



Addiction Services

July 2017

Leadership, Governance and Management

The National Standards for Safer
Better Healthcare

WORKBOOK

5



INTRODUCTION

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

There are **11 Standards** and **12 Essential Elements** of Quality under Theme 5. The Essential Elements are specific, tangible translations of the National Standards. They represent those key aspects of quality you would expect to see within a service that is delivering safe, sustainable, high quality care. There are four Levels of Quality for each Essential Element. These Levels build on each other and allow services to objectively assess the Level of Quality and maturity that most accurately reflects their service. The 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.

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.

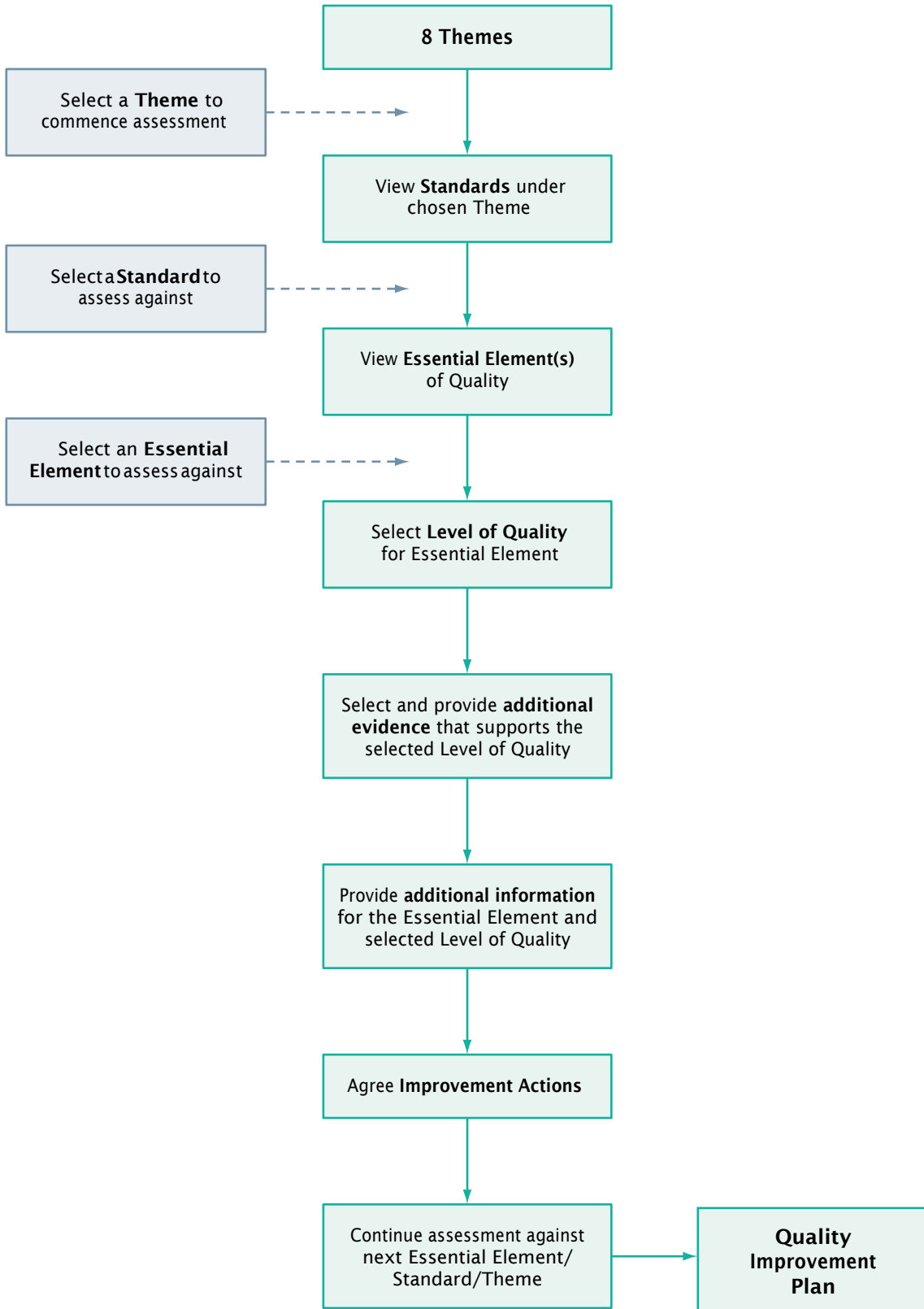
Similarly services may wish to consider the following bullets to guide them in providing additional information to support their assessment.

- 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 addiction services in implementing the National Standards for Leadership, Governance and Management 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



LEADERSHIP, GOVERNANCE AND MANAGEMENT

STANDARDS	ESSENTIAL ELEMENTS	WHAT A SERVICE USER CAN EXPECT WHEN A ADDICTION SERVICE IS MEETING THESE STANDARDS
<p>STANDARD 5.1 Service Providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.</p>	<p>Clear Accountability</p>	<ul style="list-style-type: none"> • There is an identified person who has overall responsibility and accountability for the quality and safety of the service that you are attending.
<p>STANDARD 5.2 Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.</p>	<p>Strong Governance</p>	<ul style="list-style-type: none"> • The people in charge make sure patients receive the best care by having in place arrangements which ensure that the primary focus of the service is on quality and safety outcomes.
<p>STANDARD 5.3 Service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided.</p>	<p>Statement of Purpose</p>	<ul style="list-style-type: none"> • The service only provides care, treatment and support that it knows it can deliver effectively and safely.
<p>STANDARD 5.4 Service providers set clear objectives and develop a clear plan for delivering high quality, safe, and reliable healthcare services.</p>	<p>Effective Strategic Planning</p>	<ul style="list-style-type: none"> • The service has clear plans that set out how it will meet the needs of service users while delivering safe quality care.
<p>STANDARD 5.5 Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.</p>	<p>Effective Operational Planning</p>	<ul style="list-style-type: none"> • The service has clear plans to ensure that the day to day running of the service delivers best outcomes for service users.
	<p>Effective Change Management</p>	<ul style="list-style-type: none"> • The service ensures that you continue to receive safe quality care during any changes to the service.
<p>STANDARD 5.6 Leaders at all levels promote and strengthen a culture of quality and safety throughout the service.</p>	<p>Promoting a Culture of Quality and Safety</p>	<ul style="list-style-type: none"> • The service supports a culture whereby everybody works together to improve the quality and safety of care that you receive.

STANDARD 5.7

Members of the workforce at all levels are enabled to exercise their personal and professional responsibility for the quality and safety of services provided.

Supporting Staff in delivering Quality and Safety

- All staff have a clear understanding of how they can support the delivery of safe quality care. They are also supported to raise concerns and access support and advice.

LEADERSHIP, GOVERNANCE AND MANAGEMENT

STANDARDS	ESSENTIAL ELEMENTS	WHAT A PATIENT CAN EXPECT WHEN A SERVICE IS MEETING THESE STANDARDS
<p>STANDARD 5.8 Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.</p>	<p>Monitoring Arrangements for Quality and Safety</p>	<ul style="list-style-type: none"> • Service providers use different sources of information on the quality of care being provided so that they can identify opportunities for improvement.
<p>STANDARD 5.9 The quality and safety of services provided on behalf of healthcare service providers are monitored through formalised agreements.</p>	<p>Service Agreements</p>	<ul style="list-style-type: none"> • The service regularly checks that any service provided on their behalf are safe and of high quality.
<p>STANDARD 5.10 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.</p>	<p>Compliance with Legislation</p>	<ul style="list-style-type: none"> • The service is aware of all the relevant Irish and European legislation with which they must comply.
<p>STANDARD 5.11 Service providers act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.</p>	<p>Implementation of Standards, Alerts, Guidance and Recommendations</p>	<ul style="list-style-type: none"> • Service providers act on standards, alerts, guidance and recommendations produced by relevant regulatory bodies as they apply to their service.

STANDARD 5.1

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

Essential Element: Clear Accountability

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

LEVEL OF IMPROVEMENT	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> • There is a clear formal scheme of accountability for the addiction service, from management team to staff. • There is an identified named individual who has overall accountability. • There is a management team who are accountable for the quality of care delivered. • There is a manager or lead accountable for the quality of care delivered. • Staff are made aware of their roles, responsibilities, accountabilities and reporting lines on induction. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • There is a clear scheme of accountability and delegation from the management team to staff member. • The manager has clear documented, agreed objectives that accurately reflects their accountability, responsibility and authority. • Staff are aware of the accountability arrangements within the service. • Clear job descriptions set out accountability, responsibility and reporting structures for each position within the the addiction service. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Accountability arrangements at all levels are reviewed to strengthen governance arrangements. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Governing committees (e.g. Quality and Safety Committee) review and implements learning from local level, network level, other services and national and international report recommendations arising from investigations to further improve their accountability framework. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Clear documented scheme of accountability at all levels within addiction, with a clearly identified manager.
- Management and operational systems support the treatment programme
- Clear job descriptions for addiction staff at all levels within the CHO.
- Addiction staff are compliant with professional body requirements.
- Evidence of clear objectives for named accountable individuals (e.g. annual performance reviews).
- Signed annual control statement for staff.
- Accountability arrangements for addiction are communicated to all staff.
- Accountability arrangements for addiction within the CHO at all levels will be presented during staff induction.
- Review and implementation of relevant report recommendations.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 5.2

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

Essential Element: **Strong Governance**

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

LEVEL OF IMPROVEMENT	GUIDING PROMPTS	SELECTION
Emerging Improvement (EI)	<ul style="list-style-type: none"> The service has a clear organisational structure which is communicated internally and externally. The management team have terms of reference and code of governance where relevant. Addiction managers and staff at all levels have sufficient expertise to govern with clear roles and functions. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> The organisational structure reflects integration of corporate and clinical governance. The composition, competencies and conflict of interests are regularly assessed. The management team oversees and monitors implementation of their strategic and local plans. Code of governance ensures interests of service users are taken into account when making senior decisions. Arrangements facilitate escalation of service users and staff concerns to the management team. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> The addiction service have a register of interests in place. Mandatory induction programme is in place for all new addiction staff members at all levels. The management team monitors quality and safety outcomes and provides assurance to the public. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> The addiction service demonstrate active management of the Quality Profile/report. Mandatory ongoing development programme for management team. Building of strategic partnerships with other stakeholders across Divisions. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Clear organisational structure.
- Structured governing meetings with agendas, minutes, reports, action plans and signed off decisions.
- Agenda and minutes of governing structure to demonstrate the monitoring of implementation of service plan and achievement of performance indicators.
- Addiction staff and Service User feedback is taken into consideration in the planning and delivery of care.
- Clear reporting lines between committees on quality and safety (e.g. committee terms of reference and quality and safety organogram).
- Quality and safety is a standing agenda item with regular review of the Quality Profile.
- Accountability and governing arrangements are communicated to addiction staff on induction.
- Annual report detailing activities of the previous year (5.2.5)

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 5.3

Service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided.

Essential Element: **Statement of Purpose***

There is a clear publicly available statement of purpose for the addiction service.

LEVEL OF	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> The service provider outlines the profile and location of services provided. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> The statement of purpose is developed and publicly available. Statement of purpose is regularly reviewed and amended to reflect changes in service. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> The service provider has a clear publicly available statement of purpose which outlines the aims and objectives of the service, alignment of resources, services provided, target population, the model of service delivery and the location of the service. Assurance arrangements ensure services delivered are within the statement of purpose. Approval is sought from relevant stakeholders prior to changes being made to the addiction service delivered. Communication plan supports public and staff awareness of the statement of purpose and any proposed changes. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> The statement of purpose is available in a variety of languages and media to meet the needs of the diverse population who attend the addiction service. 	<input type="checkbox"/>

* Statement of purpose describes the services provided including how and where they are provided.

STANDARD 5.4

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

Essential Element: Effective Strategic Planning

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

LEVEL OF IMPROVEMENT	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> The service provider has a strategic plan that sets clear direction and objectives. Strategic plans take account of national strategies and standards, needs of the population, legislation and resources available. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> Strategic plans have short, medium and long term addiction objectives with clear targets. Performance indicators and targets are monitored and reported through governing arrangements. The addiction service consults as necessary with service users and staff on the development of the plan. The plan and achievement of targets is publicly available for service users and other stakeholders. A regular review is undertaken to ensure objectives are being met and that obstacles to achieving set objectives are identified and addressed as far as possible. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> Collective interests of service users are represented in strategic planning. The manager and team are constantly evaluating achievement of addiction objectives and targets. Learning from previous strategic plans is taken into account when developing new plans. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> Service benchmarks performance with other services to improve implementation of plan. Review of national and international quality strategies influence the development of strategic plans. 	<input type="checkbox"/>

STANDARD 5.5

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

Essential Element: Effective Operational Planning

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

LEVEL OF	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Arrangements support the development and implementation of operational plans at management team level. • Staff are informed of operational plans relevant to them. • There is an identified lead accountable person for the implementation of each plan management team level. • There is a communication plan to support implementation throughout the addiction service. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Arrangements are reviewed to ensure they support implementation of operational plans at all levels within addiction. • National standards, policies, procedures, National Clinical Guidelines and legislation are taken into account whilst developing operational plans. • Contingency plans are developed and implemented for increased demand and capacity. • Reports to governing committees are provided by manager. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Monitoring of performance indicators associated with each operational plan. • Evaluations of arrangements are undertaken to improve operational planning. • Mechanisms to obtain feedback from stakeholders influence evaluations. • Effectiveness of capacity and demand contingency plans are evaluated and improvement actions agreed. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Service receives national recognition for successful implementation of operational plans. • Learning from evaluations is shared internally and externally through peer support. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- A lead accountable person for implementation of operational plans at all levels (e.g. workforce planning, information management, capacity planning).
- Arrangements are in place to support operational planning for addiction at all levels.
- Implementation, monitoring and evidence of operational plans.
- Evidence of staff engagement in operational planning and implementation (e.g. team meetings).
- Performance reports to management team.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD
5.5

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

Essential Element: Effective Change Management

Arrangements are in place to plan and manage change and transition across the addiction service

LEVEL OF	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> • There are arrangements to support and manage change and transition across the addiction service. • Staff and service providers are informed of all changes. • There is a lead accountable person for effective change management within the service. • There is a communication plan to support management of change and transition. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Potential impacts of change initiatives within the addiction service are risk assessed at management team level, and there are clear action plans developed and implemented. • National standards, policy and legislation are taken into account whilst undertaking change or transition. • Governing committees receive reports throughout the implementation of change. • Staff receive training on effective change management. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • There is monitoring of performance indicators and milestones at all levels within the service. • Evaluations are undertaken to improve change management within the addiction service. • Mechanisms obtain feedback on effectiveness of change management within the addiction service. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Addiction service shares its experience of undertaking major change initiatives and provides peer support to other services and service providers. • National and international recognition for achievements in implementing change. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- A lead accountable person for implementation of change.
- Governance arrangements to support planning and implementation of change for the addiction service.
- Change management process or strategy.
- Progress reports at all levels.
- Evaluations of governance and management arrangements for the addiction service.
- Monitoring the implementation of Quality Improvement Plans from addiction service evaluations.
- Communication plan (including communication with public/service users).
- Attendance of addiction staff at training on change management.
- Risk assessments or impact assessments undertaken within the addiction service.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD
5.6

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

Essential Element: Promoting a Culture of Quality and Safety

Leaders within the addiction service promote a culture of quality and safety to achieve better outcomes and experience for service users.

LEVEL OF	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Quality and safety underpins the service's strategic plan. • Arrangements gather service users and staff feedback on the culture of quality and safety • A protected disclosure policy is in place and communicated at all levels. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Leaders define quality and safety objectives of the service and share them with staff. • Quality and safety is a standing agenda item for governing committees. • Regular reports are submitted through governing arrangements. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Active visible engagement by leaders with frontline addiction staff to improve quality and safety. • Leaders are facilitated to improve their knowledge and skills to fulfil their roles and responsibilities. • The managers deliver consistent, positive and reinforcing messages to motivate staff. • Services participate in surveys to monitor their culture and support improvements. 	<input type="checkbox"/>
Excellence (E)	<p>The management team:</p> <ul style="list-style-type: none"> • Supports addiction staff development. • Supports innovation through different forums to identify ideas for improvement. • Undertakes benchmarking to achieve better outcomes and experience for service users. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Results from patient safety culture surveys and patient feedback.
- Results from Service User Experience Survey and Service User feedback
- Agendas from all meetings showing quality and safety as a standing agenda item.
- Use of Tool box talks at team meetings.
- Addiction staff training which promotes a quality and safety culture.
- Learning from improvement initiatives disseminated throughout the service.
- Leadership development programmes.
- Evidence of evaluations informing changes to further enhance a quality and safety culture for the addiction service throughout the service.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 5.7

Members of the workforce at all levels are enabled to exercise their personal and professional responsibility for the quality and safety of services provided.

Essential Element: Supporting Staff in delivering Quality and Safety

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

LEVEL OF	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Job descriptions include a clear understanding of the roles, responsibilities and accountabilities for all staff in providing quality, safe care. • Managers create opportunities which support addiction staff in exercising their responsibilities and accountabilities in improving the care they provide. • A protected disclosure policy is in place and communicated to all addiction staff at all levels. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Structures and processes support and facilitate staff feedback and discussion with senior leaders on the quality and safety of the addiction service. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Evaluation of the arrangements to support addiction staff at all levels is undertaken. • Addiction staff who receive training consistently share their learning throughout the service. • The management team recognises work undertaken by staff working in addiction in improving quality and safety of the service. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Addiction initiatives undertaken by staff at all levels are presented and shared with other providers, including GP's and/or contractors, through different media. • The addiction service receive national and international recognition for work undertaken to improve the quality and safety of services. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Job descriptions include a clear understanding of the roles, responsibilities and accountabilities of staff in providing quality, safe care.
- Use of quality and safety prompts by multidisciplinary teams.
- Patient safety briefings.
- Findings from the Service User experience survey inform improvements.
- Implementation of a protected disclosure policy, and a communication plan to support the policy.
- Training programmes for addiction staff on protected disclosure and quality improvement initiatives.
- Code of conduct identifies professionals boundaries and responsibilities

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 5.8

Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Essential Element: Monitoring Arrangements for Quality and Safety

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

LEVEL OF	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Governance arrangements support the monitoring of quality and safety information. • Arrangements support the collection of information from different sources on the quality and safety of the addiction service. • Quality and safety reports are regularly developed. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Information collected forms a Quality Profile/report for all the addiction service. • The Quality Profile/report is reported and reviewed by the governing committees to inform improvements. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Evaluation of arrangements to support monitoring and reporting of quality and safety for the addiction service are undertaken. • Governing committees review the implementation of improvement plans and achievement of quality indicators for the addiction service. • An annual report is publicly reported focusing on the quality and safety of services provided. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Different methodologies in collecting quality and safety information for addiction are explored and tested locally. • Review of national and international quality indicators for addiction inform local measures which can be used to support the measurement of quality and safety. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Evidence of meetings with actions to improve quality.
- Implementation of improvement plans and specific quality improvement initiatives for the addiction service (e.g. Infection control, medication safety, health and safety).
- Quality Profile/report (i.e. analysis of complaints, staff and/or patient experience surveys) to improve services reviewed by governing committees (e.g. Quality and Safety committee).
- Communication of the Quality Profile/report throughout the service.
- Recommendations within reports being implemented and monitored.
- External investigation reports are reviewed and actions taken to implement learning.
- Publication of an annual report on quality and safety of the service.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 5.9

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

Essential Element: Service Agreements

Formalised agreements and/or contracts are in place to assure the quality and safety of the addiction service.

LEVEL OF	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> • Governance arrangements support the establishment and monitoring of formalised agreements for the quality and safety of the addiction. • There is a named individual accountable for each agreement. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • These agreements and associated performance indicators are regularly monitored. • Any issues or concerns are reported in line with governing arrangements. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Evaluations are undertaken to determine the effectiveness of governing arrangements. • Evaluations are undertaken to establish if the agreements are meeting the service's developing needs and are compliant with relevant standards prior to any renewals. • There is consistent demonstration of the achievement of agreed performance measures. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Feedback is sought from service users who receive services, including GP's and/or contractors, to seek assurances on the quality and safety of those services. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY



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

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD
5.10

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

Essential Element: Compliance with Legislation

Arrangements are in place to review and monitor compliance with statutory legislation for all addiction services.

LEVEL OF	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> • There is a clear understanding of all Irish and European legislation which applies to all addiction services. • Reviews are undertaken to determine any new or changed applicable legislation. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • Documented risk assessments are undertaken to determine any gaps in compliance with legislation and appropriate action is taken to achieve compliance. • All identified non compliances are included on the risk register. • Training on relevant legislation is provided to all addiction staff. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • All plans to address non compliances are monitored, updated on the risk register and reported through appropriate governance arrangements at all levels within addiction. • Analysis of breeches with legislation are undertaken to inform targeted training. • Recommendations within external reports on compliance with legislation are implemented. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • Governing committees receive regular reports providing assurance on compliance with all relevant legislation. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

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

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

STANDARD 5.11

Service providers act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

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

Arrangements support the addiction service in implementing standards, alerts (e.g. medical devices and equipment; missing persons; and or drug alerts), guidance and relevant recommendations.

LEVEL OF	GUIDING PROMPTS	SELEC
Emerging Improvement (EI)	<ul style="list-style-type: none"> • There is a clear understanding at all levels of all standards which are relevant to all addiction services. • Governance arrangements support the implementation of standards and alerts relevant to all addiction services. • Arrangements are in place for recording and responding to guidance and recommendations. 	<input type="checkbox"/>
Continuous Improvement (CI)	<ul style="list-style-type: none"> • There is monitoring and review of these arrangements and reporting of progress to governance committees. • Training is provided to support addiction staff in the implementation of plans. 	<input type="checkbox"/>
Sustained Improvement (SI)	<ul style="list-style-type: none"> • Evaluation of these arrangements is undertaken and improvement plans developed. • Learning from these evaluations is shared with other services. • Progress reports on implementation of standards are provided externally. 	<input type="checkbox"/>
Excellence (E)	<ul style="list-style-type: none"> • The service provides peer support to other services, including GP's and/or contractors, to enable them in improving compliance with standards. • Engagement with national groups which support the implementation of standards. 	<input type="checkbox"/>

EVIDENCE TO VERIFY SELECTED LEVEL OF QUALITY

EXAMPLES

- Comprehensive list of all standards and alerts issued by regulatory bodies and the HSE applicable to the addiction service.
- The service provider has a system in place to act on any alerts.
- Attendance at training designed to support addiction staff in the implementation of plans.
- Implementation plans for regulatory report findings and recommendations.
- Assurance reports on progress of implementation to the governing committees.
- Involvement with national implementation groups.

ADD YOUR OWN EVIDENCE

ADDITIONAL INFORMATION

IMPROVEMENT ACTIONS FOR THEME 5: LEADERSHIP, GOVERNANCE AND MANAGEMENT

STANDARD	ESSENTIAL ELEMENT	IMPROVEMENT ACTION	RESPONSIBLE TEAM MEMBER	DUE DATE

Contact:

Addiction Division

Health Service Executive, Dr. Steeven's Hospital, Steeven's Lane, Dublin 8

Email: primarycare@hse.ie