Quality and Safety Committees

Guidance and Resources

This document replaces the previously published Quality and Safety Committee(s) Guidance and Sample Terms of Reference Document (May 2013). It forms part of a series of resources being developed to support services in the implementation of the Framework for Improving Quality in our Health Service (2016):

● Quality and Patient Safety: Clinical Governance Information Leaflet (February 2012)

● Quality and Patient Safety: Clinical Governance Development: An assurance check for Health Service Providers (February 2012)

● Quality and Safety Prompts for Multidisciplinary Teams (October 2012)

● Safety Pause: Information Sheet (May 2013)

● Quality and Safety Clinical Governance Development Initiative: Sharing our Learning (March 2014)

● National Clinical Programmes Model of Care Development: Checklist Governance for Quality and Safety (October 2014)

● Report of the Quality and Safety Clinical Governance Development Initiative Primary Care: Sharing our Learning (April 2015)

● Board on Board with Quality of Clinical Care: Quality Improvement Project: Case Study Report (June 2015)

● Framework for Improving Quality in our Health Service: Part 1: Introducing the Framework (April 2016)

● Quality and Safety Walk-rounds: Co-designed Approach Toolkit and Case Study Report (June 2016)

Copies of the documents can be located at www.qualityimprovement.ie.

Foreword

I am very pleased to present this *Quality and Safety Committee Guidance and Resources* document. We have learned from the experience and feedback from staff using version one, published in 2013. This has now been reviewed and significantly updated, in light of the health services reform programme, to include a step by step approach, resources and templates to adapt in the establishment or review of committees. The document is written in a general way to be applicable in the many HSE services across hospital groups, community health organisations and the national ambulance service.

This guidance forms part of a toolkit to support the application of the *Framework for Improving Quality in our Health Service* published by the HSE in 2016. One of the aims of this guidance is to build up the capacity of quality and safety committees at local, management and board level (where one is in place). These multidisciplinary committees should provide the space to stand back and consider the quality and safety of care provided, monitor this on a routine basis, provide respectful challenge and act to improve care.

Some of the key questions for quality and safety committees are:
  – How do you know what good care is?
  – How do you know you are getting better?
  – Do you have the appropriate measures?
  – Have you confidence in the relevant data?
  – Do you know where you stand relative to the best?
  – How do you demonstrate that you are a learning organisation?
  – How do you keep in touch with the frontline reality of service delivery?
  – How do you ensure you hear the voices of patients, families, service users and frontline staff?

I would like to thank the many staff and teams across the health system who have used the original document, shared their experiences and made suggestions for strengthening the revised document during the consultation processes. I very much appreciate the considerable commitment and support that the Quality Improvement Division teams have given in preparing this document.

The guidance and templates are provided ready for adaptation to the specific context of your service be that, acute, mental health, primary care, social care, health and wellbeing or the national ambulance service. We look forward to working with you in adapting the guidance for your own context.

Dr. Philip Crowley
National Director
Quality Improvement Division

Step by Step Guide

The purpose of the document is to provide guidance and sample terms of reference for services to use and adapt (as relevant to the context of individual healthcare organisation) in the establishment or review of Quality and Safety Committees for:

i)   Local Quality and Safety Committee
ii)   Executive Quality and Safety Committee
iii)   Board Quality and Safety Committee

For services that are in the process of setting up or reviewing their Quality and Safety Committee the following steps could be followed:

Step 1 Membership	- Agree the selection criteria for membership - Identify chair with the role, knowledge and skill for level of Quality and Safety Committee	Guidance Quality and Safety Committees **(Section 1.3, 2.3, 3.3)**
Step 2 Terms of Reference	- Create a terms of reference with clear measurable objectives approved by the committee and signed off by the senior most accountable person for the service (for example Manager, CEO or chair of the Board)	Template Terms of Reference Quality and Safety Committee **(Resource 1)** Sample Agenda Prompts **(Resource 5)**
Step 3 Reporting Lines Accountability	- Agree the reporting lines of the committee - Create a clear organogram for the committee which maps out how the committee fits into the overall accountability arrangements of the service	Committee Report Template **(Resource 7)** Sample Annual Schedule for Committee Reporting **(Resource 8)**
Step 4 Documentation Templates	- Agree the documentation templates for the committee (e.g. agenda, schedule of meetings annually, minutes, action log, template for reports coming to and from the committee)	**Sample Agendas** Local Committee **(Resource 2)** Executive Committee **(Resource 3)** Board Committee **(Resource 4)**
Step 5 Prioritise Agenda	- Prioritisation of agenda items on a monthly, quarterly, annual basis	Local Committee **(Resource 2)** Executive Committee **(Resource 3)** Board Committee **(Resource 4)**
Step 6 QI Measures	- Identify information sources to plan and assess improvements in the quality of care in a measurable way: including the prioritised quality of care indicators being monitored on a routine basis by the committee	Checklist for Prioritising Measures of Quality of Care **(Appendix 4)**
Step 7 Outcomes	- Identify the pathway for recommendations made by the committee and the process for escalating issues of concern - Circulate/publish minutes and reports of the committee	Organogram of Committees **(Appendix 3)**
Step 8 Review Evaluation	- Review of the effectiveness of the committee with regard to the terms of reference, performance, membership and attendance on an annual basis	Terms of Reference Quality and Safety Committee / Agenda Prompts **(Resource 1 and 5)** Quality and Safety Structures **(Appendix 1 and 2)**

Contents

Introduction

Over recent years, the health service has placed an important emphasis on quality, staff and service user safety by developing an infrastructure for integrated quality, safety and risk management with the aim of achieving excellence in governance for quality and safety. *The HIQA National Standards for Safer Better Health Care (2012) Theme 5 Leadership Governance and Management* states that providers should have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare. The HSE recognises the critical importance of leadership, service user and staff engagement in achieving good governance and continually enhancing accountability arrangements. In this regard and in the context of the establishment of the Hospital Groups, Community Health Organisations and National Ambulance Service the HSE is strengthening its accountability arrangements and has put in place a renewed *Accountability Framework* (National Service Plan, 2016).

The HSE Quality Improvement Division is building on this. Formalised governance for quality arrangements ensure that everyone working in the health system have an opportunity to share their experiences and suggestions for improvement, are aware of their responsibilities, authority and accountability, and work towards achieving measured improvement in service user outcomes. Effective governance for quality and safety recognises the inter-dependencies between corporate and quality governance across services and integrates them to deliver high quality, safe and reliable healthcare/social care. The idea is we are all responsible and together we are creating a safer healthcare system.

A *Report of the Quality and Safety Clinical Governance Development Initiative: Sharing our Learning* published in March 2014 recommended:
- Making local quality and safety data transparent to staff and members of the public
- Establishing a Quality and Safety Executive Committee with responsibility for implementing quality and safety arrangements on behalf of Executive Management Teams
- Establishing a Quality and Safety Committee of the Board or Community Healthcare Organisation with responsibility for overseeing and seeking assurance (through clear data analysis), on the quality and safety of services provided.

More recently the Quality Improvement Division has developed a *Framework for Improving Quality in Our Health Service (April 2016)*. This provides six drivers for improving quality which are set out below. It is the combined force of drivers working together that creates the environment and acceleration for improvement.

Figure 1: HSE Framework for Improving Quality

What is Governance for Quality and Safety?

Governance for Quality and Safety is the system through which all healthcare staff and teams are accountable for the quality, safety and experience of people in the care they deliver. This means specifying the standards your service is going to deliver and showing everyone the measurements used to demonstrate that your service has done what it set out to do. It is built on the model of the Senior Accountable Officer (Chief Executive Officer/Chief Officer/General Manager) or equivalent working in partnership with staff and service users. A key characteristic is a culture and commitment to agreed service levels and quality of care to be provided.

Governance for quality and safety involves having the necessary structures, processes, standards and oversight in place to ensure that safe, person centred and effective services are delivered. Boards have a key role to play in the governance of an organisation as the accountability for the quality of a service rests with the Board. When services do not have Boards the CEO/General Manager and Executive Management Team take on this responsibility. Governance also ensures the establishment of learning systems so that all experience within a service is shared and used to improve. Good governance for quality supports strong relationships between frontline staff, service users, families and senior leaders within any service *(HSE Framework for Improving Quality, 2016)*.

What is the vision for Governance for Quality and Safety?

Governance for quality and safety is an integral component of management arrangements where:

- Each individual, as part of a team, knows the purpose and function of leadership and accountability for good health and care
- Each individual, as part of a team, knows their responsibility, level of authority and to whom they are accountable
- Each individual, as part of a team, understands how the principles of quality and safety can be applied in their practice (see figure 2)
- A culture of trust, openness, respect and caring is evident among managers, staff and service users
- Each individual, as part of a team, consistently demonstrates a commitment to the principles of quality and safety in decision-making (see figure 2). Quality and safety is embedded within the overall governance arrangements.

Aim of this Document

The aim of this document is to provide guidance and resources for all levels of Quality and Safety Committees which includes the following:

- Committee terms of reference
- Committee membership
- Committee agendas / agenda prompts / minutes template
- Committee reporting templates
- Annual schedule for sub committees' reporting
- Overview of committees' structures nationally
- Sample Organogram for quality and safety committee reporting
- Selection of Quality and Safety Indicators.

Figure 2: Guiding Principles for Quality and Safety

Context

The HSE recognises the critical importance of good governance; continually improving quality and providing a level of assurance on the quality and safety of services provided. Whilst healthcare organisations are in the process of organisational change through the establishment of Community Healthcare Organisations (CHOs) and Hospital Groups, it is however vital that strong governance and accountability arrangements are in place at all times, in respect of service user quality and safety.

For effective governance, it is important that there is division of duties between oversight roles, management and implementation roles. This is realised through the establishment of separate Local, Executive and Board Committees for Quality and Safety. The number and level of the committee(s) will be informed by the context and size of and nature of the service. Titles for committee(s) vary; 'clinical governance' or 'quality safety and risk management' are often used. For consistency 'Quality and Safety' is used throughout this document.

The document has been prepared in a generic manner to cater for all healthcare/social care services (e.g Hospital Groups, CHOs and National Ambulance Service) across the following three different levels:

i)   Local Quality and Safety Committee
The Local Quality and Safety Committee supports delivery of quality safe services at local or service level. The Local Committee is multidisciplinary comprising of staff whose roles are directly concerned with establishing, developing and implementing quality and safety systems within the local service. It focuses on driving the implementation of improvements and safeguards in quality and safety. For smaller services where there are limited personnel, quality and safety can be incorporated as a standing agenda item of the management team meeting thus avoiding the requirement to establish a separate committee. Where in place, the chair of the Local Quality and Safety Committee is operationally responsible to the Executive Management Team and reports on progress to the Executive Quality and Safety Committee.

ii)   Executive Quality and Safety Committee
The Executive Quality and Safety Committee manages quality and safety on behalf of the Executive Management Team. The Executive Quality and Safety Committee is a multidisciplinary team of representative staff whose roles are directly concerned with establishing, developing and implementing quality and safety structures, processes, standards and oversight across the service. It focuses on driving the implementation of service wide improvements and safeguards in quality and safety. The Executive Quality and Safety Committee is accountable to the senior accountable officer and reports on progress to the Executive/Senior Management Team.

iii)   Board Quality and Safety Committee
The Board Quality and Safety Committee oversees management of quality and safety across the service on behalf of the Board. For voluntary services of the HSE (and in the future, Trust Boards for groups of hospitals/community services), the governance of quality and safety is a function of the Board. A Board Quality and Safety Committee comprising of Non- Executive and Executive members would normally be established. The Board Quality and Safety Committee operates on behalf of and reports directly to the Board.

1. Local Quality and Safety Committee Guidance

To assist Local Quality and Safety Committee(s) in developing a terms of reference, the following is suggested as a guide (see outline Terms of Reference in Resource 1).

1.1   Purpose: Local Quality and Safety Committee

Aim: The aim of the local Quality and Safety Committee is to develop, deliver, champion, implement and evaluate a quality and safety programme for the service area.

Objectives: Identify a set of goals that the committee plans to achieve. To be most effective, objectives are: achievable; realistic; time bound; explicit; measurable; within the scope/remit of the committee.

Examples of objectives that could be used by a Local Quality and Safety Committee are set out below:

Oversight, reviewing and identifying trends in:

- feedback from service users and staff on their experiences of services (e.g. from surveys, forums, compliments and complaints, staff turnover, exit interviews, absenteeism, % agency staff);
- areas for development and improvement identified through the application of the six drivers of the framework for improving quality;
- areas of excellence which can support areas in need of improvement;
- the quality and safety of the service through proactive risk management processes to include risk assessments, risk registers, incident analysis, morbidity and mortality meetings, case reviews, and investigation reports, etc;
- legislation, mandatory standards and quality indicators and outcome measures, coroner's reports; and the annual plan for clinical audits and;
- policies, procedures, protocols and guidelines (PPPGs) to be developed to support best practice and ensure safety is maximised in line with national PPPGs.

Providing a level of assurance that:

- known risks are being addressed and managed through appropriate risk management process and escalated where necessary;
- processes for incident reporting (including serious reportable events) are being adhered to;
- assessments have been undertaken in a manner which facilitates full participation of staff and are an accurate reflection of the status of that service at the time of assessment;
- risk assessments (signed off by committee) are submitted within the delegated timeframes: and the local service is in compliance with legislation, national standards and regulations.

Monitoring Quality Improvement Plans (QIPs):

- responding to service user and staff suggestions for improvement;
- the progress of the actions being implemented following an incident, case review, coroner's report, morbidity and mortality meeting, report recommendation or complaint;
- arising from the risk register;
- arising from clinical audits; and
- arising from assessments on standards.

1.2   Role and Responsibilities: Local Quality and Safety Committee

▪ Promote and advance the importance and value of staff and service user engagement in improving quality and the quality and safety risk management programme;

▪ Develop and deliver an integrated quality safety and risk management programme for the local service area. This includes (but is not limited to) the following:

  – Engaging service users, members of the public and staff in the quality and safety programme; risk identification, description, assessment, mitigation and escalation;

  – Report, control, learn and disseminate lessons from significant incidents (including serious reportable events and external alerts) and complaints;

  – Policies, procedures, protocols and guidelines are developed/adapted, implemented and evaluated (based on best available evidence);

  – Licensing, regulatory, credentialing and accreditation requirements are met and maintained for the service area;

  – A structured programme of audit is in place; and

  – Oversee and monitor staff compliance with education and training and specialist competency programmes.

▪ Access and invite expertise to the local Quality and Safety Committee as required;

▪ Reporting and two-way communication processes are in place between the committee, frontline staff and the management team.

1.3   Membership: Local Quality and Safety Committee

When creating a new Quality and Safety Committee, there is an opportunity to ensure there is transparency in respect of selection for the committee and selection criteria for membership may include:

  – Experience of and commitment to quality and safety
  – Knowledge of quality improvement methods
  – Ability to challenge status quo in a constructive manner
  – Availability to attend meetings
  – Ability to drive change and innovations and influence staff
  – Experience of committee work
  – Person centred.

Once the committee is established, a membership list would be created which would include the name, title and role of each member and term of membership. It also identifies the roles that are agreed as part of the terms of reference for each member in relation to their designated role on the committee, for example, chair, vice chair, admin etc. The committee would ordinarily elect the chair. The characteristics of a good chair include:

  - Open and inclusive
  - Facilitative
  - Action focused
  - Actively seeking to maximise time at meetings
  - Strong relationships with all committee members
  - Respectful of individual and organisational views, roles and responsibilities
  - Open and inclusive.

The committee is multidisciplinary. *Suggested membership for the Local Quality and Safety Committee might be as follows:*

▪ Chaired by lead (doctor, nurse/midwife, service manager)

▪ Vice-Chair (from other professional group)

▪ Service user representative

▪ Appropriate representation as per service requirements (i.e., general practice, care groups, health and social care professionals, pharmacy, and radiology)

▪ Quality/Safety/Risk Manager

- Administration support.

A quorum for a meeting should be agreed and outlined in the terms of reference. This could be for example the chairperson or vice-chairperson and 30% of the members of the committee.

1.4   Accountability Reporting Relationships: Local Quality and Safety Committee

The committee is operationally accountable to the local manager and provides reports to the Executive Quality and Safety Committee or equivalent. It is important to clearly identify who the committee chair reports to within the service. It is recommended that the committee terms of reference document include an organisation chart illustrating where the committee sits within the service structure.

1.5   Frequency of Meetings: Local Quality and Safety Committee

In order to facilitate members' diaries and promote maximum attendance, it is suggested that the frequency and dates of meetings (for a full calendar year) be identified during the development of the terms of reference. Normally the frequency of meetings is monthly. Each facility should agree what is appropriate and practical for their service. In the event of a meeting being cancelled it should be reconvened. For smaller services where there are limited personnel, quality and safety can be incorporated as a standing agenda item of the management team meeting thus avoiding the requirement to establish a separate committee.

1.6   Reports: Local Quality and Safety Committee

Identify what will be produced from the committee, for example, regular reports to the senior most accountable person to whom the committee is accountable or to other groups as required.

1.7   Performance: Local Quality and Safety Committee

Clearly identify the quality indicators and outcomes that will be measured to ensure that the committee is performing effectively. Self-evaluation may be undertaken or arranged through another function such as internal audit. Performance measures could include:
- Percentage of attendance at meetings by members
- Criteria against each of the objectives above with an emphasis on the measurement of reduction in harm and improvement in quality
- Review the process of the group – How well are they operating? How do they feel they are performing? How do others feel they are performing?

1.8   Administrative Support: Local Quality and Safety Committee

A member of staff who provides administrative support to the committee is identified. This person will circulate the agenda, schedules, and papers to be read prior to meetings, document the minutes of each meeting and circulate to members within an agreed timeframe of the meeting being held. The minutes are approved and signed off by the chair at the next meeting, stored and published as agreed.

1.9   Approval and Review Date: Local Quality and Safety Committee

The terms of reference are prepared by the chair of the local committee in consultation with the members of the committee and authorised by the senior management team/officer. The terms of reference should be reviewed and updated every year or sooner if necessary.

2. Executive Quality and Safety Committee Guidance

To assist Executive Quality and Safety Committees in developing their terms of reference, the following is suggested as a guide (see outline Terms of Reference in Resource 1).

2.1 Reports: Executive Quality and Safety Committee

Aim: clear statement identifying why the committee is being developed, for example - to develop, deliver, implement and evaluate a comprehensive quality and safety programme with associated structures, processes, standards and oversight which are the vehicle for improving quality and safety.

Objectives: a set of goals that the committee plans to achieve. To be most effective, objectives should be: achievable; realistic; time bound; explicit; measurable; within the scope/remit of the committee; linked to health service providers / national service plan objectives and aligned to national policy and strategy.

Examples of objectives that could be used by an Executive Quality and Safety Committee are set out below:

Oversight, reviewing and identifying trends in:

- feedback from service users and staff of their experience of the service (e.g. from surveys, forums, compliments and complaints, staff turnover, exit interviews, absenteeism, % agency staff);

- areas for development and improvement identified through the application of the six drivers of the framework for improving quality;

- areas of excellence which can support areas in need of improvement;

- the quality and safety of the service through proactive risk management processes to include risk assessments, risk registers, incident analysis, morbidity and mortality meetings, case reviews, and investigation reports, etc;

- legislation, mandatory standards and quality indicators and outcome measures, coroner's reports; and the annual plan for clinical audits;and

- policies, procedures, protocols and guidelines (PPPGs) to be developed to support best practice and ensure safety is maximised in line with national PPPGs.

Providing a level of assurance, to the executive/senior management team that:

- known risks are being addressed and managed through appropriate risk management process and escalated where necessary;

- processes for incident reporting (including serious reportable events) are being adhered to;

- assessments have been undertaken in a manner which facilitates full participation of staff and are an accurate reflection of the status of that service at the time of assessment; and

- assessments (signed off by committee) are sent to CEO/GM's office within the delegated timeframes: and the facility is in compliance with legislation, national standards and regulations.

Monitoring Quality Improvement Plans (QIPs):
- responding to service user and staff suggestions for improvement:
- the progress of the actions being implemented following an incident, case review, coroner's report, morbidity and mortality meeting, report recommendation or complaint;
- arising from the risk register;
- arising from clinical audits; and
- arising from assessments on standards.

2.2 Role and Responsibilities: Executive Quality and Safety Committee

- Support service wide continuous quality improvements though engagement with staff and service users in improving quality and the quality safety and risk management programme
- Oversee, support and monitor the implementation of the services Quality Improvement Plan informed by the Framework for Improving Quality in our Health Service
- Build improvement knowledge and skills to transform the culture of care
- Priortise the implementation of proven solutions to prevent harm and improve care, focusing on reducing variation and reducing variation across care processes
- Developing and delivering a service wide integrated quality, safety and risk management programme on behalf of the Executive Management Team. This includes (but is not limited to) the following:
  - Engaging service users, members of the public and frontline staff engaged in the quality and safety programme; risk identification, description, assessment, mitigation and escalation;
  - Report, control, learn and disseminate lessons from significant incidents (including serious reportable events and external alerts) and complaints;
  - Ensure appropriate clinical policies, procedures, protocols and guidelines are developed/adapted, implemented and evaluated (based on best available evidence);
  - Ensure that all mandatory, licensing, regulatory, credentialing and accreditation requirements are met and maintained for the facility;
  - Ensure that a structured programme of clinical audit is in place; and
  - Oversee and monitor staff compliance with mandatory education and training and specialist competency programmes
- Establish subcommittees/groups to lead on specific elements of quality and safety as required
- Access and invite expertise to the Executive Quality and Safety Committee as required
- Reporting and two-way communication processes are in place between frontline staff, Executive Management Team, the Quality and Safety Executive Committee and the Quality and Safety Board Committee (where a Board is in place).

2.3 Membership: Executive Quality and Safety Committee

When creating a new Executive Quality and Safety Committee, senior management should ensure there is transparency in respect of selection for the committee and selection criteria for membership may include:

- Experience of and commitment to quality and safety
- Knowledge of quality improvement methods
- Ability to challenge status quo in a constructive manner
- Availability to attend meetings
- Ability to drive change and innovations and influence staff
- Experience of committee work
- Person centred.

Once the committee is created, a membership list should be created which would include the name, title and role of each member and term of membership. It also identifies the roles that are agreed as part of the terms of reference for each member in relation to their designated role on the committee, for example, chair, vice chair, admin etc. The committee would ordinarily elect the chair. The characteristics of a good chair include:

- Open and inclusive
- Facilitative
- Action focused
- Actively seeking to maximise time at meetings
- Strong relationships with all committee members
- Respectful of individual and organisational views, roles and responsibilities

- Open and inclusive.

The committee is multidisciplinary. *Suggested membership for the Quality and Safety Executive Committee might be as follows:*

- Chaired by (Lead Director/Medical Director/Director Quality and Safety/Director of Nursing/Midwifery as appropriate)
- Vice-Chair (from other professional group)
- Service user representative
- Appropriate representation from general practice, care groups, health and social care professionals, pharmacy, and radiology (where appropriate)
- Quality/ Safety/ Risk Manager
- Director of Human Resources
- Administration support
- Where in post representation from the following can be considered (titles will vary):
    - Clinical audit lead
    - Director of Finance
    - Education and Training Coordinator
    - Facilities/Environment Manager
    - Healthcare Records Manager
    - Information systems management
- Chairs of relevant quality and safety sub-committees are invited to attend the meeting on a regular basis as per agreed annual schedule (see Resource 8)
- Consideration may be given to identifying core and standing members of the executive committee. Core members would be expected to attend every meeting. Standing members would be welcome to attend all meetings, however they are only expected to attend if there are relevant agenda items and/or if requested to attend by the chair
- A quorum for a meeting should be agreed and outlined in the terms of reference. This could be for example chairperson or vice chairperson and 30% of the core members of the committee.

2.4   Accountability Reporting Relationships: Executive Quality and Safety Committee

The committee is operationally accountable to the Executive Management Team. It is important to clearly identify who the committee chair reports to within the service, for example the CEO/General Manager or Head of Service in the community setting. It is recommended that the committee terms of reference document include an organisation chart illustrating where the committee sits within the service structure.

2.5   Frequency of Meetings: Executive Quality and Safety Committee

In order to facilitate members' diaries and promote maximum attendance, it is suggested that the frequency and dates of meetings (for a full calendar year) be identified during the development of the terms of reference. Normally the frequency of meetings is monthly. Each facility should agree what is appropriate and practical for their service. In the event of a meeting being cancelled it should be reconvened.

2.6   Reports: Executive Quality and Safety Committee

Identify what will be produced from the committee, for example, regular reports to the senior most accountable person (e.g. CEO/GM) to whom the committee is accountable (for example the Board Quality and Safety Committee where one is in place), or to other groups. An Annual Report should be prepared by the committee and submitted to the CEO/GM/Service Manager.

2.7   Performance: Executive Quality and Safety Committee

Clearly identify the service wide quality indicators and outcomes that will be measured to ensure that the committee is performing effectively. Self-evaluation may be undertaken or arranged through another function such as internal audit.

Performance measures could include:

- Percentage of attendance at meetings by members
- Criteria against each of the objectives with an emphasis on the measurement of reduction in harm
- Achievement of improvements in service user experience and outcomes in a measurable way
- Review the process of the group – How well are they operating? How do they feel they are performing? How do others feel they are performing?

2.8   Administrative Support: Executive Quality and Safety Committee

A member of staff who provides administrative support to the committee is identified. This person will circulate the agenda, schedules, and papers to be read prior to meetings, document the minutes of each meeting and circulate to members within an agreed timeframe of the meeting being held. The minutes are approved and signed off by the chair at the next meeting.

2.9   Approval and Review Date: Executive Quality and Safety Committee

The terms of reference are prepared by the chair in consultation with the members of the committee and authorised by the Executive Management Team. The terms of reference should be reviewed and updated every year or sooner if necessary.

3. Board Quality and Safety Committee Guidance

To assist in the development of terms of reference for a Board Quality and Safety Committee the following general guidance is provided. This should be considered within the context of the governance arrangements for the service. In terms of clear roles and responsibilities, it is important to distinguish between oversight, management and implementation functions (i.e., generally speaking, they should be executed by different personnel).

3.1 Purpose: Board Quality and Safety Committee

The aims of the committee should be clearly articulated. To assist the following might be considered.

Aim: a clear statement why the committee is being developed, for example, to drive quality improvement and provide a level of assurance to the Board that there are appropriate and effective systems in place that cover all aspects of quality and safety.

Objectives: a set of goals that the committee plans to achieve. To be most effective, objectives should be: achievable; realistic; time bound; explicit; measurable; within the scope/remit of the committee; linked to health service providers / national service plan objectives and aligned to national policy and strategy.

3.2 Roles and Responsibilities: Board Quality and Safety Committee

The quality and safety committee is a committee of the Board established to:
- Provide a level of assurance to the Board on the appropriate, governance structures, processes, standards and oversight and controls
- Oversee the development by the Executive Management Team of a quality improvement plan for the service in line with agreed Quality Improvement Strategy
- Recommend to the Board a quality and safety programme and an Executive Management Team structure, policies and processes that clearly articulates responsibility, authority and accountability for safety, risk management and improving quality across the service
- Secure assurance from the Executive Management Team on the implementation of the quality and safety programme and the application of appropriate governance structure and processes (e.g. risk escalation) including monitored outcomes through quality indicators and outcome measures
- Secure assurance from the Executive Management Team that the service is conforming with all regulatory and legal requirements to assure quality safety and risk management
- Act as advocates at both Board and Government level for quality and safety issues which cannot be resolved by the Executive Management Team
- To consider in greater depth matters referred to the committee by the Board and referral of issues to the Board for consideration when necessary.

3.3 Membership: Board Quality and Safety Committee

The Board Quality and Safety Committee normally consist of a number of Executive and Non-Executive Directors (drawn from the Board) and service user representatives (where appropriate). The committee is normally chaired by a Non-Executive Director (member of the Board) who reports on behalf of the committee to the chair of the Board.

Once the committee is created, a membership list should be created which would include the name, title and role of each member and term of membership. It also identifies the roles that are agreed as part of the terms of reference for each member in relation to their designated role on the committee, for example, chair, vice chair, admin etc. The committee would ordinarily elect the chair. The characteristics of a good chair include:
- Open and inclusive
- Facilitative

- Action focused
- Actively seeking to maximise time at meetings
- Strong relationships with all committee members
- Respectful of individual and organisational views, roles and responsibilities
- Open and inclusive.

It is usual for the following executives to be in attendance at the Board Quality and Safety Committee meetings:
- Chief Executive Officer/General Manager/Service Manager;
- Lead Director/Executive Director/Director Quality and Safety;
- Director of Nursing/Midwifery.

At the committee's discretion, other executives, personnel or external expertise may be co-opted onto the committee or attend to address specific topics as they arise, including service user representatives.

A quorum for a meeting is agreed and outlined in the terms of reference. This might be at least three members including at least one Non-Executive and one Executive Director.

3.4   Accountability Reporting Relationships: Board Quality and Safety Committee

The Board Quality and Safety Committee are directly accountable to the Board. It is recommended that the committee terms of reference document include an organisation chart illustrating where the committee sits within the service structure.

3.5   Frequency of Meetings: Board Quality and Safety Committee

A minimum of four meetings per year is suggested, with additional meetings where necessary. In the event of a meeting being cancelled it should be reconvened.

3.6   Reports: Board Quality and Safety Committee

Following each meeting a report is provided to the Board, along with a verbal briefing during the following Board meeting, with additional reports as deemed necessary.

3.7   Performance: Board Quality and Safety Committee

Clearly identify performance outcomes that will be measured to ensure that the Board committee is performing effectively. Self-evaluation may be undertaken or arranged through another function such as internal audit. Performance measures could include:
- Percentage of attendance at meetings by members
- Achievement of the objectives as set out at in the terms of reference
- Achievement of improvements in service user experience and outcomes in a measurable way
- Review the processes of the committee:
    - How well is it operating?
    - How do the committee and Board feel about the way they are operating? (e.g. number of reports completed)
    - How do others feel they are performing?

3.8   Administrative Support: Board Quality and Safety Committee

A staff member to provide administrative support to the committee is identified. This person will circulate the agenda, schedules, and papers to be read prior to meetings, document the minutes of each meeting and circulate to members within an agreed timeframe of the meeting being held. The minutes are approved and signed off by the chair at the next meeting.

3.9   Approval and Review Date: Board Quality and Safety Committee

The terms of reference are prepared by the Board, (including the term of office for members) communicated to and accepted by each member of the committee. The terms of reference are reviewed and updated by the Board every year or more frequently if necessary.
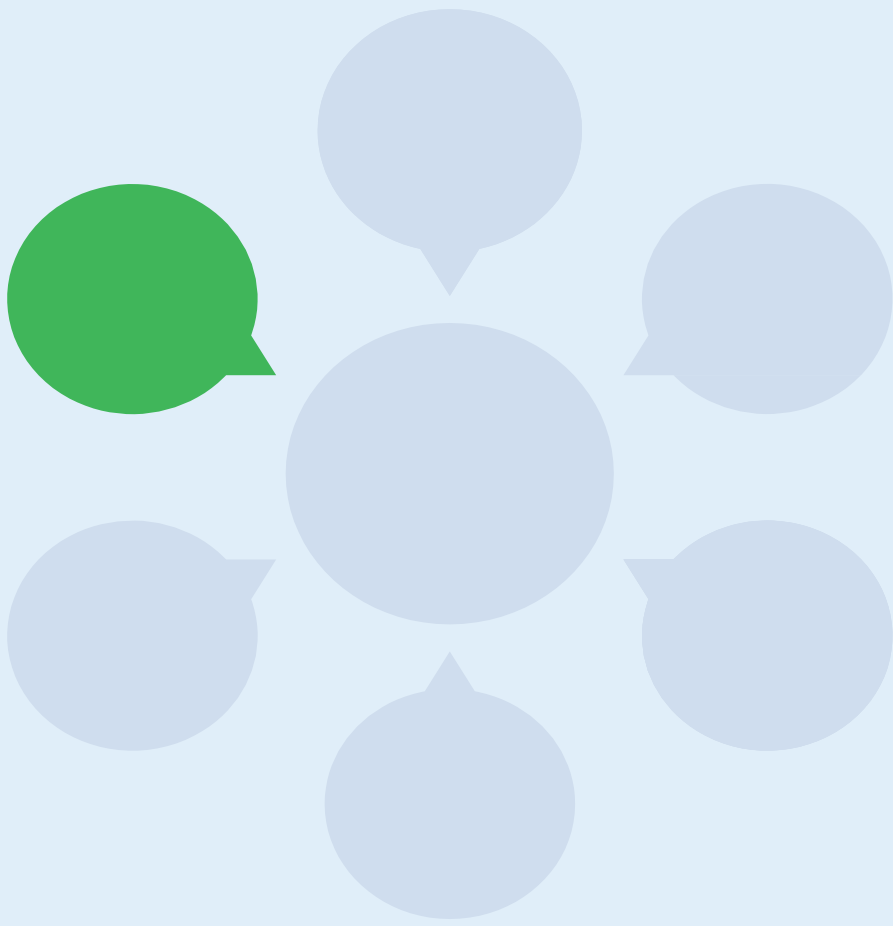
4. Resources

The following template can be adapted for your particular Quality and Safety Committee. Guidance on completing the terms of reference are provided in section 1 (Local Committee) section 2 (Executive Committee) and section 3 (Board Committee) of this document.

Name of Committee Terms of Reference

1. **Purpose**
    - ➤ **Aim**
    - ➤ **Objectives**

2. **Role and Responsibilities**

3. **Membership**

4. **Accountability and Reporting Relationships**
    (include organisational chart)

5. **Frequency of Meetings**

6. **Reports**

7. **Performance**

8. **Administrative Support**

9. **Approval and Review Date**

Review Date / Signatures of Committee Members:

Date of Approval:

Names of Committee Members:	Date of Review:	Date:

Name of Chair:	Date of Review:

Resource 2: Local Quality and Safety Committee Sample Agenda

A sample agenda for a Local Quality and Safety Committee meeting is provided below. This is not intended to be prescriptive and not all issues will be covered at each monthly meeting, therefore the chair will prioritise agenda items for each meeting. For smaller services where there are limited personnel, quality and safety can be incorporated as a standing agenda item of the management team meeting thus avoiding the requirement to establish a separate committee.

The agenda items are linked with the National Standards for Safer Better Healthcare (2012).

Item Number		Discussion	HIQA Standards Alignment		Frequency To be agreed
Introduction		*Introductions, sign-in and apologies*			
		Minutes of previous meeting and matters arising			
Improving Quality	1	Service User Experience	→	Person-Centred Care and Support	
	2	Staff Experience	→	Workforce	
	3	Quality indicators and outcome measures Quality Improvement Initiatives/Plans	→	Effective Care and Support	
	4	Audit Reports / Plan			
	5	Meeting national standards, guidelines, policies, audit and report recommendations			
	6	Implementation of national and local quality and safety initiatives	→	Safe Care and Support	
	7	Recent incidents / near misses / risk management processes/ risk register			
	8	Prevention and control of Health Care Acquired Infection			
	9	Ongoing better health and wellbeing updates	→	Better health and Well Being	
Capacity and Capability	10	Quality and safety reports from committees/specialty teams	→	Leadership Governance Management	
	11	Correspondence/ circulars re quality & safety			
	12	Review of reports of service specific and mandatory education and training	→	Workforce	
	13	Risk assessment of cost containment plans	→	Use of Resource	
	14	Healthcare records management	→	Use of Information	
	15	Any other business			

Resource 3: Executive Quality and Safety Committee Sample Agenda

This is not intended to be prescriptive and not all issues will be covered at each monthly meeting, therefore the chair will prioritise agenda items as appropriate.

The agenda items are linked with the National Standards for Safer Better Healthcare (2012).

Item Number		Discussion	HIQA Standards Alignment		Frequency* *To be agreed
Introduction		*Introductions, sign-in and apologies*			
		Minutes of previous meeting and matters arising			
Improving Quality	1	Service User Experience	→	**Person Centred Care and Support**	
	2	Staff Experience	→	**Workforce**	
	3	Quality indicators and outcome measures	→	**Effective Care and Support**	
	4	Audit Plan			
	5	Meeting national standards, guidelines, policies, audit and report recommendations			
	6	Implementation of national and service wide quality and safety initiatives	→	**Safe Care and Support**	
	7	Risk management processes / risk register/ incidents and SRE's			
	8	Prevention and control of Health Care Acquired Infection			
	9	Quality Improvement initiatives/Plans			
	10	Better health and wellbeing for staff, service users and members of the public	→	**Better Health and Well Being**	
Capacity and Capability	11	Quality and safety reports from committees/directorates/specialty teams	→	**Leadership Governance Management**	
	12	Leadership for quality & safety			
	11	Review of reports of service specific and mandatory education and training	→	**Workforce**	
	12	Risk assessment of cost containment plans	→	**Use of Resource**	
	13	Healthcare records management	→	**Use of Information**	
	14	Any other business			

*See Resource 8 for the development of schedule of committee reports to the Quality and Safety Executive Committee

Resource 4: Board Quality and Safety Committee Sample Agenda

This is not intended to be a prescriptive agenda and not all issues will be covered at each meeting, therefore the chair will prioritise agenda items as appropriate.

Item Number		Discussion	HIQA Standards Alignment		Frequency *To be agreed*
Introduction		*Introductions, sign-in and apologies* *Minutes of previous meeting and matters arising Identifications of potential conflicts of interest (when relevant)*			
Improving Quality	1	Review report from Quality and Safety Executive Committee	→	**Leadership Governance Management**	
	2	Review Board quality of care dashboard of indicators to make an assessment and recommendations to the Board for action			
	3	Service user experience and staff experience e.g. results of surveys, patient safety culture, exit interviews etc	→	**Person Centred Care and Suport**	
	4	Updates on serious reportable events / investigations/reviews/legal cases / communications relating to these situations	→	**Safe Care and Support**	
	5	Review of any high risks added to corporate risk register			
	6	Progress on accreditation / regulatory standards (HIQA standards) and evaluation	→	**Effective Care and Support**	
Capacity and Capability	7	Review status of strategic quality improvement plan against annual improvement targets	→	**Leadership Governance Management**	
	8	Agree recommendations to the Board on matters related to the quality of care, safety, service user reported experience and outcomes, and organisational safety culture			
	9	Any other business			

Resource 5: Agenda Prompts

Guidance for each quality and safety agenda items are set out in this section. Suggestions for the issues that might be reported/reviewed/discussed under each agenda item are provided. This is not intended to be prescriptive and will vary depending on the context and services provided by the health service provider:

Quality Improvement

1. Service User experience
- Review of compliments, complaints (trends)
- Review of service user suggestions
- Feedback from service user forums
- Issues arising from consent/do not attempt resuscitation (DNAR)

2. Staff experience
- Review of feedback from staff (concerns, suggestions)
- Review of results from patient safety culture survey
- Review of absenteeism (trends)

3. Quality indicators and outcome measures
- Review of quality dashboard
- Review of quality profile

4. Audit Plan
- Review and approve annual audit plan for the service
- Receive updates and audit reports
- Review of national audit programs and reports (e.g. QI Specialty Programme (Histopathology, GI Endoscopy, Radiology) / NOCA (Major Trauma Audit, Irish National Orthopaedic Register, National Intensive Care Audit, Irish Hip Fracture Database, National Audit of Hospital Mortality, National Perinatal Epidemiology Centre)

5. Meeting legislation, national standards, guidelines, policies, audit and report recommendations
- Progress on meeting National Standards
- Compliance with regulatory and legislative requirements
- Progress on implementation of recommendations from audit
- Progress on implementation and learning from report recommendations (internal and external)
- Policy procedure protocol and guideline development
- Progress on implementation of national clinical programmes
- Morbidity and mortality reviews (e.g. learning from case reviews)

6 Implementation of national and local quality and safety initiatives (safe care and support)
- Progress on implementation of open disclosure policy
- Progress on implementation of care bundles
- Progress on implementation of National Early Warning Score (including review of learning from cardiac arrests)
- Progress on implementation of site specific safety statements and risk assessments
- Progress on implementation of safe surgery policy
- Progress on implementation of productive ward/theatre
- Progress on medication safety, pressure ulcer to zero, falls prevention programmes

7. Risk management processes
- Review of incidents/near misses/serious reportable events/ open disclosures and trends
- Review of health and safety incidents and trends
- Update on systems analysis underway
- Management and use of medical devices and equipment e.g. reports of planned maintenance and replacements

8. Prevention and Control of Health Care Acquired Infection
PCHCAI Committee Reports on: training, surveillance, and quality plans for the following:
- Hand, equipment and environmental hygiene
- Anti-microbial stewardship
- Review of incidents of infections (trends) and learning

9. Better health and wellbeing for staff, service users and public
- Programmes supporting health and wellbeing of staff and teams
- Progress with health promotion programmes (e.g. smoking cessation, vaccination, healthy eating and exercise)

Capability and Capacity

10. Quality & safety reports from committees, directorates/ specialty teams
- Committees - the frequency of reports from each committee reporting into the Quality and Safety Committee should be agreed and sequenced for review (e.g. drugs and therapeutics, haemovilligence, radiation protection etc, health and safety)
- Directorate/specialty teams - the frequency of quality and safety reports from each directorate/specialty to the Quality and Safety Executive Committee should be agreed and sequenced for review

11. Review of reports of service specific and mandatory education and training
- Reports on service specific training (e.g. BLS,ACLS, haemovigilence)
- Reports on health and safety training (fire, moving and handling, children first)

12. Risk assessment of cost containment plans
- Advice to the executive/senior management on quality and safety issues arising from cost containment plans

13. Healthcare records management
- Audit and training

14. Any other business
- Additional issues that committee members may wish to raise

Resource 6: Quality and Safety Committee Meeting Minutes

Date and Time:

Venue:

Attendees:

Apologies:

Meeting started at: [insert details]

#	Item and discussion	Action by
1	Welcome and Apologies	
2	New declaration of interests if relevant [insert details]	
3	Minutes of previous meeting The committee [approved / recommended amendments]: [insert details]	
4	Update on matters arising and review of action points The committee [noted / listened / approved / recommended]: [insert details]	
5	Agenda Items [Insert who provided updates on what] The committee [noted / listened / approved / recommended]: [insert details] Where there is an action insert who to undertake it	
6	[add agenda items as required]	
7	Date of Next Meeting	

Summary of agreed actions for follow up[1]

Agreed Action	Who is responsible	Date due for completion	Status[2]

The meeting concluded at: [insert details]

Signed: **Date:**

_____   _____

[insert details]

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1 The aim is to complete the loop by reviewing each month that previous decisions and recommendations were acted on (i.e. not lost from month to month)

2 Status reviewed each month - possible responses include (i) complete (take off the log the following month); (ii) not started; or (iii) ongoing (work being done)

The following is a sample template which can be used for committees reporting into the Executive Quality and Safety Committee. This template can be adapted as necessary in line with the particular committee requirements.

Report to the (insert name) Quality and Safety Committee

Report prepared by: _____
Sub-committee name: _____
Date: _____

|	
Identify	▪ Aim and objectives of the committee*
Situation	▪ Committee's key priorities for the last 12 months / Progress made on achieving priorities ▪ Please list PPPGs developed and updated by the committee
Background	▪ Progress made on achieving priorities
Assessment	▪ Audits undertaken in the last year by the committee / specialty (please attach results to this update) ▪ Quality improvement initiatives currently in progress ▪ Quality indicators developed and monitored by the committee ▪ Risks identified and managed by the committee and recorded on a local risk register and status reviewed and monitored
Recommendation (to the Executive Quality and Safety Committee)	▪ Risks/issues identified for escalation to the Executive Quality and Safety Committee ▪ Other recommendations to the committee

If you have updated your committee Terms of Reference, please attach the changes to the Terms of Reference /Committee's most recent Terms of Reference to your report submission

Resource 8: Annual Schedule for Committee Reporting Template

The following is a sample schedule template for committees reporting into the Executive Quality and Safety Committee in an acute setting.

This template can be adapted as necessary in line with the particular committee requirements and the committee names/types and structures will vary across different services.

	Committee	Chair	Report Frequency	Date of meeting	Meeting Status
1.	Health & Safety Committee				
2.	Decontamination Committee				
3.	Infection Prevention and Control Committee				
4.	Hygiene Committee				
5.	Radiation Safety Committee				
6.	Drugs and Therapeutics Committee				
7.	CPR Committee				
8.	Major Emergency Committee				
9.	Falls Committee				
10.	Service User Council				
11.	Medical Records Committee				
12.	Policy and Guidelines Committee				
13.	End of Life Care Committee				
14.	Haemovigilance Committee				
15.	Sepsis Committee				
16.	Serious Incidents Review Group (SIRG)		When necessary		
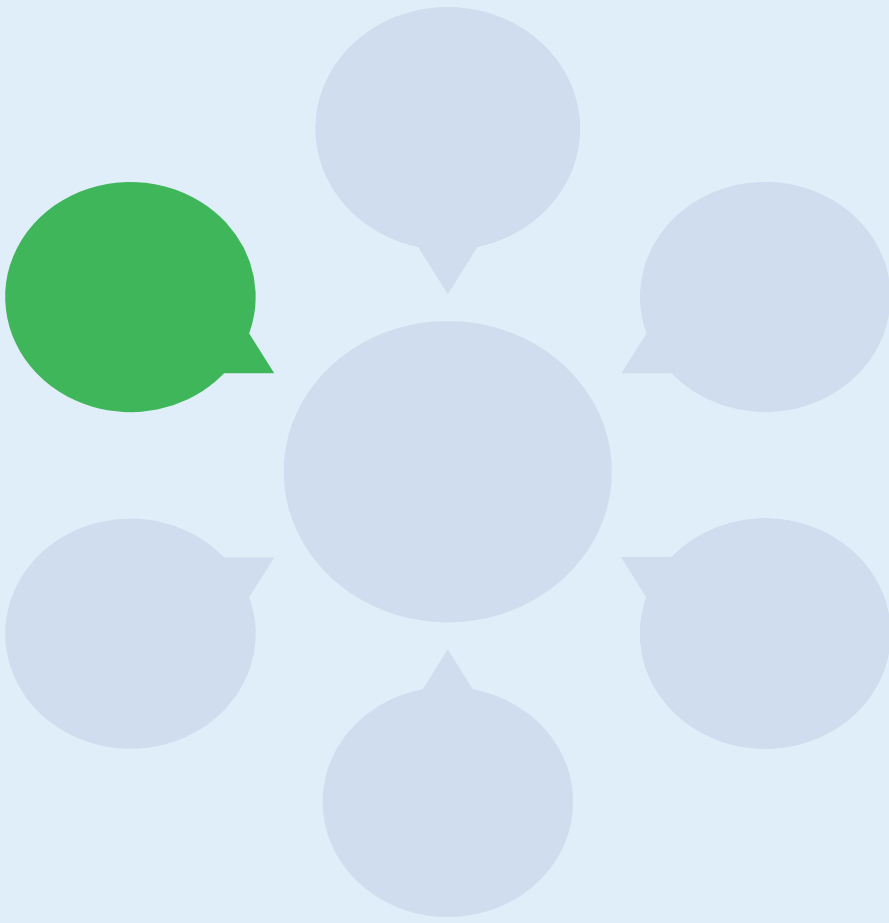
5. Appendices

Appendix 1: Quality and Safety Structures Hospital Group

In the development of Hospital Group Boards there is an opportunity for the new arrangements to distinguish between the role and functions of: i) staff leadership and delivery of safe quality care ii) executives – leadership and management of operations and iii) Board members - governance of quality and safety.

| Management Structure			Committee	
Delivery of Safe Quality Care	**Hospital Site - Local management arrangements:** implements and delivers safe quality care and treatment with clear roles, responsibilities, authority, and accountability for the quality and safety of services. The hospital senior accountable officer is the named accountable person for quality and safety.	←	**Hospital Level**	**Quality and Safety Executive Committee:** manages service wide quality and safety on behalf of the Executive Management Team. The committee normally chaired by a lead clinician / director. The committee determines, reviews and monitors service wide key performance and quality of care indicators. The committee reports to the Executive Management Team and from there to the Hospital Group quality and safety committee (where relevant).
Leadership and Operational Management	**Hospital Group Executive Management Team:** led by the Group CEO with directors. Their role involves seeking assurance and providing oversight on hospital level operations, quality and safety. Quality plans are implemented across the Hospital Group. Implementation of group quality improvement strategy. The group CEO is the named accountable person for quality and safety of Hospital Group service provision (reporting to the group board /national director).	←	**Hospital Group Level**	**Hospital Group Quality and Safety Committee:** manages group wide quality and safety on behalf of the group Executive Management Team. The committee is normally chaired by a lead clinician reporting to the group CEO. The multidisciplinary committee determine, review and monitor group wide key performance and quality of care indicators. The committee reports to the group Executive Management Team and from there to the group quality and safety committee (where relevant).
Governance	**Hospital Group Board:** role involves oversight and seeking assurance that the necessary actions for quality and safety of service provision are being taken throughout the Hospital Group. Creating the strategic plan for the Hospital Group and performance targets. Setting a vision and strategy for quality and safety. Boards with a statutory basis are individually and collectively accountable for oversight for improving quality.	←	**Group Board Level**	**Board Quality and Safety Committee:** oversees quality and safety on behalf of the Board. The committee is chaired by a member of the Board (Non-Executive Director). Non-Executive Directors provide independent scrutiny and constructive challenge of their executive colleagues and their service. Assurance on implementation of quality improvement strategy and quality indicators. The committee reports to the Board.

Appendix 2: Quality and Safety Structures CHO

In the development of CHOs there is an opportunity for the new arrangements to distinguish between the role and functions of: i) staff leadership and delivery of safe quality care ii) service manager's leadership and management of operations and iii) CHO leadership and governance of quality and safety.

Management Structure			Committee	
Delivery of Safe Quality Care	**Local Management Arrangements:** Implements and delivers safe quality care and treatment with clear roles, responsibilities, authority, and accountability for the quality and safety of services. The service/site manager is the named accountable person for quality and safety of service provision.	←	**Local Level**	**Local Quality and Safety Committee:** Reviews service level quality and safety on behalf of the management team. The committee normally chaired by a lead clinician / manager. The committee determine, review and monitor local key performance and quality of care indicators. The committee reports to the management team and from there to the service quality and safety committee (where relevant).
Leadership and Operational Management	**CHO Service Management Arrangements:** each service manages service wide quality and safety on behalf of the CHO management team for their service. The head of Social Care/ Primary Care/ Mental Health / Health and Wellbeing are the named accountable person for the quality and safety of service provision.	←	**Service Level**	**Service Quality and Safety Committee:** For Social Care / Primary Care / Mental Health / Health and Wellbeing. The committee would normally be chaired by the Head of Service. The multidisciplinary committee determine, review and monitor service wide key performance and quality of care indicators. The committee reports to the CHO Quality and Safety Committee.
CHO Leadership and Governance	**CHO Senior Management:** led by the Chief Officer. Their role involves seeking assurance and providing oversight on CHO level operations, quality and safety and that quality improvement plans are implemented across the CHO.	←	**CHO Level**	**CHO Quality and Safety Committee:** overseas quality and safety on behalf of the CHO. The committee would normally be chaired by the Lead for Quality and Professional Development for the CHO. The multi-disciplinary committee determine, review and monitor CHO wide key performance and quality of care indicators and seeks assurance from the service committee. The committee is accountable to the CHO Chief Officer.

Appendix 3: Organogram of Committees

This is a sample organogram of Committees/Sub Groups reporting into Quality and Safety Executive Committee which is for illustrative purposes and can be adapted to the requirements of the Quality and Safety Committee. Additional committees maybe added or removed.
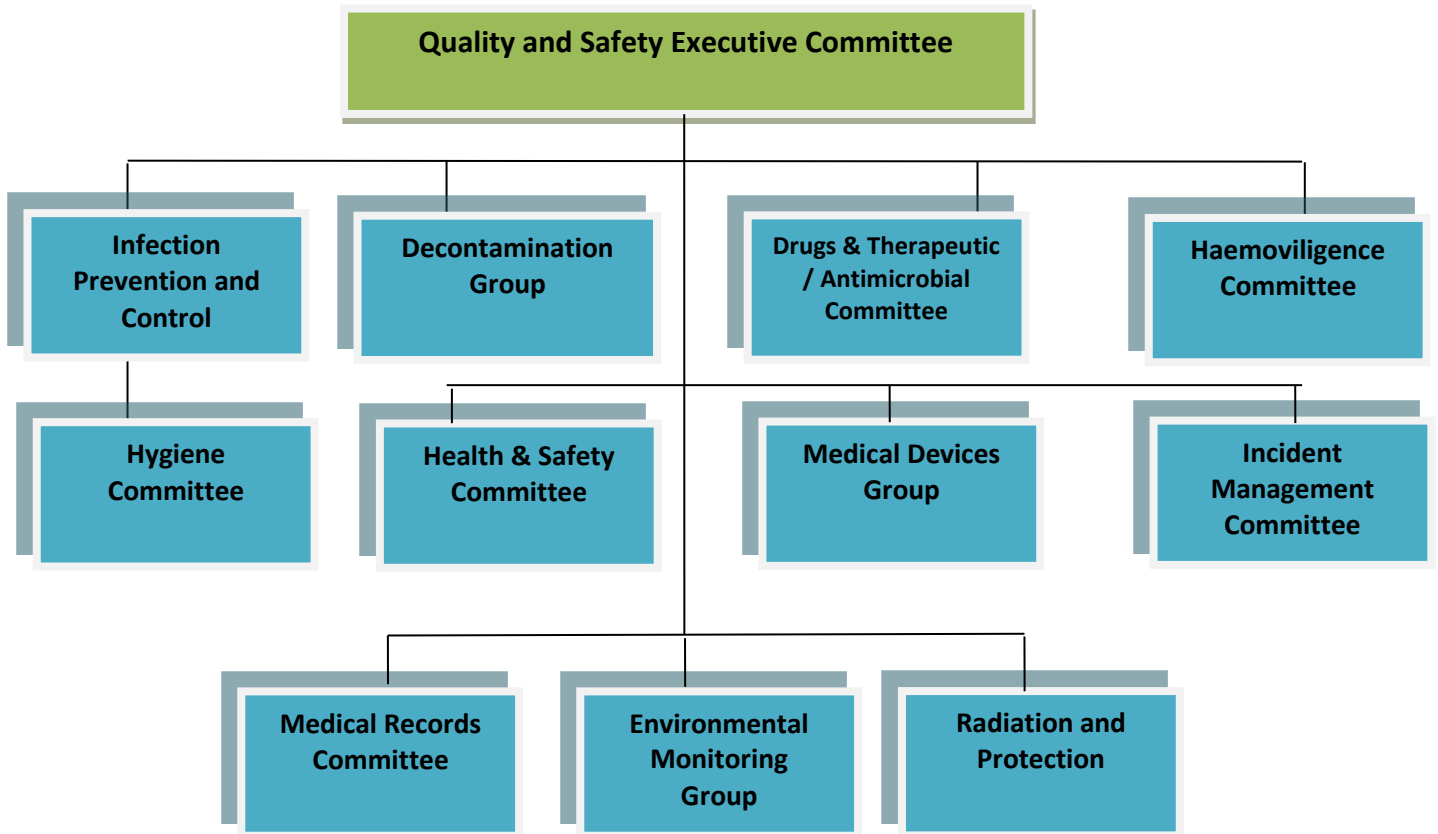
Appendix 4: Checklist for Prioritising Measures of Quality of Care

The Framework for Improving Quality (HSE Quality Improvement Division, 2016) comprises six drivers for improving quality in our health and social care services. Together, these six drivers create the environment and acceleration for improvement.

As one of the six drivers, 'Measurement for Quality' is a key aspect of any effort to improve the quality of care. Quality of care is improved by the routine use of the right information, being measured in the right way, to make better decisions*.

Given the importance of measurement in quality improvement, this checklist has been developed as a tool to assist healthcare professionals at every level when they are developing or choosing measures (single measures or families of measures) to understand the quality of care they provide as professionals and as healthcare organisations. By considering carefully why we measure, what we measure and how we use the measure, we can maximise the learning from our data and use it to improve quality of care.

It is important to remember that as you go through this checklist, a specific measure may not meet all twelve criteria listed. The aim of the checklist is to help understand any possible limitations of individual measures under consideration, and therefore make an informed decision as to which measures are best suited for the task at hand. Furthermore, it is recommended that subject matter experts (those who work directly in, or use the services where the measures are being applied as well as those who collect and analyse the data) be included in the process of developing new measures of quality. These experts can help to answer important questions prompted by the checklist and ensure that the measures produced are both relevant for all staff and service users and a robust reflection of the aspect of care being measured.

This checklist begins by making sure that your measure is answering a question on an aspect of care important enough to warrant undertaking the effort of measuring it and that it is, in practice, measureable. Items 3-5 relate to the motivation, the 'why we measure'. Items 6-8 on the checklist are based on ensuring good data quality ('what we measure') and items 9-12 are based on 'how we use the measure'. These final four items on the checklist are included to ensure that, once you have identified measures that describe quality of care, you consider how best to present and use these measures to improve the quality of care.

*For more information on quality of care indicators and on quality profiles, please visit www.qualityprofiles.ie

Appendix 4: Checklist for Prioritising Measures of Quality of Care

Initial Screening

1 ☐ The measure reflects an important aspect of quality of care.

The most important aspect of health and social care is that the service user has a good and safe experience with an effective outcome, which leads to better health and wellbeing. Consider how the measure relates to how service users respond when asked "what matters to you?"

2 ☐ It is measureable.

Data are already available, or it is feasible to collect data. It is not always possible to collect data that lead to meaningful information on a specific aspect of quality of care.

> In order to proceed with the checklist, the answer to these first two items should be 'Yes'. If the answer to either of these first two questions is 'No', consider a different measure.

3 ☐ There is evidence that the measure focuses on an area where there is a need for improvement.

Evidence may include an incident report, feedback from service users, or an issue raised during a management walk-around etc. While having baseline data on the specific measure is ideal, it is not always necessary.

4 ☐ The measure is aligned to the mission or goals of the organisation.

Aligning to an organisation's mission or goals helps ensure that action will occur in response to any issues identified. Where this does not exist refer to 1.

5 ☐ It is possible to act on the measurement findings.

Measurement should lead to action. However, sometimes a measure may reflect an aspect of care that is difficult to influence or change. Where this is an issue, the measurement findings can be used as an advocacy tool to get buy-in when planning improvements.

6 ☐ The measure is based on data that are good enough to allow us to learn.

It is not necessary to collect complex or perfect datasets in all instances. However, the data need to be of good enough quality in order to be reliable in identifying if a change has resulted in an improvement.

Appendix 4: Checklist for Prioritising Measures of Quality of Care

7   ☐ The measure is collected at a frequency that is suitable for driving and evaluating improvements and is as close to real time as possible.

It is recommended that the frequency of data collection be appropriate for the measure and as frequent as possible. Not only does this allow for more effective use of Statistical Process Control charts, it also facilitates more timely action where appropriate.

8   ☐ Effort in developing and collecting the measure is minimised.

There are two aspects to this point:
(a) If data already exist that are good enough to answer your question, use them, e.g. data collected for national KPIs or local projects.
(b) If a new measure is needed, the collection system should not place an excessive burden on the organisation, e.g. a tick on a form that is already in use, rather than an additional form.

Using the measure

Once you have completed points 1-8 on the checklist, you will have identified a number of measures that you are confident give you valuable information on the quality of care. The next step is to bring information together to ensure that they are used to improve the quality of care.

9   ☐ The intended recipient(s) of the information is ready to receive it.

It is essential that the recipient understands the measure, can interpret it and is in a position to take action. There is also a requirement that the type of measure being reported is appropriate, e.g. at Board level, there should be a focus on outcome data whereas for the executive, measures of the process and structure underpinning the outcome measures may also be appropriate.

10   ☐ There is information available that supports the understanding of the measure, e.g. service user stories, staff feedback.

Qualitative information can enhance the understanding of quantitative information. It is recommended that information from stories and feedback from service users and staff be included when interpreting measurements of quality.

11   ☐ Measures are prioritised that together, give a balanced, comprehensive view of the quality of care.

It is not possible to measure everything. In choosing measures for prioritisation, aim for balance across the four domains of quality (HIQA: Person-Centred Care, Safe Care, Effective Care, Better Health and Wellbeing) and across the breadth of your service. Avoid having a lot of information in one domain at the expense of other domains.

12   ☐ The suite of measures are current and relevant.

Over time, the priorities of a service can change. It is recommended that the composition of the suite of measures be reviewed periodically in order to ensure they remain current and relevant.

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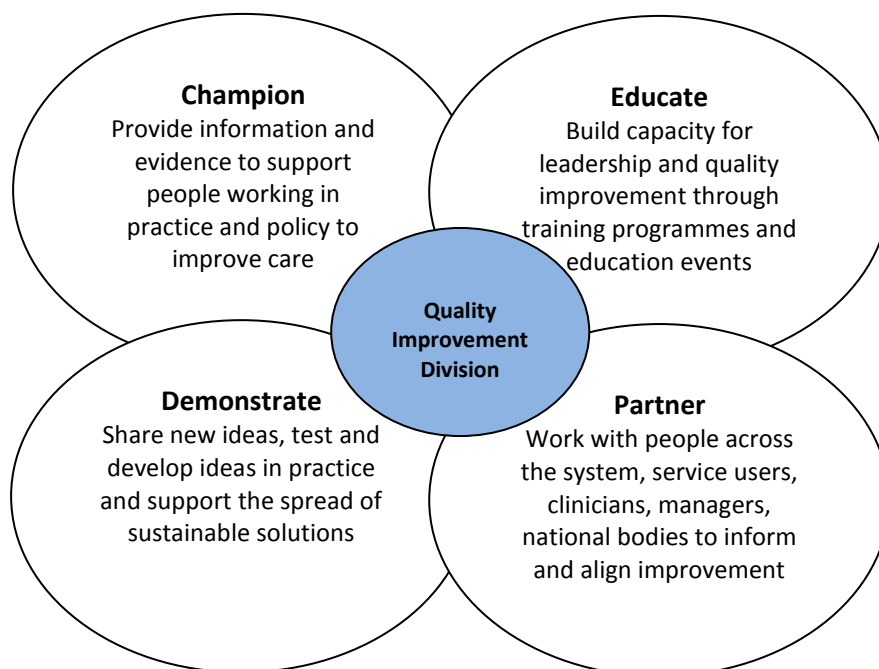
About the Quality Improvement Division

The aim of the Quality Improvement Division (QID) is to support the development of a culture that ensures improvement of quality of care is at the heart of all services that the HSE delivers.

The mission of the Quality Improvement Division team is to provide leadership by working in partnership with service users, families and all who work in the health system to innovate and improve quality and safety of care.

Improving quality is everyone's business, and each and every person working in the HSE has a role to play. Our purpose is to work in partnership with all healthcare stakeholders to create a culture of quality and safety in the provision of healthcare services.

To support a culture of service user quality and safety the role of the Quality Improvement Division is to:

Champion
Provide information and evidence to support people working in practice and policy to improve care

Educate
Build capacity for leadership and quality improvement through training programmes and education events

Quality Improvement Division

Demonstrate
Share new ideas, test and develop ideas in practice and support the spread of sustainable solutions

Partner
Work with people across the system, service users, clinicians, managers, national bodies to inform and align improvement

Quality Improvement Division
Health Service Executive
Dr Steevens' Hospital
Dublin D08 W2A8
Ireland

📞 353 1 6352344

@ nationalqid@hse.ie

🐦 @hseqi

Ⓦ Further information please see www.qualityimprovement.ie