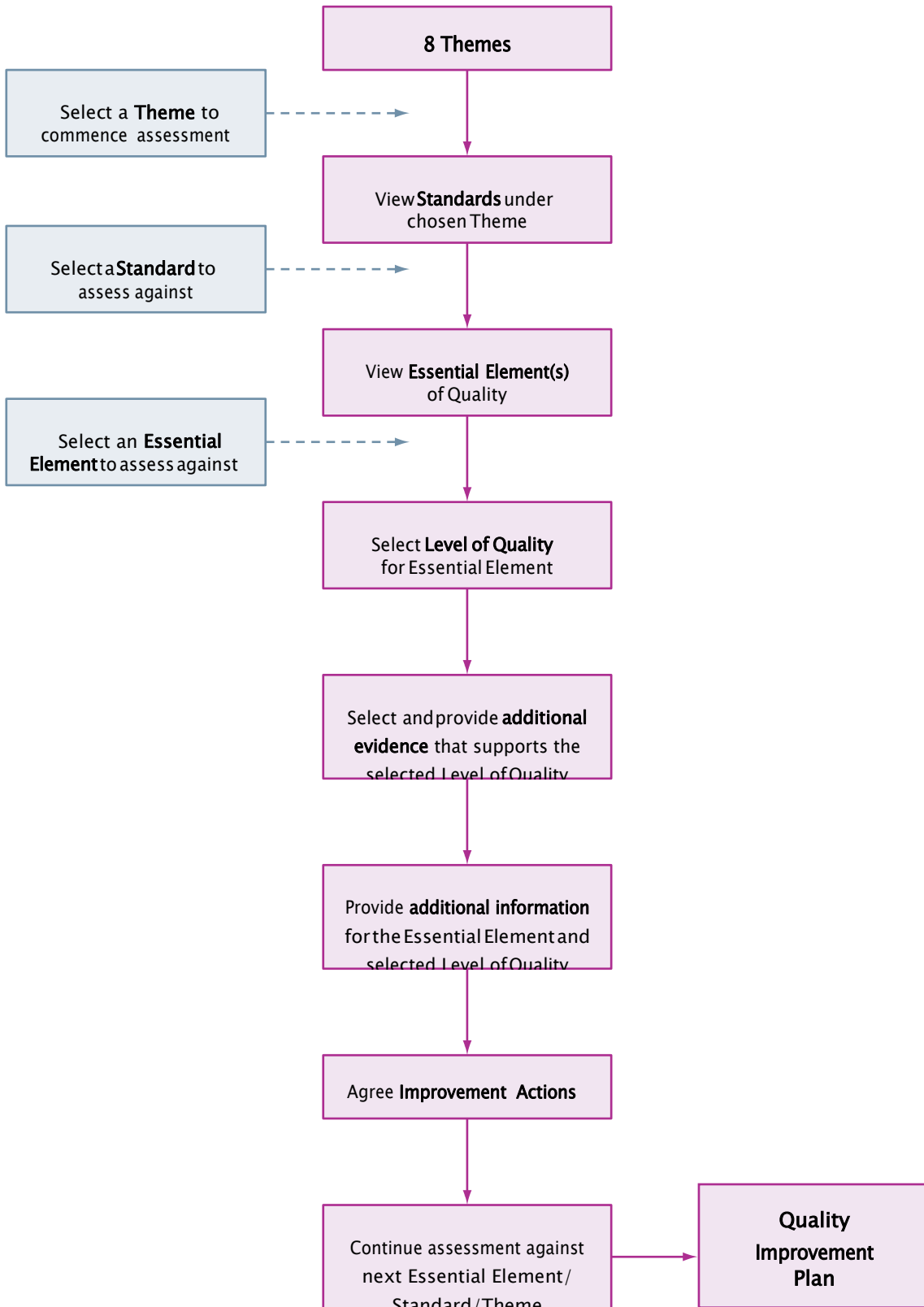
Similarly services may wish to consider the following to guide them in providing additional information to support their assessment.

- 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 HSE Addiction Services in implementing the National Standards for Person Centred Care and Support and improving the quality of your service.

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

FIGURE 1 : OVERVIEW OF ASSESSMENT PROCESS



PERSON CENTRED CARE AND SUPPORT

STANDARDS	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN AN ADDICTION SERVICE IS MEETING THESE STANDARDS
<p>STANDARD 1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences.</p>	<p>Service User Involvement</p>	<ul style="list-style-type: none"> You will be enabled to express your views and have them taken into account when healthcare services are being planned, organised and delivered.
<p>STANDARD 1.2 Service users have equitable access to healthcare services based on their assessed needs.</p>	<p>Fair Access to Healthcare Services</p>	<ul style="list-style-type: none"> Information will be available to you on how to access a service and this access will be fair as it will be based on your assessed needs.
<p>STANDARD 1.3 Service users experience healthcare which respects their diversity and protects their rights.</p>	<p>Protecting Service User Rights</p>	<ul style="list-style-type: none"> Your rights such as privacy will be respected and protected when you are receiving healthcare.
<p>STANDARD 1.4 Service users are enabled to participate in making informed decisions about their care.</p>	<p>Shared Decision Making</p>	<ul style="list-style-type: none"> You will be facilitated and encouraged to be involved in so far as possible in decisions relating to your own care.
<p>STANDARD 1.5 Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.</p>	<p>Informed Consent</p>	<ul style="list-style-type: none"> You will only receive the examination, care, treatment and support for which you have given your permission.
<p>STANDARD 1.6 Service users' dignity, privacy and autonomy are respected and promoted.</p>	<p>Respecting Privacy and Dignity</p>	<ul style="list-style-type: none"> The care you receive will respect your privacy, dignity and independence.
<p>STANDARD 1.7 Service providers promote a culture of kindness, consideration and respect.</p>	<p>Embedding a Culture of Kindness, Consideration and Respect</p>	<ul style="list-style-type: none"> You will be treated with kindness, consideration and respect when receiving healthcare.
<p>STANDARD 1.8 Service users complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</p>	<p>Effective Management of Service User Feedback</p>	<ul style="list-style-type: none"> Your concerns and complaints will be listened to and acted on in a timely manner.

STANDARD 1.9

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

**Enabling Better
Health and
Wellbeing**

- You will receive advice and information to help identify opportunities for you that will support you in leading a healthier lifestyle.

STANDARD

1.1

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

Essential Element: Service User Involvement

Service users are involved in the planning and delivery of addiction services so that they are responsive to their needs and preferences. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • The service has arrangements to identify its population needs and preferences to inform planning, design and delivery decisions. • Arrangements are in place to support service user involvement. • The service users and staff are made aware of the National Healthcare Charter. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • A strategic and operational plan reflects population needs and service user involvement. • Implementation plan for the National Healthcare Charter is in place at all levels. • Patient experience outcome measures are identified, measured and monitored at all levels. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Evaluation of arrangements for service user involvement informs improvement plans. • Evaluation of implementation plans. • Service users experiences are used to inform quality improvement plans • Evaluation of the extent to which service user needs are being met. • Consistent performance in patient experience outcome measures. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Services users are involved in the auditing of quality addiction services. • Service user involvement in service developments is reported publicly. • Service implements relevant national and international service user involvement strategies. 	<input type="checkbox"/>

STANDARD
1.2

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

Essential Element: Fair Access to Healthcare Services

Service users have equitable access to addiction services based on assessed need and not restricted by geographical location, ability to pay or disability. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Addiction services assess performance against national access targets and relevant legislation. • Referral criteria are in place and communicated to all stakeholders. • Service users receive information on access through National Healthcare Charter and other resources. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Policies for the management of referrals and discharges are implemented. • Referral pathways based on national guidance and population needs facilitate access. • Governing committees review reports on performance including access targets and agree improvement plans. • Environment and facilities within the service are reviewed to ensure accessibility for all service users. • Providers review and address complaints in relation to access for all addiction services. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Consistent achievement of the national access targets, which are reported publicly. • Referral pathways and criteria for addiction are evaluated and updated to meet service user assessed needs. • Audits on compliance with policies for the management of referrals across all addiction services within the CHO are undertaken. • The experience of service users regarding the accessibility of addiction services is evaluated. 	<input type="checkbox"/>

Excellence
(E)

- Benchmarking of performance in relation to access for all addiction services within the CHO is undertaken.
- International and national innovative approaches to improving access are explored.



EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Accessibility PPGs (consultation, needs, targets, monitor)
- Clear signage.
- Premises are accessible with assistive technology for service users with physical sensory disabilities (e.g. loop systems, wheelchair access).
- Information leaflet on what service user can expect is within the HSE & NALA Plain language style guide for documents 2009 (healthpromotion.ie) and available in appropriate languages
- Answerphone message detailing opening hours of the service
- Service details are up to date on the National Directory of Drugs and Alcohol Services on drugs.ie and under addiction services on hse.ie
- Initial assessment completed with each Service User in line with the NDRF (2010)
- Comprehensive assessment completed with the Service User as necessary
- Referral pathways developed, implemented and evaluated in line with the NDRF (2010).
- Implementation of the National Healthcare Charter and resources.
- Attendance at training for staff on implementation of policies relating to referral management
- Performance reports on access and targets for addiction services: 1) Waiting time from referral to assessment 2) Waiting time from assessment to exit from waiting list (for OST: within one calendar month for over 18s, within one week for under 18s)
- Audit of healthcare records to demonstrate assessment and provision of information.
- Accessibility PPGs (consultation, needs, targets, monitor)
- Clear signage.
- Premises are accessible with assistive technology for service users with physical sensory disabilities (e.g. loop systems, wheelchair access).

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD
1.3

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

Essential Element: **Protecting Service User Rights**

Throughout all addiction services within the CHO, service users’ civil, political and religious rights are protected in line with legislation. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • All addiction services throughout the CHO support implementation of the National Healthcare Charter. • Information on service user rights is provided to staff, service users and carers. • Arrangements are in place at all levels to support service users who are at risk of not understanding their healthcare rights. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Review of service user feedback for addiction services supports improvements in protecting patients’ rights. • Training is provided to all addiction services staff on the National Healthcare Charter. • Changes to Irish and European legislation are circulated to all addiction services staff. • The service understands cultural diversity of its population is assessed within the CHO. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • An evaluation is undertaken of the implementation of the National Healthcare Charter across the addiction services. • Service user feedback on protection of rights is evaluated and informs improvements. • Service users differing social and cultural needs are taken into account in the planning and delivery of services. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Service users of all addiction services are actively encouraged and facilitated to exercise their rights. 	<input type="checkbox"/>

STANDARD

1.4

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

Essential Element: Shared Decision Making

Across all addiction services within the CHO, service users are enabled to actively participate in making informed choices about their care. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> Service users are provided with and have access to relevant, clear and timely information regarding their care. Addiction service staff involve services users and families in decisions regarding their care. Service users are made aware of information relating to potential changes associated with the provision of their care. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> Information is adapted to reflect the diversity of its service users. Training is provided to addiction service staff on approaches to empowering shared decision making. Shared decision making is reflected in care planning. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> Service users are facilitated to exercise choice, where it is available, in the planning and delivery of their care and Analysis of patient feedback to support improvements in shared decision making. Evaluation of service user information informs improvement for addiction services. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> Addictions services promote a strong culture of service user participation in the planning and delivery of their care. Innovative approaches are undertaken to improve shared decision making. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- 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' resource materials).
- The service operates within the person-centred care planning system and processes of the NDRF (2010)
- Care planning includes, where appropriate, parental involvement and involvement with statutory agencies
- Training on key working, care planning and case management
- The Service User receives a copy of their care plan
- Service Users understand and complete an individual consent to share form detailing consent to the service to seek/disclose information to/from other services
- Interagency shared care plans are developed where necessary
- Initial assessment, comprehensive assessment, consent to share form and referrals with associated letters and documents are retained on the Service User file with a copy of their care plan
- Review of care plans by Service User and Care Team facilitated every 3 months or more frequently if necessary

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD
1.5

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

Essential Element: Informed Consent

Service users are enabled to provide informed consent through a consent process that encompasses best practice in accordance with current legislation. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • The addiction service has a policy and procedure on obtaining and acting in accordance with the informed consent of service users. • Policy includes arrangements that protect the best interests of children and service users who lack capacity to give informed consent. • Training for all staff on obtaining informed consent including exceptional and emergency situations. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Service audits compliance with consent policy and procedure which informs improvement. • Service has arrangements to support services users in making informed decisions about their treatment and care. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Service user feedback on their experience of providing consent is reviewed and improvement plans developed. • Incidents pertaining to informed consent are analysed, reported and learning shared across all addiction services within the CHO and other Divisions. • Evaluation of consent policy and procedure informs addiction service improvement plans. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • The service implements relevant learning from national and international incidents involving issues around consent is implemented. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Local consent policy based on the NDRF (incorporating the National Consent Policy and legislation).
- Audit of compliance with NDRF consent protocol including audit of healthcare records.
- PPGs on assessing capacity to consent to treatment and to share information in line with the HSE National Consent Policy
- Staff training on obtaining consent
- Information leaflet on consent for Service Users
- PPGs on consent to treatment for Under 18s
- Reporting and analysis of incidents, and identified trends pertaining to consent which are included in the addiction service's quality profile/report.
- Service User Confidentiality Policy (staff sign-off necessary)
- Service User Confidentiality Policy and rights of access to information is explained to and understood by service users prior to initial assessment
- Service Users understand and complete an individual consent to share form detailing consent to the service to seek/disclose information to/from other services
- Review of consent to share forms regularly and as necessary

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD
1.6

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

Essential Element: Respecting Privacy and Dignity

There are arrangements within all addiction services throughout the CHO which promote service users privacy, dignity and autonomy. This also applies to all addiction services providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Arrangements are in place which promote respect for the dignity and privacy of service users in the addictions services. • Service users receive information on privacy, dignity and confidentiality through National Healthcare Charter resources. • Service complies with legislation to protect service user confidentiality. • All staff receive training on protecting confidentiality on induction. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Environment and facility reviews are 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. • All staff receive ongoing training on protecting confidentiality. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Analysis of incidents pertaining to privacy, dignity and confidentiality is undertaken and improvement actions implemented for addiction services. • Quality indicators for dignity, respect and privacy within addiction services are identified, monitored and reported on. • Service users' and staff experiences of addiction services are evaluated and findings acted on. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Strong leadership and commitment to protecting the dignity, privacy and confidentiality of service users is demonstrated at all levels. • There is a strong culture of respecting privacy and dignity throughout the service. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Environmental review audits take account of need for privacy and dignity and are incorporated into improvement plans for addiction services.
- Attendance at training for staff relating to privacy, dignity and autonomy of service users.
- Reporting of incident analysis and trends relating to dignity and confidentiality, which are included in the quality profile/report for addiction services.
- Employee handbook outlining staff code of conduct.
- Review and analysis of Service User Experience survey findings to inform improvement plans
- Review of staff and resource allocation
- The Service User is addressed by their preferred name
- Review and analysis of complaints and incidents to inform improvement plans
- PPGs on data protection and service user confidentiality

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD
1.7

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

Essential Element: Embedding a Culture of Kindness, Consideration and Respect

Kindness, consideration and respect for service users underpin the culture of all addiction services throughout the CHO. This also applies to all addiction service providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • There is a code of conduct at all levels which promotes a culture of kindness, consideration and respect. • There are arrangements to seek feedback from service users on their care experience. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Service’s mission statement and values reflects a culture of kindness, consideration and respect • On induction, all staff receive training on how to reflect the mission statement and code of conduct in their behaviour towards service users. • Analysis of incidents and service user feedback is reviewed by governing committees. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Strong leadership in improving the culture of kindness, consideration and respect is evident at all levels. • Outcomes from surveys and analysis of service user feedback/community consultations at all levels to inform improvements within services. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Learning from supporting the development of a culture of kindness, consideration and respect is shared throughout addiction services and with other service providers. 	<input type="checkbox"/>

STANDARD
1.8

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

Essential Element: Effective Management of Service User Feedback

Arrangements and processes in place for all addiction services throughout the CHO to effectively manage service user feedback. This also applies to all addiction services providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • A named competent individual is identified to manage and respond to service user feedback within the addiction services. • Service implements a publicly available policy which takes account of legislation, relevant regulations and national guidelines. • Service users receive information on how to provide feedback or make complaints. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Regular analysis of feedback informs improvement plans. • Potential risks and incidents identified from feedback are appropriately managed at all levels. • Reports of analysis are submitted to governing committees at all levels. • Service users, families and staff are kept informed on the progress and outcome of their complaint at all levels. • Relevant outcome measures are monitored including the timeliness of the complaints management process at all levels. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Complaints management process is regularly monitored at all levels against performance indicators and evaluated. • Improvement plans are monitored and reported through governance structures. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Learning from feedback is used to promote addiction service improvements at all levels. • Innovative approaches are taken to gather and action service user feedback. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Local implementation of Your Service Your Say and evaluation.
- Visible signage across all addiction services within the CHO prompting service user feedback.
- Service Users are informed about their right to complain through 'Your Service Your Say' at induction to the service
- Outcomes from 'Your Service our Say' are monitored and feedback provided to managers and staff
- Complaints analysis, trending and improvement plans for addiction services.
- Arrangements support the performance management of staff who are consistently complained about by service users.
- Audit of compliance with policy on the management of service user feedback including timeliness of the process.
- Minutes/agenda of management team meetings include review of Quality Profile.
- Service User Experience Survey
- Results from Service User Experience Survey compiled and feedback provided to managers and staff
- Attendance at training for staff on complaints management.
- Written information available on advocacy and service users support services

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD
1.9

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

Essential Element: Enabling Better Health and Wellbeing

All addiction services throughout the CHO seek opportunities to promote and improve the health and wellbeing of each service user. This also applies to all addiction services providers funded by the CHO.

LEVEL OF QUALITY	GUIDING PROMPTS	SELECT
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Arrangements across all levels of addiction services support and enable service users in improving their own health. • Care planning identifies service users' health and wellbeing needs. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • There are opportunities built within care pathways to improve the health and wellbeing of service users. • A range of interventions are implemented within the service which recognises the different needs of individuals and population groups. • Outcome measures for specific health and wellbeing programmes are identified and monitored. • Staff have necessary competencies and skills to deliver health promotion programmes. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Arrangements which support service users in improving their health and well being are evaluated and inform improvement plans. • Evaluations of health promotion programmes take into account feedback from service users. • Outcome measures are consistently achieved and are reported in line with governing arrangements. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Innovative practice in promoting better health in addiction services is shared with other service providers. • Partnerships with other addiction service providers and external agencies support joint health and wellbeing initiatives. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES (incorporating relevant QuADS Organisational Standards)

- Implementation plans for health promotion programmes and evaluations undertaken.
- Health Promotion information is easily accessible for service users (e.g. breast feeding, smoking, suicide prevention, local social networking groups).
- Local health promotion literature in line with HSE & NALA Plain language style guide for documents 2009 (healthpromotion.ie)
- Monitoring of outcome measures for health promotion programmes.
- Strategic plans for joint initiatives with other service providers or external agencies.
- Health Equity Audits informing improvement plans.
- Implementing learning from programmes at local and national level.
- Service user empowerment programmes.
- Use of media and information campaigns to support local health promotion programmes (e.g. newsletters, radio and newspaper interviews).
- Initiatives to support and up-skill health and social care professionals (e.g. in the field of Physical Activity screening, promotion and prescription, New Physical Activity E learning Module).
- SAOR training provided on screening and brief intervention offered to staff
- Screening and brief interventions in line with SAOR for all substance misuse is fully implemented
- Tobacco cessation services are integrated with community based cessation services and comply with the National Standard for Tobacco Cessation Support Programme
- The service can demonstrate examples of social prescribing in service user notes, e.g. support groups, exercise groups and green prescriptions

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 1 : PERSON CENTRED CARE AND SUPPORT

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE