The Quality Standards for Health and Social Care

SUPPORTING GOOD GOVERNANCE AND BEST PRACTICE IN THE HPSS

March 2006

FOREWORD BY THE MINISTER

The people of Northern Ireland are entitled to the highest standards of health and social care. Having standards in place to ensure that people have the right care wherever they live in Northern Ireland is a fundamental principle of reform and modernisation of the health and social care system.

I am committed to putting patients, clients and carers first. The *Quality Standards for Health and Social Care* set out the standards that people can expect from Health and Personal Social Services (HPSS). In developing these standards, my aim is to raise the quality of services and to improve the health and social wellbeing of the people of Northern Ireland. At the heart of these standards are key service user and carer values including dignity, respect, independence, rights, choice and safety.

The standards have five key quality themes:

- Corporate leadership and accountability of organisations;
- Safe and effective care;
- Accessible, flexible and responsive services;
- Promoting, protecting and improving health and social well-being; and
- Effective communication and information.

The publication of the quality standards is an important milestone in the process of putting patients first. They will be used by the new Regulation and Quality Improvement Authority to assess the quality of care provided by the HPSS. The new Authority will be looking to see how the HPSS provide quality services and will be reporting their findings both to the Department and to the public.

Given the rapidly changing environment in which the HPSS now operates including changes arising from the Review of Public Administration, it is important that these standards do not become outdated or serve to stifle innovation. Therefore, the standards will be reviewed by the end of 2008.

SHAUN WOODWARD MP
Minister for Health, Social Services and Public Safety

CONTENTS   PAGE

Section 1: Introduction to the Development of Standards

1.1   Introduction

Almost 95% of the population of Northern Ireland makes contact with health and social services on an annual basis. This contact may be through primary care services, community care services or through hospitals. In all of these contacts, people are entitled to the highest standards of health and social care.

This document sets out clearly for the public, service users and carers, and those responsible for the commissioning, planning, delivery, and review of services, the quality standards that the Department considers people should expect from Health and Personal Social Services (HPSS). It represents a significant step in the process of placing the needs of the service user and carer, and the wider public, at the centre of planning, delivery and review of health and social care services.

1.2   Background to the development of standards

Quality improvement is at the forefront of the development of health and social care services in Northern Ireland. These improvements are centred around five main areas, which are an integral part of modernisation and reform:

- setting of standards – to improve services and practice;

- improving governance in the HPSS - in other words, the way in which the HPSS manages its business;

- improving the regulation of the workforce, and promoting staff development through life-long learning and continuous professional development;

- changing the way HPSS organisations are held to account for the services they provide; and

- establishing a new, independent body to assess the quality of health and social care.

The consultation document "Best Practice – Best Care", published in April 2001, sets out the detail of this framework to improve the quality of care. This included links to national standard setting bodies such as the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE).

1.3 Improving governance in health and social care

The outcome of the Review of Public Administration, announced in November 2005, signalled major changes to the structure and functions of HPSS organisations. Regardless of these changes there remains a statutory duty of quality on HSS Boards and Trusts. This means that each organisation has a legal responsibility for satisfying itself that the quality of care it commissions and/or provides meets a required standard. This requirement is just as important as the responsibility to demonstrate financial regularity and propriety. Organisations must ensure that there are visible and rigorous structures, processes, roles and responsibilities in place to plan for, deliver, monitor and promote safety and quality improvements in the provision of health and social care. This process is known as *Governance*.

1.4 The setting of standards

In addition to drawing on national and professional standards, a range of local standards is being developed to enhance governance arrangements in the HPSS. These include controls assurance standards, so that by 2006-07, there will be a comprehensive set of specific assurance standards, which the HPSS can use to assess compliance against the required attainment levels. In addition, a number of care standards have been developed to facilitate the inspection and regulation of specific health and social care services provided by the HPSS and the independent sector. These care standards are specified in legislation and will be inspected, regulated and monitored by a new organisation called the Health and Personal Social Services Regulation and Improvement Authority (the Regulation and Quality Improvement Authority - RQIA).

The development of the *Quality Standards for Health and Social Care*, as outlined in this document, is intended to complement standards already issued or currently in development. Consequently, evidence of compliance with existing or new standards, such as professional standards, charter standards, controls assurance and/or care standards will form part of the evidence of practitioner or organisational commitment to these new quality standards.

1.5 What is a standard?

A standard is a level of quality against which performance can be measured. It can be described as 'essential'- the absolute minimum to ensure safe and effective practice, or 'developmental', - designed to encourage and support a move to better practice. The *Quality Standards for Health and Social Care*, which are contained in this document, are classed as <u>essential</u>.

Given the rapidly changing environment in which the HPSS operates, it is important that standards do not become outdated or serve to stifle innovation.

To prevent this, standards need to be regularly reviewed and updated. It will be the Department's responsibility, drawing on the best evidence available, including advice, reports and/or information from the RQIA, to keep the quality standards under consideration, with a formal review being completed by the end of 2008.

1.6   Why are standards important?

Raising and maintaining the quality of services provided by the HPSS is a major objective for all involved in the planning, provision, delivery and review of health and social care services. Currently, there remains unacceptable variation in the quality of services provided, including timeliness of delivery and ease of access.

In order to improve the quality of these services, change is needed, underpinned and informed by a more cohesive approach to standards development.

Standards:

- give HPSS and other organisations a measure against which they can assess themselves and demonstrate improvement, thereby raising the quality of their services and reducing unacceptable variations in the quality of services and service provision;

- enable service users and carers to understand what quality of service they are entitled to and provide the opportunity for them to help define and shape the quality of services provided by the HPSS and others;

- provide a focus for members of the public and their elected representatives, to consider whether their money is being spent on efficient and effective services, and delivered to recognised standards;

- help to ensure implementation of the duty the HPSS has in respect of human rights and equality of opportunity for the people of Northern Ireland; and

- promote compliance, and underpin the regulation and monitoring of services to determine their quality and safety and to gauge their continuous improvement.

By promoting integration, these *Quality Standards for Health and Social Care* will contribute to the implementation of clinical and social care governance in the HPSS and will be used by HPSS and other organisations, service users and carers, the wider public and the RQIA to assess the quality of care provision.

1.7   The five quality themes

There are five quality themes on which the standards have been developed to improve the health and social well-being of the population of Northern Ireland. These themes have been identified through consultation with service users, carers and HPSS staff and through a review of standards developed elsewhere at local, national and international level.

The five quality themes are:

1.   Corporate Leadership and Accountability of Organisations;
2.   Safe and Effective Care;
3.   Accessible, Flexible and Responsive Services;
4.   Promoting, Protecting and Improving Health and Social Well-being; and
5.   Effective Communication and Information.

1.8   Assessing quality

The RQIA was established by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and began work on 1 April 2005. It has two main functions:

- inspection and regulation of specified health and social care services provided by the HPSS and the independent sector; and

- inspection and review of the services provided by the HPSS in Northern Ireland.

The RQIA has a general duty to encourage improvements in the quality of services commissioned and provided by HPSS and other organisations. It will promote a culture of continuous improvement and best practice through inspection and review of clinical and social care governance arrangements.

The RQIA has taken over responsibility for the registration, inspection and regulation of providers of care, for example, residential care, nursing homes and day care facilities. On a phased basis, the RQIA will assume further responsibilities over the coming years, including reporting on the quality of care provided by the HPSS. Where serious and/or persistent clinical and social care governance problems come to light, it will have a key role to play, in collaboration with other regulatory and inspectoral bodies, in the investigation of such incidents. It will report on its findings to the Department and to the public.

1.9   How will the standards be used to measure quality?

The RQIA, in conjunction with the HPSS, service users and carers, will agree how the standards will be interpreted to assess service quality. It is envisaged that specific tools will be designed to allow the RQIA to measure that quality and to assist the HPSS in assessing themselves. Once developed, not only will these tools assess HPSS structures and processes but they will also contribute to the assessment of clinical and social care outcomes.

Whilst it is for the RQIA to provide guidance on what assessment methods it will use, it is recognised that collecting the evidence to demonstrate that relevant standards have been successfully achieved may be a time consuming process for the HPSS. Therefore, information that is currently compiled on existing standards will also be able to be used to contribute to the demonstration of achievement for these standards.

The RQIA will commence reviewing clinical and social care governance within the HPSS in 2006/07, using the five themes contained within this document. RQIA will report on the quality of care provided by the HPSS following its review. This approach will promote quality improvement across organisations.

Section 2: Values and Principles Underpinning the Standards

2.1   Introduction

There are three key premises, which underpin these quality standards and are central to all aspects of planning, provision, delivery, review and improvement of the HPSS. They are that:

- people in receipt of services should be actively involved in all decisions affecting their lives and should fully contribute to any planning for, delivery and evaluation of, services;

- clinical and social care governance in the HPSS must take account of the organisational structures, functions and the manner of delivery of services currently in place. Clinical and social care governance must also apply to all services provided in community, primary, secondary and tertiary care environments;

- service users and carers should be fully valued by HPSS staff who, in turn, should be valued by service users, carers and others.

2.2   The values underpinning the Standards

The quality of a service provided is dependent on managers and HPSS staff basing their practice on the following values and principles; these complement those already outlined in the care standards for independent agencies, establishments and certain other services provided by HPSS organisations.

They are:

DIGNITY AND RESPECT	The uniqueness and intrinsic value of the individual is acknowledged and each person is treated with dignity and respect. This is applicable to service users, carers, staff and others who come in contact with services.
INDEPENDENCE	A balance between the promotion of independence and risk taking is needed. Service users have as much control as possible over their lives. Service users are informed about risk whilst being protected against unreasonable risks.
PROMOTION OF RIGHTS	In the context of services delivered to them, the individual and human rights of service users are promoted and safeguarded. Where necessary, appropriate advocacy arrangements are put in place.
EQUALITY AND DIVERSITY	Equality of opportunity and positive outcomes for service users and staff are promoted; their background and culture are valued and respected.
CHOICE AND CAPACITY	Service users are offered, wherever possible, according to assessed need and available resources, the opportunity to select independently from a range of options based on clear and accurate information, which is presented in a manner that is understood by the service user and carer.
PRIVACY	Service users have the right to be free from unnecessary intrusion into their affairs and there is a balance between the consideration of the individual's safety, the safety of others and HPSS organisational responsibilities.
EMPOWERMENT	Service users are enabled and supported to achieve their potential in health and social well-being. Staff are supported and developed to realise their ability and potential.
CONFIDENTIALITY	Information about service users and staff is managed appropriately and everyone involved in the service respects confidential matters.
SAFETY	Every effort is made to keep service users, staff and others as safe as is possible. In all aspects of treatment and care, service users are free from exploitation, neglect or abuse.

2.3   The principles underpinning the Standards

The following principles are fundamental to the development of a quality service.

PUBLIC AND SERVICE USER INVOLVEMENT	The views and experiences of service users, carers, staff and local communities are taken into account in the planning, delivery, evaluation and review of services. Service users and carers, wherever possible, are involved in, and informed about, decisions made when they seek access to or receive services during their treatment or care.
SAFETY AND EFFECTIVENESS	Systems are in place to ensure that the safety of service users, carers, staff and the wider public, as appropriate, underpin all aspects of health and social care delivery. For example, the imperative to protect children and vulnerable adults may take precedence over the specific wishes of the service user and their carers. In addition, the protection of staff may need to be balanced with the specific wishes of service users, carers, families and friends. Quality systems are in place to enable staff to play a full and active role in providing effective and efficient health and social care services for all who use these services. Staff are fully supported, regularly supervised and appropriately trained and educated, to provide safe and effective health and social care services.
ROBUST ORGANISATIONAL STRUCTURES AND PROCESSES	Robust organisational structures and processes are in place, which are regularly reviewed to promote safe and effective delivery of care. Timely information is shared and used appropriately to optimise health and social care.
QUALITY of SERVICE PROVISION	Policies, procedures and activities are in place to encourage and enable continuous quality improvement. Service developments and provision are based on sound information and knowledge of best practice, as appropriate.

Section 3: Format of the Standards

3.1   The five quality themes

The five quality themes are applicable to the whole of the HPSS, including those services, which are commissioned or provided by HPSS organisations and family practitioner services. They are underpinned by the duty of quality on HSS Boards and Trusts. Where care is commissioned outside Northern Ireland, commissioners must ensure that the quality of care is commensurate with these and other associated standards.

The five quality themes, encompassing the standards, are set out in sections four to eight of this document. These are:-

- Corporate Leadership and Accountability of Organisations (Section 4);

- Safe and Effective Care (Section 5);

- Accessible, Flexible and Responsive Services; (Section 6);

- Promoting, Protecting and Improving Health and Social Well-being (Section 7); and

- Effective Communication and Information (Section 8).

3.2   Format of the standards

Each theme has a **title**, which defines the area upon which the standard is focused. Then, a **standard statement** will explain the level of performance to be achieved. The reason why the standard is seen to be important will be covered by the **rationale**. The standard statement will then be expanded into a series of **criteria**, which will provide further detail of areas for consideration by the HPSS and by RQIA.

Section 4: Corporate Leadership and Accountability of Organisations (Theme 1)

4.1 Standard Statement

The HPSS is responsible and accountable for assuring the quality of services that it commissions and provides to both the public and its staff. Integral to this is effective leadership and clear lines of professional and organisational accountability.

4.2 Rationale

The HPSS must provide effective leadership and a clear direction to make the most of its resources (people, skills, time and money), and to deliver high quality services to the public in as safe an environment as is possible. The aim is to ensure a competent, confident workforce and an organisation that is open to learning and is responsive to the needs of service users and carers. This will facilitate staff in the organisation to take individual, team and professional responsibility in order to promote safe, sustainable and high quality services. The organisation needs to maintain and further enhance public confidence.

4.3 Criteria

The organisation:

a) has a coherent and integrated organisational and governance strategy, appropriate to the needs, size and complexity of the organisation with clear leadership, through lines of professional and corporate accountability;

b) has structures and processes to support, review and action its governance arrangements including, for example, corporate, financial, clinical and social care, information and research governance;

c) has processes in place to develop leadership at all levels including identifying potential leaders of the future;

d) actively involves service users and carers, staff and the wider public in the planning and delivery, evaluation and review of the corporate aims and objectives, and governance arrangements;

e) has processes in place to develop, prioritise, deliver and review the organisation's aims and objectives;

f) ensures financial management achieves economy, effectiveness, efficiency and probity and accountability in the use of resources;

g)   has systems in place to ensure compliance with relevant legislative
      requirements;

h)   ensures effective systems are in place to discharge, monitor and report on its
      responsibilities in relation to delegated statutory functions and in relation to
      inter-agency working;

i)   undertakes systematic risk assessment and risk management of all areas of
      its work;

j)   has sound human resource policies and systems in place to ensure
      appropriate workforce planning, skill mix, recruitment, induction, training and
      development opportunities for staff to undertake the roles and responsibilities
      required by their job, including compliance with:

      -      Departmental policy and guidance;
      -      professional and other codes of practice; and
      -      employment legislation.

k)   undertakes robust pre-employment checks including:

      -      qualifications of staff to ensure they are suitably qualified and are
             registered with the appropriate professional or occupational body;
      -      police and Protection of Children and Vulnerable Adults checks , as
             necessary;
      -      health assessment, as necessary; and
      -      references.

l)   has in place appraisal and supervision systems for staff which support
      continuous professional development and lifelong learning, facilitate
      professional and regulatory requirements, and informs the organisation's
      training, education and workforce development;

m)   has a training plan and training programmes, appropriately funded, to meet
      identified training and development needs which enable the organisation to
      comply with its statutory obligations; and

n)   has a workforce strategy in place, as appropriate, that ensures clarity about
      structure, function, roles and responsibilities and ensures workforce
      development to meet current and future service needs in line with
      Departmental policy and the availability of resources.

Section 5: Safe and Effective Care (Theme 2)

5.1   Standard Statement

Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.

5.2   Rationale

A quality service is one which is safe, effective and sustainable. Diminished standards on safety reflect a poor quality of service. The provision of health and social care is complex and will never be one hundred percent error-free. However, more can always be done to avoid injury and harm to service users, from the treatment and care that is intended to help them.   This is an integral part of continuous quality improvement.   Services must be delivered in a way that appropriately manages risk for service users, carers, staff, the public and visitors.   Where an adverse incident has occurred or has been prevented from happening (a near miss), then systems need to be in place to assist individuals and organisations to learn from mistakes in order to prevent a reoccurrence.

It is acknowledged, however, that in some situations, living with a risk can be outweighed by the benefit of having a lifestyle that the individual really wants and values. In such circumstances, risk taking can be considered to be a positive action. Health and social care staff need to work in partnership with service users and carers to explore choices and agree on how risk can be managed and minimised for the benefit of individual service users, carers, families and communities.

The promotion of safe care must be complemented by the provision of effective care. Care should be based on the best available evidence of interventions that work and should be delivered by appropriately competent and qualified staff in partnership with the service user. Systems and processes within organisations should facilitate participation in, and implementation of, evidence-based practice.

This theme of "Safe and Effective Care" has been subdivided into three areas:

- ensuring safe practice and the appropriate management of risk;

- preventing, detecting, communicating and learning from adverse incidents and near misses; and

- promoting effective care.

5.3   Criteria

5.3.1 Ensuring Safe Practice and the Appropriate Management of Risk

The organisation:

a)   has effective person-centred assessment, care planning and review systems in place, which include risk assessment and risk management processes and appropriate interagency approaches;

b)   acknowledges and promotes the central place that patients, service users and carers have in the prevention and detection of adverse incidents and near misses;

c)   has policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to promote and safeguard their rights in general;

d)   promotes effective interagency working in relation to raising awareness of the risk factors associated with abuse, including domestic violence and in the promotion of effective interagency responses;

e)   has a safety policy in place which takes account of the needs of service users, carers and staff, the public and the environment; and

f)   has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure:

-    efficacy and comparability of outcomes in health and social care;

-    compliance with professional and other codes of practice;

-    effective and efficient procedures for obtaining informed consent for examination, treatment and/or care;

-    accurate, timely and consistent recording of care given or services provided and associated outcomes;

-    protection of health, welfare and safety of staff;

-    awareness raising and staff knowledge of reporting arrangements for adverse incidents and near misses, and whistleblowing arrangements when poor performance and/or unsafe practice in examination, treatment or care comes to light;

-    there is choice where food and/or fluid is provided, which reflects cultural and spiritual preferences and that procedures are in place to promote the safe handling of food and a healthy diet;

- safe practice in the selection, procurement, prescription, supply, dispensing, storage and administration of medicines across the spectrum of care and support provided, which complies with current medicines legislation;

- promotion of safe practice in the use of medicines and products, particularly in areas of high risk, for example:

  - intrathecal chemotherapy;
  - blood and blood products;
  - intravenous fluid management;
  - methotrexate;
  - potassium chloride; and
  - anticoagulant therapy.

- risk assessment and risk management in relation to the acquisition and maintenance of medical devices and equipment, and aids and appliances across the spectrum of care and support provided;

- promotion of general hygiene standards, and prevention, control and reduction in the incidence of healthcare acquired infection and other communicable diseases;

- appropriate decontamination of reusable medical devices;

- safe and effective handling, transport and disposal of waste, recognising the need to promote the safety of service users and carers, staff and the wider public, and to protect the environment;

- interventional procedures and/or any new methods undertaken by staff are supported by evidence of safety and efficacy;

- address recommendations contained in RQIA reports (when available), service and case management reviews; and

- participation in and implementation of recommendations contained in local or national enquiries, where appropriate, e.g. National Confidential Enquiries.

5.3.2 Preventing, Detecting, Communicating and Learning from Adverse Incidents and Near Misses

The organisation:

a) has systems and processes in place to prevent, identify, assess and manage and review adverse incidents and near misses across the spectrum of care and support provided;

b) promotes an open and fair culture, rather than one of blame and shame, to encourage the timely reporting and learning from adverse incidents and near misses;

c) has reporting systems in place to collate, analyse and learn from all adverse incidents, and near misses, share knowledge and prevent reoccurrence of adverse incident or near miss; and

d) has systems in place that promote ongoing communication with service users and carers when treatment or care goes wrong, and puts in place an individual care plan to minimise injury or harm.

5.3.3 Promoting Effective Care

The organisation:

a) provides relevant, accessible, information to support and enhance service user and carer involvement in self-management of their health and social care needs;

b) promotes a person-centred approach and actively involves service users and carers in the development, implementation, audit and review of care plans and care pathways;

c) promotes a culture of learning to enable staff to enhance and maintain their knowledge and skills;

d) ensures that clinical and social care interventions are carried out under appropriate supervision and leadership, and by appropriately qualified and trained staff, who have access to appropriate support systems;

e) uses recognised clinical and social care standards and outcomes as a means of measuring health and social care quality;

f) promotes the implementation of evidence based practice through use of recognised standards and guidelines including guidance from the Department, NICE, SCIE and the National Patient Safety Agency (NPSA);

g) has in place systems to promote active participation of staff in evidence based practice, research, evaluation and audit;

h)   has systems in place to prioritise, conduct and act upon the findings of clinical and social care audit and to disseminate learning across the organisation and the HPSS, as appropriate;

i)   provides regular reports to the organisation's executive and non-executive board directors on clinical and social care governance arrangements and continuous improvement in the organisation; and

j)   promotes the involvement of service users and carers in clinical and social care audit activity.

Section 6: Accessible, Flexible and Responsive Services (Theme 3)

6.1 Standard Statement

Services are sustainable, and are flexibly designed to best meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's assessed needs and preferences, and takes account of the availability of resources.

Each organisation strives to continuously improve on the services it provides and/or commissions.

6.2 Rationale

To meet the needs of local communities and to narrow inequalities in health and social well-being, services should take account of the current and anticipated needs of the local community. Service users, carers, front line staff and the wider public should be meaningfully engaged in all stages of the service planning and decision-making cycle. Assessment of need should be undertaken in partnership with the statutory, voluntary, private and community sectors. This should be informed by the collation and analysis of information about the current health and social well-being status of the local population, unmet need, legislative requirements, and evidence of best practice and review of current service provision. Service planning should also take account of local and regional priorities and the availability of resources.

In order to promote systematic approaches to the development of responsive, flexible and accessible services for the local population and for individuals, this theme has been sub-divided into two main areas:

- service planning processes; and
- service delivery for individuals, carers and relatives.

6.3 Criteria

6.3.1 Service Planning Processes

The organisation:

a) has service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives;

b)   integrates views of service users, carers and local communities, and front line staff into all stages of service planning, development, evaluation and review of health and social care services;

c)   promotes service design and provision which incorporates and is informed by:

-   information about the health and social well-being status of the local population and an assessment of likely future needs;

-   evidence of best practice and care, based on research findings, scientific knowledge, and evaluation of experience;

-   principles of inclusion, equality and the promotion of good relations;

-   risk assessment and an analysis of current service provision and outcomes in relation to meeting assessed needs;

-   current and/or pending legislative and regulatory requirements;
-   resource availability; and

-   opportunities for partnership working across the community, voluntary, private and statutory sectors.

d)   has service planning and decision-making processes across all service user groups, which take account of local and/or regional priorities;

e)   has standards for the commissioning of services which are readily understood and are available to the public; and

f)   ensures that service users have access to its services within locally and/or regionally agreed timescales.

6.3.2 Service Delivery for Individuals, Carers and Relatives

The organisation:

a)   ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators;

b)   has systems in place to ensure that service users, carers and relatives have the appropriate information to enable them to make informed decisions and choices about their treatment and care, or service provision;

c)   ensures that information, where appropriate, is provided in a number of formats, which may include, large print, audio format on tape or compact disc, computer readable format, Braille, etc. and is:

- written in easy to understand, non-technical language;
- laid out simply and clearly;
- reproduced in a clear typeface;
- available on the internet; and
- in the preferred language of the reader, as necessary;

d) incorporates the rights, views and choice of the individual service user into the assessment, planning, delivery and review of his or her treatment and care, and recognises the service user's right to take risks while ensuring that steps are taken to assist them to identify and manage potential risks to themselves and to others;

e) ensures that individual service user information is used for the purpose for which it was collected, and that such information is treated confidentially;

f) promotes multi-disciplinary team work and integrated assessment processes, which minimise the need for service users and carers to repeat basic information to a range of staff; and

g) provides the opportunity for service users and carers to provide comment on service delivery.

Section 7: Promoting, Protecting and Improving Health and Social Well-being (Theme 4)

7.1 Standard Statement

The HPSS works in partnership with service users and carers, the wider public and with local and regional organisations to promote, protect and improve health and social well-being, and to tackle inequalities within and between geographic areas, socio-economic and minority groups, taking account of equality and human rights legislation.

7.2 Rationale

Individuals, families and carers have a major part to play in their own and their dependents' health and social well-being. Although many factors influence the health and social well-being of individuals, many of these factors are societal issues and are outside the control of individuals. Examples include poverty, social exclusion, poor education, unemployment, crime, and poor housing. Resolving these issues requires a broad-based approach and concerted action by a wide range of people and agencies including the statutory, voluntary, community and business sectors. The HPSS, working in partnership with these other agencies and community groups, should actively seek to influence and support better decision-making, and establish systems to promote and improve the health and social well-being of the public and to reduce inequalities. The goal is to improve the health and social well-being of the population of Northern Ireland, by increasing the length of their lives, improving the quality of life through increasing the number of years spent free from disease, illness, or disability, and by providing better opportunities for children and support for families.

7.3 Criteria

The organisation:

a)   has structures and processes in place to promote and implement effective partnership arrangements, to contribute to improvements in health and social well-being, and promote social inclusion and a reduction in inequalities;

b)   actively involves the services users and carers, the wider public, HPSS staff and the community and voluntary sectors, in the planning and development of local solutions to improve health and social well-being and to reduce inequalities;

c)   is committed to human rights, as identified in human rights legislation and United Nations Conventions, and to other Government policies aimed at tackling poverty, social need and the promotion of social inclusion;

d) actively pursues equality screening and, where appropriate, equality impact assessment in compliance with section 75 of the Northern Ireland Act 1998;

e) promotes ownership by service users, carers and communities to enable service users and the public to take responsibility for their own health, care and social well-being, and to participate as concerned citizens in promoting the health and social well-being of others;

f) collects, collates, develops and uses health and social care information to assess current and future needs of local populations, taking account of health and social well-being inequalities;

g) has effective and efficient emergency planning processes and co-ordinated response action plans in place, as appropriate, to deal with major incidents or emergency situations and their aftermath. The planning processes and action plans are compliant with Departmental guidance;

h) has processes to engage with other organisations to reduce local environmental health hazards, as appropriate;

i) has evidence-based chronic disease management programmes and health promotion programmes and, as appropriate, community development programmes, which take account of local and regional priorities and objectives;

j) has systems to promote a healthier, safer, and "family friendly" workforce by providing advice, training, support and, as appropriate, services to support staff;

k) has quality assured screening and immunisation programmes in place, as appropriate, and promotes active uptake among service users, carers and the public;

l) uses annual public health and social care reports in the development of priorities and planning the provision and delivery of services; and

m) provides opportunities for the use of volunteers, as appropriate.

Section 8: Effective Communication and Information (Theme 5)

8.1   Standard Statement

The HPSS communicates and manages information effectively, to meet the needs of the public, service users and carers, the organisation and its staff, partner organisations and other agencies.

8.2   Rationale

Good communication and effective use of information are the basis for decision-making by individuals, the public and organisations. They ensure that all relevant facts are collated and used to inform treatment and care, and the assessment, planning, service delivery and resource allocation processes. For information to be useful, it needs to be in an understandable format, accessible to those who need it and readily available. The communication and information management processes within an organisation must take account of the needs of service users and carers, staff and the public and the media, and any legislative or regulatory requirements. Protecting personal information and confidentiality are important to ensure that information is appropriately communicated to those who need to know and effectively used to inform any decisions made. The HPSS should be sensitive to the range of information needs required to support individuals, communities and the organisation itself.

8.3   Criteria

The organisation has:

a)   active participation of service users and carers and the wider public. This includes feedback mechanisms appropriate to the needs of individual service users and the public;

b)   an effective information strategy and communication strategy, appropriate to the needs of the public, service users and carers, staff and the size, functions and complexity of the organisation;

c)   an effective and integrated information technology and information systems which support and enhance the quality and safety of care and provision of services;

d)   system(s) and process(es) in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made available in a timely manner to relevant staff and partner organisations; these are monitored to ensure effectiveness;

e)   clear communication principles for staff and service users, which include:

- openness and honesty;
- use of appropriate language and diversity in methods of communication;
- sensitivity and understanding;
- effective listening; and
- provision of feedback.

f)   clear information principles for staff and service users, which include:

- person-centred information;
- integration of systems;
- delivery of management information from operational systems;
- security and confidentiality of information; and
- sharing of information across the HPSS, as appropriate;

g)   the organisation has effective training for staff on how to communicate with service users and carers and, where needed, the public and the media;

h)   effective records management policies and procedures covering access and the completion, use, storage, retrieval and safe disposal of records, which it monitors to assure compliance and takes account of Freedom of Information legislation;

i)   procedures for protection of service user and carer information which include the timely sharing of information with other professionals, teams and partner organisations as appropriate, to ensure safe and effective provision of care, treatment and services, e.g. in relation to the protection of children or vulnerable adults, and the safe and efficient discharge of individuals from hospital care;

j)   effective and efficient procedures for obtaining valid consent for examination, treatment and/or care;

k)   an effective complaints and representation procedure and feedback arrangements, which is made available to service users, carers and staff and which is used to inform and improve care, treatment and service delivery; and

l)   a range of published up-to-date information about services, conditions, treatment, care and support options available, and how to access them both in and out of service hours, which are subject to regular audit and review.

GLOSSARY OF TERMS

Adverse incident	Any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation.
Carer	Carers are people who, without payment, provide help and support to a family member or friend who may not be able to manage at home without this help because of frailty, illness or disability.
Care plan	The outcome of an assessment. A description of what an individual needs and how these needs will be met.
Care Standards	Care Standards are service specific standards currently being developed. They will cover a range of services provided by public, voluntary and private organisations such as nursing homes, residential homes, independent clinics etc.
Clinical and Social Care Governance	A framework within which HPSS is accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment.
Community care	Health and social services aimed at supporting individuals to remain safely in their own homes for as long as possible.
Community development	Consultation with, and involvement of local communities and groups in improving health and social well-being of the community.
Controls Assurance Standards	These standards focus on key areas of potential risk and help HPSS organisations demonstrate that they are doing their reasonable best to manage themselves and protect stakeholders from risk. They support effective governance.
Equality impact assessment	Consideration of a policy having regard to its impact on and the need to promote equality of opportunity between: persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation, men and women generally, persons with a disability and persons without and between persons with dependants and persons without.
Evidence based practice	Provision of services which are based on best practice as proven by research findings, scientific knowledge and evaluation of experience.
Family Practitioner Services (FPS)	The principal primary care services i.e. family doctors, opticians, dentists and pharmacists.
HPSS (Health and Personal Social Services)	An organisation which either commissions or provides health and social services, e.g. HSS Boards, Strategic Health and Social Care Authority, a Trust providing hospital and community services, a local commissioning body, and Family Practitioner Services.

NPSA	The National Patient Safety Agency promotes safe practice in clinical care and supports the development of solutions and the cascade of learning to reduce areas of high risk.
Person-centred assessment	An assessment, which places the individual at the centre of the process and which responds flexibly and sensitively to his/her needs.
Primary care	The many forms of health and social care and/or treatment accessed through a first point of contact provided outside hospitals e.g. family doctors, pharmacists, nurses, allied health professionals (physiotherapists, psychologists, dieticians etc) social workers, care assistants, dentists, opticians and so on.
Secondary care	Specialist services usually provided in an acute hospital setting following referral from a primary or community healthcare professional.
Statutory duty	A legal responsibility.
Statutory sector	Government-funded organisations e.g. HSS Boards, Strategic Health and Social Services Authority, Trusts, Special Agencies and Local Commissioning Groups.
Tertiary care	Highly specialised services usually provided in an acute hospital setting by medical and other staff with expertise in a particular medical specialty.

REFERENCES, CIRCULARS AND PUBLICATIONS

Legislation

1. Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

Circulars

2. Circular HSS (OS) 1/73 – (DHSSPS) Notification of untoward events in psychiatric and special hospitals.

3. Circular HSS (PDD) 1/1994 – (DHSSPS) Management of Food Services and Food Hygiene in the HPSS.

4. Circular HSS (THRD) 1/97 – (DHSSPS) Notification of untoward events in psychiatric and specialist hospitals for people with learning disability.

5. Circular HSS (THR) 1/1999 – (DHSSPS) Management of Food Services and Food Hygiene in the HPSS.

6. Circular HSS (PPM) 3/2002 - Corporate Governance: Statement on Internal Control (DHSSPS)
    http://www.dhsspsni.gov.uk/hss/governance/guidance.asp.

7. Circular HSS (PPM) 6/2002 – AS/NZS 4360: 1999 – Risk Management (DHSSPS) http://www.dhsspsni.gov.uk/hss/governance/guidance.asp.

8. Circular HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services (DHSSPS)
    http://www.dhsspsni.gov.uk/hss/governance/guidance.asp.

9. Circular HSS (PPM) 10/2002 – Governance in the HPSS: Clinical and Social Care Governance - Guidance on Implementation (DHSSPS)
    http://www.dhsspsni.gov.uk/hss/governance/guidance.asp.

10. Circular HSS (PPM) 13/2002 – Governance in the HPSS – Risk Management (DHSSPS)
    http://www.dhsspsni.gov.uk/hss/governance/guidance.asp.

11. Role and Responsibilities of Directors for the Care and Protection of Children (Circular CC3/02), (DHSSPS), June 2002.

12. Circular HSS (F) 20/2002 – Clinical Negligence: Prevention of Claims and Claims Handling (DHSSPS).

13. Circular HSS (MD) 39/02 – (DHSSPS) Safe administration of Intrathecal Chemotherapy.

14. Circular HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance (DHSSPS)
http://www.dhsspsni.gov.uk/hss/governance/guidance.asp

15. HSS (MD) 7/2003 A Reference Guide to Consent for Examination, Treatment or Care; and Good Practice in Consent, Consent for Examination Treatment or Care: A Handbook for the HPSS
www.dhsspsni.gov.uk/phealth/urgent_letter.asp.

16. HSS (MD) 36/03 Transmissible Spongiform Encephalopathy agents: safe working and the prevention of infection: publication of revised guidance
www.dhsspsni.gov.uk/phealth/urgent_letter.asp.

17. HSS (MD) 45/03 Updated National Guidance of the Safe Administration of Intrathecal Chemotherapy.

18. Circular HSS (PPM) 6/2004 – Reporting and follow-up on serious adverse incidents: Interim Guidance (DHSSPS)
http://www.dhsspsni.gov.uk/hss/governance/guidance.asp.

19. Circular HSS (PPM) 8/2004 – Governance in the HPSS: Controls assurance standards – update
http://www.dhsspsni.gov.uk/hss/governance/guidance.asp.

20. Circular HSS (F) 2/2004 - Statement on Internal Control – Full Implementation for 2003/04 (DHSSPS)
http://www.dhsspsni.gov.uk/hss/governance/guidance.asp.

21. HSS (MD) 08/04 Protecting the blood supply from variant CJD-deferral of donors who have received a blood transfusion
www.dhsspsni.gov.uk/phealth/urgent_letter.asp.

22. HSS (MD) 10/2004 Good Practice in Consent, Regional forms and Guides
www.dhsspsni.gov.uk/phealth/urgent_letter.asp.

23. HSS (MD) 17/04 Reducing the risk of exposure to the agent of CJD through brain biopsies www.dhsspsni.gov.uk/phealth/urgent_letter.asp.

24. HSS(MD) 20/04 and 21/04 (DHSSPS) Decontamination of endoscopes
www.dhsspsni.gov.uk/phealth/urgent_letter.asp.

25. HSS (MD) 23/04 influenza and pneumococcal programme for 2004/2005 www.dhsspsni.gov.uk/phealth/urgent_letter.asp.

26. HSS (MD) 24/04 Childhood immunisation programme. www.dhsspsni.gov.uk/phealth/urgent_letter.asp.

27. Circular HSS (PPM) 5/05 Reporting of Serious Adverse Incidents within the HPSS. http://www.dhsspsni.gov.uk/publications/2005/hssppm05-05.doc

28. NIAIC Safety Notice MDEA (NI) 2006/01 Reporting Adverse Incidents and Disseminating Medical Device / Equipment Alerts. Health Estates, Northern Ireland Adverse Incident Centre.

Standards

29. Quality Living Standards for Services: Children Living in a Family Placement (DHSSPS), 1995.

30. Quality Living Standards for Services: Children who live away from Home (DHSSPS), 1995.

31. Quality Standards – Assessment and Care Management, (DHSSPS) 1999.

32. Quality Standards – Consumer Involvement in Community Care Services, (DHSSPS) 1999.

33. Partnership in Caring – Standards for Services, (DHSSPS) April 2000.

34. Standards for Social Work Services for Young Disabled Adults, January 2003.

35. Draft Standards for Disabled Children in Hospital, DHSSPS, January 2003.

36. Draft Standards for Child Protection, (DHSSPS), September 2003.

37. Approved Social Work in Northern Ireland: From Recommendations to Standards, (DHSSPS), June 2004.

38. Inspection of Social Care Support Services for Carers of Older People – Consultation on Draft Standards, July 2004.

39. Draft Standards: Approved Social Workers, (DHSSPS), November 2004.

40. A Statement of Healthcare Standards – Standards for NHS bodies in Wales, (Welsh Assembly) 2004.

41. National Standards – Local Action Health and Social Care Standards and Planning Framework 2005/6-2007/8 (Department of Health), 2004.

42. Standards for Better Health – Health Care Standards for Services under the NHS- (Consultation Document), Department of Health, 2004.

43. Summary of Responses to Standards for Better Health (Department of Health), 2004.

44. Care Standards for Northern Ireland (draft), (DHSSPS) 2004-05, standards available on www.dhsspsni.gov.uk/hss/care_standards/index.asp.

45. Controls Assurance Standards (DHSSPS), current standards available on http://www.dhsspsni.gov.uk/hss/governance/guidance.asp.

46. From Dependence to Independence – Standards for Social Work Services for Young Disabled Adults, Key Standards and Criteria, (DHSSPS).

47. Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services – National Standards (NHS QIS, October 2005)

Guidance

48. Guidance on Implementation of the HPSS Complaints Procedure, (DHSSPS), March 1996 **(The HPSS Complaints Procedure is currently under review and will be replaced with effect from 2006)**.

49. Code of Practice on the Recruitment, Assessment, Approval, Training, Management and Support of Foster Carers, (DHSSPS) June 1999.

50. Guidance on Good Clinical Practice and Clinical Trials (1999), Department of Health, London.

51. Guidance on Handling HPSS Complaints: Hospital, Community Health and Social Services, (DHSSPS) April 2000 **(The HPSS Complaints Procedure is currently under review and will be replaced with effect from 2006)**.

52. Guidance for reporting accidents with, and defects in, medicinal products (2001), DHSSPS.

53. Guidance to Trusts on reporting defective medicinal products (2001), DHSSPS.

54. Guidance on the Management of HIV Infected Health Care Workers and Patient Notification (DHSSPS), July 2002.

55. A guide to pharmaceutical clinical waste (DHSSPS) (2002).

56. Safety Alerts (NIAIC, Health Estates Agency, Northern Ireland) on www.dhsspsni.gov.uk/safety.asp-2003.

57. Guidance Note - Implementing the Equality Good Practice Reviews (DHSSPS) 2004 http://www.dhsspsni.gov.uk/econsultation/ Good_practice/GPRs_circ_HSSPS29Jan04.pdf

58. Guidance on 'Discharge from Hospital and the Continuing Care in the Community of People with a Mental Disorder who could Represent a risk of Serious Physical Harm to Themselves or Others', (DHSSPS), October 2004.

59. Guidance on 'Drug and Substance Misuse in Mental Healthcare Settings', (DHSSPS), October 2004.

60. Use and Control of Medicines: Guidelines for the safe prescribing, administration, handling, storage and custody of medicinal products in the Health and Personal Social Services (2nd edn.2004), DHSSPS.

61. Drug alerts –issued by the Chief Pharmaceutical Officer on www.dhsspsni.gov.uk/pgroups/pharmaceutical/alerts.asp

Other National Publications

62. Department of Health 2000, *an Organisation with a Memory. Report of an Expert Group on Learning from Adverse Events in the NHS*. The Stationery Office, London.

63. Lessons for CHI Investigations 2000-2003. Commission for Health Improvement.

64. A.M.Beaney (ed) (2001) Quality Assurance of Aseptic Preparation Services (3rd Edition) Pharmaceutical Press, London.

65. Department of Health 2001, Clinical Governance in Community Pharmacy. Guidelines on good practice for the NHS. Department of Health, London.

66. Department of Health 2001, Building a Safer NHS for Patients. Implementing an Organisation with a Memory, Department of Health, London.

67. Doing Less Harm; Improving the Safety and Quality of Care through Reporting, Analysing and Learning from adverse incidents, Department of Health and NPSA August 2001.

68.   Quality Assurance of Radio Pharmaceuticals: The Radiopharmacy Group and the NHS Pharmaceutical Quality Control Committee. Nuclear Medicine Communications 2001; 22:909-916.

69.   Vincent C, (ed) Clinical Risk. London: BMJ Publishing (2001).

70.   Crossing the Quality Chasm: A new Health System for the 21st Century. National Academy of Sciences, 2003 www.nap.edu/catalog/10027.html.

71.   Development of Integrated Governance, NHS Confederation, 2004.

72.   Sharing the Learning on Patient and Public Involvement from CHI's Work. Commission for Health Improvement www.chi.nhs.uk.

73.   Social Care Institute for Excellence (SCIE): Knowledge Review 7: Improving the use of research in social care practice http://www.scie.org.uk/.

74.   SCIE: Practice guide on managing practice. http://www.scie.org.uk/.

75.   SCIE: Report 4: Using systematic reviews to improve social care. http://www.scie.org.uk/.

76.   SCIE: Report 5: User participation in the governance and operations of social care regulatory bodies. http://www.scie.org.uk/.

77.   SCIE: Report 6: Managing risk and minimising mistakes in services to children and families. http://www.scie.org.uk/.

78.   SCIE: Research Briefing 1/01: Preventing falls in care homes. http://www.scie.org.uk/.

79.   SCIE: Research Briefing 1/15: Helping older people to take prescribed medication in their own homes: what works. http://www.scie.org.uk/.

80.   SCIE: Resource Guide 3: Teaching and learning communication skills in social work education. http://www.scie.org.uk/.

81.   SCIE: Resource Guide 05: Direct Payments: answering frequently asked questions. http://www.scie.org.uk/.

82.   The Patient Safety Observatory Report – Building a Memory: Preventing Harm, Reducing Risks and Improving Patient Safety (NPSA, July 2005).

Other Local Publications

83.   From Hospital to Home, (DHSSPS) 1997.

84.   Children's Service Planning Guidance, (DHSSPS) July 1998.

85.   Building the Way Forward in Primary Care (DHSSPS) Dec 2000.

86.   Best Practice – Best Care (2001) – A framework for setting standards, delivering services and improving monitoring and regulation in the HPSS (DHSSPS)
       http://www.dhsspsni.gov.uk/publications/archived/2001/4161finaldoc.asp

87.   Building the Community Pharmacy Partnership (DHSSPS), April 2002

88.   Best Practice Best Care - Summary of Responses to the Consultation (DHSSPS), May 2002.

89.   Protecting Personal Information in the HPSS (DHSSPS), July 2002.

90.   Northern Ireland Social Care Council: Codes of Practice for Social Care Workers and Employers of Social Care Workers, September 2002
       http://www.niscc.info/.

91.   Mental Health Social Work (DHSSPS), April 2003.

92.   Social Work Services for Adults with Sensory Impairment, (DHSSPS) July 2003.

93.   Tackling Violence At Home, (DHSSPS), October 2003.

94.   Evaluation of HPSS Baseline Assessment and Action Plan – Clinical and Social Care Governance (Deloitte Touche, on behalf of DHSSPS), 2003.

95.   Good Management, Good Records, (DHSSPS), December 2004.

96.   A Healthier future- A Twenty Year Vision for Health and Wellbeing in Northern Ireland (DHSSPS) 2004.

97.   The Review of the Public Health Function in Northern Ireland- consultation document (DHSSPS) 2004.

98.   Public Attitudes Survey (2004), Research Evaluation Services.

99.   Priorities for Action for the Health and Personal Social Services (DHSSPS) 2004-05 http://www.dhsspsni.gov.uk/prior_action/index.asp.

100. SARS information and plans (DHSSPS) www.sarsni.gov.uk, SARS (urgent communications) available on www.dhsspsni.gov.uk/phealth/urgent_letter.asp.

101. Caring For People Beyond Tomorrow - A Strategic Framework for the Development of Primary Health and Social Care for Individuals, Families and Communities in Northern Ireland (DHSSPS, 2005) http://www.dhsspsni.gov.uk/publications/2005/primary-care.pdf

102. A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025 (DHSSPS, 2005) http://www.dhsspsni.gov.uk/publications/2004/healthyfuture-main.pdf